# Proposal submission file
# ERANID Transnational Call 2015

# Understanding drug use pathways

Closing date 24 November 2015, 2 PM (CET)

*Please refer to Guidelines for Applicants when filling out this form.*

*To be submitted by the Principal Investigator (PI) only.*

**ERANID JOINT CALL SECRETARIAT (JCS):**

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# 1. Summary and administrative information on applicants

**1.1** General information on the project

| | | | |
|---|---|---|---|
| Project Title | **UNDERSTANDING THE DYNAMICS AND CONSEQUENCES OF YOUNG ADULT SUBSTANCE USE PATHWAYS**<br>A Longitudinal And Momentary Analysis in the European nightclub scene | | |
| Acronym (max. 15 characters) | ALAMA-nightlife | | |
| Planned start date | 1 September 2016 | Total duration in months | 36 |

*Please duplicate the rows depending on the number of Co-PI's.*

| | *First and last name* | *Institution* | *Requested Funding (Euro)* | *Total cost(Euro)* |
|---|---|---|---|---|
| PI | Margriet van Laar | Trimbos Institute, **The Netherlands** | € 249.506 | € 249.506 |
| Co-PI 1 | Tina van Havere | University College Ghent, **Belgium** | € 200.000 | € 200.000 |
| Co-PI 2 | Jochen Schrooten | VAD, **Belgium** | € 20.000 | € 20.000 |
| Co-PI 3 | Sabrina Molinaro | National Research Council, **Italy** | € 100.000 | € 119.148 |
| Co-PI 4 | Johanna Gripenberg | STAD, Stockholm Centre for Psychiatric Research and Education, Stockholm County Council Health Care Provision/Karolinska Institute, **Sweden** | € 282.000 | € 282.000 |
| Co-PI 5 | Valerie Curran | University College London, **United Kingdom** | | |
| **TOTAL** | | | | |

**1.2** Keywords (max. 10, please use the same keywords as in the online submission system)

| |
|---|
| Nightlife<br>Stimulants<br>New Psychoactive Substances (NPS)<br>Developmental trajectories<br>Patterns |

Functioning
Adverse effects
Ecological Momentary Assessment
Online qualitative methods
Drug markets

**1.3** Please provide a plain language summary of the project (max. 10 lines)

The nightlife scene is synonymous with drug use and its economy has surged in the last decade. Meanwhile, an unprecedented number of New Psychoactive Substances has emerged. The potency of ecstasy pills has doubled, alongside a rise in health incidents. Previous studies have failed to capture the dynamic aspects of nightlife drug use, both in the short-term (before, during, and after the club) and the longer-term (changes over time). A pan-European understanding of these issues is necessary to implement optimal policy decisions for nightlife licensing, drug control, and harm reduction. The proposed study combines state of the art interdisciplinary techniques (momentary or 'real time', long-term, subjective, biological) and comparison across countries, to thoroughly characterise drug use pathways (short- and longer-term) and their consequences.

**1.4** Abstract (max. 1 page)

***Background:*** It is widely known that drug use is abundant in the nightlife scene, costing –in extreme cases- young adult lives. These fatalities, as well as and non-fatal health incidents and other adverse consequences, are potentially preventable. Due to the upsurge in the European nightlife economy, the increase in illicit substance use and rapidly changing drug markets (high potency drugs, New Psychoactive Substances), a comprehensive and up-to-date understanding of young adult's patterns of use, transitions over time and short and long term consequences – both 'in the moment' and over time – is crucial for optimally informing preventive and legal policies. To provide this knowledge, a closer, in-depth and multidisciplinary look at drug use trajectories is proposed using a multi-method cross-national design.

***Objectives:*** The general objective of this multi-method study is to gain insight into drug use and nightlife participation in the European nightclub scene, to investigate how drug use patterns change over time as well as their short and long term consequences. With a number of complementary and innovative methodologies we will generate a unique and rich data set with a European scope, reflecting different cultures and drug markets to address a wide range of practice and policy based questions. The proposed study investigates momentary and longitudinal drug use pathways and their consequences in five EU countries (Belgium, Italy, the Netherlands, Sweden, United Kingdom). The project encompasses three study elements:

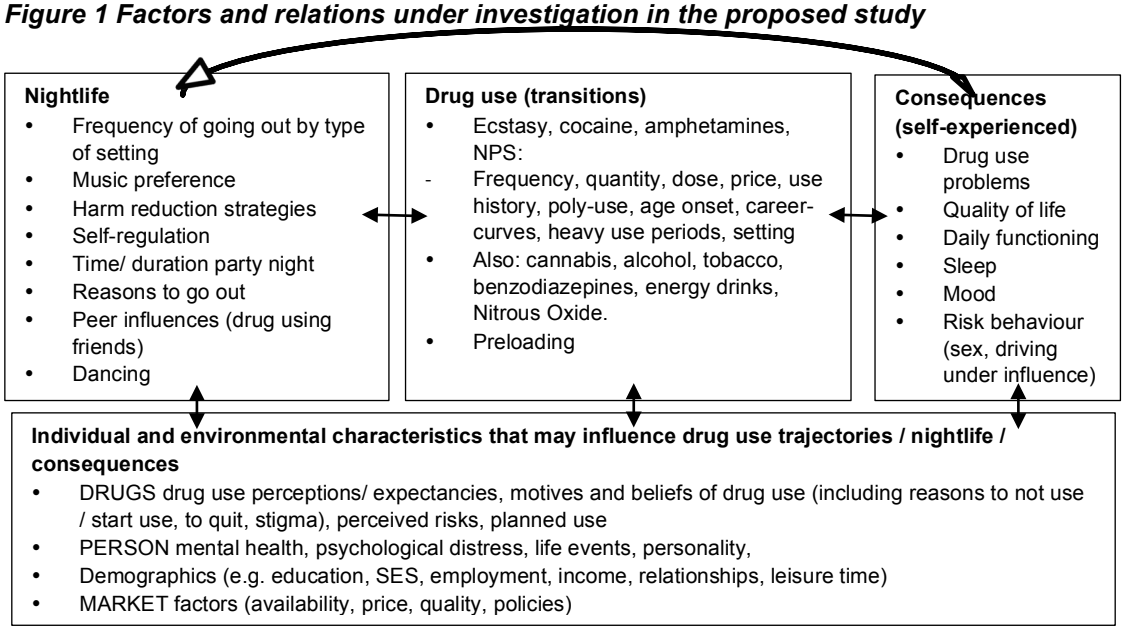
1. A longitudinal quantitative study with 12-months follow up (all countries),
2. Ecological Momentary Assessments (in NL, UK),
3. A drug use verification study using analyses of breath samples (in SE, BE).

These study elements each represent a work package (WP), distributed systematically across partners making optimal use of their expertise. An additional WP will provide the contextual basis for the project (with an overview of nightlife cultures in the different countries) and will manage and ensure the dissemination of findings.

***Expected results:*** This study is unique as it addresses the analysis of pathways in samples of young adults known to have above average use rates of illicit and other substances: young people regularly going to clubs and parties. Due to the range of innovative

methodological elements to this project, detailed substance use profiles will be elicited within nightlife contexts to identify both distal and proximal factors associated with transitions in drug use and their consequences for the individual. The project will provide insight in differences and similarities between countries and cultures in drug use patterns and transitions between countries. These insights are pivotal to improve and tailor prevention and intervention efforts as well as legal and policy decisions.

***Figure 1 Factors and relations under investigation in the proposed study***




**1.5** General information on the consortium

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# 2. Description of the project

**2.1** Description of the proposal, including aims, position in the state of the art, methodology and data to implement this methodology. Access to data must be explained and ensured (max.7 pages).

***Background***

The past decade has seen a major upsurge in the European nightlife economy. In addition to alcohol consumption, the pleasures of nightlife as a time to relax, be social, meet friends/partners and enjoy music are increasingly boosted with illicit substances, like ecstasy, cocaine and amphetamines and a variety of new psychoactive substances (NPS)[1]. These benefits sought in nightlife and drug intake should be weighed against their short and long term health impacts. In addition to acute (sometimes fatal) intoxications, short term effects may include driving accidents, risky or unwanted sex, impaired cognitive functioning, lowering of mood and reduced sleep quality. These in turn may reduce professional and social functioning, and quality of life in general.

Another important development related to nightlife drug use is the changing drug market. The potency of various drugs, especially ecstasy has strongly increased recently, further fuelling health concerns of/for users who may intentionally or unintentionally consume stronger products (EMCDDA, 2015). Recent data suggest that the increased availability of high doses of MDMA in ecstasy is associated with increased health-related emergencies (Van Laar et al., 2014; GDS 2015). Also, harmful substances occasionally sold as or in classical drugs, like PMA/PMMA, have been associated with fatal and non-fatal intoxications. Moreover, the internet and encrypted online drug markets have widened the availability of club drugs, and have likely contributed to the growth of NPS, which may be as harmful as or even more toxic than classical drugs (EMCDDA, 2015). NPS use is affected by various factors including nightlife setting, availability, price, purity and positive ratings within social and online networks (Freeman et al., 2012; van Amsterdam et al, 2015). It can thus be expected that profound differences in the prevalence of NPS across countries, but so far data on their use and user populations is limited.

Due to these market developments, previous studies on club drug consumer profiles, their consumption patterns and the short and long term effects are no longer considered representative for today's situation and thus we need improved knowledge to inform future policies. Moreover, most studies to date on substance use in the nightlife scene have used a cross-sectional design. Clearly, studies employing a prospective, longitudinal design are likely to be more informative about the changing dynamics of European substance use.

These dynamics include **acute factors** such as preloading with alcohol or other drugs, sleep deprivation, drug stacking/bingeing, poly-drug use, dancing, overheating, and use of post-club 'come-down' drugs such as benzodiazepines or cannabis. Additionally, **chronic factors** include age of initiation and transition to certain drugs, personality, work, relationships, changes in drug markets and policies. Thus, studies employing a prospective design and conducted in natural nightlife settings are needed to investigate both acute and chronic substance use pathways and their consequences for young people.

***Contemporary club drug use in the EU***

Patterns of (problem) drug use differ widely across European countries. For example, amphetamines use is predominant in Scandinavian countries, cocaine is widely diffused in Southern and Western European countries, and ecstasy is more scattered with relatively high prevalence rates in the UK and Netherlands (EMCDDA, 2015). These differences are likely

[1] The category of club drugs may include illegal drugs (like ecstasy and cocaine), drugs that have been recently controlled but were formerly legal (like mephedrone or BZP) and the so-called new psychoactive substances, which have psychoactive effects resembling those of 'traditional' drugs and rare commonly produced to circumvent drug laws (like 4-floramphetamine).

due to a combination of factors associated to the geographical location of a country within Europe, such as policy, market (availability and prices), trafficking routes and production sites. However, there may also be common cultural influences (Milhet et al., 2013). Qualitative research on youth drinking cultures has already shown that different consumption patterns are related to different cultural meanings e.g. different conceptualisations of risk and self-control (see e.g. Katainen & Rolando 2014; Calafat et al., 2011; Hernandez-Hernandez, et al, 2015). Such cultural differences may also be present for (illicit) drug consumption, although research on this issue is currently lacking.

Use of classical club drugs, albeit not exclusively used in the nightlife scene, varies in general population samples across European countries (EMCDDA, 2015). While European studies of substance use in the nightlife scene are limited and diverge widely in methodology, they invariably point at high prevalence of both classical drugs and new psychoactive substances (e.g. Vento et al., 2014; EMCDDA, 2014, Gripenberg et al., 2012; Van Laar et al., 2013; Van Havere et al., 2012).

Policies to reduce harm due to substance use among nightlife participants are increasingly implemented at local level, but major differences still exist across Europe (www.club-health.eu), varying from the strict enforcement of narcotic laws to governmentally supported drug testing facilities. Differences in policies, legal consequences and perceived stigmatisation may account in part for differences in the reliability of self-reported substance use (Gripenberg-Abdon et al., 2012) and may shape perceptions of risk.

Although patterns vary, club drug users are typically poly substance users. Alcohol remains the main (licit) drug in recreational settings, but a plethora of additional substances may be consumed concurrently or concomitantly (e.g. Grov et al., 2009; EMCDDA, 2009). Particularly in the context of dancing at raves and nightclubs, drug interactions and different temporal patterns of polydrug use, may increase the risk of acute and chronic health effects (e.g. Parrot 2014; Torré et al., 2015). Importantly, the majority of young adults in the general population do not use illicit substances, and an unknown proportion of clubbers do not use illicit drugs. Importantly, the latter clubbers, some of whom may not even use licit drugs, can be informative regarding their reasons for not using, which may be helpful in prevention of the onset or exacerbation of drug use among others.

Taken together, there is now an urgent need to study the relationship between drug use and participation in the nightlife scene using multidisciplinary methodologies and at a pan-European level. Using a multi-method approach that allows for the comparison of drug use patterns in different countries, will greatly help to gain insight in differences and similarities in drug use development and transitions between countries. These insights can consequently be used to better tailor preventive interventions and legal and policy decisions (see 6.1).

***Prediction of escalation, decline or unchanged drug use***

So far studies have rarely examined whether substance use patterns among nightclub and partygoers change over time. Existing data suggest that drug use and dependence at baseline, sensation seeking and attending electronic/dance music events predict poor substance use trajectories (Leslie et al., 2015; Ramo et al., 2011; Smirnov et al., 2014). However, these studies have been conducted in isolated geographical areas (e.g. New York, Australia) and cannot shed light on the relationship between inter-regional factors (e.g. drug market developments) on drug use trajectories in Europe.

Both mental health and circumstantial reasons are reported by different ex-ecstasy users as reasons to cease use (Verheyden et al., 2003; Peters et al., 2008). In general, a likely scenario is that most young people manage and control their use in a reciprocal relationship with the needs of their social and educational environment (e.g. Comis et al., 2012). Yet, participation in the nightlife scene may also act as a 'stepping-stone' to start experimenting with (new) substances and escalate use. Knowledge of self-regulation, reasons for cessation, and the persistence, intensity and duration of substance use in this population of young adults frequenting nightlife is critically important for informing the design of interventions.

***Night life, patterns of drug use and functioning***

An unknown proportion of users and partygoers may be at increased risk of acute health-related emergencies (e.g. cardiovascular, hyperthermia, dehydration) and/or adverse short-term sequelae (impaired sleep, mood, functioning). Factors that may add to negative health effects include physical exhaustion (e.g. dancing), sleep deprivation and polydrug use (e.g.

Parrott et al., 2014; Kuypers et al., 2007, 2008). Use of high doses of drugs like ecstasy, consumed intentionally or unintentionally, may play a role as well.

Detailed knowledge of patterns of use, and motives for using specific (combinations of) substances and/or doses, is therefore highly relevant, but existing studies predominantly rely on retrospective self-report data, with the risk of recall bias. Only one small-scale exploratory study investigated real time drug use patterns in the natural setting in 22 regular ecstasy users with Ecological Momentary Assessments (EMA) (Hopper et al., 2006). Hopper and colleagues highlight that ecstasy use occurs in the context of weekend polydrug use (including alcohol pre-loading and other substances), but does not increase use of other drugs in this context. This first exploratory study, however, lacks power and information on dosages or motives for use. Moreover, it is unclear whether these preliminary findings apply to the modern European nightlife scene in which the purity and potency of ecstasy pills have increased dramatically, and new drugs have recently emerged.

***Aim of the proposed study***

The proposed study uses an unprecedented combination of research methods across a broad interdisciplinary research team. With the proposed complementary and innovative methodologies we will generate a unique and rich data set with European scope, reflecting different cultures and drug markets to address a wide range of practice and policy based questions (see 2.4).

Five European Union Member States (Belgium, Italy, the Netherlands, Sweden, and United Kingdom) will participate, representing a range of the most diverse nightlife cultures, policies and drug consumption patterns.

The focus is on club drug use and NPS in general, while taking into account that most clubbers are polydrug users. In two countries, one of the specific objectives pertains specifically to ecstasy users (see next paragraph). Five European Union Member States (Belgium, Italy, the Netherlands, Sweden, and United Kingdom) will participate, representing a range of the most diverse nightlife cultures, policies and drug consumption patterns.

***Objectives***

The general objective of this study is to gain insight into drug use and nightlife participation in the European nightclub scene, to understand how drug use patterns change over time as well as their short and long term consequences.

*Specific objectives*

1. To identify substance use profiles of young adults regularly attending nightclubs and parties.
2. To investigate both retrospectively and prospectively (+12-months) transitions (increase, decrease, maintenance) in substance use and determine factors associated with these transitions.
3. To investigate the momentary (proximal) factors and the short term consequences of ecstasy (most prevalent in UK and NL, where EMA will be applied) and other substance use and nightlife participation.
4. To verify self-reported substance use among regular visitors of nightclubs and parties.
5. To compare different European countries with varying drug policies, cultures and nightlife scenes with regard to 1-4.

***Methodology***

The proposed study investigates momentary and longitudinal drug use pathways and their consequences in five EU countries (Belgium, Italy, the Netherlands, Sweden, United Kingdom) using a mixed method design. The study consists of three parts: a longitudinal quantitative study with 12-months follow up (all countries), Ecological Momentary Assessments (in two countries), and a drug use verification study using analyses of breath samples (in two countries). At the start of the study, an overview will be made of nightlife cultures in the different countries as contextual basis for the project.

In each country a baseline cohort of 2,000 young adult regular visitors of nightclubs will be

sampled both on-the-spot and online, and followed-up online after 12 months. A further study zooms into the identification of proximal and momentary factors predicting ecstasy and other drug use patterns and their short term consequences, using Ecological Momentary Assessment. This EMA study will be conducted in the Netherlands and United Kingdom, focusing specifically on regular ecstasy users. In these countries, ecstasy is still the most common club drug and market factors seem to converge to some extent (e.g. strong increase in average MDMA doses in ecstasy tablets), while ecstasy-related emergencies seem to increase. Respondents (N=150 in each country) will be selected from the baseline cohort. Finally, a methodological study will address the issue of underreporting of illicit drug and NPS use in surveys in the context of policy differences, perceived stigma and criminal consequences. For this purpose data on self-reports and chemical analysis of breath samples collected from respondents during the on the-spot recruitment, will be measured and compared in two countries (Sweden, 600 samples, and Belgium, 300 samples).

***Analysis & description of nightlife culture in different countries (WP6)***

To better understand the different contexts of the settings under study in the participating countries, nightlife cultures are described and analysed at the start of the project through an ad hoc web-based mixed-methods comparative study. The global online electronic music magazine and community platform www.residentadvisor.net will be used as main information source for this purpose. This website has over two million readers a month, including music fans, club goers, DJs, producers, venue owners, promoters and record labels. Using this global, and other local relevant nightlife websites and fora (e.g.clubs facebook pages, Partyflock, MDMA team on Tumblr, dontstayin) nightlife scenes in different countries are characterized. Document analysis of visual or textual documents are coded in Nvivo and analysed by applying a template analysis (King 1998) based on an 'abductive approach' (Timmermans and Tavory 2012). In addition, interviews with stakeholders and nightlife experts (1-2 in each of the 5 participating countries) will be held. Thus, a context overview will be acquired and reported which on the one hand assists in determining possible recruitment channels for the survey in this study, and on the other helps to interpret various study components in light of contextual differences between the countries. This information is pivotal to understand the differences and similarities that are found in the work packages 1 through 5 [NB: Work Package 3 has been integrated in WP 6 but for practical reasons we stick to the original numbering]. Work package 6 also includes a comprehensive dissemination plan (see paragraph 6.2).

***Recruitment and retention***

The longitudinal cohort will be recruited online, with supplementary offline recruitment to assess sample representativeness and comparability across countries. The target population consists of young adults aged 18-34 years frequenting nightclubs at least 6 times in the past 12 months. For the offline, on-the-spot, recruitment an innovative strategy will use a random street intercept method with a selection of recruitment sites (including urban night club areas) (Graham et al., 2014). Young adult by-passers are approached using the 'fixed line method' principles to pre-register for an online survey with 1 year follow-up. This promising method to recruit representative samples of urban nightlife populations has been successfully used in the field of alcohol research. In order to recruit sufficient respondents within time and budget constraints, online recruitment strategies will be additionally employed, using among others websites for nightclub and partygoers and social media. In a Dutch study by the Trimbos Institute, over 3,500 regular attenders of nightlife settings were successfully recruited within three weeks in the 2013 Big Nightlife Survey (Goossens et al., 2013). The current combined offline-online methods improves insight in potential selection bias in online recruitment. We aim to recruit 500 (web-survey) participants offline ('on-the-spot'), and 1500 online, totalling a number of 2000 respondents in each country. It is conservatively expected that 50% of the sample will be retained at follow-up. These sample sizes are likely to allow statistical analyses in low prevalence countries (e.g. Sweden) and relatively low prevalence substances (like NPS). Country-specific strategies will be employed to enhance retention rates (see section 2.4). All respondents will have to provide informed consent before participating in any of the (sub) studies (see section 6.3).

***Longitudinal study on short-term dynamics in substance use among club and partygoers (WP2)***

This project component addresses the first and second objectives of the study, that is i) to identify (substance use) profiles of young adults regularly attending nightclubs and parties and ii) to investigate both retrospectively and prospectively (12-months) transitions (increase, decrease, maintenance) in substance use and factors associated with these transitions. For this purpose, both online and offline recruited participants are surveyed online at baseline and at 12 months follow-up. Transitions in nightlife participation and drug use and their predictors and consequences form the core of these surveys. While 12 months may be a relatively short follow up period, the limited available research on ecstasy and cocaine trajectories suggests that significant changes in use patterns occur within this period (Smirnov et al., 2013, Ramo et al., 2011).

A variety of individual and environmental characteristics that may influence drug use trajectories will be assessed (see Figure 1 section 1.4), using standardised and validated instruments. Overall assessment of health damages of polydrug use will be made through the application of the Frequency of Use Score (FUS) and Poly-Drug Score (PDS) (Mammone et al., 2014). Variables of interest are derived from relevant empirical studies, as well as various theoretical frameworks, including life course theory, Theory of Planned Behaviour Theories of drug use expectancies and instrumental drug use (e.g. Hser et al., 2007; Boys & Marsden, 2003; Müller & Schumann, 2011). Expectancies may be formed through social contact with other drug users and early subjective experiences of use. Initiation of club drug use could occur through peer and cultural influences, independently of risk factors such as delinquency and psychological problems, given the high prevalence of club drug use in nightlife. Furthermore, particular nightlife settings have indeed been found to predict exacerbation of ecstasy use (Leslie et al., 2015). Other factors include motives for using drugs, perceived risk, availability, psychological distress, leisure time, financial resources (e.g. Ter Bogt and Engels 2005; Boys et al., 2001; Palamar et al., 2015). Both the sequence of drug use onset, and prospective transitions (i.e. maintenance; increase; decrease of each drug; drug switching) will be recorded. Market factors may relate to availability of drugs and estimated potency/quality. Self-reported transitions in drug use will also be assessed retrospectively at baseline, to aid selection of respondents for the qualitative study. The focus will be on classical club drugs (ecstasy, cocaine and amphetamines) as well as NPS (by classes, e.g. synthetic cannabinoids, cathinones and tryptamine, and/or specific types).

A first series of analyses aim to draw profiles of drug users and drug use patterns using Latent Class Analyses of the baseline survey. These will be compared across countries, taking into account the differences in nightlife settings and cultures (as provided by input from WP6). Transitions in drug use (increase/ decrease/ maintenance for club drugs and NPS) are assessed with multinomial logistic regression analyses, and the more explorative Machine Learning Analysis using the prospective cohort data. For ecstasy, additional analyses are planned using three measurements for the EMA sample (baseline, 6 months, 12 months) in the UK and Netherlands. Machine learning uses sophisticated computer algorithms to learn from existing data and generate predictions to be tested in new samples. This approach has been successfully applied to relevant contexts (e.g. acute effects of MDMA, propensity for lapses in addiction (Chin et al., 2014; Bedi et al., 2014). Using this approach, we will determine which factors (see Figure 1, section 1.4) predict mental health, physical health and quality of life in each country. We will then test the extent to which these models can be applied to other countries, providing both a descriptive (which factors are important?) and a statistical (% model fit) comparison across the European nightlife scene. For example, it might be the case that protective factors in the Netherlands (e.g. harm reduction strategies, self-regulation) are less important in countries where ecstasy is less prevalent (Sweden) or information and testing facilities are limited (UK).

***Ecological momentary assessment of predictors and sequela of ecstasy use in nightlife settings (WP4)***

Ecological Momentary Assessments (EMA) is a generic term for a variety of research methods that are characterized by repeated measurements assessing people's current states or behaviours in their natural environments at strategically selected moments in time. One of the major advantages of EMA is that it results in more ecologically valid measures, as data are collected in real-world environments, and reduces biases relying on retrospective recall.

As in the Netherlands and United Kingdom ecstasy use is high in nightlife, and MDMA doses in ecstasy tablets as well as ecstasy-related emergencies seem to increase, the proposed

EMA-study will focus on ecstasy users from these countries. Six months after the baseline survey (described above) 300 of participants (150 in the UK and 150 in the Netherlands) who reported to use ecstasy 3 or more times in the past 12 months will be included, to assess their patterns of (poly) drug intake and the short-term consequences in mood, sleep and daily functioning (Taurah et al., 2014; Ogeil et al., 2013; Parrot, 2013). The statistical power of this sample size to test the research questions successfully was based on previous studies and in dialogue with our advisor Dr. Emmanuel Kuntsche, who has ample experience with setting up and publishing EMA-studies on real-time substance use. To secure inclusion of sufficient participants with heavy ecstasy use, participants in the highest quartile in frequency and number of pills per night will be oversampled.

After providing informed consent, participants will complete an online questionnaire, be introduced to the EMA procedure each day for 5 consecutive weeks, participants will be:

- instructed to record type and amount of drug intake at the time of occurrence (ecstasy (photo), amphetamines, cocaine, marihuana, hallucinogens, NPS).
- prompted daily for assessment (mood, sleep and daily functioning).
- prompted 4 additional times every 2 hours on Thur/Fri/Sat between 10pm-4am regarding: not-yet-reported drug intake, alcohol consumption, mood, functioning, visual indication of setting, social environment, and craving for ecstasy.
- The day after (Fri/Sat/Sun), together with the daily assessments and harm reduction measures, drug intake will be retrospectively assessed (c.f. Hopper et al., 2006).

EMA provides an excellent opportunity to detail short-term drug intake patterns and sequences. Using Multilevel Model of change we can i) determine patterns of drug intake during weekend days; ii) link drug use during weekends to individual and/or contextual factors shortly before, during or the days/week after intake (including mood, functioning, alcohol use); iii) link the outcomes of the EMA to baseline characteristics and the development of drug use patterns across time as measured with the longitudinal cohort.

*Estimation of MDMA dose.* The actual dose of MDMA in ecstasy tablets is usually unknown for research in naturalistic settings. The proposed study is the first to approximate MDMA dose in ecstasy tablets using participants' photos and comparing them with data from the Drug Information and Monitoring System (DIMS); the globally unique Dutch nationwide monitoring system of consumer drug samples (Brunt and Niesink, 2011). In this study, participants will be instructed to take a standardised photo of ecstasy tablets they (plan to) take. As most of the ecstasy tablets appearing on the UK market is likely to be stemming from the Netherlands, the Dutch DIMS system will be useful for identifying tablets in the UK EMA group as well (see section 6.5)

***Study to verify self-reported substance use among regular visitors of nightclubs and parties (WP5)***

This methodological study (objective 4) addresses the important issue of underreporting of drug use by visitors of nightclubs and other electronic dance events. Traditionally, surveys have been used to estimate the use of club drugs by means of self-reports. However, several recent studies in Australia, Sweden and Norway (ongoing study) suggest that self-reported drug use in the contexts of nightlife may not be accurate (e.g. Gripenberg-Abdon et al., 2012, Miller et al., 2015).

By comparing self-reported drug use with data on biochemical markers collected from respondents attending 'equivalent' events in Sweden and in Belgium, levels of underreporting will be measured and compared. Differences in these countries will be interpreted in the context of different drug-laws, norms and attitudes towards illicit drug use. Moreover, this study will answer the questions of how common it is among Swedish and Belgian clubbers to use illicit drugs and/or NPS during nightlife events, what different types of NPS they are using during a night out, and whether the types of NPS consumed reflect the countries' disparate drug markets. This work package will provide important information on over- and/or underreporting due to stigma, drug-laws, social norms etc., which is important to estimate and discuss the validity of self-reported use in the other work packages.

Recent advances have allowed for accessible drug testing techniques such as by oral fluids and exhaled breath (e.g. Al-Saffar et al. 2013; Helander et al., 2014). Because dry mouth can be an adverse reaction by MDMA-use, difficulties have been reported in collecting oral fluids

at dance events. Therefore a new, fully validated screening technique will be used, which is suitable for the routine measurement of drugs of abuse in exhaled breath (Stephanson 2015).

*Data collection*: In a cross- sectional study, exhaled breath samples will be collected from club visitors in Sweden (N=600) and Belgium (N=300). Data collection will take place in and outside clubs, as part of the baseline data collection for the quantitative survey, and also in a selected number of dance events. In addition to collecting samples of exhaled breath, a short survey (face to face) will be conducted including questions on what substances participants used in the last 48 hours, how often they visit dance events, other illicit drug experiences, questions about the use of NPS in club settings. In both countries 50 participants will be asked to do a brief follow-up web survey after 1-3 months. This follow up will provide more in-depth knowledge and users' perspectives and subjective reasons to over- and/or underreport drug use due to actors including stigma, drug-laws and social norms.

*Chemical analysis:* Using LC-MS (Liquid chromatography–mass spectrometry), samples will be screened for the most common illicit substances. In cases where the participant confirms use of any new psychoactive substances (NPS), the collected exhale breath samples will also be analysed for NPS. The analyses will be conducted by Prof. Beck from Department of Laboratory Medicine at Karolinska Institutet in Stockholm, Sweden.

**See *7. Additional information* for Key References.**

**2.2** Description of how the proposal addresses the requirements of the call (max. 1 page).

1. *Necessity & usefulness*

The proposed study responds to pressing societal needs for information on drug use patterns and their consequences in a growing population of nightlifers, particularly in light of growing numbers of health incidents. This study is especially important given recent increases in drug use, availability and potency. It will fill critical gaps in the evidence base on risks and consequences which is necessary for policy makers and practitioners to make decisions about regulation and prevention.

2. *Inclusion of non-users and key actors in the study*

By focusing on nightlife instead of 'drug users' alone, the study will include non-users and infrequent users. These groups are highly informative in assessing protective factors that prevent drug use and moderate negative drug use consequences. Quantitative and qualitative analyses on users who moderated their drug use will further inform us how and why individuals do so, and how others can be supported in doing so. WP3 and WP6 also include the perspective of drug users and other key actors such as health professionals, volunteers, club/party organizers, public body representatives, scientists, scholars and partygoers. Moreover, this work package is dedicated to maximise the impact of research findings with early integration of relevant stakeholders, ensuring societal relevance over the course of the project and its dissemination.

3. *Innovative methods (see also 2.4)*

- Ecological Momentary Assessment (EMA) will be used to assess patterns of substance use in real time over a 5 week period. This has been shown feasible in one small study (Hopper et al, 2006), and will be conducted more sophisticated by using smart phone applications.
- The EMA will also include approximation of ecstasy (MDMA) dose based on photo's, comparing these with lab-analysed pills (DIMS, see paragraph 2.1). This pioneering method allows comparing users' photos of pills with the unique DIMS surveillance system and will thus provide dose information that is critically lacking in naturalistic research (WP4).
- Breath samples will be used to validate self-reported club drug use including NPS, and to investigate cross-cultural differences in underreporting (WP5).

4. *Inclusion of factors specified in the ERANID call*

WP2 explores how social, environmental and economic factors impact on the consequences of drug use (including measures of functioning and quality of life, allowing for a health economic analysis). Differences and similarities between countries regarding culture and social norms on drug use are integrated in work packages 2 and 6. This includes assessment of risk perception, social norms and we will assess how this impacts drug using behaviour. These work packages also assess drug markets and availability, including online purchases and NPS use. In addition, WP5 assesses under reporting in relation to stigma and policy.

*5. ICT components*

In addition to traditional 'offline' recruitment, web recruitment is applied to access sufficient non-problematic drug users in the nightlife setting (difficult to identify and reach) and online surveys are used to collect the cohort data (WP2) and EMA involves state of the art Smartphone applications. Also, analyses of internet forums and websites is used to draw up a cross-national comparison (WP6).

**2.3** Description of ongoing projects related to the present topic indicating funding sources and possible overlaps with proposal (max. 1 page).

The proposed mixed method study is not a continuation of an ongoing project. Given the methodological limitations of previous studies, a unique combination of a longitudinal design innovative methods was considered essential to fill the urgent scientific and policy gaps in our understanding of drug use in nightlife.

**2.4** Describe the innovative approach and the added value of the proposed solutions compared to existing ones and makes a risk assessment (max. 2 pages).

Apart from addressing current drug market developments, there is a range of innovative methodological and analytical elements to the proposed project that furthers research on the link between nightlife, drug use and their consequences. Summarising the description of the methodological approach in paragraph 2.1, the following can be noted:

- This study is unique in employing a combination of different methods. One notable innovation is the longitudinal design. Previous nightlife/club-drug studies rarely followed-up (web)survey participants to allow prospective investigation of transitions in use. For example, the Global Drug Survey reaches a large number of drug users worldwide and produces relevant data for practice and policy. Yet, a limitation of the GDS is that it does not follow up the same volunteers over time, so cannot inform on drug use pathways. Additionally, it targets only drug users, and lacks information on non-using nightlifers; a gap the proposed study will fill.
- Research comparing nightlife populations in different cities in EU countries has been conducted some ten years ago (e.g. Calafat et al., 2011) but the focus was mainly on substance use and risk behaviours, and samples were small (N about 150 per country), limiting analyses of *drug* use at country level. The current study aims to collect data on a wide variety of relevant variables (personal, market, environmental) in large samples, allowing us to establish profiles both at country level and for comparative analyses.
- The unique naturalistic approach employed in the EMA has added value because it allows us to compare moments, trajectories over short periods of time, and lay out precise causal ordering of events. It aims to minimize recall bias, maximize ecological validity, and detail micro-processes that influence behaviour in real-world contexts. EMA has been shown to be feasible in assessing patterns of ecstasy and other drug intake in a natural setting over several weeks in a small study (Hopper, 2006). Our proposed study investigates a much larger and more diverse population to identify short term predictors and sequelae. EMA has proved to be a sensitive instrument for such analyses in tobacco, alcohol, and mental health research (e.g. Shiffman et al., 2015).

- While the actual dose of MDMA in ecstasy tablets is usually unknown for research in naturalistic settings, the proposed study is the first to approximate MDMA dose in pills sold as ecstasy using participants' photos of ecstasy tablets and comparing them with data from the Drug Information and Monitoring System; the Dutch nationwide monitoring system of consumer drug samples.

In sum, the innovations described above offer an elegant and sophisticated response to directly address the questions posed in the ERANID call. They combine powerful large datasets allowing methodological comparisions between robust offline recruitment with pragmatic online methods; and zoom in from a longitudinal cohort to real time assessment of drug intake (including dose and biological validation) and their effects. Thus, the innovative methods will allow us to examine the dynamic relationship between use of several substances, nightlife, their effects, and a wide range of risk and protective factors. Also, the international collaboration using comparable methods and quantitative cross-national comparisons will provide a unique opportunity to closely investigate the similarities and differences in the development of drug use patterns over 5 European countries.

With this collaborative approach, we will generate a unique and rich data set to address a wide range of practice and policy based questions. Besides identifying which subjective, social and wider environmental factors predict specific transitions in illicit drug and other substance use, we will be able to answer a range of questions. Examples are: how and why do young people control their use (or minimise adverse consequences)? What are characteristics of regular attendants of nightclubs and parties, e.g. those who consume classical illicit drugs, those who use (also) NPS, those who stick to alcohol only, those who show binge patterns of use or, at the other extreme, those who remain sober during nights out? Also, have NPS replaced established club drugs, supplement them or act as drugs of initiation? And what are the short-term adverse consequences of nightlife attendance and substance use on school, career/work, social relationships and (mental) health?

***Risk assessment.*** While online recruitment methods may greatly reduce data collection efforts, the lack of a sampling frame may foster unknown sources of selection bias. Additional sampling of respondents 'on-site' may give insight into the possible biases induced by purposive sampling through the web. Note that on the spot recruited respondents will be asked to complete a full questionnaire after the night out, yielding response rates typically between 20 to 25%. However, by administering a short list on the spot, recording age, gender and current use of four substances, selection bias between respondents and non-responders to the long list can be investigated. Prior research conducted by the Trimbos Institute showed that differences between respondents in the long and short questionnaire were minor although females were slightly more likely than males to respond to the long questionnaire (Van der Poel et al., 2010). With ample experience in both recruitment of participants in nightlife and online, financial incentives or other forms of rewards are shown to critical to ensure satisfactory recruitment and retention of respondents. The height and way of rewarding depends on practices and experiences in the participating countries. In Italy, awarding monetary incentives for research participation is not allowed by law, thus alternative incentives (keeping in touch, providing information, counselling) will be provided there. In the other countries, offline recruitment may be supported with small gadgets, such as glow in the dark sticks/body paint, serving as ice breakers. The online survey will be promoted with a lottery, and monetary incentives will be given after completion of the follow-up survey. The participants in the online qualitative study will receive a voucher, and the participants in the extensive EMA study will be compensated accordingly. Even if recruitment of participants for the EMA or qualitative study may turn out challenging, the cohort will include sufficient candidates to reach the intended numbers.

Moreover, our team is highly experienced running projects using the paradigms and methods proposed here including running intensive prospective research projects (EMA). Through personal contact, clear communication on goals and requirements before enrolment, in addition to incentives, we will obtain high retention rates. EMA has been shown to be feasible in party settings in 2006. One reason for prompt-non-response was not hearing the bleep of the, now outdated, 'watch'. The proposed study will use smartphones with vibrate function which allows collection of more data, including a photo of the nightlife environment and ecstasy tablets. Finally, MDMA content will be estimated in the EMA by comparing the photo (logo, shape,

colour) with recent DIMS data. As the photo method to assess MDMA dose in ecstasy using the globally unique DIMS system, is not yet based on a fully validated methodology, this part of the EMA will be included as a feasibility study in which we will further validate the photo method for pill recognition. It should be noted however, that recognition based on diameter, thickness, profiles, logo, shape, colour (and the outcome of a Marquis reagent test) is already embedded in the DIMS system (and is accurate), because not all samples can be chemically analysed at the laboratory (see also section 6.3).

**2.5** Describe the added value of the proposed international collaboration: please explain the inter- or transnational dimension of the topic of your proposal and the chosen multidisciplinary approach to address it (max. 1 page).

*International collaboration*

This proposal was developed from a common desire to increase understanding of dynamics in drug use among nightlifers, given the rapidly developments in nightlife drug use and the drug markets. In addition to numerous on- and offline conferences, an international meeting was organised at the Trimbos institute to discuss the most urgent problems in each county, and to optimally shape our countries mutual research and intervention needs. The presence of all countries signifies the perceived importance to address the problems at hand and our dedication to contribute to resolving these urgent matters. All partners, from 5 countries, contribute their unique expertise to the collaboration:

*The Netherlands*: the project will be co-ordinated by the Trimbos Institute, with elaborate experience in coordination of large collaborative international research, various online and on-site nightlife studies (WP2), EMA-studies (WP4), monitoring of drug markets and drug-related emergencies, and nightlife drug prevention (WP6).

*United Kingdom*: the UCL Clinical Psychopharmacology Unit will manage the longitudinal survey. They have successfully conducted national and international online drug use studies with high retention rates. Current studies include a 4 year study of a novel treatment for cannabis dependence in young addicts; and experimental medicine study of the effects of cannabis is adolescents and adults for the UK Medical Research Council, exemplifying their experience in recruitment of diverse drug using populations.

*Italy*: the National Research Council, with extensive experience in managing population surveys on the use of legal and illegal drugs and risk behaviours, will coordinate the participation of Italian partners in the project as well as conduct the longitudinal survey together with the Italian Social Science Council. ECLECTICA, which has extensive experience in qualitative comparative research also on the web will collaborate to the study of different contexts of the nightlife coltures in the participating countries. All partners will closely collaborate with CNCA, an umbrella association of numerous stakeholder, which will facilitate the on-site and online recruitment and retention activities.

*Sweden*: the study on the validation of substance use with exhaled breath will be led by STAD, initiator of a community-based illicit club drug prevention program "Clubs against Drugs", in close collaboration with the Department of Laboratory Medicine and the Division of Clinical Pharmacology at Karolinska Institute, experts in analytical toxicology, to analyse breath samples.

*Belgium*: GoGhent wil co-operate with VAD in translating our research results into practice. Jointly, these partners have vast experience in studying the use of legal and illegal drugs in nightlife quantitatively and qualitatively. This is combined with a vast track record in implementation and evaluation of prevention and harm reduction interventions (Club Health network, working group on NPS, eSBIRTes, Healthy Nightlife Toolbox, HEROES).

As this proposal brings together an international, multidisciplinary team of experts from epidemiology, psychopharmacology, health education models, psychology, sociology and ICT (EMA). Cross pollination from these diverse backgrounds will advance inspiration and fuel

creative approaches. Of course, in addition to the increased access to expertise, our elaborate co-operation also allows us to recruit larger samples, giving greater power to study results and pooling resources to create cost savings.

*International dimension of the study*

The different geographical areas represented by the 5 co-operation countries allows to reveal the differential impact of different cultures and policies, as the international comparisons are part of all WPs. This will give greater insight into the role of contextual factors and the impact of the social environment and other external factors, to help understand how they interact with internal factors.

# 3. Description of the project plan

With respect to the objectives of the project and the chosen methodology and data to implement it (see item 2.1), please describe the tasks involved in each work package along a time plan (including a Grant chart providing a schedule for the completion of work, indicating the timing of key milestones). For each task and work package, the project coordination and management as well as the division of labour will be provided (effort estimated in Person/Month per project partner) (max.5 pages).

The project is approached systematically, along 6 well-defined work packages (WPs), with tasks, time-frames and responsibilities for each partner aimed at making optimal use of the partners' expertise to achieve our objectives. Each WP leader is responsible for a study component, which relates to one or more objectives introduced in section 2.1, as illustrated and described in figure 2. The time table with activities and milestones is given in figure 3. For WP 2-5, Work Package leaders also conduct the tasks defined for the partners. Person months (PerMo) per country refer to activities of all partners in that country, and may include co-financing.

***Figure 2 Schematic overview of study elements***


| | Characteristics | Objectives | Countries |
|---|---|---|---|
| **WP1** | **Coordination of the project** | 1-5 | **NL (lead)** |
| **WP2** | **Longitudinal study: dynamics in substance use among club and partygoers**<br>Websurveys among young adults (18-30 years) visiting nightclubs or parties at least once per month, recruited offline (N=500) and online (N= 1500 per country) + 1 year follow-up | 1,2,3,5 | **All**<br>**UK lead WP2** |
| | | | |
| **WP4** | **Ecological momentary assessment of predictors and sequela of ecstasy use in nightlife settings**<br>Subset of respondents, selected from web survey | 2,3 | **UK, NL**<br>**NL lead WP4** |
| **WP5** | **Verification substance use in club settings using exhale breath samples**<br>N=600 (SE) and N=300 (BE) samples | 4 | **SE, BE**<br>**SE lead WP5** |
| **WP 6** | **Nightlife culture in different countries** | 1-5 | **All**<br>**BE (lead)** |

## WP1 COORDINATION OF THE PROJECT

The objective of this work package is to provide overall management and coordination of the international partnership and work package activities. It addresses the organizational and logistical aspects of the project.

| Country | BE | IT | NL (lead) | SE | UK |
|---|---|---|---|---|---|
| PerMo | 1 | 4,5 | 2 | 1 | 1 |

### TASKS OF THE WORK PACKAGE LEADER

- Co-ordination project start-up (NL)
- Internal and external communication
- Problem solving and consensus formation, deliverables.
- Organisation of meetings (together with hosts (in IT, UK)
- Exchange of information and decision making among partners via email and telephone conferences as needed during project implementation
- Produce progress reports and final report
- Monitoring project progress (Skype, email)
- Monitoring and evaluating the implementation of the project
- Developing plans for building on achievements and sustaining network activities after the project ends.

### TASKS OF ALL PARTNERS

- Attending meetings (all partners or a nominated delegation per country)
- Provision of progress reports on sub-studies and national contributions
- Management of the time schedule
- Contributing to publications and review of other deliverables

## WP2 LONGITUDINAL STUDY: DYNAMICS IN SUBSTANCE USE AMONG CLUB AND PARTYGOERS

The objective of this work package is to ensure the proper conduct of longitudinal surveys in each country in order to be able to draw up substance use profiles of young adults regularly attending nightclubs and parties and to investigate prospectively (+12-months) transitions (increase, decrease, maintenance) in substance use and determine factors associated with these transitions.

| Country | BE | IT | NL | SE | UK (lead) |
|---|---|---|---|---|---|
| PerMo | 13 | 21.5 | 12.5 | 13 | 23 |

### TASKS OF THE WORK PACKAGE LEADER

- Development of questionnaires baseline and follow-up (in English)
- Supporting translations of baseline and follow-up questionnaires
- Technical preparations web survey (incl. hosting website)
- Ensure countries take necessary (national) actions to respect data privacy rules and medical ethical issues in data collection
- Supporting preparations for online and offline recruitment (drafting guidelines for partners)
- Monitoring data collection for the baseline measurement and follow-up
- Development of secured data base
- Preliminary analyses and reporting to support recruitment for sub-studies
- Development of analysis plan and reaching agreement with partners
- Data analysis and reporting on comparative profiles and transitions (publications)
- Submit national data to partners make data from consortium accessible to partners and third parties (under conditions)

**TASKS OF ALL PARTNERS**

- Contribute to the development of the questionnaire (commenting on variables, questions etc.)
- Take necessary (national) actions to respect data privacy rules and medical ethical issues in data collection
- Develop plan on-the-spot and online recruitment of respondents
- Prepare on-the-spot recruitment (e.g. training research staff, incentives, flyers)
- Prepare online recruitment (e.g. advertising, banners, contacting providers)
- Take care of recruitment of respondents and satisfactory retention rates
- Contribute to analysis plans and comparative reports
- Write national reports and publications

## WP 4 ECOLOGICAL MOMENTARY ASSESSMENT OF PREDICTORS AND SEQUEALA OF ECSTASY USE IN NIGHTLIFE SETTINGS

To ensure that comparable ecological momentary assessment studies are conducted in the Netherlands and the UK to be able to i) determine patterns of drug intake during weekend days ii) link drug use during weekends to individual and/or contextual factors shortly before, during or the days/week after intake (including mood, functioning, alcohol use), and iii) link the outcomes of the EMA to baseline characteristics and the development of drug use patterns across time as measured with the longitudinal cohort.

| Country | BE | IT | NL (lead) | SE | UK |
|---|---|---|---|---|---|
| PerMo | | | 19 | | 12 |

**TASKS OF THE WORK PACKAGE LEADER**

- Identify and agree on items in EMA-study
- Development EMA tool, writing protocol, pilot-testing
- Ensure countries take necessary (national) actions to respect data privacy rules and medical ethical issues in data collection
- Recruitment of eligible respondents (ecstasy users, from WP2)
- Guidance and monitoring of data collection
- Data analysis (pooled data and comparative analyses)
- Reporting (scientific publications)

**TASKS OF PARTNERS**

- Contribute to development of the EMA tool
- Translate questions
- Take necessary (national) actions to respect data privacy rules and medical ethical issues in data collection
- Instructing respondents on the EMA procedure, including taking photo's for 'pill testing'
- Taking care of respondent incentives
- Monitoring data collection
- Data cleaning and quality checks
- Contributing to data analysis (plan and execution)
- Contributing to writing scientific publications

## WP5 STUDIES STUDY TO VERIFY SELF-REPORTED SUBSTANCE USE AMONG REGULAR VISITORS OF NIGHTCLUBS AND PARTIES USING EXHALE BREATH SAMPLES

Objective of this work package is to ensure that this methodological study is conducted properly and in a comparative manner in Sweden and Belgium, with the final aim of establishing levels of underreporting of substance use and whether differences are associated with drug-laws, stigma and social norms.

| Country | BE | IT | NL | SE (lead) | UK |
|---|---|---|---|---|---|
| PerMo | 4 | | | 10 | |

**TASKS OF THE WORK PACKAGE LEADER**

- Overseeing the development of the questionnaire etc.
- Ensure countries take necessary (national) actions to respect data privacy rules and medical ethical issues in data collection
- Develop guidelines for recruiting respondents and collecting data
- Providing support on data collection (in Sweden and Belgium)
- Taking care of chemical analyses of breath samples
- Writing data analysis plan
- Data analysis, reporting & publications

**TASKS OF PARTNERS**

- Development of questionnaire
- Take necessary (national) actions to respect data privacy rules and medical ethical issues in data collection
- Preparation of on-the-spot data collection (e.g. development questionnaire, instructions regard exhale breath sampling)
- Conduct fieldwork to recruit respondents and collect data (in part coinciding with WP 2)
- Send samples to lab in Sweden (Karolinska Institute)
- Provide data from surveys to the WP leader
- Support in analyzing data
- Analyzing national data
- Drafting (inter)national publications

## WP 6 TRANSLATING RESEARCH INTO PRACTICE AND POLICY

Objectives of the work package are to gain insight in nightlife culture in the different countries and to disseminate the results and products to relevant actors in the nightlife field and other stakeholders

| Country | BE | IT | NL | SE | UK |
|---|---|---|---|---|---|
| PerMo | 10 | 5.3 | 1 | 1 | 1 |

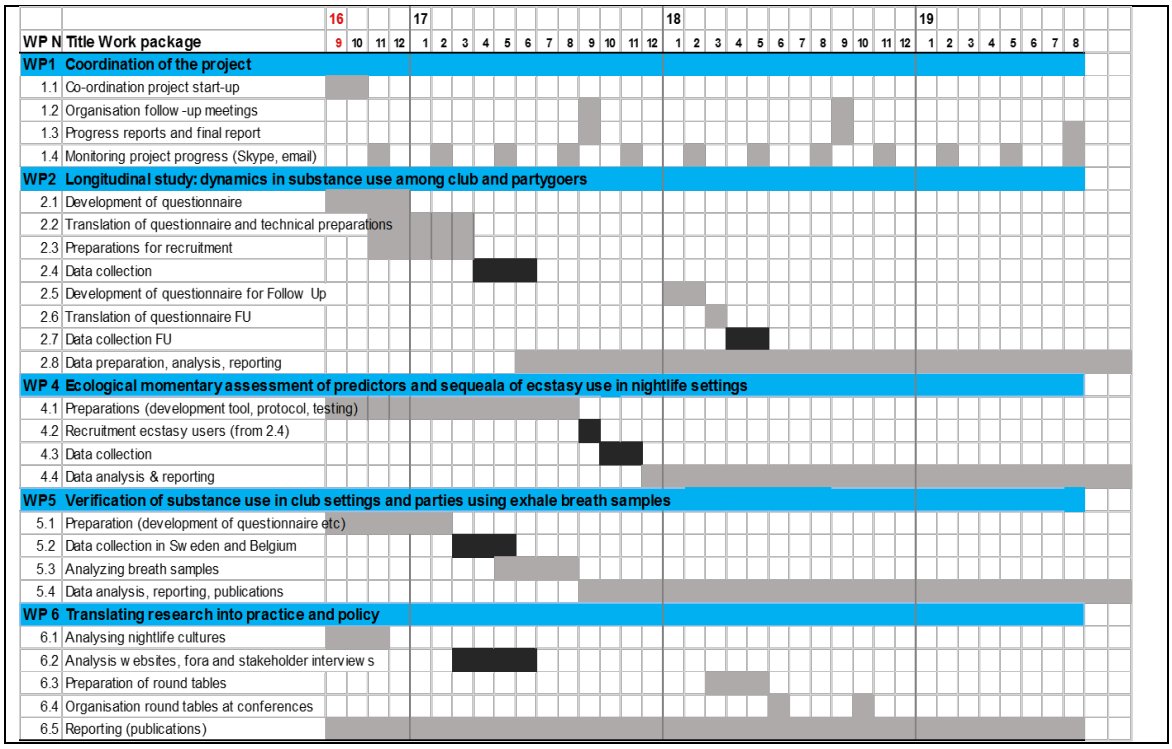
**TASKS OF THE WORK PACKAGE LEADER**

- Develop methodological plan for collecting data
- Collect and analyze nightlife cultures though analyses of websites, and fora and stakeholder interviews
- Data are reported to the project team to inform other WPs
- Preparation of round tables
- Organisation of round tables at conferences
- Reporting (publications)

**TASKS OF ALL PARTNERS**

- Voluntary: participate in round tables and conferences
- Comment on draft reports

**GANTT CHART OF THE STUDY: TIME TABLE**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9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8
WP N Title Work package
WP1 Coordination of the project
1.1 Co-ordination project start-up
1.2 Organisation follow -up meetings
1.3 Progress reports and final report
1.4 Monitoring project progress (Skype, email)
WP2 Longitudinal study: dynamics in substance use among club and partygoers
2.1 Development of questionnaire
2.2 Translation of questionnaire and technical preparations
2.3 Preparations for recruitment
2.4 Data collection
2.5 Development of questionnaire for Follow Up
2.6 Translation of questionnaire FU
2.7 Data collection FU
2.8 Data preparation, analysis, reporting
WP 4 Ecological momentary assessment of predictors and sequeala of ecstasy use in nightlife settings
4.1 Preparations (development tool, protocol, testing)
4.2 Recruitment ecstasy users (from 2.4)
4.3 Data collection
4.4 Data analysis & reporting
WP5 Verification of substance use in club settings and parties using exhale breath samples
5.1 Preparation (development of questionnaire etc)
5.2 Data collection in Sw eden and Belgium
5.3 Analyzing breath samples
5.4 Data analysis, reporting, publications
WP 6 Translating research into practice and policy
6.1 Analysing nightlife cultures
6.2 Analysis w ebsites, fora and stakeholder interview s
6.3 Preparation of round tables
6.4 Organisation round tables at conferences
6.5 Reporting (publications)

# 4. Information on the project consortium

Please add details for the PI as well as each partner co-PI (max 1 page per CV) and, if applicable, other team members (1/2 page per CV) participating in the project.

*Please duplicate the table below as required.*

**THE NETHERLANDS**

**PI**

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| Role in Project: | PI and researcher (Netherlands) | | |
| First Name: | Margriet | Surname: | van Laar |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Dr. Margriet van Laar is Head of the Drug Monitoring department at the Trimbos Institute and the National Focal Point (NFP) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). She is coordinator of the National Drug Monitor (NDM) commissioned by the Ministry of Health, Welfare and Sport, in collaboration with the Ministry of Security and Justice. She is editor-in-chief of the Annual reports of the NDM and National reports of the NFP on developments in drug policy, epidemiology and demand reduction in the Netherlands, and has extensive (20 years) experience in monitoring and epidemiological research in the field of (illicit) drug use. She is chair of the Risk Assessment Committee of the National Centre for the Assessment and Monitoring of new drugs of misuse. She was Member of various advisory committees, including those on the evaluation of Dutch coffee shop policy and on the Dutch Drug Classification System. She has a track record on leading complex multidisciplinary projects, and communicating science to policy makers and general public. Margriet van Laar holds a PhD in human psychopharmacology at the Utrecht Institute for Pharmaceutical Sciences.<br><br>Current and recently finished projects in the Drug Monitoring department include:<br>• The Drug Information and Monitoring System (DIMS), is a chemical-toxicological monitor of the market for recreational drugs in the Netherlands, analysing annually about 10,000 drug samples, which also has a surveillance function. It also functions as the Dutch branch for the European Early Warning System of the EMCDDA. The department also co-ordinates the national Monitor Drug-related emergencies (MDI).<br>• A longitudinal mixed-methods study on predictors and course of frequent cannabis use and dependence.<br>• Studies into fatal and non-fatal emergencies and deaths among psychostimulant (mainly ecstasy) users.<br>• Surveys into substance use and other risk behaviours among frequent visitors of nightclubs, parties and festivals, using both on-the-spot and online recruitment.<br>• EC project on the European drug markets, using a variety of methods, including web surveys in 7 EC countries with over 9,000 users of cocaine, amphetamines, ecstasy and cannabis.<br>• EC project on New Psychoactive Substances (Predict Predicting Risk of Emerging Drugs with In silico and Clinical Toxicology), with Maastricht University and other EU partners. | | |
| With respect to the activities in the | • Linsen F, Koning RP, **van Laar M**, Niesink RJ, Koeter MW, Brunt TM.4-Fluoroamphetamine in the Netherlands: more than a one- | | |

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| project, please provide details of relevant publications in the last five years (maximum of 5) | night stand. *Addiction* 2015l; 110(7):1138-43.<br>• **Van Laar M**, Frijns T, Trautmann F, Lombi L. Sizing the cannabis market: a demand-side and user-specific approach in seven European countries. *Curr Drug Abuse Rev*. 2013;6:152-64.<br>• Goossens, F.X., Frijns, T., Van Hasselt, N.E., **Van Laar, M.W.** (2014). [*Big Nightlife Survey 2013. Patterns in nightlife participation, substance use and risk behaviour among adolescents and young adults*.] Utrecht, Trimbos-institute.<br>• Van der Pol P, Liebregts N, de Graaf R, Korf DJ, van den Brink W, **van Laar M.** The Dutch Cannabis Dependence (CanDep) study on the course of frequent cannabis use and dependence: objectives, methods and sample characteristics. *Int J Methods Psychiatr Res* 2011;20(3):169-81.<br>• Brunt TM, **van Laar M,** Niesink RJ, van den Brink W. The relationship of quality and price of the psychostimulants cocaine and amphetamine with health care outcomes. *Drug Alcohol Depend* 2010 111(1-2):21-9. |

**Team member 1**

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| Role in Project: | Team Member and researcher (Netherlands) | | |
| First Name: | Marloes | Surname: | Kleinjan |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Dr. Kleinjan has extensive experience in setting up, managing and analyzing longitudinal studies. She also used EMA in her studies on young adults who show heavy alcohol use. Her research focusses on gaining a more refined understanding of the epidemiology and etiology of substance use, using different methodologies and paradigms. Dr. Kleinjan received several grants from amongst others The Netherlands Organisation of Health Research and Development (ZonMw) and the Dutch Cancer Society to study addiction. Moreover, she been involved in over 10 Randomized Controlled Trial's to test the effectiveness of prevention and intervention programs targeting substance use among adolescents and adults. | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | Setting up and analyzing longitudinal studies:<br>• **Kleinjan, M**., Poelen, E.A.P., Engels, R.C.M.E., & Verhagen, M. (2012). Dual growth of adolescent smoking and drinking. *Addiction Biology*, *18*(6), 1003-1012. (SSCI: IF = 4.15)<br>• **Kleinjan, M**., Rozing, M., Engels, R.& Verhagen, M (2014). Co-development of adolescent alcohol use and depressive feelings: The role of the Mu Opioid Receptor (*OPRM1*) A118G polymorphism. *Development and Psychopathology, 27*, 915-925 (SSCI: IF = 4.89).<br>• Malmberg, M., **Kleinjan, M**., Overbeek, G., Vermulst, A., Lammers, J., Monshouwer, K., Vollebergh, W. A. M., & Engels, R. C. M. E. (2015). Substance use outcomes in the Healthy School and Drugs program: Results from a latent growth curve approach. Addictive Behaviors, 42, 194-202 (SSCI: IF=2.52).<br>Setting up and analyzing EMA:<br>• Voogt, C. V., Kuntsche, E., **Kleinjan, M.**, Poelen, E. A., Lemmers, L. A., & Engels, R. C. (2013). Using ecological momentary assessment in testing the effectiveness of an alcohol intervention: A two-arm parallel group randomized controlled trial. *PloSOne*, *8*(11), e78436 (SSCI: IF = 3.73).<br>• Voogt, C. V., Kuntsche, E., **Kleinjan, M**., & Engels, R. C. (2014). The effect of the 'What Do You Drink'web-based brief alcohol intervention on self-efficacy to better understand changes in | | |

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| | alcohol use over time: Randomized controlled trial using ecological momentary assessment. *Drug and alcohol dependence, 138*, 89-97. (SSCI: IF = 3.38) |

**Team member 2**

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| Role in Project: | Team Member and researcher (Netherlands) | | |
| First Name: | Peggy | Surname: | Van der Pol |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Dr. Peggy van der Pol is an epidemiologist at the Department for Drug Monitoring of the Netherlands Institute of Mental Health and Addiction (Trimbos Institute). As a member of the Dutch Reitox National Focal Point, dr. Van der Pol collects, integrates, studies and disseminates information on the Dutch illicit drug market and (problematic) drug use<br><br>Her dissertation, entitled 'The dynamics of cannabis use and dependence' was based on the 'CanDep' project; a unique 3-year longitudinal study that recruited 600 young adult frequent cannabis users. She conducted in the field work, naturalistic measurements of drug intake, data management, analysis and (co-) authored 14 quantitative and qualitative CanDep publications.<br><br>Her training as a Biomedical Scientist (MSc in 2008, Radboud University Nijmegen) specialised in Epidemiology and Health Technology Assessment (HTA), included an internship at the London School of Hygiene and Tropical Medicine (2006) investigating methods to handle missing data. | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • **Van der Pol P**, Liebregts N, De Graaf R, Korf DJ, Van den Brink W, Van Laar M. Predicting the transition from frequent cannabis use to cannabis dependence: a three-year prospective study. *Drug Alcohol Depend.* 2013;133, 352-359.<br>• **Van der Pol P,** Liebregts N, De Graaf R, Korf DJ, Van den Brink W, Van Laar M. Validation of self-reported cannabis dose and potency: an ecological study. *Addiction*. 2013;108(10):1801-8.<br>• **Van der Pol P,** Liebregts N, Brunt T, Van Amsterdam J, De Graaf R, Korf DJ, Van den Brink W, Van Laar M. Cross-sectional and prospective relation of cannabis potency, dosing and smoking behaviour with cannabis dependence: an ecological study. *Addiction.* 2014; 109 (7):1101-09<br>• Liebregts N, **Van der Pol P**, Van Laar M, De Graaf R, Van den Brink W, Korf DJ. The role of study and work in cannabis use and dependence trajectories among young adult frequent cannabis users. *Frontiers in Addictive Disorders and Behavioral Dyscontrol* 2013;4:85.<br>• Liebregts N, **Van der Pol P**, De Graaf R, Van Laar M, Van den Brink W, Korf DJ. Persistence and desistance in heavy cannabis use: the role of identity, agency, and life events. *Journal of Youth Studies 2015*, 18(5):617-633. | | |

**Team member 3**

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| Role in Project: | Advisor/researcher | | |
| First Name: | Emmanuel | Surname: | Kuntsche |
| With respect to the | Dr. Kuntsche is an expert in the field of youth and young adult | | |

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| activities in the project, please provide details of relevant experience and activities within the field of the project | substance use and has ample experience with applying and analyzing EMA-designs, also in night-life settings. Dr. Kuntsche will serve as an expert-advisor on the EMA-part of the proposal. His experience and expertise will be of great value in setting-up, conducting and analyzing the EMA-studies that are planned in the Netherlands and the UK. |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • **Kuntsche, E.**, Otten, R. & Labhart, F. (2015). Identifying Risky Drinking Patterns Over the Course of Saturday Evenings. An Event-Level Study. *Psychology of Addictive Behaviors, 29*(3), 744-752.<br>• **Kuntsche, E.**, Dietze, P. & Jenkinson, R. (2014). Understanding alcohol and other drug use during the event. *Drug and Alcohol Review, 33*(4), 335-337.<br>• **Kuntsche, E.** & Labhart, F. (2014). The future is now – Using personal cell phones to gather data on substance use and related factors. *Addiction, 109*(7), 1052-1053.<br>• **Kuntsche, E.** & Labhart, F. (2013). ICAT: Development of an Internet-Based Data Collection Method for Ecological Momentary Assessment Using Personal Cell Phones. *European Journal of Psychological Assessment, 29*(2), 140-148.<br>• **Kuntsche, E.** & Labhart, F. (2013). Using Personal Cell Phones for Ecological Momentary Assessment. An Overview of Current Developments. *European Psychologist, 18*(1), 3-11. |

**BELGIUM**

**Co-PI 1**

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| Role in Project: | WP leader/researcher (Belgium) | | |
| First Name: | Tina | Surname: | Van Havere |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Dr. Tina Van Havere has worked since 2002 in the field of legal and illegal drugs. She started as a researcher in VAD for 7 years and was the coordinator of the nightlife studies on the Flemish level. In 2009 she started at the HoGent as a lecturer combining research with colleges to students. In 2012 she finalised her PhD on 'prevalence and prevention of substance use in nightlife' in the Pedagogical Sciences. Since 2014 she is also the coordinator of the Global Drug Survey in Belgium, which has been a success in Flanders. She has expertise in conducting various quantitative and qualitative studies on the use of legal and illegal drugs and prevention, especially in nightlife. Furthermore, she participated in an international project (Club Health) on Media in Nightlife related to drug use.<br>She is also member of the European Society for Social Drug Research, member of the European Society for Prevention Research, member of the Club Health network and member of a working group on NPS in Belgium. | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • **Keep an eye on your friends, even when you don't know them'**: drug use and harm reduction in the Goa trance scene in Belgium.<br>• Van Havere, T., Tutenges, S., De Maeyer, J., Broekaert, E. & Vanderplasschen, W. 26-mrt-2014 In : Drugs: education, prevention and policy.<br>• **Prevalence and prevention of substance use in nightlife.** Van Havere, T. 4-dec-2012 Gent: Academia Press. 185 blz. (Orthopedagogische Reeks Gent; no. 41) | | |

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| | • **Illicit drug use in the flemish nightlife scene between 2003 and 2009.** Van Havere, T., Lammertyn, J., Vanderplasschen, W., Bellis, M., Rosiers, J. & Broekaert, E. 2012 In : European addiction research. 18, 4, blz. 153-60 8 blz.<br>• **Drug use and nightlife: more than just dance music.** Van Havere, T., Vanderplasschen, W., Lammertyn, J., Broekaert, E. & Bellis, M. 27-jul-2011 In : Substance abuse treatment, prevention, and policy. 6, 1, blz. 11 18 blz.<br>• **Recreatief druggebruik in het uitgaansleven.** Van Havere, T., Schrooten, J. & De Donder, E. (ed.) 2010 Illegale drugs. Cijfers in perspectief - 1997-2007 . De Donder, E. (ed.). Antwerpen: Garant Uitgevers, blz. 327-340 |

**Co-PI2**

| Role in Project: | Co-PI2 (Belgium) | | |
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| First Name: | Jochen | Surname: | Schrooten |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Jochen Schrooten has been working for 13 years in the field of prevention in recreational settings developing, implementing and evaluating different prevention and harm reduction interventions. Jochen was involved in different EU funded projects: as a project leader (eSBIRTes project 2010-2012), as a work package leader (e.g. Healthy Nightlife Toolbox-project, HEROES project) and as a workpackage member in the NEWip project. Jochen is also coordinator of the Flemisch Early Warning System on Drugs.<br>He is a board member of the Nightlife, Empowerment and Well-Being Network and secretary of the European Part+ network. | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • Brunt, T. & **Schrooten, J**. (2014). GHB-epidemiologie in Nederland en Vlaanderen. Verslaving. Volume 10, Issue 3 , pp 20-32.<br>• Wood, S.K., Eckley, L., Highes, K., Hardcastle, K.A., Bellis, M. A, **Schrooten, J**., Demetrovics, Z. & Voorham,. L. (2013). Computer-based programmes for the prevention and management of illicit recreational drug use: A systematic review. Addictive Behaviors 39 (2014) 30-38.<br>• Defillet, T., Titeca K., Kindt, K., Rens, B., Schrooten, J. & Mobius, D. (2013) Electronic screening, brief intervention, and referral to treatment for poly-drug users in emergency services (the eSBIRTes Project). Addiction Science & Clinical Practice, 8 A20.<br>• Recreatief druggebruik in het uitgaansleven. Van Havere, T., Schrooten, J. & De Donder, E. (ed.) 2010 Illegale drugs. Cijfers in perspectief - 1997-2007 . De Donder, E. (ed.). Antwerpen: Garant Uitgevers, blz. 327-340 | | |

**Team member 1**

| Role in Project: | Member of research network Co-PI Van Havere (Belgium) | | |
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| First Name: | Jessica | Surname: | De Maeyer |
| With respect to the activities in the project, please provide details of relevant experience and | Coordinator of the expertise centre on Quality of Life (E-QUAL), Faculty of Education, Health and Social Work, Ghent University College<br>*Reviewer for (selection):*<br>Drug and alcohol dependence: 2013 – to date<br>Harm Reduction Journal: 2013 – to date | | |

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| activities within the field of the project | International Journal of Drug Policy: 2013 – to date<br>Addiction research & theory: 2012 – to date<br>The American Journal of Drug and Alcohol Abuse: 2012 – to date |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • Van Damme, L., Colins, O., De Maeyer, J., Vermeiren, R., & Vanderplasschen, W. (2015). Girls' Quality of Life Prior to Detention in Relation to Psychiatric Disorders, Trauma Exposure and Socio-Economic Status. *Quality of Life Research, 24*(6), 1419-1429.<br>• Van Havere, T., Tutenges, S., De Maeyer, J., Broekaert, E. & Vanderplasschen, W. (2015). "Keep an eye on your friends, even when you don't know them": Drug use and harm reduction in the Goa trance scene in Belgium. *Drugs: Education, Prevention and Policy*, 239-247.<br>• Colpaert, K., Vanderplasschen, W., De Maeyer, J., Broekaert, E. & De Fruyt,F.(2012). Prevalence and determinants of personality disorders in a clinical sample of alcohol-, drug- and dual-dependent patients. Substance Use & Misuse, *47*(6), (649-61), 1532-2491. |

**Team member 2**

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| Role in Project: | Member of research network Co-PI Van Havere (Belgium) | | |
| First Name: | Peer | Surname: | Van der Kreeft |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Peer Van der Kreeft, social educator, was the head of prevention at De Sleutel in Belgium from 1987 to 2011. He was president of the EU-Prevnet network focusing on prevention through the internet 2002-2008, leading the IPG Intervention Planning Group and the EU-Dap Drug Abuse Prevention TOT Faculty 2002 to date. Leading the prevention WP in consequent Psychonaut and ReDNET EU projects on NPS 2007-2011, consultant to EMCDDA, WHO, UNODC prevention projects in Brasil 2012-2014, Nigeria 2014 to date, Pakistan 2015, awarded honour for leading European Prevention Science Practitioner by EUSPR in 2015. | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • Vadrucci, S., Vigna-Taglianti, F., van der Kreeft, P., Vassara, M., Scatigna, M., Faggiano, F., Burkhart, G,.**The theoretical model of the school-based prevention programme Unplugged** In: Global Health Promotion, 10.06.2015.<br>• van der Kreeft, Peer; Jongbloet, Johan; Van Havere, Tina. **Factors affecting implementation : cultural adaptation and training,** Defining prevention science. ed. Zili Sloboda; Hanno Petras. New York : Springer, 2014. blz. 315-334.<br>• Deluca, Paolo; Davey, Zoe; Corazza, Ornella; Di Furia, Lucia; Farre, Magi; Flesland, Liv Holmefjord; Mannonen, Miia; Majava, Aino; Peltoniemi, Teuvo; Pasinetti, Manuela; Pezzolesi, Cinzia; Scherbaum, Norbert; Siemann, Holger; Skutle, Arvid; Torrens, Marta; van der Kreeft, Peer; Iversen, Erik; Schifano, Fabrizio. **Identifying emerging trends in recreational drug use; outcomes from the Psychonaut Web Mapping Project.** In: Progress in neuro-psychopharmacology & biological psychiatry, Vol. 39, Nr. 2, 03.12.2012, blz. 221-226.<br>• van der Kreeft, Peer; Schamp, Julie; Jongbloet, Johan; Becona, Elisardo; Foxcroft, David R. ; Gabrhelik, Roman ; Galanti, Rosaria; Jonkman, Harrie; Kosir, Matej; Mifsud, Janet ; Molcho, Michal; Muligan, Kobie, **Mapping Prevention Science Education courses across Europe.** In : 5th EUSPR 2014 Society for Prevention Research Conference. 15/10/14 → 18/10/14 - Palma | | |

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| | de Mallorca, Spanje.<br>• van der Kreeft, Peer; Jongbloet, Johan; Schamp, Julie; Van Havere, Tina,.**Gezondheidsprogramma's op scholen beter toepassen,** In: Welwijs (Leuven), Vol. 25, Nr. 1, 01.05.2014, blz. 7-10. |

**ITALY**

**Co-PI 3**

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| Role in Project: | Co-PI (Italy) | | |
| First Name: | Sabrina | Surname: | Molinaro |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Dr Sabrina Molinaro (SM), gender female, Psy D, PhD, is Head of the Department of Epidemiology and Health Service Research of the Institute of Clinical Physiology of the National Research Council of Italy (CNR).<br>She is involved in the identification and testing of innovative statistical analysis models on legal, illegal and new psychoactive substance, poly use, and their relation to risk factors and lifestyle. Her research activity on the epidemiology of drug use and addiction are widely documented by several scientific publications, delivered in recent years. She actively collaborates with the European Monitoring Center for Drugs and Drug Addictions, where she holds the position of national expert for the General Population Surveys on drug use Indicator on behalf of the Italian government. SM is also a member of the Steering Committee of the European School Survey Project on Alcohol and Other Drugs, as well as the country PI for Italy.<br>The Department of Epidemiology and Health Service Research holds strong expertise in drug epidemiology and carries out since several years the ESPAD®Italy (part of the widest ESPAD project at European level) and IPSAD® national surveys which regularly investigate legal and illegal substance use among adolescent students and in the general population in Italy. | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • Bastiani L, Siciliano V, Curzio O, Luppi C, Gori M, Grassi M, **Molinaro S**. *Optimal Scaling of the CAST and the SDS Scale in a national sample of adolescents*. Addictive Behaviors. 2013 Apr;38(4):2060-7. doi: 10.1016/j.addbeh.2012.12.016. Epub 2012 Dec 28; ISSN:0306-4603; IF: 2.085<br>• Mammone A, Fabi F; Colasante E, Siciliano V, **Molinaro S**, Kraus L, Rossi C; *New Indicators to Compare and Evaluate Harmful Drug Use Among Adolescents in 38 European Countries*; Nordic Studies On Alcohol And Drugs Vol. 31. 2014, DOI:10.2478/nsad-2014-0027, ISSN: 1458-6126<br>• Siciliano V, Mezzasalma L, Lorenzoni V, Pieroni S, **Molinaro S;** *Evaluation of drinking patterns and their impact on alcohol-related aggression: a national survey of adolescents behaviours*; BMC Public Health 2013; doi:10.1186/1471-2458-13-950; ISSN: 1471-2458; IF: 2.08<br>• Lorenzoni V, Curzio O, Karakachoff M, Saponaro A, Sanza M, Mariani F, **Molinaro S**. *The effects of the macro-environment on treatment retention for problem cocaine users*. International Journal of Drug Policy. 2013 Jan;24(1):52-9. doi: 10.1016/j.drugpo.2012.07.001. Epub 2012 Aug 11. ISSN 0955-3959. IF 2.405<br>• **Molinaro S**, Siciliano V, Curzio O, Denoth F, Salvadori S, Mariani F; *Illegal Substance Use among Italian High School Students:* | | |

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| | *Trends over 11 Years (1999–2009)*. PLoS ONE 2011;6(6):e20482. doi: 10.1371/journal.pone.0020482. Epub 2011 Jun 10. ISSN 1932-6203 IF 4.411. |

**Team member 1**

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| Role in Project: | Team member (Italy) | | |
| First Name: | Carla | Surname: | Rossi |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Rossi Carla (birth 1948), university full professor since 1980. Author of more than 150 scientific publications and monographs on the following subjects: mathematical models for life sciences, biometry and biostatistics, mathematical and statistical models for social and health care problems, statistical analysis of medical and social data, mathematical models and statistical analysis for decision problems in social and health care policy and forensic sciences.<br>Project Manager of many international projects financed by European Commission and other international Foundations on drug issues. In particular Project Manager of the project financed by the EU Commission: New methodological tools for programme and policy evaluation (2011-2013), Head of the Italian research Unit in the project "Further analysis of the EU illicit drugs market and response to it-responding to future challenges" (2012) and Project manager of the research projects, financed by the Open Society Institute Development of new tools to evaluate drug policy for an evidence based approach (2011) and Illicit Drug Market and its Possible Regulation (2008/09).<br>She has been the organizer of the international Eighth Conference of the International Society for the Study of Drug Policy in 2014. She, as Biostatistics, has been and is presently member of Ethic Committees as, IFO, Tor Vergata, Bambin Gesù. Since 2008 is Vice-President of the Italian Social Science Council (CSS).<br>Courses given at University level: Calculus, Geometry, Mathematical Statistics, Probability, Applied Probability and Statistics, Medical Statistics, Biometry, Biostatistics.<br>Member of the Management Board of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) as one of the two representatives of the European Parliament since 1999.<br>She collaborated to the Italian Annual Report to Parliament on the state of drug addiction in 2015.<br>Scientific and Communication Initiatives in 2014 available online: http://cibb.uniroma2.it/index.php/ct-menu-item-28<br>The Consiglio italiano per le Scienze Sociali (Italian Social Sciences Council, CSS) is the successor to the Comitato per le Scienze Politiche e Sociali (Political and Social Sciences Committee, Co.S.Po.S), which from the mid-1960s to the early 1970s played a fundamental role in the growth of social sciences in Italy, thanks to a three-year grant worth 400,000 dollars from the Ford Foundation and the support of the Adriano Olivetti Foundation. The Committee was formed by seven illustrious scholars, including, on the Italian side, Manlio Rossi Doria and Norberto Bobbio, and on the American side Joseph LaPalombara and Franco Modigliani. | | |
| With respect to the activities in the project, please provide | • Alessia Mammone, Gian Paolo Scalia Tomba, **Carla Rossi**, Length of stay in different drug using states: lifestyles of problem and recreational drug consumers*, Drug Abuse Rev. 2013 Jun;6(2).* | | |

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| details of relevant publications in the last five years (maximum of 5) | • Mario Santoro, Livio Triolo, **Carla Rossi,** Drug user dynamics: a compartmental model of drug users for scenario analyses, *Drugs: Education, Prevention & Policy*, Jun 2013, Vol. 20, No. 3: 184–194.<br>• Matthijs Blankers, Ph.D. Tom Frijns Vendula Belackova, **Carla Rossi**, Bengt Svensson, Franz Trautmann & Margriet van Laar, Predicting cannabis abuse screening test (CAST) scores: a recursive partitioning analysis using survey data from Czech Republic, Italy, the Netherlands and Sweden, *PLOS ONE* 2014.<br>• Alessia Mammone, Francesco Fabi, Emanuela Colasante, Valeria Siciliano, Sabrina Molinaro, Ludwig Kraus, **Carla Rossi**, New indicators to evaluate and to compare harmful drug use among adolescents in 38 European countries**,** *NORDIC STUDIES ON ALCOHOL AND DRUGS* VOL 31, 2014, 243-258.<br>Giovanni Michele Lagravinese, Alessia Mammone, **Carla Rossi**, Miriam De Vita, Valeria Marino, Alessandro Feola, Luigi Tonino Marsella. (2015). The frequency of polidrug use in a driving population in Rome. *Epidemiology, Biostatistics and Public Health*, vol. 12-1, suppl.1. |

**Team member 2**

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| Role in Project: | Team member (Italy) | | |
| First Name: | Franca | Surname: | Beccaria |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Franca Beccaria, PhD., is a sociologist, partner in Eclectica, a research institute in Torino (Italy), contract professor at the EMDAS, *European Master on Drug and Alcohol Studies*, the Avogadro University (Novara) and at University of Torino (Italy). Her main research interests are on lifestyles, particularly on drinking cultures and the use of legal and illegal substances.<br>She has especially worked on comparative qualitative research methods, developing also web-based research, both by exploring user generated contents already existent in the web and by adapting more traditional methods (such as individual interviews and focus group) to the web.<br>Among the most recent projects, in which Beccaria has been involved as coordinator and senior researcher:<br>• "Consumption, abuse, addiction among women": a qualitative web research on social networks, forum, You tube on perception and representation of female alcohol abuse and addiction (2012-14). Funded by Regional government.<br>• Beccaria has been involved in different work packages in the European project "ALICE-RAP. Addictions and Lifestyles In Contemporary Europe – Reframing Addictions Project" (2011-2015) in which different comparative studies on changes in addiction concept during the time, on addiction representation on media, and on stakeholder role in alcohol and drug policies have been realised.<br>The project "Alcohol & images" (2012-13) a qualitative study explored the alcohol perception among Italian and Finnish young people and adults. Funded by ERAB. | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum | Web-methods:<br>• **Beccaria F.,** Petrilli E., Rolando S. (2015), Binge drinking vs. drunkenness. The questionable threshold of excess for young Italians**.** Journal of Youth Studies, 18(7):812-838 Doi: 10.1080/13676261.2014.992321<br>• Rolando S., Taddeo G., **Beccaria F.** New media and old | | |

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| of 5) | stereotypes. Images and discourse about drunk women and men on YouTube. Journal of Gender Studies. Doi: 10.1080/09589236.2015.1041462<br>Comparative qualitative methods:<br>• **Beccaria F**., Rolando S., Hellman M., Bujalski M., Lemmens P. (2015). From criminals to celebrities: Perceptions of "the addict" in the print press from four European countries. Substance Use and Misuse, 50(4): 439-453. doi:10.3109/10826084.2015.978187<br>• Rolando S., Törrönen J., **Beccaria F.** (2014), Boundaries between adult and youth drinking as expressed by young people in Italy and Finland. Young, 22(3): 227-252. doi: 10.1177/1103308814533468<br>• Rolando S., **Beccaria F**., Tigerstedt C., TörrönenJ. (2012), "First drink: what does it mean? The alcohol socialization process in different drinking cultures", Drugs: Education, Prevention & Policy, 19 (3):201-212. doi: 10.3109/09687637.2012.658105 |

**Team member 3**

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| Role in Project: | Team member (Italy) | | |
| First Name: | Riccardo | Surname: | De Facci |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Riccardo De Facci, pedagogist, is the Vice President of the Coordinamento Nazionale Comunità di Accoglienza (National Coordination of Caring Communities) – CNCA, an umbrella association whose members are more than 250 NGOs, such as social co-operatives, volunteering based associations, associations for social development and promotion, present on the whole national territory. De Facci is a Member of the Advistory Group of Experts by DPA (Dept of Antidrugs Policies, Italian Government).<br>With a longstanding experience as coordinator and project leader in several projects in the field of drug addiction (prevention, harm reduction and treatment), he will provide its expertise in planning, development and coordination of interventions. Indeed, Riccardo De Facci, will coordinate CNCA's member organisations contribution to the project, being the on-site recruitment as well as the on-line and on-site retention activities of participants in the study. Indeed, CNCA is the widest organization in Italy working in the nightlife scene, using outreach units to contact young people and drug users in order to provide harm and risk reduction interventions. | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • P. Pani, A. G. I. Maremmani, E. Trogu, F. Vigna-Taglianti, F. Mathis, R. Diecidue, U. Kirchmayer, L. Amato, M. Davoli, J. Ghibaudi, A. Camposeragna, A. Saponaro, F. Faggiano and I. Maremmani, Psychic Structure of Opioid Addiction:Impact of Lifetime Psychiatric Problems on SCL-90-based Psychopathologic Dimensions in Heroin-dependent Patients. Addictive Disorders & Their Treatment. Published Ahead-of-Print, May, 2015<br>• P. Pani, A. G. I. Maremmani, E. Trogu, F. Vigna-Taglianti, F. Mathis, R. Diecidue, U. Kirchmayer, L. Amato, M. Davoli, J. Ghibaudi, A. Camposeragna, A. Saponaro, F. Faggiano and I. Maremmani (January 20, 2015): Psychopathological symptoms in detoxified and non-detoxified heroin-dependent patients entering residential treatment. Heroin Addict Relat Clin Probl. Published Ahead-of-Print, January 20, 2015<br>• Pani, Trogu, Vigna-Taglianti, Mathis, Diecidue, Kirchmayer, | | |

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| | Camposeragna et al Psychopathological symptoms of patients with heroin addiction entering opioid agonist or therapeutic community treatment, Annals of General Psychiatry 2014, 13:35<br>• CNCA "Servizi di bassa soglia Progetto di ricerca azione e implementazione di modelli innovativi su: tossicodipendenze,servizi di bassa soglia e accesso al sistema dei servizi" http://www.cittametropolitana.mi.it/export/sites/default/giovani/doc/reprt_bassa_soglia.doc: 10.1177/1103308814533468 |

**SWEDEN**

**Co-PI 4**

| Role in Project: | Co-PI and researcher (Sweden) | | |
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| First Name: | Johanna | Surname: | Gripenberg |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Dr. Johanna Gripenberg is the Director and researcher at STAD (Stockholm prevents alcohol and drug problems). STAD is a research and development unit within the Stockholm County Council and the Karolinska Institutet. At STAD Johanna initiated the "Clubs against Drugs" program in Stockholm, which is a community-based illicit club drug prevention program with the goal of reducing problems related to club drug use in the nightlife scene in Stockholm. Johanna has also been involved in and published articles on the prevention of alcohol-related problems at licensed premises. Her research focus is to study the prevalence of drugs in the nightlife setting, and to study the effects of the "Clubs against Drugs" as well as the effects of other alcohol- and drug prevention programs. | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • Norrgård E, Wikström E, Pickering C, **Gripenberg J**, Spak F, Andréasson S. Environmental and capacity requirements are critical for implementing and sustaining a drug prevention program: a multiple case study of "Clubs against drugs". Substance Abuse Treatment, Prevention, and Policy 2014; 9:6.<br>• **Gripenberg Abdon J**, Drug use at licensed premises – Prevalence and prevention. Karolinska Institutet, 2012, ISBN 978-91-7457-687-0. http://publications.ki.se/xmlui/handle/10616/40951<br>• **Gripenberg Abdon J,** Elgán T, Wallin E, Shaafati M, Beck O, Andréasson S. Measuring substance use in the club setting: a feasibility study using biochemical markers. Substance Abuse Treatment, Prevention, and Policy 2012; 7:7.<br>• **Gripenberg Abdon J**, Wallin E, Andréasson S. Long-term effects of a community-based intervention: 5 year follow-up of "Clubs against Drugs". Addiction, 2011; 106: 1997–2004.<br>• **Gripenberg Abdon J**, Wallin E, Andréasson S. The "Clubs against Drugs" program in Stockholm, Sweden: two cross-sectional surveys examining drug use among staff at licensed premises. Substance Abuse Treatment, Prevention, and Policy 2011; 6:2. | | |

**Team member 1**

| Role in Project: | Researcher (Sweden) | | |
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| First Name: | Camilla | Surname: | Jalling |

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| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Camilla Jalling is a PhD student at Department of Clinical Neuroscience at Karolinska Institutet and an employee at STAD since year 2007.<br><br>Her research has mostly been focusing on adolescents' substance use but also on antisocial behavior. Jalling has during the last years been working in a large scale project aiming for increasing knowledge and preventing substance use in national football events; validation of psychometric instruments measuring substance use among adolescent populations; evaluating Stockholm municipality's intervention to reduce cannabis use among adolescents; and been participating in a European collaboration project aiming at empower European Families in parenting strategies. |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • Becoña, E., Brotherhood, A., Calafat, A., Csemy, L., Duch, M., Gabrhelik, R., . . . Talic, S. (2012). Risk prevention during adolescence. Strategies aimed at parents for prevention practitioners and mediators. http://www.irefrea.eu/uploads/PDF/EFE_ProfessionalsGuide_EN.pdf: European Familiy Empowerment - EFE.<br>• Lindberg, L., Ulfsdotter, M., Jalling, C., Skarstrand, E., Lalouni, M., Lonn Rhodin, K., . . . Enebrink, P. (2013). The effects and costs of the universal parent group program - all children in focus: a study protocol for a randomized wait-list controlled trial. BMC Public Health, 13(1), 688.<br>• Enebrink, P., Danneman, M., Benvestito Mattsson, V., Ulfsdotter, M., **Jalling, C**., & Lindberg, L. (2014). ABC for Parents: Pilot Study of a Universal 4-Session Program Shows Increased Parenting Skills, Self-efficacy and Child Well-Being. Journal of Child and Family Studies, 1-15. DOI: 10.1007/s10826-014-9992-6·<br>• **Jalling, C**., Bodin, M., Romelsjö, A., Källmén, H., Durbeej, N., & Tengström, A. (2015). Parent Programs for Reducing Adolescent's Antisocial Behavior and Substance Use: A Randomized Controlled Trial. Journal of Child and Family Studies(Online First). DOI: 10.1007/s10826-015-0263-y |

**Team member 2**

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|---|---|---|---|
| Role in Project: | Researcher, in charge of analyzing the breath samples (Sweden) | | |
| First Name: | Olof | Surname: | Beck |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Olof Beck is a professor at the Department of Laboratory Medicine and the Division of Clinical Pharmacology at Karolinska Institute. Some of Prof Beck's research has focused on analytical toxicology, substance abuse and exhale breath. Recently, Prof Beck invented a new technique for assessing drug use by exhale breath samples, which have shown to be a valid method. Prof Beck also participated in a study conducted by STAD, by analyzing oral fluid samples to detect drug use among club-goers at electronic dance music events at cruise ships. Further, Prof Beck is involved in a collaboration project (STRIDA-project) with different agencies in order to keep track of yet unregulated novel psychoactive substances, where new techniques to assess the occurrence of such products in plasma and urine samples have been developed. | | |
| With respect to the activities in the project, please provide details of | • Stephanson, N., Sandqvist, S., Lambert, M. S., & **Beck, O**. (2015). Method validation and application of a liquid chromatography–tandem mass spectrometry method for drugs of abuse testing in exhaled breath. Journal of Chromatography B, | | |

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| relevant publications in the last five years (maximum of 5) | 985, 189-196. DOI: http://dx.doi.org/10.1016/j.jchromb.2015.01.032<br>• Helander, A., Bäckberg, M., Hultén, P., Al-Saffar, Y., & **Beck, O**. (2014). Detection of new psychoactive substance use among emergency room patients: Results from the Swedish STRIDA project. Forensic Science International, 243, 23-29. DOI: http://dx.doi.org/10.1016/j.forsciint.2014.02.022<br>• **Beck, O**. (2014). Exhaled breath for drugs of abuse testing — Evaluation in criminal justice settings. Science & Justice, 54(1), 57-60. DOI: http://dx.doi.org/10.1016/j.scijus.2013.09.007<br>• **Beck, O**., Stephanson, N., Sandqvist, S., & Franck, J. (2013). Detection of drugs of abuse in exhaled breath using a device for rapid collection: comparison with plasma, urine and self-reporting in 47 drug users. Journal of Breath Research, 7(2), 026006.<br>• Al-Saffar, Y., Stephanson, N. N., & **Beck, O**. (2013). Multicomponent LC–MS/MS screening method for detection of new psychoactive drugs, legal highs, in urine—Experience from the Swedish population. Journal of Chromatography B, 930, 112-120. DOI: http://dx.doi.org/10.1016/j.jchromb.2013.04.043 |

**UNITED KINGDOM**

**Co-PI 5**

| | | | |
|---|---|---|---|
| Role in Project: | Co-PI and researcher (UK) | | |
| First Name: | Valerie | Surname: | Curran |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Professor Val Curran is Director of the UCL Clinical Psychopharmacology Unit and for over 20 years has been researching the human effects of a wide range of illicit and licit psychoactive drugs. She is a recognized international expert on the acute and chronic effects of MDMA, ketamine and cannabis. For the current project she will be leader on the web survey; she has relevant experience having previously carried out both a UK National and an international web survey of illicit drug users and their experiences. Valerie is also Research Lead at a London NHS Drug Service and a member of the charity Drug Scienc. Her research occurs in many contexts and uses a wide range of methodologies (e.g. brain imaging studies of acute effects of illicit drugs; setting up laboratories in dance clubs; quantitative and qualitative research with chronic drug users). | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • Morgan CJAM, Muetzelfeldt, L, Nutt, D, Muetzelfeldt M & **Curran HV** (2010) Harms associated with psychoactive substances: findings of the UK National Drug Survey. *Journal of Psychopharmacology,* 24, 147-153.<br>• Morgan CJA, Noronha LA, Muetzelfeldt M, Fielding A & **Curran HV** (2012) Harms and benefits associated with psychoactive drugs: findings of an international survey. *J Psychopharmacology, 27, 497-506.*<br>• Muetzelfeldt L, Kamboj S, Rees H, Taylor J, Morgan CJA, **Curran HV**. (2008) Journey through the K-hole: phenomenological aspects of ketamine use. *Drug & Alcohol Dependence,* 95, 219-229.<br>• Morgan CJA, Muetzelfeldt L & **Curran HV** (2010) Consequences of chronic ketamine self-administration upon neurocognitive function and psychological well-being: a 1 year longitudinal study. *Addiction*, 105, 121-133.<br>• Hindocha C, Shaban ND, Freeman TP, Das RK, Gale G, Schafer | | |

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| | G, Falconer CJ, Morgan CJ, **Curran HV** (2015) Associations between cigarette smoking and cannabis dependence: A longitudinal study of young cannabis users in the United Kingdom. Drug and Alcohol Dependence 148:165–171. |

**Team member 1**

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|---|---|---|---|
| Role in Project: | Team member/researcher (UK) | | |
| First Name: | Tom | Surname: | Freeman |
| With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project | Dr Tom Freeman has ample experience in research on the acute and chronic effects of controlled drugs (e.g. cannabis, ketamine, MDMA, heroin), novel psychoactive substances or 'legal highs', alcohol and tobacco. He uses a variety of research methods including ecological studies, longitudinal designs, international surveys and experimental psychopharmacology. He has a proven track record of delivering projects on time and within budget, publishing in high-impact peer-reviewed international journals, and communicating science to the public and policy makers. | | |
| With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5) | • **Freeman, T. P.**, & Winstock, A. R. (2015). Examining the profile of high-potency cannabis and its association with severity of cannabis dependence. *Psychological medicine*, *45*(15), 3181-3189.<br>• **Freeman, T. P.**, & Richardson, T. (2015). New challenges raised by 'legal highs'. *The Psychologist 28*, 255-256.<br>• Kamboj, S. K., Kilford, E. J., Minchin, S., Moss, A., Lawn, W., Das, R. K., Falconer, C. J., Gilbert, P., Curran, H. V., & **Freeman, T. P.** (2015). Recreational 3, 4-methylenedioxy-N-methylamphetamine (MDMA) or 'ecstasy' and self-focused compassion: Preliminary steps in the development of a therapeutic psychopharmacology of contemplative practices. *Journal of Psychopharmacology*, doi: 10.1177/0269881115587143<br>• Hindocha, C., Shaban, N. D., **Freeman, T. P.**, Das, R. K., Gale, G., Schafer, G., Falconer, C. J., Morgan, C. J. A., & Curran, H. V. (2015). Associations between cigarette smoking and cannabis dependence: A longitudinal study of young cannabis users in the United Kingdom. *Drug and Alcohol Dependence*, *148*, 165-171.<br>• **Freeman, T. P.**, Morgan, C. J., Vaughn-Jones, J., Hussain, N., Karimi, K., & Curran, H. V. (2012). Cognitive and subjective effects of mephedrone and factors influencing use of a 'new legal high'. Addiction, 107 (4), 792-800. | | |

# 5. COST CALCULATION

Please add the financial summary for each project consortium partner and, in accordance to relevant national/regional eligibility rules, justify the resources to be committed.

*Please duplicate the tables below for each partner as required.*

**PI**

| **Organisation name: Trimbos Institute**<br><br>**Country: Netherlands** | | **Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country:**<br>Costs are not listed with taxes | | | | |
|---|---|---|---|---|---|---|
| | | Year: 1 | Year: 2 | Year:3 | | **Total:** |
| **Project costs per Partner in €** | Personnel | € 59.558 | € 66.349 | € 60.168 | | € 186.074 |
| | Overhead | € | € | € | | € |
| | Travel & subsistence | € 989 | € 1904 | € 1290 | | € 4.183 |
| | Equipment | | | | | |
| | Consumables | € 15.000 | € 42.250 | € | | € 57.250 |
| | Other costs | | | | | |
| | Subcontracting | € 1000 | € 1000 | € | | € 2000 |
| | **Total costs** | € 76.547 | € 111.503 | € 61.457 | | € 249.506 |
| **Financing per Partner in €** | **Funding requested** | € 76.547 | € 111.503 | € 61.457 | | € 249.506 |
| | **Co-financing** | | | | | |
| | **Co- financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call** (e.g., by internal funds) : | | | | | |
| | | | | | | |

Describe the nature of the subcontracting and, if possible, the name and address of subcontractors.

| **Nature, name and address of subcontractors** | Dr. Emmanuel Kuntsche, advisor for the EMA study (work package 4).<br>Addiction Switzerland, Research Institute, PO Box 870, Av. Ruchonnet 14, CH 1001 Lausanne, Phone: +41 21 321 29 52 (office), E-mail: EKuntsche@suchtschweiz.ch |
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In accordance to relevant national/regional eligibility rules, please justify the resources to be committed.

Please list explicitly any costs (max. 1 page).

| | |
|---|---|
| **Personnel Costs** | PhD student: 1 FTE for 3 years = € 147.146<br>Project coordinator (PI) = € 14.300<br>Researcher = € 18.243<br>Technical assistance EMA tool: € 6.384 |
| **Equipment** | |
| **Consumables** | Survey baseline incentive WP2: € 2.000<br>Survey follow up incentives WP2: € 25.000<br>Survey follow up incentive booster WP2: € 5.000<br>Recruitment offline WP2: € 4.000<br>Recruitment (advertising, banners) WP2: € 8.000<br>Incentives EMA WP4: € 11.250<br>Gadgets (recruitment WP2): € 1 000<br>Ethical Approval € 1.000 |
| **Travel** | Flight Italy (3x): € 600<br>Flight UK (3x): € 600<br>Meeting Italy 3x per diem: € 690<br>Meeting UK 3 x per diem: € 828<br>Meeting NL (advisor): 3 per diems: € 789<br>Meeting UK (advisor): 1 x per diem: € 276<br>Flight (advisor) NL: € 200<br>Flight (advisor) UK: € 200 |
| **Subcontracting** | 2 x € 1000 advisor Work Package 4 |
| **Other costs (Indirect costs)** | |

**CO-PI 1**

| **Organisation name:** University College Ghent<br>**Country:** Belgium | | **Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country:** | | | |
|---|---|---|---|---|---|
| | | Year: 1 | Year: 2 | Year:3 | **Total:** |
| **Project costs per** | Personnel | 49000 | 52000 | 54000 | 155000 |
| | Overhead | 2650 | 3360 | 3135 | 9145 |

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|---|---|---|---|---|---|
| | Travel & subsistence | 2000 | 3000 | 4000 | 9000 |
| | Equipment | 1500 | | | 1805 |
| | Consumables | 2000 | 10000 | 2500 | 14500 |
| | Other costs | | 2200 | 2200 | 4400 |
| | Subcontractors | 3150 | 2000 | 1000 | 6150 |
| | **Total costs** | 60300 | 72560 | 66835 | 200 000 |
| **Financing per Partner in €** | **Funding requested** | 60300 | 72560 | 66835 | 200 000 |
| | **Co-financing** | | | | |
| | **Co- financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call** (e.g., by internal funds) : | | | | |
| | | | | | |

Describe the nature of the subcontracting and, if possible, the names of subcontractors.

| | |
|---|---|
| **Nature, name and address of subcontractors** | Translation of websurvey into French (The Dutch partner will take the Dutch translation for its account)<br>By Mark Van Bogaert a freelance editor and translator<br><br>French speaking guidance for qualitative research (street language) and final check of other WP's to french community<br>By Modus Vivendi http://www.modusvivendi-be.org/ |

In accordance to relevant national/regional eligibility rules, please justify the resources to be committed.

Please list explicitly any costs (max. 1 page).

| | |
|---|---|
| **Personnel Costs** | Co-PI senior reseracher & coordinator for Belgium: Tina Van Havere<br>Year 1-3 10% = 24000<br>New contracted researcher<br>Year 1-3 60% = 131000 |
| **Overhead** | max 5% of personnel and operation costs (travel & subsistence, consumables and other costs) |
| **Equipment** | laptop |
| **Consumables** | Year 1: Lottery to attracht respondents to websurvey = 2000<br>Incentives for follow-up<br>Year 2 – 3 = 12500<br><br>*This budget exceeds 10% of personnel, however, to attract respondents in the follow-up a greater budget is needed for giving incentives.* |
| **Travel** | Travel expences for project meetings (It/UK/Ndl.)<br>Year 1 = 2000<br>Year 2 = 1500<br>Year 3 = 1500<br>Travel costs for WP6 to two conferences<br>Year 2 = 1500<br>Year 3 = 2500 |
| **Subcontracting** | Translation of WP 2 websurvey into French (The Dutch partner will take the Dutch translation for its account)<br>Translations needed for WP6 (nightlife cultures other countries)<br>By Mark Van Bogaert, a freelance editor and translator |

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| | Year 1- 3 = 5150<br><br>French speaking guidance for final check of other WP's to french community<br>By Modus Vivendi http://www.modusvivendi-be.org/<br>Year 1-3 = 1000 |
| **Other costs (Indirect costs)** | Entrance fees and other costs to participate in two conferences for WP6 by 2p (excl. Travel)<br>Year 2 – 3 = 4400 |

**Co-PI2**

| **Organisation name:** VAD **Country:** Belgium | | **Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country:** | | | | |
|---|---|---|---|---|---|---|
| | | Year: 1 | Year: 2 | Year:3 | | **Total:** |
| **Project costs per Partner in €** | Personnel | 5450 | 5450 | 7000 | | 17900 |
| | Overhead | 297,5 | 297,5 | 425 | | 1020 |
| | Travel & subsistence | 500 | 500 | 1500 | | 2500 |
| | Equipment | | | | | |
| | Consumables | | | | | |
| | Other costs | | | | | |
| | Subcontractors | | | | | |
| | **Total costs** | 6247,5 | 6247,5 | 8925 | | 21420 |
| **Financing per Partner in €** | **Funding requested** | 6247,5 | 6247,5 | 8925 | | 21420 |
| | **Co-financing** | | | | | |
| | **Co- financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call** (e.g., by internal funds) : | | | | | |

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Describe the nature of the subcontracting and, if possible, the names of subcontractors.

| | |
|---|---|
| **Nature, name and address of subcontractors** | NA |

In accordance to relevant national/regional eligibility rules, please justify the resources to be committed.
Please list explicitly any costs (max. 1 page).

| | |
|---|---|
| **Personnel Costs** | Co-PI 2: senior prevention worker and reseracher at VAD Jochen Schrooten<br>Year 1-3 = 17900 |
| **Overhead** | max. 5% of personnel and operation costs |
| **Equipment** | |
| **Consumables** | |
| **Travel** | Travel expences for project meetings = 2500 |
| **Subcontracting** | |

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| | |
| **Other costs (Indirect costs)** | |

**Co-PI 3**

| **Organisation name:**<br><br>Consiglio italiano delle Scienze sociali, Consiglio Nazionale delle Ricerche, Eclectica, Coordinamento Nazionale delle Comunità di Accoglienza<br>**Country:**<br>Italy | | **Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country:**<br><br>Listed with taxes | | | | |
|---|---|---|---|---|---|---|
| | | Year: 1 | Year: 2 | Year:3 | | **Total:** |
| **Project costs per Partner in €** | Personnel | € 48.956 | € 40.139 | € 10.174 | | € 99.269 |
| | Overhead | € 1.060 | € 719 | € 770 | | € 2.549 |
| | Travel & subsistence | € 2.510 | € 2.320 | € 680 | | € 5.510 |
| | Equipment | € 3.000 | € 0 | € 0 | | € 3.000 |
| | Consumables | € 500 | € 0 | € 0 | | € 500 |
| | Other costs (good and services) | € 7.000 | € 1.320 | € 0 | | € 8.320 |
| | Subcontractors | € 0 | € 0 | € 0 | | € 0 |
| | **Total costs** | € 63.026 | € 44.498 | € 11.624 | | € 119.148 |
| **Financing per Partner in €** | **Funding requested** | € 55.521 | € 34.873 | € 9.606 | | € 100.000 |
| | **Co-financing** | € 7.506 | € 9.625 | € 2.018 | | € 19.148 |
| | **Co- financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call** (e.g., by internal funds) : | | | | | |
| | The Consiglio italiano per le Scienze Sociali will provide 19.148 EUR as cofunding for the whole project, comprising: 3.000 EUR equipment, 500 EUR consumables, and 15.648 EUR staff effort of a senior and a junior researchers | | | | | |

Describe the nature of the subcontracting and, if possible, the names of subcontractors.

| | |
|---|---|
| **Nature, name and address of subcontractors** | N/A |

In accordance to relevant national/regional eligibility rules, please justify the resources to be committed.
Please list explicitly any costs (max. 1 page).

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| **Personnel Costs** | **Consiglio Italiano per le Scienze Sociali:**<br>Total personnel cost: € 28.865,47, of which provided as co-funding € 15.648,11. Total funding request is therefore € 13.217,36. Tot. cost:<br>Senior researcher: € 4.036,00/month*1,25<br>Junior researcher: € 1.987,50 /month*2,3<br>Technical staff: € 3.601,11/month*1<br>**Consiglio Nazionale delle Ricerche:**<br>Total personnel cost: € 49.762,80<br>Researcher: € 4.170,22,/month*3,7<br>Researcher: € 4.480,28/month*0,5<br>Temporary researcher: € 1.955,26/month*12<br>Technical staff: € 3.451,90/month*2,5<br>**Eclectica:**<br>Total personnel cost: € 18.641,00<br>Senior researcher: € 443,00 /day*37<br>Junior researcher: € 150,00/day*15<br>**Coordinamento Nazionale delle Comunità di Accoglienza:**<br>Total personnel cost: € 2.000,00<br>Coordinator: € 200,00/day*10 |
| **Equipment** | **Consiglio Italiano per le Scienze Sociali:**<br>€ 3.000,00 for personal computer and related IT support, provided as co-funding. |
| **Consumables** | **Consiglio Italiano per le Scienze Sociali:**<br>€ 500,00 for telephone costs and office material, provided as co-funding.<br>€ 1.320,00 for project meeting organisation in Rome |
| **Travel** | **Consiglio Italiano per le Scienze Sociali:**<br>Total travel cost: € 1.110,00<br>1 person= € 670,00 (Utrecht), € 440,00 (London)<br>**Consiglio Nazionale delle Ricerche:**<br>Total travel cost: € 2.900,00<br>2 person= € 670,00*2 (Utrecht), €340,00*2 (Rome) € 440,00 *2(London)<br>**Eclectica:**<br>Total travel cost: € 1.500,00<br>1 person= € 500,00 (Utrecht), € 500,00 (Rome) € 500,00 (London) |
| **Subcontracting** | N/A |

| | |
|---|---|
| **Other costs (good and services)** | **Coordinamento Nazionale delle Comunità di Accoglienza**<br>€ 7.000,00 total cost to be borne for mobile units working in nightlife event supporting recruitment: € 1.400,00/unit*5 |

**Co-PI 4**

| **Organisation name: STAD**<br>**Country: Sweden** | | **Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country:**<br>Listed without taxes | | | | |
|---|---|---|---|---|---|---|
| | | Year: 1 | Year: 2 | Year:3 | | **Total:** |
| **Project costs per Partner in €** | Personnel | € 35.000 | € 55.000 | € 70.000 | | € 160.000 |
| | Overhead | € 7.000 | € 11.000 | € 11.000 | | € 29.000 |
| | Travel & subsistence | € 5.000 | € 5.000 | € 5.000 | | € 15.000 |
| | Equipment | | | | | |
| | Consumables | € 13.000 | € 29.000 | € 4.000 | | € 46.000 |
| | Other costs (good and services) | € 35.000 | | € 10.000 | | € 45.000 |
| | Subcontractors | € 5.000 | | | | € 5.000 |
| | **Total costs** | € 100.000 | € 100.000 | € 100.000 | | € 300.000 |
| **Financing per Partner in €** | **Funding requested** | € 100.000 | € 100.000 | € 100.000 | | € 300.000 |
| | **Co-financing** | | | | | |
| | **Co- financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call** (e.g., by internal funds) : | | | | | |
| | | | | | | |

Describe the nature of the subcontracting and, if possible, the names of subcontractors.

| | |
|---|---|
| **Nature, name and address of subcontractors** | Design and set-up of webpage for recruiting, information, etc<br>Syster Surf<br>Svartågatan 45<br>128 45 Bagarmossen<br>www.systersurf.se |

In accordance to relevant national/regional eligibility rules, please justify the resources to be committed.
Please list explicitly any costs (max. 1 page).

| | |
|---|---|
| **Personnel Costs** | Co-PI 10 % year 1-3 = € 30 000<br>Co-worker/national PI 20% year 1-3 = 30 000 €<br>Researcher A 20 % year 1-3 = € 45 000<br>Researcher B 30 % year 2-3 = 4€ 0 000<br>The OH-cost at Karolinska Institute is 20,4 % on personnel costs<br>€ 7 000 (year 1)<br>€ 11 000 (year 2)<br>€ 11 000 (year 3)<br>Total OH costs = € 29 000 |
| **Equipment** | |
| **Consumables** | € 8 000 prices to lottery/recruitment (year 1)<br>€ 25 000 incentives for follow-up web-survey<br>€ 13 000 equipment, laptops, etc |
| **Travel** | € 15 000<br>Travel expenses to collect data in Belgium<br>Travel expenses projectmeeting |
| **Subcontracting** | € 5 000 Design and set-up of a web-page to inform and recruit participants |
| **Other costs (good and services)** | € 35 000 cost for specimen collection and screening of breath samples (year 1)<br>€ 25 000 € cost for specimen collection and screening of breath samples (year 3) |

**Co-PI 5**

| **Organisation name:**<br>**University College London**<br>**Country:**<br>**United Kingdom** | | **Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country:**<br>With taxes | | | | |
|---|---|---|---|---|---|---|
| | | Year: 1 | Year: 2 | Year:3 | | **Total:** |
| **Project costs** | Personnel | € 64.389 | € 57.299 | € 57.299 | | € 178.987 |
| | Overhead | € 2.639 | € 2.348 | € 2.348 | | € 7.335 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Travel & subsistence | € 5.918 | - | € 1.890 | | € 7.80 |
| | Equipment | - | - | - | | - |
| | Consumables | € 11.947 | € 1.678 | € 1.678 | | € 15.304 |
| | Other costs (good and services) | € 57.837 | € 68.523 | € 13.314 | | € 139.673 |
| | Subcontractors | - | - | - | | - |
| | **Total costs** | € 142.730 | € 129.848 | € 76.529 | | € 349.107 |
| **Financing per Partner in €** | **Funding requested** | € 142.730 | € 129.848 | € 76.529 | | € 349.107 |
| | **Co-financing** | - | - | - | | - |
| | **Co- financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call** (e.g., by internal funds) : | | | | | |
| | | | | | | |

Describe the nature of the subcontracting and, if possible, the names of subcontractors.

| | |
|---|---|
| **Nature, name and address of subcontractors** | n/a |

In accordance to relevant national/regional eligibility rules, please justify the resources to be committed.
Please list explicitly any costs (max. 1 page).

| | |
|---|---|
| **Personnel Costs** | PhD studentship: 1 person 3 years: € 104.197<br><br>PI time (1 hour/week) 3 years: € 22.700<br><br>Statistical Support: Two occasions: € 15.000<br><br>Survey recruitment offline: 3 teams of 4 student-research assistants over 3 weekends (6 days) for 4 hours: € 7.090<br><br>Internship assistance: € 30.000 |
| **Equipment** | |

| | | |
|---|---|---|
| **Consumables** | Laptop | € 2.832 |
| | Encrypted hard drive | € 200 |
| | Spare batteries for laptop | € 496 |
| | Printer | € 507 |
| | Stationary | € 1.000 |
| | Studentship advert fees | € 269 |
| | Survey recruitment online (Fee Banners) | € 10.000 |
| **Travel** | Travel to meet participants: 1 | € 3.540 |
| | Flights to NL: 3 people | € 600 |
| | Meeting in NL: 3 people X 2 nights | € 1.578 |
| | Transport Utrecht: 3 people X 2 nights | € 200 |
| | Flights to Italy: 3 people | € 600 |
| | Meeting in Italy: 3 people X 1 night | € 690 |
| | Transport Italy: 3 people X 1 night | € 600 |
| **Subcontracting** | | |
| **Other costs (good and services)** | EMA incentive: 2*200*70 | € 28.000 |
| | EMA recruitment offline: 10 students | € 10.000 |
| | EMA recruitment online: 10 students | € 10.000 |
| | Survey baseline incentive | € 2.000 |
| | Survey follow up incentive | € 45.000 |
| | Survey follow up incentive booster | € 6.500 |
| | Conference costs: 3 | € 6.373 |
| | User friendly interface: 1 | € 10.621 |
| | IT - setting up survey: 1 | € 14.161 |
| | Qualitative incentive: 100 people | € 1.418 |
| | Open access publishing: 2 publications | € 5.600 |

# 6. Impact of the project and engagement in responsible research and innovation

**6.1** How will the outcomes of the project provide relevant information for policy-making and society (max. 1 page)?

All sectors of the drugs field (policy-makers, law enforcement agencies, users and their families, health intervention organisations...) can benefit from insights on the dynamics at play in pathways. This call emphasises, in particular, the link between the knowledge generated and its sustainable translation for a wide range of stakeholders.

It is widely known that drug use is prolific in the nightlife scene. A comprehensive understanding of patterns of use and their consequences – both on 'in the moment' and over time – will be crucial for informing optimal policy and law enforcement decisions. The participation of several European countries in this project will substantially increase its scope for effective translation to various stakeholders. For example, our project will evaluate the prevalence of 'classic' as well as New Psychoactive Substances in all participating countries using representative sampling techniques. The data we collect in this 'microcosm' of drug use will be invaluable for understanding European drug markets and informing evidence-based policy (e.g. decisions to control new or classic psychoactive substances and their precursors). We will also evaluate the Netherlands' widely available drug testing facilities and DIMS database; our data could provide the impetus for these facilities to be improved and/or implemented in additional countries.

A significant number of deaths occur in the nightlife scene, and many of these are potentially preventable. A number of possible factors have been identified, such as overheating and excessive consumption of water or other fluid. More recently, a number of deaths have been attributed to the introduction of PMA/PMMA in ecstasy pills. PMA and PMMA have 'MDMA-like' effects but a slower onset, which might encourage users to prematurely take more pills. The small window between effective and lethal doses presents a substantial risk to users – especially those who binge, or 'stack' doses. The current study provides the very first ecological investigation of short-term drug use in a nightlife setting. We aim to determine which factors predict momentary use/bingeing/stopping in a genuine nightlife setting. These results will be supplemented by our analysis of long term pathways – why do some people stop using drugs completely, whilst others escalate to severely problematic use? Our results could be transformative in providing valid harm reduction guidelines and evidence-based licensing and safety precautions in nightlife venues across Europe.

Our consortium has an excellent track record of public engagement, including interaction with drug users at nightclubs and festivals, public talks, television, radio and the internet. Our project will involve substantial contact with drug users – both 'face-to-face' and online during forum discussions and long-term assessment. We will implement the 'two-way' public engagement model, which encourages participants to shape our research and vice versa. Information generated from this project and volunteer feedback will be hosted on a dedicated online resource, with regular updates as new data and analyses become available.

Increasing public knowledge about the effects of club drugs and NPS will also contribute to a better weighed opinion about these substances by drug users and can result in use reduction or harm reduction in the future and may therefore prevent serious health consequences

An existing ''harm reduction by informing potential drug users' programme is the Dutch Drug Information and Monitoring System (DIMS). Since 1992, this Dutch nationwide monitor of the market for recreational drugs annually chemically analyses about 10,000 drug samples from consumers. In recent years this monitor signalled a strong increase in the proportion of high dose MDMA tablets on the market, which coincided with an increase in (the severity of) ecstasy-related emergencies. Both trends fuelled health concerns related to club drug use at political level and were reason for the Ministry of Health, Welfare and Sports to intensify and innovate preventive measures. Findings of the current project aim to inform this prevention policy.

As -apart from information from peers- recognition based on photos and description of pills on websites such as Pillreports.net and bluelight.org is currently the only source of information on

ecstasy dosages for users outside the Netherlands, implications of the proposed photo-recognition method in the EMA-study may be impactful (also see section 2.4 and 6.3), as it will dramatically improve the monitoring capacity and may even advance the rate at which users can obtain information about the drugs they may take.

**6.2** Description of how the consortium will engage with societal actors during and after the research process and how they will develop outreach and dissemination activities during and at the end of the project to ensure the widest transfer of the produced knowledge (max.3 pages).

The proposed study will provide a rich source of data, which can also be utilised by a wide range of professionals, including scientists, policy makers, professionals involved in the development and implementation of targeted primary and secondary preventive strategies and treatment, as well as the general public. As the project will be a close collaboration between the Trimbos Institute, University College London, VAD, HOGent, STAD, Centrum för Psykiatriforskning Stockholm, Karolinska Institut, CNR (National Research Council), CSS (Italian Council for Social Sciences), Eclectica, and CNCA, knowledge transfer, implementation and consolidation will depart from these sites. As the partners all have ample experience in public engagement and the Trimbos, VAD, STAD and Centrum för Psykiatriforskning Stockholm, CNCA are leading institutes in the field of drug prevention and harm reduction, the link between knowledge generation and implementation is firm.

Naturally, the output for all work packages except the co-ordination, will include peer-reviewed international and national scientific publications, as well as lay publications in relevant journals and websites. The majority of data are collected at national level and are suited (with regard to sample sizes) to be analysed at national level, in addition to comparative analyses across countries. During the course of the study at the first and meeting, a publication and communication plan will be drafted, to be agreed on by all partners.

In addition, incorporating different actors/stakeholders is important to enhance dissemination and use of the findings of this study. Besides international and scientific publications, that will be produced by all the partners, the leader of WP6 will organise round tables at two conferences. The results of the different work packages already done will be presented and discussed at these round tables (e.g. interpretation by stakeholders of the results, how do these results impact their work, what do these results mean for the practice etc.). This might include differences between the different contexts of the participating countries. Information will be collected and included in a report on nightlife cultures (see section 2.1 WP6), in which information is linked to the outcomes.

Possible conferences are:

- *Nights*: conference that aims to improve the quality of the nightlife scene and the well-being of the people inhabiting it. The event addresses nightlife stakeholders such as health professionals, volunteers, club/party organizers, public body representatives, scientists, scholars and partygoers by offering them multiple gathering modalities that fit different topics and kinds of expertise, including workshops, talks, showcases, multimedia presentation and round tables.
- *Club Health*: This exciting event brings together experts from a wide range of fields to exchange information on the latest research, policy and practice on protecting and promoting health in nightlife settings. The conference aims to build capacity and capability among all groups that have a stake in healthy nightlife – including the government agencies and local authorities that regulate it, the police, councils and public health professionals that manage it, the club owners, festival organisers and promoters that make it happen, and the participants without whom it would not exist.
- *Conference of the European Society for Prevention Research (EUSPR)*: this network will advance the science base of environmental, universal, selective and indicated prevention aimed at improving human health and well-being and addressing health inequalities. Cornerstones of this advancement are: cross-disciplinary networks of scientists, policy

makers and practitioners, methodology development, promotion of higher education and career development in prevention and implementation research.
- *Amsterdam Dance Event* the famous and worldwide conference on electronic dance music. Every year it attracts thousands of delegates from all over the world as they come together to network, share their experiences and do business.

**6.3** Description of how ethical issues of the project proposal will be tackled - especially when dealing with vulnerable groups - to ensure quality and integrity of the research (e.g. by adopting existing codes of ethical conduct in research). When applicable, ethical and legal issues (e.g. informed consent, ethical permits, data protection) should comply with national regulations (max. 1 page).

All studies will be performed in compliance to the national laws on research involving human subjects, and with principles enunciated in the current (2013) version of the Declaration of Helsinki, the guidelines of Good Clinical Practice (GCP) issued by ICH; and in case of medical device use: the European Directive on medical devices 93/42/EEC and the ISO Norm 14155 and ISO 14971. The ethical committees in the participating countries and/or other regulatory authorities will receive annual safety and interim reports and be informed about study stop/end in agreement with local requirements. Naturally, all participants will be required to provide informed consent before taking part in any of the study elements.

*Online survey*
The first page of the questionnaire will ask participants whether they are aged 18 years or over and provide information about the study, leading to the choice to either consent or not to participate in the baseline survey. At the end of the baseline survey, they will be informed about the opportunity to take part in an incentivised 12 month follow up survey. If they agree to participate, they will be asked for an email address. The email address will be allocated a random number which will be stored separately from all personal data. Access to these data will be restricted to key research staff and will be stored under appropriate data protection legislation for each country.

In Italy researchers cannot offer participants monetary incentives as per legislation and budgetary resources would be insufficient for the proposed sample size. However, the foreseen incentives include: keeping in touch (emails) in between FUs; provide an email address where participants can obtain information about substances (for example about NPS); provide anonymous expert counselling on-line (by being directed to websites managed by CNCA members) and on-site in the nearest city where CNCA provides this kind of support.

*EMA protection of personal data and anonymity*
Data will be treated in a strictly confidential way. We guarantee that no personal information will be used for other studies or communicated to a third party. Moreover, results will be based upon groups of people and therefore identifying people individually will be impossible. Information exchanges between mobile phones and the server will be coded according to the most advanced procedures. In addition, participants have up to 7 days after the end of the study to ask for the suppression of data that they do not want to be kept in the final database. To erase data, participants can use an online form to indicate which data they would like to erase. The administrator of the database will see to this and will confirm the removal to participants.

*Assessing MDMA dose using DIMS data*
As introduced in section 2.4 and 6.1, there is generally no information available for ecstasy users on the content of ecstasy tablets, while recent data suggest an increase in the availability of high doses of MDMA in ecstasy which is likely associated with increased health-related emergencies. Generally, the only source of information on MDMA doses (and adulterants) are websites like Pill Report, peers testimony's aside. It is thus common practice for users to consult such online sources. While testing facilities are present in the Netherlands, and are seen as an important harm reduction strategy, it could be considered an ethical dilemma whether or not it is

justified to ask drug users to document the pills they intent to use, in order to compare the photo's with the DIMS data. Although this EMA study will be conducted in the Netherlands and UK, with policy largely focussing on harm reduction, this part pf the EMA will (of course) be presented to the relevant ethical committees and continued conform their decision.

**6.4** Description of the way the gender dimension will be dealt with by fostering gender balance in research teams and integrating the gender dimension in research content to improve quality and societal relevance and expected results (max. 1 page).

*Research content*
Given the robust gender difference in use of illicit drugs, we anticipate that our participants will reflect this and therefore roughly two thirds of illicit drug users will be male and one third female. We will ensure we reflect this balance in our data collection whenever possible. However, in general females are more likely to respond to online surveys than males, which may require weighing of the data.

Moreover, many substance use variables (e.g. motives for using illicit drugs, vulnerability to adverse consequences, intensive use patterns etc.) may vary between males and females, which is reason to analyse gender differences routinely.

*Research team*
The international team of experts was assembled based on the scientists' specific expertise and merits, resulting in a team with slightly more women than men.

**6.5** Description of how intellectual property rights will be handled (e.g. any barriers to sharing materials or results), both within and outside the research consortium. Please include background and foreground information to help understand your starting intellectual property position and place that in context with any intellectual property that may be generated during the research (max. 1/2 page).

*Data:* Work Package leaders will manage databases including data for contributing work-package countries. The use of the databases is in principle limited to researchers participating in the project. Access to the database will be granted only to researchers and institutions that provided data for inclusion to the common database. Exceptions of this rule are possible for third parties, but permission has to be applied for, and given by all data providers. Access to the database will be granted only for the purpose specified in the application. This procedure is necessary to avoid redundant research questions and contradictory research aims that might jeopardize the aims of the project. In most cases, it is expected that the procedure will be rather routine. If two or more applications will contain similar research questions, working group will try to find a solution.

*Authorship:* Authorship of the main common output is granted to all who participated in the work package, accompanied with a note stating the particular roles in the work. For any other publications following rules apply.

- The first author of any publication based on the common database will be the individual who played primary role in conceptualising, designing, interpreting and writing about the analyses reported. Other major authors will be those individuals who have made substantial contributions to conceptualising, designing, interpreting and writing about the analyses reported.
- After analysis and draft paper are completed all authors will receive it for revision and comments. The first author is responsible for management within this step and for following

deadlines specified elsewhere in this document.

- Contributors to the database may ask as a condition for their data to be used, to participate in the analysis, interpretation and writing and therefore become co-author. In that case the person has to participate in the work, following usual practices.
- Note that this is a possibility (to ask to participate in the work and accordingly become co-author) but not a requirement. A database contributor may give permission for his/her data to be used, without becoming co-author (in this case will be acknowledged). Also, in case a person contributing with data has requested to be a co-author, but eventually did not (could not) contribute to the work due to whatever reason (time constraints, other work overload, other reasons), they will be moved from co-authorship to acknowledgement.

*Ethical aspects:* The common database shall be used in line with the project aims. It should not be used for any commercial purposes, neither for research funded by the alcohol, tobacco, pharmaceutical or gambling industries. Whenever results of analysis or publication of results might be controversial for any participating country or institution, the country or the institution should be contacted for comments. In case of conflicts of interest or other conflicts between two or more project participants, the PI will serve as a mediator. In case the PI is involved in the conflict, an alternative mediator will be selected by the working group.

# 7. Additional information

Any additional information requested by specific national funding bodies.

**Key references**

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Van Laar M, Cruts G, Van Ooyen-Houben M, Croes E, Van der Pol P, Meier, Ketelaars T.. National Report 2014: Netherlands. Lisbon: EMCDDA.

# 8. Checklist for Proposals

| | |
|---|---|
| The proposal conforms to the Guidelines for Applicants. | x |
| Every project partner has checked that their collaboration and their project contribution is eligible for funding. | x |
| All partners who are not eligible for 100% funding are able to provide financial resources for their own contribution. | x |
| The consortium is aware of the necessity to have a consortium agreement, including amongst others the agreements on intellectual property rights (IPR) and publication rules for a funded project (depending on the national/regional regulations). | x |

# 9. Declaration

I the undersigned, hereby quote to supply the goods / service / products detailed in this call, at the respective prices quoted.

I certify that as far as I know, the information I have supplied is accurate.

I agree that the funding agencies may discontinue the call arrangements at any time before a proposal has been accepted.

I understand that the funding agencies are not bound to accept any proposal and will not be liable under any circumstances whatsoever for the costs I/we have incurred in preparing the proposal.

The proposal submitted herewith is a bona fide proposal intended to be competitive.
We have not fixed or adjusted the amount of the proposal by or under or in accordance with any collusive agreement or arrangement with any other person.

| | |
|---|---|
| **NAME OF PRINCIPAL INVESTIGATOR:** | **Dr. Margriet van Laar** |
| **SIGNATURE:** |  |
| **DATE:** | **24-11-2015** |