

	Familienintervention	Elternintervention	Schulbasierte Interventionen mit eher geringer Elternbeteiligung	Schulbasierte Interventionen mit Elternbeteiligung	Primäre Prävention unter Einbezug verschiedener Akteure
1	<b>Foxcroft &amp; Tsertsvadze (2011a)</b> Universal family-based prevention programs for alcohol misuse in young people - <u>Review</u> - school-aged children (till 18) - studies published 2002-10 - 12 trials, data reporting poor - 9 with small medium or long-term effects: of those 4 interventions only gender specific girls - effects small but consistent and persistent (medium to long-term)	<b>Ortega et al. (2010)</b> Passive smoking in babies: the BIBE study - Brief intervention in babies (or better their parents) on passive smoking + specific training - cluster randomized field trial in paediatric services in primary care Catalonia - smoking fathers /mothers with baby under 18 months brought to primary care - three time points + clinical questionnaire child (exposure) + hair sample child (baseline +6months) -CG: ordinary hospital care -no evaluation so far	<b>Foxcroft &amp; Tertsvadze (2011b)</b> Universal school-based prevention programs for alcohol misuse in young people - <u>Review</u> - 2002 to 10 - 18 or younger - 53 trials mostly cluster-randomized; reporting quality poor - results summarized qualitatively due to heterogeneity across interventions, population and outcomes - effects compared to normal curriculum or subgroup: - 6 of 11 on alcohol - 14 of 39 of generic had also on alcohol - gender, baseline use and ethnicity had impact on result - no clear pattern		<b>Kristjansson et al (2010)</b> Adolescent substance use, parental monitoring and leisure-time activities: 12 year outcomes of <u>primary prevention</u> in Iceland Quasi-experimental design 4 communities - 14-15 years between 1997 to 2009 Iceland - IG: Parental monitoring and organized leisure time increase, time spend in parties un-surveyed or idle hours decreased - alcohol use and intoxication in last 30 days decreased more in the IG than CG <b>Sigfusdottir et al 2009</b> Substance use prevention for adolescents: the Icelandic Model
2	<b>Foxcroft et al., (2011c)</b> Withdrawn: <u>primary prevention</u> for alcohol misuse in young people - <u>Review</u> - primary intervention programs - Strengthening Families promising for long-term effectiveness - all in all: outcome measures understudied, methodology of evaluation needs to be improved, Strengthening Families should be evaluated at a larger scale and settings, culture should be implemented, need for an international register	<b>Ichiyama et al (2009)</b> A RT of a parent-based intervention on drinking behaviour among incoming college freshmen - incoming freshman-parent dyads were assigned to CG (fact sheet on alcohol) and parent based intervention - follow up measures at 4 and 8 months - outcome drinks per week, RSOD past 2 weeks and alcohol consequences - IG: sign. less likely transition from non- to drinker, less growth in drinking, but gender interaction: effects applied on women but not men in parent condition	<b>Werch et al. (2010)</b> Brief image-based prevention intervention for adolescents - 416 high school age adolescents (drug using older adolescents) 1) brief intervention (tailored in person communication, parent/guardian print material) 2) usual care control - baseline + 3months follow up to 1) health behaviour goal setting increased, decreased alcohol and smoking measures in favour of brief intervention	<b>Stormshak et al. 2011</b> An ecological approach to promoting early adolescent mental health and social adaptation: family-centred intervention in public middle schools - 593 students and their families - randomly assigned to intervention or normal middle school service - 42% of intervention families engaged in Family-check-up and linked services - kids had lower antisocial behaviour and substance use than matched controls - no specifications on the timeframe and duration of effects	<b>Glover et al (2009-2010)</b> Keeping Kids smokefree: rationale, design and implementation of a community school and family based intervention to modify behaviors related to smoking among <u>Maori and Pacific Island children in New Zealand</u> - no evaluation so far

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3	<p><b>Mares et al. (2011)</b> Effectiveness of home-based alcohol prevention program „in Control: no alcohol!“: study protocol of a randomized controlled trial</p> <ul style="list-style-type: none"> <li>- school-based sampling of 6 graders-mother dyads</li> <li>- CG: information sheet; IG: 5 magazines and activity book designed to increase parental alcohol-specific socialization</li> <li>- baseline, 6,12 and 18month measure</li> <li>- <i>no evaluation so far</i></li> </ul>	<p><b>Bryce et al. (2009)</b> CATCH: Development of a home-based midwifery intervention to support young pregnant smokers to quit.</p> <ul style="list-style-type: none"> <li>- single hospital maternity unit in West of Scotland</li> <li>- specially trained midwife others making publicity</li> <li>- deprived pregnant smokers 25 or younger</li> <li>- outcome (self-report and carbon monoxide validated quit status)</li> <li>- good quite rates but no CG</li> </ul>	<p><b>Schwinn &amp; Schinke (2010)</b> Preventing alcohol use among late adolescent urban youth: 6-year results from a computer-based intervention</p> <ul style="list-style-type: none"> <li>- CRT with two condition</li> <li>1) CD-ROM intervention among youth only</li> <li>2) CD-ROM + parent component</li> <li>3) CG</li> <li>- Pre-post testing + annual follow-up (with booster sessions)</li> <li>- 6-years better rates for both interventions compared to control (alcohol / smoking past month, alcohol consequ.; heavy drinking)– only smoking differed between 1 and 2 (latter better)</li> </ul> <p><b>Schinke &amp; Schwinn (2010)</b> Longitudinal outcomes of an alcohol abuse prevention program for urban adolescents</p>	<p><b>Guilamo-Ramos et al. (2010)</b> The Linking Lives Health education program: a randomized controlled trial of a parent-based tobacco use prevention program for African American and Latino youth</p> <ul style="list-style-type: none"> <li>- evaluation of a parent-child add-on on a school-based tobacco intervention</li> <li>1: school-based intervention only (towards no tobacco use)</li> <li>2: same school intervention with parent component “Raise smoke-Free kids</li> <li>- 1096 dyads 15 months post-intervention</li> <li>- add on resulted in better outcomes than school-based only</li> </ul>	<p><b>Henggeler et al. (2008)</b> Promoting the implementation of an evidence-based intervention for adolescent marijuana abuse in community settings :</p> <ul style="list-style-type: none"> <li>- Intensive quality insurance (IQA) system to promote therapist implementation of <u>contingency management for adolescent marijuana abuse</u></li> <li>- 30 clinicians and 70 adolescents and caregivers treated by the former assigned to work shop (CG) or IQA</li> <li>- IQA increase implementation of cognitive behavioural techniques but not monitoring techniques</li> </ul>

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4	<p><b>Koning et al. (2011)</b> Long-term effects of a parent and student intervention on alcohol use in adolescents: a cluster randomized control trial</p> <ul style="list-style-type: none"> <li>- 152 classes of 19 high school in Netherlands</li> <li>- mean age 12.6</li> <li>1: Parent intervention: encouraging restrictive parental rule setting regarding children's alcohol use</li> <li>2: student intervention: increasing self-control and healthy attitudes toward alcohol in four digital lessons</li> <li>3: 1 and 2 combined</li> <li>4: regular curriculum (CG)</li> <li>- incidence of heavy (weekly) alcohol use at 34 months</li> <li>- combi of 1 and 2: substantial significant effects on heavy and weekly drinking</li> </ul> <p><b>Koning et al (2009)</b> Preventing heavy alcohol use in adolescents (PAS): CRCT of a parent and student intervention offered separate and simultaneously</p>	<p><b>Turrise et al (2009)</b> A randomized clinical trial evaluating a combined alcohol intervention for <u>high risk college students</u></p> <ol style="list-style-type: none"> <li>1) parenting handbook</li> <li>2) alcohol screening and intervention for college students</li> <li>3) combined</li> <li>4) assessment only</li> </ol> <ul style="list-style-type: none"> <li>- baseline before starting college and follow-up (10 months)</li> <li>- peak BAC, weekly and weekend drinking, neg. consequences</li> <li>- combined had sign. lower alcohol use, high-risk drinking, consequences</li> </ul>	<p><b>Stormshak &amp; Dishion (2009)</b> A school-based, family centered intervention to prevent substance use: the family check up</p> <ul style="list-style-type: none"> <li>- selected intervention model delivered via schools to at-risk children and families</li> <li>- method <i>RCT</i></li> <li>- family resources center and targeted youth-at risk interventions</li> <li>- 20 years of experience show effectiveness</li> </ul>	<p><b>DeGarmo et al. (2009)</b> Evaluating mediators of the impact of the Linking the Interests of Families and Teachers (LIFT) multimodal preventive intervention on substance use initiation and growth across adolescence</p> <ul style="list-style-type: none"> <li>- RCT, 351 youth participating</li> <li>- school-based multimodal universal preventive intervention</li> <li>- substance use assessed via self-report between 5 to 12 grad</li> <li>- IG: reduced tobacco and illicit drug growth among girls; overall impact on average alcohol, tobacco and illicit drug use; sign. indirect effect on increased family problem solving</li> </ul>	<p><b>Gates et al. (2006)</b> Interventions for prevention of drug use by young people delivered in non-school settings</p> <ul style="list-style-type: none"> <li>- <u>Review</u></li> <li>- young people under 25</li> <li>- 17 studies (9 Cluster randomized controlled, 8 individual randomized controlled)</li> <li>- Brief (motivational interviewing) vs. family intervention vs. education and skill training vs. multiple component community interventions</li> <li>- many drawbacks, some benefit for BI and family</li> </ul>

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5	<p><b>Koning et al. (2011)</b> Why target early adolescents and parents in alcohol prevention? Mediating effect of self-control, rules and attitudes about alcohol use</p> <ul style="list-style-type: none"> <li>- same sample as 3 but parent intervention modified rules and attitudes and an indirect effect of parent intervention via rules was found</li> </ul>	<p><b>Beatty et al. (2008)</b> The impact of a parent-directed intervention on parent-child communication about alcohol and tobacco</p> <ul style="list-style-type: none"> <li>- group randomized intervention trial in Australia</li> <li>- 20 school selected by stratified random sampling</li> <li>- 1021 parents of 10-11 year olds</li> <li>- self help intervention (5 communication sheets containing info and activities to encourage parents to talk about smoking and drinking with their kid</li> <li>- IG spoken more often with kids</li> <li>- <i>no outcome measure</i></li> </ul>	<p><b>Hawkins et al. (2008)</b> Effects of social development intervention in childhood 15 years later.</p> <ul style="list-style-type: none"> <li>- non-randomized control trial intervention in public elementary schools incl. high-crime neighbourhoods in Seattle, 15 years later (age 24 to 27)</li> <li>- universal intervention (teacher training in classroom instruction and management, child social and emotional skill development, parent workshops)</li> <li>- significant multivariate outcome effect on all 16 primary outcomes but hypothesized effects on substance use not found at age 24-27.</li> </ul>	<p><b>Ariza et al. (2008)</b> Longitudinal effects of the European smoking prevention framework approach (ESFA) project in Spanish adolescents</p> <ul style="list-style-type: none"> <li>- quasi-experimental design (EG/CG)</li> <li>- school-based program (16 sessions in 3 years), reinforcement of smoke-free schools and cessation of teachers, brochures for parents community-based activities (e.g. youth clubs and tobacco sales)</li> <li>- 12/36 months sign. less new smokers in IG</li> <li>- main factors for starting smoking: girl, public school, CG</li> </ul>	<p><b>De Vries et al. (2006)</b> The European Smoking prevention Framework Approach (ESFA): effects after 24 and 30 months</p> <ul style="list-style-type: none"> <li>- six countries tested the effect of a comprehensive smoking prevention approach (Portugal, Finland, Spain, Netherlands</li> <li>- program target=4 levels <ol style="list-style-type: none"> <li>1) adolescents in school</li> <li>2) school policies</li> <li>3) parents</li> <li>4) communities</li> </ol> </li> <li>- except for Netherlands 's non-native, smoking onset in the experimental group was lower</li> </ul>
6	<p><b>Henderson et al. (2009)</b> Parenting practices as mediators of treatment effects in an early intervention trial of multidimensional family therapy</p> <p>- multidimensional family therapy (MFT and peer group intervention) <u>among clinically referred, low income, predominately ethnic minority adolescents</u></p> <ul style="list-style-type: none"> <li>- effectiveness of is change of parental monitoring and parenting practise</li> </ul>	<p><b>Koutakis et al. (2008)</b> Reducing youth alcohol drinking through a parent-targeted intervention: the Orebro Prevention Program</p> <ul style="list-style-type: none"> <li>- targeting parents of 13-16 year old</li> <li>- info via mail and parent meetings in schools urging them to (1) maintain strict attitudes against youth alcohol use, (2) encourage participation in adult-led, organized activities</li> <li>- outcomes are youth drunkenness and delinquency</li> <li>- effect sizes are 0.35 drunkenness and 0.38 delinquency</li> <li>- boys and girls profit similar, early starters too</li> <li>- effects not moderated by community type</li> </ul>	<p><b>Vartiainen et al. (2007)</b> the effects of a three year smoking prevention program in secondary schools in Helsinki</p> <ul style="list-style-type: none"> <li>- part of European Smoking Prevention Framework Approach (ESFA)</li> <li>- RCT based on schools</li> <li>- 14 informative lessons on smoking and refusal skills training</li> <li>- 3 year program integrated in ordinary curriculum, community element included parents</li> <li>- effects on onset of weekly smoking</li> <li>- female, poor at school, smoking friends, higher pocket money increased likelihood of daily and weekly smoking</li> </ul>	<p><b>Komro et al. (2008)</b> Outcomes from a RCT of a multi-component alcohol use preventive intervention for urban youth: project northland Chicago</p> <ul style="list-style-type: none"> <li>- program previously validated in another setting</li> <li>- urban, low income multi ethnic setting</li> <li>- public school Chicago randomly 6 graders (12 years) assigned to waiting group and intervention</li> <li>- 3 years (curricula, family intervention, youth-led community, service projects, community organizing)</li> <li>- evaluation included parent survey</li> <li>- IG overall not effective in reducing alcohol, drug use of any hypothesized mediating variable</li> <li>- analysis of intervention components: home-based programs were associated with reduced alcohol (<math>p &lt; 0.06</math>), tobacco and marijuana use (n.s.)</li> </ul>	<p><b>Kypri et al. (2005)</b> "Think before you buy under-18s drink": evaluation of a community alcohol intervention</p> <ul style="list-style-type: none"> <li>- a campaign to reduce alcohol-related harm</li> <li>- two intervention districts and a comparison district were selected "supply for unsupervised drinking"=SUD</li> <li>- at baseline, 49% of teenagers reported a recent episode of binge drinking; SUD in the past month was reported by 36% of teenagers</li> <li>- Analysis of data showed decreased SUD in intervention districts, although this was not significant.</li> </ul>

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7	<p><b>Schinke et al. (2009)</b> Computer-delivered, parent involvement intervention to prevent substance use among <u>adolescent girls</u></p> <ul style="list-style-type: none"> <li>- computer delivered intervention <u>mother daughter dyads</u> in RCT</li> <li>- IG: exercises to improve mother girl relation, build substance use prevention skills, reduce associated risk factors</li> <li>- USA</li> <li>- 2year follow up IG had lower past 30-day alcohol, marihuana, illicit drug and inhalant use among girls, lower alc use among mothers</li> </ul> <p><b>Schinke et al (2009)</b> <u>Gender-specific intervention</u> to reduce underage drinking among early adolescent girls: a test of a computer-mediated, mother-daughter program</p> <ul style="list-style-type: none"> <li>- USA</li> <li>- at 2months follow up improvement on mother-daughter communication, rules, monitoring, lower alcohol use in <u>girls</u> and more self-efficacy</li> </ul>	<p><b>Ames et al. (2008)</b> Development and feasibility of a parental support intervention for adolescent smokers</p> <ul style="list-style-type: none"> <li>- <i>no further evaluation so far</i></li> <li>- 2000-2003 recruiting of parents in Midwestern town (US)</li> <li>- randomisation to minimal behavioural intervention (CG) or parental support (IG)</li> <li>- not better than CG in attendance, retention or change in support</li> </ul>	<p><b>Zavela et al. (2004)</b> Say Yes First: follow up of a five-year rural drug prevention program</p> <ul style="list-style-type: none"> <li>- 120 participants vs 136 comparison students in high schools using the National Youth Survey</li> <li>- lower usage of alcohol, tobacco and other drugs for the program students and lower lifetime prevalence of marijuana use for program vs comparison students</li> </ul>	<p><b>Faggiano et al. (2007)</b> A cluster randomized controlled trial of school-based prevention of tobacco, alcohol and drug use: the EU-Dap design and study population</p> <ul style="list-style-type: none"> <li>- multicenter cluster randomized community trail</li> <li>- 170 schools 9 centre and 7 countries</li> <li>- conditions: basic curriculum, basic with peer involvement; basic with parent involvement; control</li> <li>- 12 to 14-year olds in 2004 to 2005</li> <li>- <i>no evaluation so far</i></li> </ul>	<p><b>Shelton et al. (2005)</b> Substance abuse prevention program for children and adolescents in a community-based clinic</p> <ul style="list-style-type: none"> <li>- description of a substance abuse prev. prog.</li> <li>- Based on a cognitive-behaviour curriculum to <u>children and adolescents affected by substance use disorder of a parent or caretaker</u></li> <li>- <i>no evaluation so far</i></li> </ul>

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8	<p><b>Hiemstra et al. (2009)</b> Efficacy of smoking prevention program „Smoke-free kids”: study protocol of a randomized controlled trial</p> <ul style="list-style-type: none"> <li>- RCT: school-based sampling of 9-11 year olds</li> <li>- CG: information sheet; IG: 5 magazines and activity book designed to increase parental smoking-specific socialization</li> <li>- baseline, 6,12, 24 and 36 month measure</li> <li>- <i>no evaluation so far</i></li> </ul>	<p><b>Bamberg et al. (2008)</b> Including the <u>siblings of youth substance abusers</u> in a parent-focused intervention: a pilot test of the Best Plus program</p> <ul style="list-style-type: none"> <li>- family level intervention usually neglects siblings impact</li> <li>- professionally led, multifamily groups sequenced over eight sessions</li> <li>- <i>no evaluation so far</i></li> </ul>	<p><b>Werch et al. (2003)</b> A sport-based intervention for preventing alcohol use and promoting physical activity among adolescents</p> <ul style="list-style-type: none"> <li>- study participants were randomly assigned to one of three groups               <ol style="list-style-type: none"> <li>1) sport consultation (Sport)</li> <li>2) sport consultation plus an alcohol consultation (Sport Plus)</li> <li>3) sport consultation, alcohol consultation, and mailed parent print materials (Sport Plus Parent)</li> </ol> </li> <li>- The Youth Alcohol and Health Survey was used to collect data on alcohol and drug consumption, alcohol use risk and protective factors, and exercise habits at baseline and three-month post-intervention</li> <li>- Sport intervention showing the greatest improvements on all but two measures. Findings suggest that a brief sport-based screen and consultations tailored to adolescents health habits, with and without parent materials, may potentially reduce alcohol use while increasing exercise frequency</li> </ul>	<p><b>Stigler et al. (2006)</b> teasing apart a multiple component approach to adolescent alcohol prevention: what worked in Project Northland?</p> <ul style="list-style-type: none"> <li>- group randomized multi level community wide intervention in 1990s rural Minnesota among mainly white 6<sup>th</sup> to 8<sup>th</sup> graders</li> <li>- secondary analyses</li> <li>- strongest effects for extra-curricular activities and parent program components</li> </ul>	<p><b>De Vries et al. (2003)</b> The European Prevention Framework Approach (ESFA): short-term effects</p> <ul style="list-style-type: none"> <li>- project for six European countries</li> <li>- activities on four levels: adolescents, schools, parents and out-of-school activities</li> <li>- school-based program consisting of at least five lessons paying attention to social influence processes and training in refusal skills</li> <li>- attention to parenting styles and practices is also needed</li> </ul>

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9	<p><b>Spoth et al. (2009)</b> Universal intervention as a protective shield against exposure to substance use: long-term outcomes and public health significance</p> <ul style="list-style-type: none"> <li>- Iowa Strengthening the family Program or control random sampling of public schools</li> <li>- IG: limited exposure (6 grade) and limited use (12 graders) using odds ratio and structural modeling</li> </ul> <p><b>Spoth et al. 2009</b> universal intervention effects on substance use among young adults mediated by delayed adolescent substance initiation</p> <ul style="list-style-type: none"> <li>- Iowa Strengthening Families; Preparing for the drug free years</li> <li>- young adult outcomes mostly indirect no direct effects</li> </ul>	<p><b>Prado et al. (2007)</b> A RCT of a parent-centred intervention in preventing substance use and HIV risk behaviours in Hispanic adolescents</p> <ul style="list-style-type: none"> <li>- Spain</li> <li>- Familias Unidas + Parent-Preadolescent Training for HIV Prevention (PATH)</li> <li>- 8<sup>th</sup> graders; randomly assigned to <i>different (not further specified) conditions</i></li> <li>- combination of Familias Unidas und PATH was best (partially mediated by strengthening the family system)</li> </ul>		<p><b>Riggs et al. (2006)</b> Parent program component analysis in a drug abuse prevention trial.</p> <ul style="list-style-type: none"> <li>- addition of a parent component in an evidence-based multi-component program for ado (STAR)</li> <li>- randomly assigned parents of middle school pupils to program vs. comparison condition</li> <li>- positive effects on parents' self efficacy</li> <li>- <i>no information about adolescents' substance use</i></li> </ul>	<p><b>Ingersoll et al. (2003)</b> Reducing the risk of alcohol-exposed pregnancies: a study of a motivational intervention in community settings</p> <ul style="list-style-type: none"> <li>- 6 community settings in 3 large cities</li> <li>- 4 manual-guided motivational counselling sessions and 1 contraceptive counselling session</li> <li>- outcomes =intervention completion rates, alcohol use, contraceptive use and effectiveness, and risk for alcohol-exposed pregnancy</li> <li>- results suggests that this intervention can decrease the risk of alcohol-exposed</li> </ul>
10	<p><b>Mason et al. (2009)</b> Gender moderation and social development mediation of the effect of a family-focused substance use preventive intervention on young adult alcohol abuse</p> <ul style="list-style-type: none"> <li>- Preparing For The Drug Free Years</li> <li>- Midwestern United States, 429 families of 6<sup>th</sup> graders in 33 rural school</li> <li>- adolescents interviewed between 11 and 22</li> <li>- effects between 11 and 22 are mediated by social skills at 12: only women showed lower alcohol abuse rates, men not</li> </ul>	<p><b>O'Connor &amp; Whaley (2007)</b> Brief intervention for alcohol use by pregnant women</p> <ul style="list-style-type: none"> <li>- USA</li> <li>- 255 women participating in the public Health Foundation Enterprises Management Solutions Special Supplemental Nutrition Program for Women Infants and children reporting alcohol use</li> <li>- randomly assigned to assessment only and brief intervention</li> <li>- followed until 3 Trimester</li> <li>- 10-15 min counselling of nutritionist</li> <li>- outcome: 5 times more likely being abstinent in BI group</li> <li>- kids had higher birth weight, length, lower mortality</li> </ul>		<p><b>Lohrmann et al. (2005)</b> Long-term impact of a district-wide school/community based substance abuse prevention initiative on gateway drug use.</p> <ul style="list-style-type: none"> <li>- 8<sup>th</sup> to 12<sup>th</sup> graders between 1991 and 2003</li> <li>- with one exception lifetime and monthly cigarette use decreased below 1991 levels for all grades, mostly for all grades for lifetime and monthly alcohol use, marijuana increased but lower as national levels</li> </ul>	



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11	<p><b>Robbins et al. (2008)</b> Brief strategic family therapy: an empirically-validated intervention for reducing adolescent behaviour problems</p> <ul style="list-style-type: none"> <li>- <u>treatment for children and adolescents with behaviour and substance use problems</u></li> <li>- US based and tested in Germany</li> <li>- joining with family members and system, assessing problematic family interaction, creating a motivational context for change, restructuring family interactions</li> <li>- <i>no information about evaluation</i></li> </ul>	<p><b>Chan &amp; Lam (2006)</b> Protecting sick children from exposure to passive smoking through mothers' actions: a randomized controlled trial of a nursing intervention</p> <ul style="list-style-type: none"> <li>- RCT in general paediatric wards of 4 hospitals in Hong Kong</li> <li>- non-smoking mothers with sick children and smoking husbands</li> <li>- intervention: standardized health advice, two purpose-designed booklet (preventing exposure; helping to quit), no smoking sticker, telephone reminder after 1 week, controls: no intervention</li> <li>- less exposure by moving the child at home (at 3 but not 6 and 12 months follow-up)</li> </ul>		<p><b>Hawkins et al. (2005)</b> Promoting positive adult functioning through social development intervention in childhood: long-term effects from the Seattle Social Development Project</p> <ul style="list-style-type: none"> <li>- 18 elementary schools</li> <li>- multi-ethnic sample of 605 participants</li> <li>- nonrandomized controlled trial followed up participants to 21 years of age, 9 years after the intervention ended</li> <li>- comparison between                         <ol style="list-style-type: none"> <li>1) full 6-year intervention condition</li> <li>2) late 2-year intervention condition</li> <li>3) non-treatment control condition</li> </ol> </li> <li>- teacher training in classroom instruction and management, child social and emotional skill development, and parent training</li> <li>- broad sign. effects on functioning in school and work and on emotional and mental health were found.</li> </ul>	
12	<p><b>Connell et al. (2007)</b> an adaptive approach to family intervention: linking engagement in family-centred intervention to reductions in adolescent problem behaviour</p> <ul style="list-style-type: none"> <li>- family intervention in public schools</li> <li>- 11 to 17 year olds randomly assigned to intervention and matched controls</li> <li>- Intervention: universal classroom-based intervention, Family check-up, family management treatment if indicated</li> <li>- 25% of families engaged in selected indicted levels</li> <li>- Family check-up participation led to reduced growth in alcohol, tobacco and marijuana use e.g.</li> </ul>	<p><b>Kallio et al. (2006)</b> Impact of repeated lifestyle counseling in an atherosclerosis prevention trial on parental smoking children's exposure to tobacco smoke</p> <ul style="list-style-type: none"> <li>- 1990 infants recruited and IG received info on nutrition and lifestyle send twice a year</li> <li>- 1999 8year old: evaluation of child's exposure to smoking (serum cotinine concentration), parents questionnaire on smoking behavior</li> <li>- parents smoking decrease in intervention and control</li> <li>- no IG effect</li> </ul>		<p><b>Komro et al. (2006)</b> Cross-cultural adaptation and evaluation of a home-based program for alcohol use prevention among urban youth: the "Slick Tracy Home Team Program"</p> <ul style="list-style-type: none"> <li>- brief home-based intervention among racially and ethnically diverse 6<sup>th</sup> graders and their families (RCT)</li> <li>- 60 public schools in Chicago</li> <li>- high participation levels in single parents, non-English, low income students and other risk groups</li> <li>- better levels in normative and outcome expectations in IG, but no difference in other factors or alcohol use</li> </ul>	



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13	<p><b>Gerrard et al. (2006)</b> A theory-based dual-focus alcohol intervention for preadolescents: the Strong African American Families Program</p> <ul style="list-style-type: none"> <li>- randomized, among rural African American youth</li> <li>- effective via two paths: social reaction path (decreased willingness to drink)</li> <li>reasoned / intention path (influence of the intention to drink)</li> </ul> <p><b>Brody et al 2006</b> The Strong African American Families Program: a cluster-randomized prevention trial of long-term effects and a meditational model</p>	<p><b>Yilmaz et al. (2006)</b> Brief intervention on maternal smoking: a randomized controlled trial</p> <ul style="list-style-type: none"> <li>- smoking cessation intervention in a tertiary referral centre with three conditions</li> <li>A) brief intervention focusing on child's health</li> <li>B) brief intervention focusing on mother's health</li> <li>C) control</li> <li>- child intervention was the only sign. better group among all</li> <li>- family income, other smoking family member etc had an impact as well</li> </ul>		<p><b>Flay et al. (2004)</b> Effects of 2 preventions programs on high-risk behaviors among African American youth; a randomized trial</p> <ul style="list-style-type: none"> <li>- 12 school, 94-98</li> <li>- students in grades 5 through 8, parents and teachers</li> <li>1) the social development curriculum (SDC), focuses on social competence skills necessary to manage situations in which high-risk behaviors occur</li> <li>2) the school/community intervention (SCI) consisted of SDC and school-wide climate and parent and community components</li> <li>3) the control group received an attention-placebo health enhancement curriculum (HEC) of equal intensity to the SDC focusing on nutrition, physical activity, and general health care</li> <li>- for boys, the SDC and SCI sign. reduced the rate of increase in violent behavior, school delinquency, drug use, and recent sexual intercourse, and improve the rate of increase condom use</li> <li>- the SCI was sign. more effective than the SDC for a combined behavioral measure</li> <li>- no sign. effect for girls</li> </ul>	

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14	<p><b>Kamon et al. (2005)</b> A contingency management intervention for adolescent marijuana abuse and conduct problems</p> <ul style="list-style-type: none"> <li>- a family-based, contingency management model to treat adolescent substance use and conduct problems</li> <li>- 19 adolescents; 15-18 years</li> <li>1) a clinic-administered, abstinence-based incentive program</li> <li>2) parent-directed contingency management targeting substance use and conduct problems</li> <li>3) a clinic-administered incentive program for parent participation</li> <li>4) individual cognitive-behavioural therapy for adolescents</li> <li>- measures of substance use, psychopathology, parenting</li> <li>- substance use, externalizing behaviours, and negative parenting behaviours decreased by treatment end</li> </ul>	<p><b>Jackson &amp; Dickinson (2006)</b> Enabling parents who smoke to prevent their children from initiating smoking: results from a 3-year intervention evaluation</p> <ul style="list-style-type: none"> <li>- home-base antismoking socialization program</li> <li>- three-year randomized control trial</li> <li>1) intervention condition; 5 printed activity guides, parenting tip sheets, child newsletters, incentives, booster activity guide</li> <li>2) control condition; fact sheets</li> </ul> <p>Initiation of smoking was reported 12% vs 19% of children in the intervention vs control groups.</p>		<p><b>Werch et al. (2003)</b> One year follow-up results of the STARS for Families alcohol prevention program</p> <ul style="list-style-type: none"> <li>- STARS=Start Taking Alcohol Risks Seriously; 2-year preventive intervention based on a stage of acquisition model, and consisting of nurse consultations and parent materials</li> <li>- findings suggest that a brief, stage and risk/protective factor tailored program holds promise for reducing risk for alcohol use among urban school youth 1 year after intervention, and has the unique advantage of greater "transportability" over classroom-based prevention programs</li> </ul>	

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15	<p><b>McAfee et al. (2005)</b> Physician tobacco advice to preteens in a smoking-prevention randomized trial: steering clear</p> <ul style="list-style-type: none"> <li>- providers were cued to reinforce the study and advise intervention participants not to use tobacco</li> <li>- all parents were surveyed at baseline; children were surveyed at 20 month; subsample was surveyed at 6 and 12 months</li> <li>- during the 20-month follow-up, less than 25% of children recalled a provider discussing tobacco use prevention. Recall of exposure to tobacco prevention messages at school, from parents, and from media was higher</li> </ul>	<p><b>Abdullah et al. (2005)</b> Smoking cessation intervention in parents of young children: a randomised controlled trial</p> <ul style="list-style-type: none"> <li>- telephone counselling based on the stages of change component of the transtheoretical model of behaviour</li> <li>- intervention group; printed self-help material, three-session telephone-based smoking cessation counselling</li> <li>- control group; printed self-help material</li> </ul> <p>Structured questionnaire used at baseline and at 1,3,6 month</p> <ul style="list-style-type: none"> <li>- by using intention-to-treat analysis, the 7 day point prevalence quit rate at 6 month follow up was sign. greater in the intervention group</li> </ul>		<p><b>Lochman &amp; Wells (2002)</b> The Coping Power program at the middle-school transition universal and indicated prevention effects</p> <ul style="list-style-type: none"> <li>- children were identified as being at risk on the basis of 4<sup>th</sup> grade teachers' ratings of children's aggressive and disruptive behaviors</li> <li>- randomly assigned to                         <ol style="list-style-type: none"> <li>1) Coping Power intervention</li> <li>2) universal intervention</li> <li>3) Combined Coping Power plus universal intervention</li> <li>4) control</li> </ol> </li> <li>- the Coping Power program included child and parent component</li> <li>- all 3 intervention cells produced relatively lower rates of substance use at post intervention than did the control cell</li> <li>- the interventions also produced effects on 3 of the 4 predictor variable domains: children's competence and self-regulation and parents' parenting skills</li> </ul>	

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16	<p><b>Stanton et al. (2004)</b> Randomized trial of a parent intervention: parents can make a difference in long-term adolescent risk behaviours, perceptions, and knowledge</p> <ul style="list-style-type: none"> <li>- 817 African American youth aged 13 to 16 at baseline</li> <li>- randomized, controlled 3-celled longitudinal trial</li> <li>- parental monitoring intervention (Informed Parents and Children Together [ImPACT]) with and without boosters. and an adolescent risk-reduction intervention, Focus on Kids (FOK) VS only FOK</li> <li>- responses at baseline and 24 months after intervention to a questionnaire assessing risk and protective behaviours and perceptions</li> <li>- 6 to 16 risk behaviours were sign. reduced among youth receiving ImPACT compared with youth who only received FOK</li> <li>- ImPACT did not produce any sign. adverse effects on behaviours or perceptions</li> </ul>	<p><b>Fossum et al. (2004)</b> Evaluation of a counselling method for the prevention of child exposure to tobacco smoke: an example of client-centred communication</p> <ul style="list-style-type: none"> <li>- the counselling method, "smoke-free children", has been developed and implemented at Swedish child health centres</li> <li>- based upon a client-centred approach</li> <li>- saliva cotinine samples from the mothers were collected when the child was 1-4 weeks and 3 months of age</li> <li>- interviews regarding mother's smoking habits and self-reported maternal smoking were also carried out</li> <li>- After the intervention, cotinine levels were reduced in the intervention group and increased in the control group</li> <li>- yet, after the intervention, the mothers themselves reported more smoking in the intervention group than in the control group</li> <li>- only weak correlations were found between self-reported smoking and cotinine</li> </ul>		<p><b>Kaminski et al. (2002)</b> Prevention of substance abuse with rural head start children and families: results of project STAR</p> <ul style="list-style-type: none"> <li>- the intervention targeted risk factors during the preschool years linked to later substance use in adolescence and adulthood</li> <li>- intervention condition vs. control group</li> <li>- positive parenting as well as parent-school involvement increased over the 1<sup>st</sup> year of intervention</li> <li>- improvements in social competence, reported by teachers and parents were found at the end of kindergarten</li> </ul>	

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17	<p><b>Schinke et al. (2004)</b> Reducing the risks of alcohol use among urban youth: three-year effects of a computer-based intervention with and without parent involvement</p> <ul style="list-style-type: none"> <li>- 514 youths assigned randomly               <ol style="list-style-type: none"> <li>1) CD-ROM plus parent intervention</li> <li>2) CD-ROM intervention</li> <li>3) no intervention</li> </ol> </li> <li>- all youths completed pretest, posttest and three annual follow-up measurements.</li> <li>- over time, youths in all three groups reported increased use of alcohol, tobacco and marijuana; youths who received the interventions reported smaller increases than control youths.</li> <li>- at 3-year follow-up, alcohol use was lower for CD-ROM plus parent intervention youths than for CD-ROM only youths, who, in turn, reported less use than controls.</li> </ul>	<p><b>Winickoff et al. (2003)</b> Intervention with parental smokers in an outpatient paediatric clinic using counselling and nicotine replacement</p> <ul style="list-style-type: none"> <li>- implementing a smoking cessation intervention for parents at the time of the paediatric visit</li> <li>- 3 brief counselling sessions, written materials, free nicotine replacement therapy (NRT), proactive referral to a free state assessed at 2-month</li> <li>- the mean of cigarettes smoked inside the home and car declined over 2 months</li> <li>- this study demonstrates the feasibility of this intervention</li> </ul>		<p><b>Spoth et al. (2002)</b> Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs</p> <ul style="list-style-type: none"> <li>- 36 rural schools               <ol style="list-style-type: none"> <li>1) the Classroom-Based Life Skills training (LST) and the Strengthening Families Program: For Parents and Children 10-14</li> <li>2) LST only</li> <li>3) control condition</li> </ol> </li> <li>- outcomes were examined 1 year after, using a substance initiation index (SII) measuring lifetime use of alcohol, cigarettes and marijuana and by rates of each individual substance</li> <li>- significant effects for both the combined and LST-only interventions on the SII and on marijuana initiation</li> </ul>	

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18	<p><b>Liddle et al. (2004)</b> Early intervention for adolescent substance abuse: pretreatment to posttreatment outcomes of a randomized clinical trial comparing multidimensional family therapy and peer group treatment</p> <ul style="list-style-type: none"> <li>1) family-based therapy</li> <li>2) peer group therapy</li> <li>- 80 young adolescents (11 to 15 years) referred for substance abuse and behavioural problems</li> <li>- both treatment were outpatient, relatively brief, manual-guided, equal in intervention dose, and delivered by community drug treatment therapists</li> <li>- results indicated that the family-based treatment (MDFT, an intervention that targets teen and parent functioning within and across multiple systems on a variety of risk and protective factors) was sign. more effective than peer group therapy in reducing risk and promoting protective processes in the individual, family, peer, and school domains, as well as in reducing substance use over the course of treatment</li> </ul>	<p><b>Winickoff et al. (2003)</b> A smoking cessation intervention for parents of children who are hospitalized for respiratory illness: the stop tobacco outreach program</p> <ul style="list-style-type: none"> <li>- Tobacco outreach program =initial motivational interview, written materials, nicotine replacement therapy (NRT), telephone counselling, and fax referral to parents' primary clinician</li> <li>- outcome =completion of all 3 counselling sessions, quit attempts, cessation, NRT use, primary car visits, household smoking prohibition, and satisfaction</li> <li>- high rates of acceptance of in-hospital and telephone counselling in this study support the notion of child hospitalization as a teachable moment to address parental smoking</li> </ul>		<p><b>Reddy et al. (2002)</b> Tobacco and alcohol use outcomes of a school-based intervention in New Delhi</p> <ul style="list-style-type: none"> <li>- 30 schools in New Delhi, India</li> <li>1) school-based and family-based intervention</li> <li>2) school-based intervention</li> <li>3) control group</li> <li>- smoking intervention</li> <li>- family intervention</li> <li>- survey measured tobacco knowledge, attitudes, offers, use, and intentions</li> <li>- intervention students were sign. less likely than controls to have been offered, received, experimented with, or have intentions to use tobacco</li> </ul>	

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19	<p><b>Brody et al. (2004)</b> The Strong African American Families Program: translating research into prevention programming</p> <ul style="list-style-type: none"> <li>- randomized prevention trial</li> <li>- families who took part in the SAAF, a preventive intervention for rural African American mothers and their 11-year-olds</li> <li>- control families</li> <li>- SAAF is based on a contextual model positing that regulated, communicative parenting causes changes in factors protecting youths from early alcohol use and sexual activity</li> <li>- intervention-induced changes in parenting mediated the effect of intervention group influences on changes in protective factors over a 7-month period</li> </ul>			<p><b>Storr et al. (2002)</b> A randomized controlled trial of two primary school intervention strategies to prevent early onset tobacco smoking</p> <ul style="list-style-type: none"> <li>- impact of two universal, grade 1 preventive interventions on the onset of tobacco smoking as assessed in early adolescence</li> <li>1) classroom-centered (CC) intervention (reducing child attention problems and aggressive and shy behaviour-known risk behaviours for later substance use)</li> <li>2) family-school partnership (FSP) intervention (targeted these early risk behaviours via management strategies)</li> <li>3) control</li> <li>- relative to controls, a modest attenuation in the risk of smoking initiation was found for students who had been assigned to either the CC or FSP intervention classrooms</li> <li>- results lend support to targeting the early antecedent risk behaviours for tobacco smoking</li> </ul>	



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20	<p><b>Conway et al. (2004)</b> Intervention to reduce environmental tobacco smoke exposure in Latino children: null effects on hair biomarkers and parent reports</p> <ul style="list-style-type: none"> <li>- a two group, randomized control trial was conducted</li> <li>- 143 Latino parent-child pairs</li> <li>- immediately post-intervention; 3 and 12 months post-intervention</li> <li>- 4 outcomes                             <ol style="list-style-type: none"> <li>1) parent's paper-and-pencil reports of the child's past month exposure</li> <li>2) hair samples from the child analysed for past month nicotine</li> <li>3) hair samples from the child analysed for past month nicotine</li> <li>4) per cent confirmed reducers</li> </ol> </li> <li>- there were no significant condition-by-time interactions, the term indicative of a differential intervention effect.</li> </ul>				

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21	<p><b>Spoth et al. (2004)</b> Brief family intervention effects on adolescent substance initiation: school-level growth curve analyses 6 years following baseline</p> <ul style="list-style-type: none"> <li>- the 2 interventions, designed for general-population families of adolescents, were 7-session Iowa Strengthening Families Program (ISFP) (Molgaard &amp; Spoth, 2001) and the 5-session Preparing for the Drug Free Years Program (PDFY) (Catalano, Kosterman, Haggerty, Hawkins, &amp; Spoth, 1999)</li> <li>- 33 rural public schools were randomly assigned to the ISP, the PDFY, or a minimal-contact control condition</li> <li>- significant intervention-control differences were observed, indicating favourable delays in initiating in the intervention groups</li> </ul>				

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22	<p><b>Curry et al. (2003)</b> A randomized trial of a family-based smoking prevention intervention in managed care</p> <ul style="list-style-type: none"> <li>- this study evaluates a smoking prevention intervention package for parents and children (aged 10-12) provided through their managed care organization</li> <li>- a two-arm (usual care vs intervention) randomized trial was employed</li> <li>- outcome = susceptibility to smoking, experimentation with smoking, smoking in the past 30 days as assessed by 20-month follow-up surveys of children</li> <li>- no sign. effects of the intervention on any of the primary outcomes</li> <li>- the intervention was associated with modest but statistically significant increases in parent-child discussions of smoking related topics</li> </ul>				

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23	<p><b>Mason et al. (2003)</b> Reducing adolescent's growth in substance use and delinquency: randomized trial effects of a parent-training prevention intervention</p> <ul style="list-style-type: none"> <li>- longitudinal, randomized controlled study of the Preparing for the Drug Free Years Program (PDFY), a universal family-focused prevention intervention</li> <li>- adolescents assigned to the PDFY intervention condition had a slower rate of linear increase over time in both substance use and delinquency compared with adolescents assigned to the control condition</li> <li>- pretest level of delinquency was a reliable, positive predictor of growth in substance use, whereas pretest level of substance use did not predict growth in delinquency</li> </ul>				

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24	<p><b>Jackson &amp; Dickinson (2003)</b> Can parents who smoke socialise their children against smoking? Results from the Smoke-Free Kids intervention trial</p> <ul style="list-style-type: none"> <li>- two year randomised controlled trial</li> <li>- 671 adults smokers and children (abstinent; ages 7-8 years)</li> <li>- programme modules, newsletters, incentives, support calls</li> <li>- outcomes =anti-smoking socialisation, susceptibility to smoking</li> <li>- given adequate exposure to the Smoke-Free Kids programme, significant beneficial effects were observed on anti-smoking socialisation in households where parents smoke cigarettes, and significant beneficial effects were observed on children's susceptibility to smoking after two years</li> </ul>				
25	<p><b>Wu et al. (2003)</b> Sustaining and broadening intervention impact: a longitudinal randomized trial of 3 adolescent risk reduction approaches</p> <ul style="list-style-type: none"> <li>- 817 black youths (aged 12 to 16) <ul style="list-style-type: none"> <li>1) receive a face-to-face intervention alone (FOK only)</li> <li>2) FOK + a parental monitoring intervention (ImPACT)</li> <li>3) FOK + ImPACT + boosters</li> </ul> </li> <li>- the inclusion of a parental monitoring intervention affords additional protection from involvement in adolescent risk behaviours 6 and 12 months later compared with the provision of an intervention that targets adolescents only</li> </ul>				

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26	<p><b>Dembo et al. (2002)</b> The impact of a family empowerment intervention on juvenile offender heavy drinking: a latent growth model analysis</p> <ul style="list-style-type: none"> <li>- 36-month follow-up period</li> <li>1) Extended Services Intervention (ESI): monthly phone contacts and referral information</li> <li>2) Family Empowerment intervention (FEI): three one-hour, home-based meetings per week for approximately 10 weeks from a clinician-trained paraprofessional</li> <li>- the difference between FEI and ESI was no significant, the reported frequency of getting very high or drunk on alcohol declined more over time for FEI completers than FEI noncompleters</li> </ul>				

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27	<p><b>Stevens et al. (2002)</b> A pediatric, practice-based, randomized trial of drinking and smoking prevention and bicycle helmet, gun, and seatbelt safety promotion</p> <ul style="list-style-type: none"> <li>- 2 interventions, delivered through paediatric primary care practices                     <ol style="list-style-type: none"> <li>1) one intervention focused on alcohol and tobacco use</li> <li>2) other intervention focused on gun safety, bicycle helmet, and seatbelt use</li> </ol> </li> <li>- clinician messages encourage family communication and rule setting about the issues of the middle school years</li> <li>- intervention=36 months</li> <li>- both children and parents received quarterly newsletters to reinforce the clinician messages</li> <li>- parents, children and pediatric clinicians found the intervention useful. Despite this, comparisons between the 2 study arms show no significant intervention effects in the prevention of alcohol and tobacco use or gun storage or seatbelt safety. There was a negative effect in the alcohol arm. Only bicycle helmet use showed a positive outcome</li> </ul>				
Not classified	<p><b>Woolderink et al. (2010)</b> Design of an internet-based health economic evaluation of a preventive group-intervention for <u>children of parents with mental illness or substance use disorders</u></p> <ul style="list-style-type: none"> <li>- only kick-off for 16-25 year olds</li> <li>- RCT (waiting list)</li> <li>- cost effectiveness of Kopstoring intervention (strengthening coping skills, prevent behavioural and psychological problems)</li> <li>- internet based with baseline, 3, 6, 9, 12 months updates</li> <li>- outcome measure internalized and externalized behaviour</li> </ul>				

**Anmerkungen:** Die Zuordnung der Studien erfolgte anhand der Ansatzpunkte des jeweiligen Programms. Programme mit selektiver oder indizierter Zielgruppenausrichtung wurden jeweils **farblich** gekennzeichnet. Alle anderen Farben dienen nur einer der Erhöhung der Übersichtlichkeit.