

Algemene gegevens / General Information

Programma / Programme : **ERANID**
Subsidieronde / Subsidy round : **ERANID Second Joint Call**
Projecttitel / Project title : **The D.U.R.E.S.S.project - Drug Use Recovery, Environment and Social Subjectivity**
Geplande startdatum / Planned start date : **02-05-2017**
Geplande duur / Planned duration : **24 maanden / months**
Datum indienen / Date of application : **18-10-2016**

**Proposal submission file
ERANID Transnational Call 2016**

Society and responses to drug use

SUBMISSION DEADLINE: - 18TH OCTOBER 2016 12.00 (CET)

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

*To be submitted by the Principal Investigator (PI) only and uploaded in the
[electronic submission system](#).*

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	Drug Use Recovery, Environment and Social Subjectivity		
Acronym (max. 15 characters)	The D.U.R.E.S.S. project		
Planned start date	May 2017	Total duration in months	24

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

	First and last name	Institution	Requested Funding (Euro)	Total cost(Euro)
PI	Giuseppe Carrà	University of Milano-Bicocca, Milano, Italy (Unimib)	79.839,00	79.839,03
Co-PI 1	Giuseppe Veltri	Department of Media and Communication, University of Leicester, Leicester, UK	138.705,90	138.705,90
Co-PI 2	Tim Greacen	Établissement Public de Santé Maison Blanche	148.400,00	148.400,00
Co-PI 3	Marta Pinto	Universidade do Porto - U.Porto	49.966,67	49.966,67
Co-PI 4	Giovanni Viganò	Synergia Srl	20.047,52	20.047,52
Total			436.959,09	436.959,09

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

Drug users; qualitative research; drug use onset, course, recovery, reintegration and outcomes; socio-environmental factors; social capital of users; work and housing; peer-related interventions; self-regulation, family, community and informal care factors; medical, individual and social factors contributions; cross-national assessment.

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

In order to explore recovery and reintegration from drug use, a qualitative approach is needed. The D.U.R.E.S.S. project will allow the understanding of the interplay of social and environmental, cultural and behavioural factors, benefiting from medical, psychological and also social sciences methods. Our multidisciplinary partnership with expertise in qualitative addiction research and clinical and psychiatric epidemiology, aims at the characterization of the role of social environment in pathways to recovery and socioeconomic reintegration. Data will be

collected and analysed from individual qualitative health diaries, focus groups, and societal actors' individual interviews. A comprehensive understanding will be provided through a triangulation process, with comparative views from four EU National scenarios.

1.4 Abstract (max. 1 page)

Position in the state of art. In European Member States, use of substances is a serious issue in terms of screening, management, and correlates definition. Although the prevailing methodological attitude remains quantitative in current illicit drugs research, relevant data from clinical samples and administrative databases can just provide a rough picture of incidence and prevalence of drug use problems. At its most fundamental, the role of qualitative research into illicit drug use can therefore be envisaged as a means of understanding the lived experiences and meanings of drug use from the perspectives of drug users themselves, distinguishing how drug use patterns differ by social, cultural and economic context. In particular, qualitative research can allow an understanding of drug users' perceived needs and the social and contextual processes influencing their experiences, and identifying emerging trends in drug taking. Thus, in order to explore the role of social environment in pathways to recovery and socioeconomic reintegration, a qualitative approach is needed. This approach can achieve meaningful explanations and understanding of the natural interplay between social and environmental, cultural and behavioural factors, benefiting not only from medical and psychological methods but also from social sciences ones.

Aims. The project plans to build a core, and, if any, a country-level characterization of the role of social environment in pathways to recovery and socioeconomic reintegration, using original and mostly unexplored sources. In particular, the project will address key gaps in the extant research knowledge exploring by content/ thematic analyses the role of social environment in pathways to recovery and socioeconomic reintegration.

Methods. A snowballing sampling strategy will be adopted to contact participants from selected Drug and Alcohol Clinical Services in four different EU Member States (I, F, UK, PT) and their social networks in order to outreach groups not easily accessible through other sampling strategies. Subjects will be included at different stages of their recovery process, according to systematically assessed course and severity of their substance use disorders, in order to fully exploring themes related to recovery and reintegration, as required by the ERANID call. We will follow a systematic and structured approach to address collection and analyses of data. We will collect data from: a) *Individual Qualitative Health Diaries*, with intensive, repeated self-reports that aim to capture events, reflections, moods, pains, or interactions near the time they occur; b) *Focus groups*, giving due consideration to the impact of group mix before the focus group proceeds, carefully considering different levels of clinical severity among participants; c) *Societal actors*, as the target of in-depth individual interviews.

Data Analysis. Content analysis will be used in order to explore the relative influence of elements that might explain the importance of the social environment in pathways to recovery and socioeconomic reintegration of people using illicit drugs. Large amounts of textual information will be analysed from transcripts, describing the characteristics of the documents' content also by examining who says what, to whom, and with what effect. On the other hand, we will use thematic analysis for identifying, analysing and reporting patterns within data. In addition, we will focus also on drug users' social networks attitudes and cultural depictions, including peers stigmatization and self-stigma, possibly contributing to decision-making specifically compromised in people who use drugs. All these data will be triangulated, developing a comprehensive understanding and testing validity through the convergence of information. We will also implement comparative views from four EU National scenarios that will help understand how different cultures, national environments and countries' specific policy settings can shape the inclusion of social aspects in recovery.

1.5 General information on the consortium

Principal investigator (PI)	Name:	Giuseppe Carrà		
	e-mail:	giuseppe.carra@unimib.it		
Organisation (full name in original language/ name in English)	Original Language: Università Milano Bicocca, Dipartimento di Medicina e Chirurgia English: University of Milan Bicocca, Department of Medicine and Surgery	Country	Italy	
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Co-PI 1	Name:	Giuseppe Veltri		
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Type of organisation	University			
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Organisation (full name in original language/ name in English)		Original Language: Universidade do Porto English: Oporto University		Country	PT
Type of organisation		Public University			
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Organisation (full name in original language/ name in English)		Original Language: Synergia Srl English: Synergia		Country	IT

English)				
Type of organisation		Private research institute		
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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

Position in the state of art of the proposed project

In European Member States, use of substances, such as cannabis, cocaine, opioids, is a serious issue in terms of screening, management, and correlates definition. Substance misuse is invariably considered across EU Member States to be a problem with severe social and physical consequences that, despite some differences, have common characteristics. The bulk of available evidence about drug use pathways across Europe is mainly based on data from monitoring systems. This has provided a robust basis for understanding the distribution and extent of the drug use problem (Bühringer G., et al, 2009). However, little is known about importance of the social environment in pathways to recovery and socioeconomic reintegration, and impact of various individual- and contextual-level characteristics.

In order to explore the role of social environment in pathways to recovery and socioeconomic reintegration, quantitative data from clinical samples and administrative databases can just provide a rough picture of incidence and prevalence of drug use problems. However, this approach cannot achieve meaningful explanations and understanding of the natural interplay between social and environmental, cultural and behavioural factors, benefiting not only from medical and psychological methods but also from social sciences ones. Thus, a qualitative approach is needed, using appropriate qualitative data, which are increasingly utilized to study health patterns because of their multiple advantages.

The project plans to build a core, and, if any, a country-level characterization of the role of social environment in pathways to recovery and socioeconomic reintegration, using original and mostly unexplored sources.

Qualitative research in the addiction field

While the dominant methodological approach in contemporary drugs research remains quantitative, there has been increasing receptivity to the use of qualitative methods as a means of understanding and responding to drug use (Rhodes, 2000; Nichter et al, 2004; Neale et al, 2005). At its most fundamental, the role of qualitative research into illicit drug use can therefore be envisaged as a means of understanding the lived experiences and meanings of drug use from the perspectives of drug users themselves. Additionally, as a means of understanding action as socially organised, qualitative research aims to understand how lived experiences and meanings associated with drug use are influenced by different social, cultural and economic contexts. At the outset, qualitative research aims to describe the context-based nature of drug use and the social meanings that such behaviours are perceived to have. Qualitative research thus proceeds on the assumption that it is possible to gain insight into the factors producing

social behaviour associated with illicit drug use.

Reaching and researching hidden populations.

The first consideration is both methodological and practical. Illicit drug use is a hidden activity and, in most countries, the majority of drug users remain hidden from treatment, underlining the pivotal role snowballing techniques in qualitative research may play.

Two key tenets of qualitative research are to describe the social meanings participants attach to social environment in pathways to recovery and socioeconomic reintegration, and the social processes by which such meanings are created, reinforced and reproduced. Because of their inductive and iterative approach to data collection and hypothesis generation, qualitative methods are ideally suited to identifying and describing the social environment in pathways to recovery and socioeconomic reintegration from participants' perspectives. Whereas deductive designs, as well as most quantitative research, tend to be construct-driven — defining categories or variables of interest a priori on the basis of pre-existing hypotheses and theoretical frameworks — inductive designs aim to construct interpretations on the basis of data as they emerge from participant descriptions and observations. To oversimplify, the ethnography of drug use is data driven, and thus hypothesis generating, and leads to the discovery of subjective meaning, whereas the epidemiology of drug use is construct-driven, and thus hypothesis-testing, and leads to the charting of (presumed-to-be) objective measures of drug use. Here, the role of qualitative research is to distinguish how drug use patterns, and their meaning and interpretation, differ by social, cultural and economic context.

The role of the social environment in pathways to recovery and socioeconomic reintegration is made up of an interplay of factors, including individual and group subjective interpretations of drug use, the physical, interpersonal and social settings in which drug use occurs, and wider structural and environmental factors. It is important to reiterate that drug users are the experts on their lived experiences of drug use. As noted above, qualitative understandings of the meaning and context of pathways to recovery and socioeconomic reintegration are crucial for informing effective health services policies.

Developing effective intervention and policy responses.

The pivotal role of qualitative research in informing the design of drug interventions and policies is twofold. Firstly, it is important to target interventions in accord with local drug use norms and practices. This also demands an appreciation of how different social and economic contexts influence pathways to recovery and socioeconomic reintegration, as well as drug users' capacity for initiating and sustaining behaviour change. Secondly, an understanding of the social processes shaping everyday drug use is a prerequisite for developing interventions, which are meaningful and useful to drug users themselves.

In particular, qualitative research allows an understanding of drug users' perceived needs and the social and contextual processes influencing their experiences.

In sum, qualitative studies have always been invaluable in accessing 'hidden' or 'hard-to-reach' populations. Qualitative research is also important in identifying emerging trends in drug taking. Finally, qualitative techniques are highly effective in researching sensitive and/or illegal activities - hence substance use and misuse in general, but particularly very sensitive drug-related issues. Qualitative analyses are no less informative or valuable than other forms of investigation. They simply answer different questions and in different ways. Like all research techniques, qualitative methods have limitations. To minimize these, we will sample study participants carefully, be cautious of invoking socially desirable responses, and will never generalize from findings and disseminate these in ways accessible to as wide an audience as possible.

AIMS

The aims of our project will be exploratory in nature, addressing key gaps in the existing research knowledge about importance of the social environment in pathways to recovery and socioeconomic reintegration among people who misuse drugs. This will be first explored conducting a systematic review on the role of social environment in pathways to recovery and socioeconomic reintegration for drug users. Following activities will be thus better framed also in order to identify potential themes to be studied in qualitative research activities. As a matter of fact, with a view of increasing validity by triangulating different methods and sources, a series of qualitative experiments will be run exploring by content/ thematic analyses the role of social

environment in pathways to recovery and socioeconomic reintegration. In particular, we will follow a structured, hypothesis-generating, approach, aiming at:

1. Involving clinical samples of subjects purposively recruited in order to collect data on the role of social environment in pathways to recovery and socioeconomic reintegration, through individual qualitative health diaries
2. Depicting an in-depth understanding from dedicated focus groups in four different languages (English, Italian, French and Portuguese), by using a common set of prompts on proposed themes. These will include several pre-specified domains according to thematic priorities identified in the ERANID call, i.e., the social capital of users and the importance of work and housing, the role of self-regulation, of peer-related interventions, the family and community and informal care, and the way that public responses use these to improve recovery outcomes. In addition:
3. Relatives, services staff, NGO volunteers, will be involved as relevant societal actors. They also will be the target of in-depth individual interviews.
4. Triangulation of data from previous activities for validity check will be run.
5. Finally, we will implement comparative views that help understand how different cultures, national environments and countries' specific policy settings can shape the inclusion of social aspects in recovery, but will also consider the relative weight of medical, individual and social factors in determining recovery and wellbeing.

During the entire project lifespan, we will engage with above-mentioned societal actors. In addition, after the research process, we will develop shared outreach and dissemination activities at local and cross-national level, to ensure the widest transfer of the produced knowledge.

METHODS

Setting, sample and data collection

All involved centres will adopt a snowballing sampling strategy – also known as chain referral sampling. With this method, participants or informants, from selected Drug and Alcohol Clinical Services in the four Member states of participating applicants (I, F, UK, PT), will be contacted. Once a contact and an agreement will be established, they will be asked to use their social networks to refer the researcher to other people who could potentially participate in or contribute to task involving health diaries. Snowball sampling is often used to find and recruit “hidden populations,” that is, groups not easily accessible to researchers through other sampling strategies. Participants will be categorized in terms of course and severity of their substance related disorders, using the Addiction Severity Index. This will allow including subjects at different stages of their recovery process, in order to fully exploring themes related to recovery and reintegration, as required by the ERANID call. This convenience sample will be used to collect information with a two-fold approach:

A. Individual Qualitative Health Diaries

Diary methods involve intensive, repeated self-reports that aim to capture events, reflections, moods, pains, or interactions near the time they occur. Diary methods in psychology research build on the tradition of daily written accounts and the willingness of some persons to provide details about their experiences on a daily basis for a specified period. Self-completion diaries have a number of advantages over other data collections methods. First, diaries can provide a reliable alternative to the traditional interview method for events that are difficult to recall accurately or that are easily forgotten. Second, like other self-completion methods, diaries can help to overcome the problems associated with collecting sensitive information by personal interview. Finally, they can be used to supplement interview data to provide a rich source of information on respondents' behaviour and subjective experiences on a daily basis. The 'diary interview method' where the diary keeping period is followed by an interview asking detailed questions about the diary entries is considered to be one of the most reliable methods of obtaining information. Diary studies have become increasingly common in a variety of fields including social psychology (e.g. Iida et al., 2008), clinical psychology (e.g. Cranford et al, 2010) and health (e.g. Skaff et al, 2009). Participants of focus groups will be asked to keep six-month health diaries, covering domains required by the ERANID call i.e., the social capital of users and the importance of work and housing, the role of self-regulation, of peer-related interventions, the family and community and informal care, and the way that public responses use these to

improve recovery outcomes.

B. Focus groups

Focus groups will be implemented purposively sampling drug users at different stages of the recovery process, using data from the Addiction Severity Index for subjects identified by services' staff, in order to objectively categorizing them. We will give due consideration to the impact of group mix (e.g., how the group may interact with each other) before the focus group proceeds, bearing in mind different levels of clinical severity among participants. In terms of size this will result in an average number of eight/nine participants, avoiding small groups risk of limited discussion occurring, but also large groups which can be chaotic, hard to manage for the moderator and frustrating for participants who feel they get insufficient opportunities to speak. Trained, experienced research moderators will be available in each participating site. The moderator will facilitate group discussion, keeping it focussed without leading it. He/she will prevent the discussion being dominated by one member, ensure that all participants have many opportunities to contribute, allow differences of opinions to be discussed fairly and, if required, encourage reticent participants. The venue will be accessible, comfortable, private, quiet and free from distractions. Focus groups will be recorded. At the start the moderator will acknowledge the presence of the audio recording equipment, assure participants of confidentiality and give people the opportunity to withdraw if they are uncomfortable with being recorded. Recordings will be transcribed verbatim and also speakers will be identified in a way that makes it possible to follow the contributions of each individual. Observational notes will be described in the transcripts in order for them to make sense, and to take account of the group dynamics that have generated remarks.

C. Societal actors individual interviews

Relatives, services staff, NGO volunteers, will be involved as relevant societal actors. They will be the target of in-depth individual interviews. In addition, they will be asked for an active and structured role developing shared outreach and dissemination activities to ensure the widest transfer of the produced knowledge.

D. Triangulation of data. This will involve the use of multiple data sources and methods describe above (A, B, C) to develop a comprehensive understanding, testing validity through the convergence of information (REF).

E. Finally, we will implement comparative views from four EU National scenarios that will help understand how different cultures, national environments and countries' specific policy settings can shape the inclusion of social aspects in recovery.

Data Analysis

Following the requirements of the call, the D.U.R.E.S.S.-project will support transnational research matching ERANID second call research priorities at the same time, focusing its investigation on the importance of the social environment in pathways to recovery and socioeconomic reintegration of people using illicit drugs.

An in-depth understanding of these topics will be pursued with a significant EU geographical coverage and through an **interdisciplinary approach** (including Ghent, social scientists with expertise in qualitative addiction research, clinical and mental health researchers).

In particular, the D.U.R.E.S.S.-project will examine, in data collecting and qualitative analyses procedures (**A, B, C**), as required by the call, and using a common set of prompts, the following domains:

- how the integration of socio-environmental aspects in therapeutic processes can improve recovery outcomes and reintegration;
- integrated approaches, including consideration of the social capital of users
- the importance of work and housing;
- the role of self-regulation, of peer-related interventions, of the family and community and informal care;
- measurements of recovery and wellbeing and the relative weight of medical, individual and social factors.

All these domains will be carefully considered in various research activities planned, both by using a common set of prompts for A, B and C, and in decoding activities from textual analysis, exploring the relative influence of elements that might explain the importance of the social environment in pathways to recovery and socioeconomic reintegration of people using illicit drugs, as moulded by meaningful stressors.

Herewith we describe data analysis methods common for outputs from the three activities planned (A, B, C). Content analysis will be used to analyse texts from transcripts (Powers & Knapp, 2006). We will systematically code and categorize the large amounts of textual information to determine trends and patterns of words used, their frequency, their relationships, and the structures and discourses of communication (Mayring, 2000; Pope et al., 2006; Gbrich, 2007). We will create categories, grouping codes under higher order headings, formulating general descriptions of the topic through generating categories and subcategories. We will describe the characteristics of the documents' content by examining who says what, to whom, and with what effect (Bloor & Wood, 2006). On the other hand, we will use thematic analysis "for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006). In particular, we will generate initial codes searching for themes that will be reviewed, defined and named. These will be reported, selecting vivid, compelling, extract examples, relating back of the analysis to the research questions (Braun & Clarke, 2006), but also through models, conceptual systems, conceptual map or categories, as emerging from content analyses (Elo & Kyngäs, 2008).

In addition, we will focus with a triangulating approach on social networks attitudes and cultural depictions, including peers stigmatization and self-stigma, possibly contributing to decision-making specifically compromised in people who use drugs. Qualitative findings from the different sources scheduled will be **triangulated (D) for data validity check**.

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

Following the requirements of the call, the D.U.R.E.S.S.-project will support transnational research matching ERANID second call research, focusing its investigation on the importance of the social environment in pathways to recovery and socioeconomic reintegration of people using illicit drugs.

An in-depth understanding of these topics will be pursued with a significant EU geographical coverage and through an **interdisciplinary approach** (including, social scientists with expertise in qualitative addiction research, clinical and mental health researchers).

In particular, the D.U.R.E.S.S.- project will consider, as required by the call:

- How the integration of socio-environmental aspects in therapeutic processes can improve recovery outcomes and reintegration, recruiting representative users with illicit drug use at different stages from Drug and Alcohol in order to qualitatively studying the role of social capital of users and the importance of work and housing, in pathways to recovery. In addition, the role of self-regulation, of peer-related interventions, the family and community, and informal care will be covered in order to understand the way that public responses use these to improve recovery outcomes. The flow of textual information will allow to understand different stages through the course of drug use disorder (i.e., use, abuse, dependence, abstinence and relapsing episodes);
- The same themes as specifically proposed by the call will be explored from an individual (Activity A) and a group (Activity B) perspective in order to integrate information in an overall picture. We will uncover the **impact of subjective experiences**, as decoded from textual analysis, exploring the relative influence of elements strictly related to the individual that might explain drug use pathways and motivations, as moulded by meaningful stressors and personal views. In addition, we will focus with a triangulating approach on social networks attitudes and cultural depictions, including peers stigmatization and self-stigma, possibly contributing to decision-making specifically compromised in people who use drugs. The **impact of socioeconomic factors** on recovery from drug use will be extensively considered, with an approach consistent with methodology chosen. Indeed, a growing interest in societal influences on health has resulted in a proliferation of research assessing

the relations between contextual characteristics and health, suggesting links with social variables also for substance use behaviours, even after accounting for individual characteristics. Environmental factors seem operating jointly with individual ones to influence the risk of substance use in terms for example of impact of collective properties and healthy communities, residential stability, collective efficacy, social cohesion. In the last decade community-level factors have been studied across different stages of substance use disorders, i.e., initiation, use and misuse, cessation, abstinence, and relapse for several substances including illicit drugs, expanding the bulk of knowledge previously focussed exclusively on individual-level risk factors. Available textual/thematic data will be explored in terms of association with local characteristics of deprivation rather than affluence.

- Furthermore, in order to exhaust sources of information, relatives, services staff, NGO volunteers, will be involved as relevant societal actors. They will be the target of in-depth individual interviews. In addition, they will be asked for an active and structured role developing shared outreach and dissemination activities to ensure the widest transfer of the produced knowledge.
- Finally, as required by the call, we will implement comparative views from four EU National scenarios that will help understand how different cultures, national environments and how countries' specific policy settings can shape the inclusion of social aspects in recovery.
- In sum, we will provide conceptual work on measurements of recovery and wellbeing and the relative weight of medical, individual and social factors, in order to provide policy-makers with relevant information, informing future policies.

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

University of Leicester is involved in a number of European projects, including studies on topics such as tobacco products and related pictorial warnings, protective measures for online gamblers, protective measures for children against unfair online marketing practices (e.g. advergames) and others studies, all empirically based on very large data collections including multi-national experiments.

- DG SANCO 2012/2013: Study on tobacco labelling and packaging. Value: Euros 285,000
- DG SANCO 2013: Study on online gambling and adequate measures for the protection of consumers of gambling services. Value: Euros 316,000
- JRC IPTS 2012/2013: Using social media to nudge increased physical activity in young citizens. Value: Euros 130,000
- DG SANCO 2014: Study on marketing to children through social media, online games and mobile applications. Value: Euros 530,000
- 2015. HORIZON 2020. 'Re.Cri.Re. Project grant: Euros 2,724,473. WP University of Leicester: Euros 273,563.

UNIMIB is involved in several National and International projects:

- PADDI Study-Psychiatric and Addictive Dual Disorders in Italy in Mental Health settings. National Survey funded by Italian Welfare Department (Euros 232,000) 2005-2007
- PADDI-MIRROR Study-Psychiatric and Addictive Dual Disorders in Italy in Addiction Therapeutic Communities. National Survey funded by Italian Welfare Department (Euros 150,000) 2008-2009
- Assessment of coercive and non-coercive pressures to enter drug abuse treatment. Funded by Italian Welfare Department (Euros 150,000) 2010.
- ORION - Overdose Risk InfOrmatioN Project. Funded by EU Drug Prevention and Information 2007-2013. Applicant: University of St. Andrews. Partner: Business Solutions Europa (UK), Aarhus University Hospital Risskov (DK), Universität Duisburg - Essen (DE), Università degli Studi di Milano - Bicocca (IT) (Euros 678,000) <http://orion-euproject.com>
- D-ARIANNA Digital-Alcohol Risk Alertness Notifying Network for Adolescents. Funded by Fondazione Cariplo Charity (2012-2014-Euros 135,000). <http://darianna.org/>
- National Interest Research project, Unlocking the memory of the body: Virtual Reality in Anorexia Nervosa, funded by the Italian Ministry of Research. Applicants: Catholic University of Sacred Heart, UNIMIB.

The **EPS Maison Blanche** Research Laboratory is currently completing two projects linked to substance user pathways through care: (1) The Kairos Project : the scientific evaluation of the Kairos Residential Therapeutic Centre, financed by the Mission interministérielle de lutte contre la drogue et la toxicomanie (MILDECA) and (2) the INTER-CAARUD Ile de France 2015-2016 project: La révolution patiente : vers une vraie participation des usagers (*The Patient Revolution: Moving Ahead Towards Real User Participation*), with support from the *Association Charonne*. Data collection has been completed for both projects ; final reports / publications should be available for the *Kairos Project* in December 2016 and, for *The Patient Revolution Project*, in the opening months of 2017.

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).

Description of the innovative approach

With respect to the work that has been already proposed in the literature, which focuses on quantitative methods, the research field connected to the qualitative analysis of recovery and reintegration from drugs abuse remains full of open issues (e.g. in which contexts, and for which reasons some users recover and others not). From the qualitative research point of view, the problems that remains partially unsolved are several, and will be addressed by the D.U.R.E.S.S.-project. They include:

- how the integration of socio-environmental aspects in therapeutic processes can improve recovery outcomes and reintegration;
- integrated approaches, including consideration of the social capital of users
- the importance of work and housing;
- the role of self-regulation, of peer-related interventions, of the family and community and informal care;
- measurements of recovery and wellbeing and the relative weight of medical, individual and social factors.

Added value of the proposed solutions

The bulk of available evidence about drug use pathways across Europe is mainly based on data from monitoring systems, with EMCDDA annual reports representing the highest quality syntheses available. This has provided a robust basis for understanding the distribution and extent of the drug use. However, similar quantitative reports, including academic research work, inevitably show major limitations. First, these lack of subjective perspectives accounts, and, secondly, large-scale drug usage surveys have intrinsic delay in publishing relevant data, and this is particularly concerning because of the rapid pace new drugs and related pathways of use emerge in communities.

Proposed solutions will provide multiple sources and real-time qualitative accounts. In addition, they will provide a derivation of data from large, heterogeneous populations that may result in decreased selection bias and increased study generalizability (Smith et al, 2011 Qualitative methods, such as content analysis, provide a rich source of data that allow us to go beyond description. For instance, qualitative methods can help unpack user presumptions about drug use, distinguishing general communicative or social media behaviour from behaviour that is specific to a platform (Honeycutt & Herring, 2009).

Evaluation cycle and Risk assessment

A number of actions will be undertaken to verify if the project is being implemented as planned and reaching the objectives.

Internal evaluation

Although we plan to carry out the proposed research project with a rigorous scientific methodology, an internal evaluation will be carried out as well. A Steering Group, built on a voluntary basis with the contribution also of representatives from main relevant bodies (i.e., European Brain Council and EMCDDA among others), will evaluate the project milestones achieved and will pay specific attention to the analysis and management of ethical issues possibly raised. In addition, a full check for implementation of study design and methods, as well as potential protocol deviations, will be performed. Quality evaluation will also be carried out. If a milestone will not be accomplished in due time, the Steering Group will support the responsible centre in overcoming obstacles or difficulties. Three-monthly evaluation reports on

milestones progress will be shared among all participating centres. In addition, the project evaluation will include real world evaluation that will be addressed using risk management strategies. A list of risks that may endanger achieving project objectives will be defined for each WP, through brainstorming sessions. The inputs collected will be used to create a risk management plan (updated every 6 months) where risks will be divided per area (technical, logistical, environmental, etc.), then assessed, categorised (i.e., low/medium/high in relation to scope, time and resources of the project) and prioritised. Contingency and risk avoidance plans will be part of the risk management plan so that the planned prevention and/or corrective action for identified risks and their effectiveness will be monitored. (See Contingency Planning Table in section 3 Description of the Project Plan 6.Evaluation cycle and risk assessment)

External evaluation

A hired subject, performing a lifecycle project audit, will independently carry out the external evaluation. The external body will be chosen according to its previous experience in the addiction field, taking into account also previous experiences of research on this topic, and following EC subcontracting rules.

The external evaluation work will encompass the following aspects:

- Definition of a methodology for qualitative and quantitative evaluation of activities, outputs and project steps;
- Implementation of periodical evaluation according to the chosen methodology;
- Periodic detailed reports on results evaluation;
- Discussion in planned meetings and teleconferences of evaluation reports;
- Reports about progress of the research project will also held during relevant international meetings attended by all the study partners.

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).

The D.U.R.E.S.S.-project will be implemented by a truly multidisciplinary partnership of four academic departments with extensive research experience across a wide range of topics related to health, eHealth and data analysis. These organisations belong to different European countries, Italy, France, Portugal and the UK, and the partnership is composed of Universities, Institutes and Research Centres with complementary skills, knowledge, expertise and responsibilities. All identified partners have research competencies, skills and experiences in the addiction fields. Participants have a strong curriculum in developing research dealing with public health issues from different perspectives. A strong national and international network with other institutions and hospitals as well as various international recognitions complete the profile of each project's participant. These elements of heterogeneity will ensure a comprehensive view of the topics of concern: research evidence in the fields of addiction, psychiatry, psychology, sociology will be analysed. The complexity intrinsic in the great variety of experiences will be tackled with a strong coordination of the project, able to guarantee ongoing sharing of knowledge and information.

The project integrates a European dimension through its strong focus on establishing a cross-national analysis of how the integration of socio-environmental aspects in therapeutic processes can improve recovery outcomes and reintegration by using a large amount of data from different European geographical areas. Exploring integrated approaches, including consideration of the social capital of users, the importance of work and housing, the role of self-regulation, of peer-related interventions, of the family and community and informal care, measurements of recovery and wellbeing and the relative weight of medical, individual and social factors, the project will benefit from different linguistic environments attempting to draw a comprehensive picture still taking into account the rich linguistic diversity of Europe.

The expected output of the project will be a qualitative description, focusing on similarities and differences, across different EU Member States, of recovery and reintegration from drugs abuse. The project will allow building an appropriate basis to promote common best practice across different European countries. Given the qualitative nature of the research project it

should be emphasized that we will explicitly cover four of the main EU official languages (i.e., English, Portuguese, French, and Italian), of whom three are among the most spoken languages (English, French, Italian and Spanish).

Thus, the expected impact of coordinating the work at European level will be greater than the sum of the impacts of national activities. The development of coherent messaging is fundamental to achieve the EU strategy aimed to protect and improve the well-being of society and of the individual, to protect public health, to offer a high level of security for the general public and to take balanced, integrated and evidence-based approaches.

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 D.U.R.E.S.S.-project will contribute to understanding recovery and reintegration from drugs abuse by managing a series of consistent actions described in following work packages and activities.

1. Management and Coordination of the project

1.1 Actions undertaken to manage the project and to make sure that it is implemented as planned. Consortium agreement finalization will be formalized in the project management structure and derives in obligations of partners within the consortium. Because of the need of coordinating participants located in different countries a communication strategy and plan will include the direction on how decisions will be taken, by whom and what the procedure would be in case of conflict. Information will be provided on intellectual property according to EC rules.

1.2 Kick-off meeting. A coordination plan and standard operating procedure for the grant will be developed following the initial mandatory 'kick off meeting'.

1.3 Coordination of the project. The role of the leading partner will include the following tasks:

- Establishing the steering group;
- developing the research plan, defining and scheduling activities involving other partners;
- monitoring that all project activities will be implemented according to the research plan;
- being the intermediary for all communications among the partners and with the ERANID Joint Call Secretariat (JCS);
- checking and reviewing completeness and correctness of any document produced during the project by all of the partners;
- managing and leading teleconferences and transnational meetings involving all partners;
- producing interim and final reports of the project;
- ensuring the sharing of knowledge and know-how among research partners;
- providing support for each partner about the application for approval of the project by local ethics review boards;
- monitoring expenses according to the project budget;
- providing general support when required.

1.4 Formulating clear and adequate research questions based on a systematic review on the role of social environment in pathways to recovery and socioeconomic reintegration for drug users.

1.5 Seeking and obtaining ethical approval

Leading applicant	University of Milano-Bicocca (IT)
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Applicants Acronym	IT - Unimib	UK	FR	PT	IT - Syn
Person month per applicant	4,29	1,03	0,8	1,04	0,86
Key milestones	<ul style="list-style-type: none"> ▪ Consortium agreement finalization ▪ Establishment of a steering group within the first month, including one or two member from all the participating centres and associated partners, chaired by the leading applicant. ▪ Preliminary systematic review ▪ Development of a full research plan ▪ Six-month steering group meetings by teleconference 				

2. Definition of samples

- 2.1 Meetings with staff of Drug and Alcohol Clinical Services for the access to the target
- 2.2 identification of samples of drug users
- 2.3 categorization of samples through the Addiction Severity Index
- 2.4 identification of relevant stakeholders to be involved in interviews and in dissemination activities

Leading applicant	University of Leicester (UK)				
Applicants Acronym	IT	UK	FR	PT	
Person month per applicant	2,91	2,06	1,89	2,48	
Key milestones	<ul style="list-style-type: none"> ▪ Agreements with Services established ▪ Completed list of drug users to be involved in research activities ▪ Completed list of relevant stakeholders to be involved in interviews and in dissemination activities 				

3

Indiv

individual qualitative health diaries

- 3.1 Definition of diaries structures
- 3.2 Running of preliminary meetings with enrolled drug users to clarify the Qualitative Diaries methodologies
- 3.3 Field phase: 6 months individual qualitative health diaries self-administration
- 3.4 Finalization and quality check of planned health diaries

Leading applicant	Maison Blanche (FR)				
Applicants Acronym	IT	UK	FR	PT	
Person month per applicant	2,91	2,29	3,60	2,49	
Key milestones	<ul style="list-style-type: none"> ▪ Methodologies shared with enrolled drug users ▪ 8/10 individual qualitative health diaries per country ▪ Health diary structure ▪ List of prompts of health diary to be used for data analysis 				

4. Focus groups and interviews

- 4.1 Contacts with drug users to be involved in focus groups
- 4.2 Running 1 focus groups per country with 8/9 participants each (4 in total with 32/36 participants in total)
- 4.3 Finalization of focus groups reports including observational notes
- 4.4 Realization of in depth interviews with stakeholders

Leading applicant	Oporto University (PT)				
Applicants Acronym	IT	UK	FR	PT	
Person month per applicant	3,14	1,76	3,14	3,50	
Key milestones	<ul style="list-style-type: none"> ▪ Completed list of drug users to be involved in focus group activities 				

	<ul style="list-style-type: none"> ▪ List of contents in the reports of the focus groups to be used for data analysis ▪ 8 interviews per country with stakeholders realized 			
<p>5. .</p> <p>5. Data Analysis</p> <p>5.1 Systematization and analysis of individual qualitative health diaries data</p> <p>5.2 Systematization and analysis of inputs from focus groups reports</p> <p>5.3 Systematization and analysis of inputs from in-depth interviews</p>				
Leading applicant	University of Leicester (UK)			
Applicants Acronym	IT	UK	FR	PT
Person month per applicant	3,77	2,29	3,77	2,09
Key milestones	<ul style="list-style-type: none"> ▪ Data analysis report by defined activities 			
<p>6. Evaluation cycle and Risk assessment</p> <p>Whilst Evaluation cycle is fully described at 2.4, comprising the following</p> <p>6.1 Internal evaluation</p> <p>6.2 External evaluation</p> <p>External and internal risk analysis and contingency planning are detailed in the following table.</p>				
Identified Risk	Likelihood	Impact and Contingency planning		
<i>General risks</i>				
Cultural barriers, distant work, collaboration experience of the transnational partnership	Medium	Conflict, delays Strong organisational structure, clear division of labour, international experience and trust among partners.		
Participation of relevant experts is limited	Low	Problems in the identification of dictionary terms The Consortium includes organizations from the academic and medical community with a strong institutional interest and relevance for the field of Addictions. All have a large number of experts in the area and strong collaborations with international organizations from the mentioned field, including those sitting in the Steering Committee.		
Innovativeness of the product	Very low	Uncertainty in reaching broad amount of reliable data Strong expertise of partners in the utilization of techniques for the implementation of the project.		
Involvement of a convenience sample	Low	It is difficult to carry out the evaluation The Consortium will use consolidated links with drug clinical services thanks to clinical networks partners belong to.		
Identified Risk	Likelihood	Contingency planning		
<i>Process risks</i>				
Partner fails to allocate appropriate staff to task	Low	Delay in undertaking work Pressure placed on organisation; if that fails, work will be reallocated.		
Partner fails to deliver output on time	Low	Delay in reporting to EC Pressure with specific closely monitored deadlines placed on organisation; if this fails partner will be asked to leave consortium and work reallocated.		

Partner fails to deliver output of sufficient quality, and/or delivers late	Low	<p>Delay in reporting to EC and/or deliverable of insufficient quality</p> <p>Close monitoring of quality and timing of deliverable/ Pressure placed on organisation and sections of the work reallocated to other partners. If this fails partner will be asked to leave consortium and work reallocated</p>
Partner has financial problems	Very low	<p>Loss of funding</p> <p>Coordinator reallocates outstanding tasks.</p>
Project management unable to identify new partners to join project at a later time	Low	<p>This aspect of impact is reduced</p> <p>Alternative partners identified</p>
An experienced member leaves consortium for personal reasons i.e. change of job, health, retirement or death	Medium	<p>Some delays in undertaking work</p> <p>A viable alternative senior member found within consortium and tasks (and budget) reallocated.</p>
Inadequacy of interpretation of concepts and perceptions in terms of cultural meaning and use of linguistically appropriate instruments	Medium	<p>Concepts and perceptions may differ across cultures in terms of language barriers, different cultural meanings of a particular construct.</p> <p>This risk is mitigated by the strong expertise of the involved partners to work on transnational and multilingual projects, aiming at producing a linguistically and culturally appropriate instrument, measuring similar phenomena in different cultures.</p>
Stakeholders fail to allocate appropriate staff to task	Low	<p>Delay in undertaking work</p> <p>Pressure placed on the stakeholder; if that fails, work will be reallocated</p>
Stakeholders fail to deliver output on time	Low	<p>Delay in reporting to EC</p> <p>Pressure with specific closely monitored deadlines placed on the stakeholder; if this fails the organization will be asked to leave consortium and work reallocated</p>
Stakeholders fail to deliver output of sufficient quality, and/or delivers late	Low	<p>Delay in reporting to EC and/or deliverable of insufficient quality</p> <p>Close monitoring of quality and timing of deliverable/ Pressure placed on the stakeholder and sections of the work reallocated to other partners. If this fails the organization will be asked to leave consortium and work reallocated</p>
Stakeholders have financial problems	Very low	<p>Loss of funding</p> <p>Coordinator reallocates outstanding tasks</p>
Project management unable to identify new stakeholders to join project at a later time	Low	<p>This aspect of impact is reduced</p> <p>Alternative stakeholders identified</p>
An experienced member from stakeholder institutions leaves consortium for personal reasons i.e. change of	Medium	<p>Some delays in undertaking work</p> <p>A viable alternative senior member found within the stakeholder and tasks (and budget) reallocated</p>

job, health, retirement or death		
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Leading applicant	Synergia				
Applicants Acronym	IT - Unimib	UK	FR	PT	IT - Syn
Person month per applicant	0,74	0,51	0,74	1,47	2,29
Key milestones	Availability of a methodology for external evaluation				

7. Ex-post project sustainability evaluation

To provide an evaluation about the capability of applicants of ensuring project results and deliverables even after the end of the research project. Project activities will be carried out within the scope of the budget allocated by the EC and from first steps of project development they are going to be undertaken to ensure sustainability. However, it is envisaged that the website, repository of documents and any long-term services implemented during the project will be sustainable beyond the funding period through local and national resources. The strengths, expertise and resources of the network, and the internal resources available to the partners by way of research attachments, will support project sustainability and allow the project to have the enduring impact on the European research after the end of funding. Participant organizations will be actively engaged to ensure that aims and scope are understood and commitment sought. Key stakeholders actively engaged in project development will be pivotal to ensure project sustainability at local level. The programme will be presented to government institutions at local and national level for endorsement to ensure sustainability. Policymakers are also part of the target group. The project also leads to strategies and handles for managers to create an integrated policy regarding drug use pathways and subjective experience.

- 7.1 Draft of a project sustainability plan. We will draft a sustainability plan jointly with all of the partners, paying special attention to cultural/social particularities of each context/country.
- 7.2 Involvement of relevant stakeholders. We will be committed in involving relevant stakeholders, such as local authorities, and taking forward recommendations for future research and surveillance.

Leading applicant	Maison Blanche (FR)			
Applicants Acronym	IT	UK	FR	PT
Person month per applicant	2,07	1,57	2,29	1,56
Key milestones	<ul style="list-style-type: none"> • Delivery of a projects sustainability plan • Participation of the stakeholders at the final conference 			

8. Project Results publication and dissemination

Actions undertaken to ensure that the results and deliverables of the project will be made available to the general public, professionals, scientists, stakeholders

- 8.1 Stakeholder analysis, development of dissemination strategy and plan. A dedicated plan will implement a strategy to communicate project results in an effective way, and in a way that is "understandable" for the public. Since target groups may show different behaviour in absorption of information on new research results, particular importance will be given to targeting established audiences and maximizing the exposure to the message. This will be performed following best practices outlined in the EU Guide to Successful Communication (http://ec.europa.eu/research/science-society/science-communication/index_en.htm).

Along with a situational analysis and an environmental scanning, a stakeholder analysis will be performed in cooperation with the Steering Committee. At the same time scientific and professional associations, working in the drug and mental health fields will be actively sought. This will lead to set up a final list of stakeholders who will be regularly informed about the activities of the project. The main purpose will be to disseminate key results, raising awareness, informing and educating the community, and engaging/getting feedback from the community. Applicants are multi-skilled and have deep knowledge of this important project. Applicants will therefore act as dissemination managers establishing a link between scientists and stakeholders/society. National languages will also be used in order to address appropriate communication strategies. A main effort will be made in order to ensure participation of major stakeholders to the online final conference. In addition,

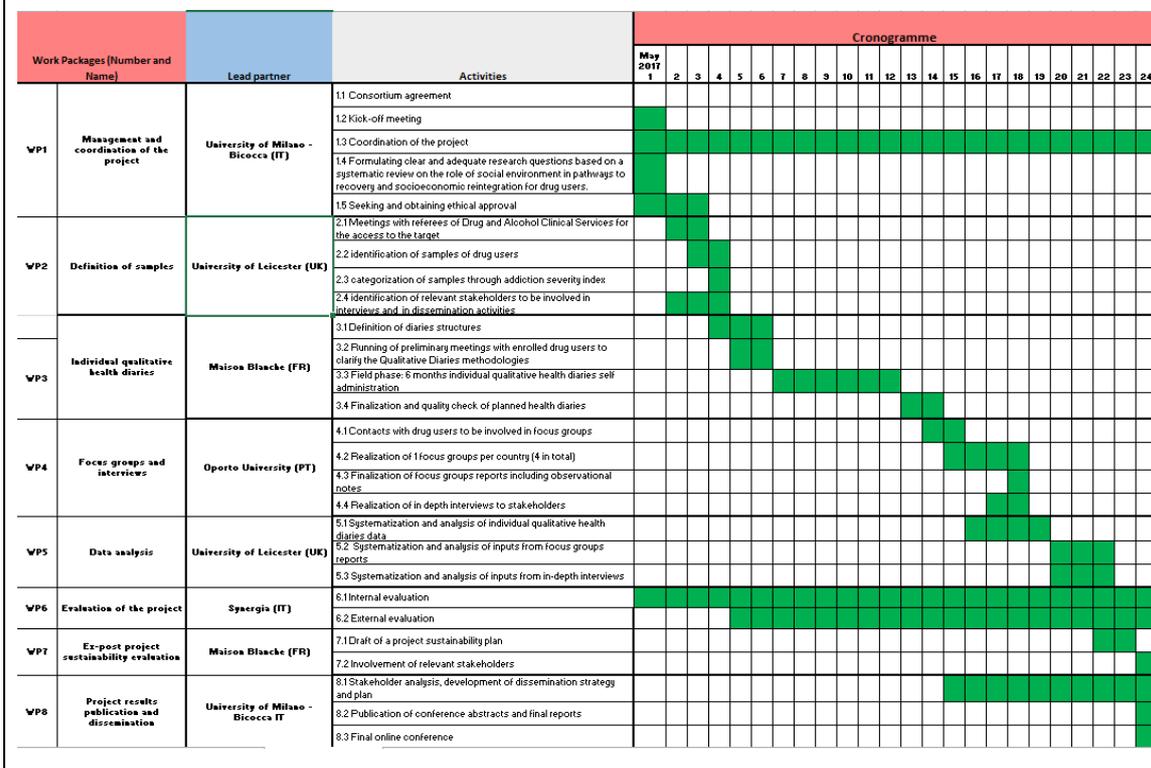
social media will be actively used developing dedicated Twitter and other social networks (e.g., Facebook) accounts releasing, at least weekly, updates. Visibility of European Union co-funding will be warranted strictly following “Communication and visibility manual for European Union External Actions” published by the European Commission.

8.2 Publication of conference abstracts and final reports. Press releases and press conferences will be held at the conclusion of the project, to increase general population and stakeholders’ awareness about drug use pathways, and to ensure an adequate dissemination of deliverables. This will also happen within national and international scientific congresses involving National and International media, as supported by press offices of participating institutions.

8.3 Final online conference. Participating partners, along with associate partners (EMCDDA and European Brain Council), and relevant stakeholders at national- and EU-level will be involved in the organization of the final online conference in order to maximize sharing of relevant information.

Leading applicant	University of Milano-Bicocca				
Applicants Acronym	IT - Unimib	UK	FR	PT	IT - Syn
Person month per applicant	2,29	1,43	2,29	2,19	0,80
Key milestones	<ul style="list-style-type: none"> • Finalization of dissemination strategy and plan • Production of leaflets • Realization of DUST website • Abstracts presentation • Production of Layman and standard version of the final report of the project • Completion of press releases and press conferences • Publishing of conference proceedings 				

GANTT chart (Please zoom if needed)



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.

PI

Role in Project:	PI		
First Name:	Giuseppe	Surname:	Carrà
With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project	<p>MANY PATENTS AND SOFTWARE (e.g. EasyAsi®, EasyPADD®, D-Arianna)</p> <p>MAIN RESEARCH PROJECTS:</p> <p>Validation study of the Italian version of K-10 self, screening questionnaire for emotional disorders (Funded by the University of Pavia, in collaboration with the Harvard Medical School and WHO) 2004.</p> <p>International Prevalence and Treatment of Depression in Diabetes (INTERPRET-DD) Study. 19-country international research project, which is investigating pathways to care for individuals with diabetes who are diagnosed with depression. Project Leaders Cathy Lloyd (Faculty of Health and Social Care, the Open University, UK) and Norman Sartorius (Association for the Improvement of Mental Health Programme-The Dialogue on Diabetes and Depression (DDD) 2014-2016). Milestone (Managing the Link and Strengthening Transition from Child to Adult Mental Health Care. Funding by the European Community's Seventh Framework Programme (FP7/2007– 2013) under grant agreement n° 602442.</p> <p>Independent National Survey on QTc in people with mental Disorders. Funded by Italian Department of Health 2014-2015.</p> <p>MAIN GOVERNMENTAL AND INSTITUTIONAL APPOINTMENTS</p> <p>Member of experts' panel assisting l'International Bureau of the Federal Ministry of Education and Research at the Project Management Agency c/o German Aerospace Center (DLR) 2010-present.</p> <p>Member of experts' panel assisting European Commission at the Directorate for Health and Consumers and at the Directorate General of justice, freedom and security and assessing project proposals under Drug Prevention and Information Proposals (DPIP) call for action grants 2008, 2009/2010, 2011/2012, 2013.</p> <p>2002-present: Secretary Italian Association on Addiction Psychiatry.</p> <p>2002-present: Member Association of European Psychiatrists.</p> <p>2003-present: Member World Psychiatric Association Section of Addiction Psychiatry.</p> <p>2003-present: Member Italian Association of Psychiatric Epidemiology.</p> <p>2005-2011: Board member International Society Addiction Medicine (ISAM)-second three years term, expired 10/2011.</p> <p>2010: Scientific Secretary at the 12th International Society Addiction Medicine (ISAM) Annual Meeting. Milan, 3/7 October 2010.</p> <p>2012-present: Secretary Italian Association for Research in Schizophrenia, member society of the World Psychiatric Association (WPA).</p> <p>2014-present: Board Member European Federation of Addiction Societies (EUFAS):</p> <p>2005-present: Member <u>Editorial Board</u>: Substance Abuse. Journal of the Association for Medical Education and Research in Substance Abuse (AMERSA) (Editors: Adam J. Gordon, Marc Galanter).</p> <p>2003-present: <u>Reviewer</u> for: many scientific journals</p>		
With respect to	- Ferri M, Dias S; Bo A, Ballotta D, Carrà G . Quality assurance in drug demand reduction in European Countries: an overview. <u>Drugs: Education, Prevention &</u>		

the activities in the project, please provide details of relevant publications in the last five years (maximum of 5)	<p>Policy 2016 DOI: 10.1080/09687637.2016.1236904 (I.F.= 1.000)</p> <ul style="list-style-type: none"> - Baldacchino A, Tolomeo S, Khan F, Humphris GM, Carrà G. Acute risk factors in fatal opioid overdoses as a result of hypoxia and cardiotoxicity. A systematic review and critical appraisal. <u>Heroin Addiction and Related Clinical Problems</u> 2016 18:(4): 33-42 (I.F.=0.643) - Carrà G, Johnson S, Brugha T, Crocamo C, Angermeyer M, Azorin JM, Toumi M, Bebbington P. Psychosocial functioning, quality of life and clinical correlates of comorbid alcohol and drug dependence syndromes in people with schizophrenia across Europe. Findings from the European Schizophrenia Cohort (EuroSC). <u>Psychiatry Research</u> 239: 301-307, 2016 (I.F.= 2.467) - Ferri M, Ballotta D, Carrà G, Dias S. Regional drug strategies across the world: what is the vision on prevention and how its dimensions are integrated? <u>Drugs: Education, Prevention & Policy</u>, 2015, 22, 5, 3: 444-448, DOI: 10.3109/09687637.2015.1041456 (IF=1.000) - Carrà G, Crocamo C, Borrelli P, Popa I, Ornaghi A, Montomoli C, Clerici M. Correlates of dependence and use of substance abuse services among people with co-occurring severe mental and substance use disorders in community-based mental health programmes. <i>Findings from the "Psychiatric and Addictive Dual Disorder in Italy (PADDI)" Study</i>. <u>Comprehensive Psychiatry</u> 2015, 58:152-159. (IF=2.252)
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Role in Project:	Researcher		
First Name:	Cristina	Surname:	Crocamo
With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project	<p>As a Postdoctoral researcher, in the field of Medical Statistics, Clinical Epidemiology, and Public Health I work as advisor for analysis of addiction medical data. I have collaborated in the European Project ORION (Overdose Risk InformatiON) and in the National Project D-ARIANNA (D-ARIANNA Digital – Alcohol Risk Alertness Notifying Network for Adolescents) for data collection and analysis regarding substance use.</p> <p>I took part in the activities of identification of risk factors for addictive behaviors and meta-analyses, and I was able to carry on risk estimation modeling and interpretation of data, recognizing that multiple factors play a role in substance use pathways.</p> <p>I have explored correlation between substance use and multiple relevant factors, as well as potential confounders and mediators. In recent years I have also managed data of other research projects on addiction such as "Psychiatric and Addictive Dual Disorder in Italy (PADDI)" Study, and I have coauthored publications in Scientific Journals on Addiction, such as Addictive Behaviors, Drug and Alcohol Dependence, and Substance Abuse.</p>		
With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5)	<ul style="list-style-type: none"> - Baldacchino A, Crocamo C, Humphris G, Neufeind J, Frisher M, Scherbaum N, Carrà G. Decision support in addiction: the development of an e-health tool to assess and prevent risk of fatal overdose. The ORION Project. <u>Computer Methods and Programs in Biomedicine</u> 133:207-216. (I.F.=1.897) - Carrà G, Crocamo C, Bartoli F, Carretta D, Schivalocchi A, Bebbington PE, Clerici M Impact of a mobile e-Health intervention on binge drinking. The D-ARIANNA (Digital - Alcohol Risk Alertness Notifying Network for Adolescents and young adults) project. <u>Journal of Adolescent Health</u> 2016;58(5):520–526. (I.F.=3.612) - Carrà G, Johnson S, Brugha T, Crocamo C, Angermeyer M, Azorin JM, Toumi M, Bebbington P. Psychosocial functioning, quality of life and clinical correlates of comorbid alcohol and drug dependence syndromes in people with schizophrenia across Europe. Findings from the European Schizophrenia Cohort (EuroSC). <u>Psychiatry Research</u> 2016;239:301-307. (I.F.= 2.467) 		

	<ul style="list-style-type: none"> - Carrà G, Crocamo C, Schivalocchi A, Bartoli F, Carretta D, Brambilla G, Clerici M. Risk Estimation Modeling and Feasibility Testing for a Mobile eHealth Intervention for Binge Drinking among Young People: The D-ARIANNA (Digital - Alcohol Risk Alertness Notifying Network for Adolescents and young adults) project. 2015;36:445-452. (I.F.= 2.097) - Carrà G, Bartoli F, Crocamo C, Brady KT, Clerici M. Cannabis use disorder as a correlate of suicide attempts among people with bipolar disorder. Bipolar Disorders 2015;17:113–114. (I.F.= 4.965)
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Role in Project:	Researcher		
First Name:	Francesco	Surname:	Bartoli
With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project	<p>As a Trainee in Psychiatry and PhD in neuroscience, the expertise of F.B. regards research protocol management, analysis of scientific literature, systematic reviews and meta-analyses, clinical data collection, especially in the field of addiction and psychiatric epidemiology.</p> <p>He collaborated in relevant addiction-related projects, such as the European Project ORION (Overdose Risk InformatiON) and the National Project D-ARIANNA (D-ARIANNA Digital – Alcohol Risk Alertness Notifying Network for Adolescents).</p> <p>He is main author (first or corresponding author) in several publications in the addiction and physical comorbidity field.</p>		
With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5)	<ul style="list-style-type: none"> - Bartoli F, Carrà G, Brambilla G, Carretta D, Crocamo C, Neufeind J, Baldacchino A, Humphris G, Clerici M. Association between depression and non-fatal overdoses among drug users: a systematic review and meta-analysis. Drug Alcohol Depend. 2014;134:12-21. - Bartoli F, Carrà G, Crocamo C, Clerici M. From DSM-IV to DSM-5 alcohol use disorder: an overview of epidemiological data. Addict Behav. 2015;41:46-50. - Carrà G, Bartoli F, Brambilla G, Crocamo C, Clerici M. Comorbid addiction and major mental illness in Europe: a narrative review. Subst Abus. 2015;36(1):75-81. - Carrà G, Crocamo C, Bartoli F, Carretta D, Schivalocchi A, Bebbington PE, Clerici M. Impact of a Mobile E-Health Intervention on Binge Drinking in Young People: The Digital-Alcohol Risk Alertness Notifying Network for Adolescents and Young Adults Project. J Adolesc Health. 2016;58(5):520-6. - Castellano F, Bartoli F, Crocamo C, Gamba G, Tremolada M, Santambrogio J, Clerici M, Carrà G. Facial emotion recognition in alcohol and substance use disorders: A meta-analysis. Neurosci Biobehav Rev. 2015;59:147-54. 		

Co-PI 1

Role in Project:	CO-PI 1		
First Name:	Giuseppe	Surname:	Veltri
With respect to the activities in the	I am program director of the MA in New Media & Society and the module chair for courses such as 'Advanced Research Methods for the Online World' and 'New Media, Social influence and Behavioural		

project, please provide details of relevant experience and activities within the field of the project	Change', the latter covering issues such as 'quantified self', Big Data and the social scientific use of data analytics. I represent the University of Leicester in a number of European projects. In this context, I have carried out studies on topics such as tobacco products and related pictorial warnings; protective measures for online gamblers; protective measures for children against unfair online marketing practices (e.g. advergames) and others these studies, all empirically based with very large data collections including as multi-national experiments. - DG SANCO 2012/2013: Study on tobacco labelling and packaging. Value: Euros 285,000 - DG SANCO 2013: Study on online gambling and adequate measures for the protection of consumers of gambling services. Value: Euros 316,000 JRC IPTS 2012/2013: Using social media to nudge increased physical activity in young citizens. Value: Euros 130,000 - DG SANCO 2014: Study on marketing to children through social media, online games and mobile applications. Value: Euros 530,000 2015. HORIZON 2020. 'Re.Cri.Re. Project grant: Euros 2,724,473. WP University of Leicester: Euros 273,563.
With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5)	- Codagnone, C., Veltri, G.A., Bogliacino, F. et al.(2016) Labels as nudges? <i>Economia Politica</i> . First online: 30 September 2016 doi:10.1007/s40888-016-0042-2 -First authors: Bogliacino, F.; Codagnone, C.; Veltri, G. A + Amitav Chakravarti, A.; Gaskell, G.; Ivchenko, A.;Lupiez-Villanueva, F.; Mureddu, F.; Ortoleva, P.; Rudisill, C. Pathos & Ethos: Emotions and willingness to pay for tobacco products. <i>PLoS ONE</i> 10(10): e0139542. doi:10.1371/journal.pone.0139542 - Bogliacino F, Codagnone C, Veltri G.(2015). The Behavioural Turn in Consumer Policy: Perspectives and Clarifications. <i>Intereconomics</i> 50(2):108-114. - Veltri, G.A. and Atanasova, D. (2015). Macro weather and micro blogging: Content analysis, media ecology and the sharing behaviour about climate change on. Forthcoming in the <i>Public Understanding of Science</i> , online October 2015. - First authors: Bogliacino, F.; Codagnone, C.; Veltri, G. A. Other authors: Amitav Chakravarti, A.; Gaskell, G.; Ivchenko, A. ;Lupiez-Villanueva, F.; Mureddu, F.; Ortoleva, P.; Rudisill, C. (2015). 'Pathos & Ethos: Emotions and willingness to pay for tobacco products'. <i>PLOS ONE</i> 10(10): e0139542.

Co-PI 2

Role in Project:	Co-PI 2 - researcher		
First Name:	Tim	Surname:	Greacen
With respect to the activities in the project,	Dr Tim Greacen, who received his PhD in Psychology from the University of Paris in 1981, has been Director of the Maison Blanche Research Laboratory in Paris since 2001. A recognized figure in France in the field of user participation and health empowerment, Dr Greacen is also current Chairman of both the Mental Health Working Group in the Greater Paris Area Regional Health & Autonomy Authority (CRSA IDF), and of the ENTER Mental Health European network, where		

please provide details of relevant experience and activities within the field of the project	he has been managing EU projects such as Promoting Mental Health Minimising Mental Illness and Integrating Social Inclusion through Education (PROMISE, DG SANCO, n°2008-216), Best Practice in Access, Quality and Appropriateness of Health Services for Immigrants in Europe (EUGATE, DG SANCO, n° 2006-129), Best Practice in Promoting Mental Health in Socially Marginalized People in Europe (PROMO, DG SANCO, n° 2006-328), Dual diagnosis patient pathways through care (ISADORA, EC FP5: QLG4-CT-2002-00911) and Empowerment of Mental Illness Service Users Through Lifelong Learning Integration and Action (EMILIA, CIT-3-2005-513435). On a national level, he is co-coordinator of the CAPEDP study, the first randomised controlled multicentre trial in France to study the impact of a perinatal mental health promotion intervention for young primiparous women in situations of social and psychological vulnerability. Current programmes include the creation of a Mental Health Empowerment Centre in North-Eastern Paris, a geographical area with a young population with high levels of unemployment and social exclusion and two projects specifically concerned with people living with addiction problems: (1) the role of residential therapeutic care centres in patient pathways through addiction and risk reduction and (2) user participation in social and health care strategies in ambulatory healthcare centres (CAARUD) for drug users. Author and editor of seven books and numerous publications in the field of mental health promotion and service user empowerment, targeting both scientific and professional audiences as well as the general public, Dr Greacen teaches regular at the University of Paris, the University of Montpellier and the Conservatoire national des arts et des métiers (CNAM).
With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5)	<ul style="list-style-type: none"> - Greacen T, Kersaudy-Rahib D, Le Gall J-M, Lydié N, Ghosn J, Champenois K, Comparing the Information and Support Needs of Different Population Groups in Preparation for 2015 Government Approval for HIV Self-testing in France <i>PLoS One</i>, 2015 - Tinland A, Fortanier C, Girard V, Laval C, Videau B, Rhenter P, Greacen T, Falissard B, Apostolidis T, Lançon C, Boyer L, Auquier P. Evaluation of the Housing First program in patients with severe mental disorders in France: study protocol for a randomized controlled trial. <i>Trials</i>. 2013 Sep 24;14:309. doi: 10.1186/1745-6215-14-309. - Greacen T, Jouet E, Ryan P, Cserhati Z, Grebenc V, Griffiths C, Hansen B, Leahy E, da Silva KM, Sabić A, De Marco A, Flores P. Developing European guidelines for training care professionals in mental health promotion. <i>BMC Public Health</i>. 2012 Dec 27;12:1114. - Ryan P, Ramon S & Greacen T (eds), <i>Empowerment, Lifelong Learning and Recovery in Mental Health: Towards a New Paradigm</i>, Palgrave, London, 2012 - Greacen T, Baldacchino A, Charzynska K, Sorsa M, Groussard-Escaffre N, Clancy C, Lack C, Hyldager E, Hodges CL; Merinder LB., Meder J, Henderson Z, Laijarvi H, Baeck-Moller K; Pathways through care for people with dual diagnosis in Europe: results from the Treatment Options for Dual Diagnosis (TODD) User Zoom Instrument, <i>Mental Health and Substance Use: dual diagnosis</i>. 2011, 4, 3

Role in Project:	Co- PI 2 Researcher		
First Name:	Emmanuelle	Surname:	Jouet
With respect to the	Dr Emmanuelle Jouet, PhD in Educational Science from the Paris VIII University, is a researcher at the Maison Blanche Research Laboratory, where she has been working on user participation in risk reduction care for people with addictions, evaluating the long-term impact of residential therapeutic care in addiction		

activities in the project, please provide details of relevant experience and activities within the field of the project	treatment, destigmatising mental health problems, developing new training methods involving people living with mental health illnesses as both trainers and trainees, and evaluating continuous learning training programmes for mental health professionals. Her recent research work has taken place within two major addiction services evaluation projects as well as the French national Housing First mental health programme, <i>Un chez soi d'abord</i> , and two EU supported projects: Promoting Mental Health minimising mental illness and Integrating Social Inclusion through Education, (PROMISE, DG SANCO, n° 2008-216) and Empowerment of Mental Illness Service Users Through Lifelong Learning Integration and Action (EMILIA, CIT-3-2005-513435). She is also currently developing the first French training program for all stakeholders on promoting empowerment and recovery for mental health service users in France, with a specific focus on user participation.
With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5)	<ul style="list-style-type: none"> - Pomey M-P, Flora L, Karazivan P, Dumez V, Lebel P, Vanier M-C, Débarges B, Clavel N, Jouet E. Le « Montreal model » : enjeux du partenariat relationnel entre patients et professionnels de la santé. <i>Santé publique</i>, (27) supplément 1, 1-10, 2015. - Jouet, E. Prendre pouvoir sur sa vie en santé mentale : illustrations actuelles. <i>Sujet dans la cité</i>, 5, 63-75, 2014 - Jouet E, Moineville M, Favriel S, Leriche P, Greacen T., L'impact de l'utilisateur formateur dans la déstigmatisation de la maladie mentale. [A mental health awareness anti-stigma program including user-trainers has a significant impact on knowledge, beliefs and attitudes of job centre professionals in Paris.] <i>Encephale</i>. 2013 Nov 18. pii: S0013-7006(13)00173-5. doi: 10.1016/j. - Greacen T, Jouet E, Ryan P, Cserhati Z, Grebenc V, Griffiths C, Hansen B, Leahy E, da Silva KM, Sabić A, De Marco A, Flores P. Developing European guidelines for training care professionals in mental health promotion. <i>BMC Public Health</i>. 2012 Dec 27;12:1114. - Greacen T & Jouet E (eds). <i>Pour des usagers de la psychiatrie acteurs de leur propre vie : rétablissement, inclusion sociale, empowerment</i>, Editions Erès, Toulouse, 2012

Co-PI 3

Role in Project:	Co-PI 3 – psychologist and professor		
First Name:	Marta	Surname:	Pinto
With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project	<p>Marta Pinto is a psychologist with long experience in clinical and community/outreach intervention. She's also a professor and researcher at the Oporto University. All her professional activity has been mostly dedicated to drug consumption and adjacent phenomena. Although familiar with the use of other methodological frameworks (like quantitative and mixed approaches), she is definitely an expert in qualitative research. That is why she was invited to be responsible in the Faculty of Medicine of Porto for the PhD course on qualitative research. Marta Pinto has been responsible for several studies using focus groups, interviews, participant observation and ethnography. Her PhD was an ethnographic study with marginalised youngsters practicing delinquent activities. Besides that, she is certified by Joanna Briggs Institute to conduct systematic reviews.</p> <p>Marta Pinto has been a director of the research department of APDES, a Portuguese NGO which has given, in recent years, a sensible contribution to the scientific production around the theme of drug use in Portugal. She was also the co-founder and the vice-President of RECI (Research of Education and Community Intervention) a research</p>		

	<p>Unit co-funded by FCT (Foundation for Science and Technology) and classified as "very good" and with a score very close to "excellent". Based on a long career of work in the drugs field, Marta Pinto is very well connected with people working in the field as well as with people who use drugs and with decision makers. In fact, she has had a strong contribution to the creation of the National Association of People who use drugs (CASO) and maintains a close relationship with them. This allows a good prediction of involving the relevant stakeholders in the project. In fact, she's a co-founder of the Portuguese Harm Reduction Network and has been cooperating with the political sector in several occasions. Marta Pinto has been a partner in various national and international intervention and research projects like Correlation Network; Harm reduction Works!; European Harm Reduction Network and CLAT. This previous experience in implementing collaborative transnational projects can also contribute to a successful Portuguese involvement in the project.</p>
<p>With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5)</p>	<p>Teles, S.; Pinto, M.; Moura Carvalho, H.; Rodrigues, C.; Oliveira, M. J.; Bernard, C.; Stöver, H. (2014). Preventive avoidable deaths: essentials and recommendations on opioid overdose. EUROHRN II Project</p> <p>Pinto, M.; Oliveira, M. J.; Teles, S.; Moura Carvalho, H.; Queiroz, J.; Rodrigues, C.; Vilares, J. (in press). Austerity and the Portuguese Drug Policy model: an exploratory mixed method research. Vila Nova de Gaia: APDES</p> <p>Pinto, M., Vilares, J., Teles, S. Carvalho, H., Pires, C. Lemos, L. (2015). A avaliação de programas de substituição opiácea em Portugal: apontamentos para um(a) reflexão. <i>Adictologia</i>, 1, 49-57.</p> <p>Pinto, M., Machado, P., Moura (Carvalho), H., Teles, S., Pires, C., & Vilares, J. (2015). Austerity and Its Impact On People Who Use Drugs: Is This The End Of The Internationally Acclaimed "Portuguese Model" Of Drug Policy? In proceedings of The Welfare State in Portugal in the age of austerity conference. Lisbon.</p> <p>Teles, S., Moura (Carvalho), H., Machado, P., Vilares, J., Pires, C., & Pinto, M. (2014). Opioid Substitution Programs in Portugal: Understanding the decision making process. <i>Revista de Saúde Pública</i>, 2nd IPLeiria International Health Congress Challenges & Innovation in Health, vol. 48 (spec. number), 165. (I.F.-1.219)</p>

<p>Role in Project:</p>	<p>Co-PI 3 – research assistant</p>		
<p>First Name:</p>	<p>Helena</p>	<p>Surname:</p>	<p>Valente</p>
<p>With respect to the activities in the project, please provide details of relevant experien</p>	<p>Helena is an invited researcher at the unit "Research on Education and community Intervention a R&D center funded by the Portuguese Foundation for Science and Technology. Until April 2016 Helena was a Project and research coordinator of national and European projects, namely: Project "CHECK!N LX" e projecto "CHECK!N Viseu"; Funded by the General Directorate for addictive behaviours and dependencies of the Portuguese health Ministry Fund: 145.589,40€ Grant agreement: CHECK!N_LX/LVT/LX/076/9C/01. Project winner of the European Drug Prevention Prize 2014 of the Pompidou group, Council of Europe. Project "B.A.O.N.P.S. - Beware of night pleasure safety"; Funded by the European Union under the Justice Action Grants (Fund: 250.729.02€; Grant agreement: HOME/2014/JDRU/AG/DRUG/7107); Project "PINS - Connecting and improving peer intervention in nightlife settings at EU level"; Funded by the European Union under the ERASMUS PLUS programme (Fund: 76.211,00€; Grant agreement:</p>		

ce and activities within the field of the project	2014-2-SI02-KA205-000818. Project “NPS in Europe – New Psychoactive Substances among People who use drugs heavily – towards effective and comprehensive health responses in Europe”; Funded by the European Union under the Drug Prevention and Information Programme (Fund: 407.726,00€ ; Grant agreement: JUST/2013/DPIP 40000 04774). Project “LOCAL-PASS: A local approach towards the reduction of psychoactive substance use”; Funded by the European Union under the Drug Prevention and Information Programme (Fund: 454.025,17€; Grant agreement: JUST/2012/DPIP/AG/3600). Project “NEWIP - Nightlife Empowerment & Well-being Implementation Project”; Funded by the European Union under the Health Programme (Fund: 900.000,00€; Grant agreement: DGSANCO/20101207 2010PHP).
With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5)	<p>Martins, D., Valente, H., Pires, C. (2015). Check!ng: The last frontier for Harm Reduction in party settings. <i>Saúde e Sociedade</i>, 24(2), 646-660. DOI: 0.1590/S0104-12902015000200020</p> <p>Pires, C., Caudevilla, F., Valente, H. (2016). Netroach work: implementing web-based harmreduction interventions with online drug users, <i>Adiktologie</i>, 2(16) 182-187. Available online at: http://www.npsineurope.eu/index.php/19-addictology-journal-special-edition</p> <p>Pires, C. V., Borges, M., Valente, H. (2015), Netroach Work in Europe: responses to developments in on the dark web and the use of new psychoactive substances. In Wouters, M., Fountain, J. (eds), <i>Between street and screen. Traditions and innovations in the drugs field</i>. Lengerich: Pabst Publishers, pp 57-74. ISBN 978-3-95853-143-7</p> <p>Ventura M., Noijen J., Bucheli A., Isvy A., van Huyck C., Martins D., Nagy C., Schipper V., Ugarte M., Valente H. (2013). Drug Checking Services: Good Practice standards. Nightlife Empowerment & Wellbeing Implementation Project, Research Department, APDES, Porto, Portugal. Available online at: http://newip.safernightlife.org/pdfs/standards/NEWIP_D_standards-final_20.12-A4.pdf</p> <p>Ventura M., Bucheli A., Martins D., Isvy A., van Huyck C., Nagy C., Schipper V., Ugarte M., Valente H. (2011). “Factsheet about Drug Checking in Europe”. Nightlife Empowerment & Wellbeing Implementation Project, Research Department, APDES, Porto, (Portugal). Available online at: http://www.apdes.pt/assets/apdes/Checkin%20ou%20Checking/Factsheet%20on%20Drug%20Checking%20in%20Europe.pdf</p>

Co-PI 4

Role in Project:	Co-PI 4 – Senior Researcher		
First Name:	Giovanni	Surname:	Viganò
With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project	He is senior researcher and trainer, as well as Deputy Managing director of Synergia. He is an expert of quantitative investigations, design and management of transnational projects, with specific statistical skills in Event History Analysis developed at Essex University (UK). He has coordinated national and international research projects concerning Information Systems for social and health policies, public policies evaluation, strategies to face families' needs, analysis of elderly's needs and their paths of therapy and assistance and multidimensional evaluation of non self-sufficiency. He is currently professor of Quantitative methods for the social sciences at Bocconi University and member of the list of independent experts of Central Europe - INTERREG European Cooperation Programme. He		

	<p>worked in several EU and national projects. Some examples:</p> <ul style="list-style-type: none"> - <u>“GEMMA Community strategy”</u> (Gender based Empowerment of Migrants through a Multiagency Approach, European funded project): impact evaluation; - <u>CAMILLE</u> – (Empowerment of Children and Adolescents of Mentally Ill Parents through Training of Professionals working with children and adolescents: European funded project): impact evaluation of the training model developed; - <u>ORION</u> - Overdose Risk InfOrmatioN Project - European project funded by the Programme 'Drug Prevention and Information' 2007-2013 – University of St. Andrews (Applicant), 2011: scientific and operative coordination of the transnational partnership, transnational context report; - <u>TRIP</u> - Testing in Recreational-settings prevention-Interventions addressed to Polydrug-users - European project funded by the Programme 'Drug Prevention and Information' 2007-2013 – ASL di Bergamo (Applicant), 2011: scientific and operative coordination of the transnational partnership, efficacy evaluation of prevention interventions, preparation and validation of the final transnational intervention model, presentation of final results at the European Commission; - <u>Prevention of poly-drugs addiction and reduction of drug-related harms programs for young people in recreational settings</u>, European project funded by the Programme <i>Drug Prevention and Information 2007-2013 - ASL di Bergamo (Applicant), 2009 - 2010</i>; scientific and operative coordination of the transnational partnership, transnational context report, good practice analysis, literature analysis.
With respect to the activities in the project, please provide details of relevant publications in the last five years (maximum of 5)	<ul style="list-style-type: none"> - Viganò G., Riglietta M. (edited by), <i>Perspectives in alcohol and drug consumption in Europe. Social and epidemiological outlook of three European contexts</i>, Franco Angeli, Milan, 2010. Topic: Perspectives in alcohol and drug consumption in Europe. Social and epidemiological outlook of three European contexts. - Izabela Tabak, Lidia Zabłocka-Żytka, Peter Ryan, Stefano Zanone Poma, Katja Joronen, Giovanni Viganò, Eija Paavilainen, Wendy Simpson, Norbert Scherbaum, Martin Smith, Ian Dawson. <i>Needs, Expectations and Consequences for the Child Growing up in a Family with a Parent with Mental Illness</i>. International Journal of Mental Health Nursing, 2016 Aug;25(4):319-29. doi: 10.1111/inm.12194. Epub 2016 Jun 9.

Role in Project:	CO-PI 4 – Senior Researcher		
First Name:	Emilio	Surname:	Gregori
With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project	He is a senior researcher, consultant and trainer. He is actually Managing Director at Synergia with general coordination responsibility, as well as quality accountability. He has experience in statistics and multivariate analysis, specialized in the creation of tools for surveying data in social and economic research. He analyses public policies and coordinates quantitative surveys. He is also a skilled consultant for local planning and the implementation of Social Information Systems, as well as the application of statistical methods for evaluating quality in social, health and employment services. He also performs training and consulting activities on data analysis and informative system for decision-making support. He worked in several EU and national projects. Some examples:		

	<p><u>CAMILLE</u> (Empowerment of Children and Adolescents of Mentally Ill Parents through Training of Professionals working with children and adolescents, European Commission/DG Justice -Daphne III, 2013-2014): impact evaluation of the developed training model;</p> <p><u>ORION</u> - Overdose Risk InfOrmatioN Project - European project funded by the Programme 'Drug Prevention and Information' 2007-2013 – University of St. Andrews (Applicant), 2011;</p> <p><u>TRIP</u> - Testing in Recreational-settings prevention-Interventions addressed to Polydrug-users - European project funded by the Programme 'Drug Prevention and Information' 2007-2013 – ASL di Bergamo (Applicant), 2011;</p> <p>Elaboration of a <u>system of indicators to monitor and evaluate policies and interventions</u> for migrants integration - Italian Ministry of Labour and Social Policy, 2009;</p> <p><u>Data collection from the therapeutical communities of Varese district</u>. Varese ASL (Monitoring Centre for Drug Addiction), 2005;</p> <p>Consulential <u>support to the Taormina Ser.T.</u> (Drug Addiction Services) for the realization of the Monitoring Centre for Drug Addiction, 2003.</p>
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Role in Project:	CO-PI 4 - Researcher		
First Name:	Marta	Surname:	Distaso
With respect to the activities in the project, please provide details of relevant experience and activities within the field of the project	<p>She is researcher and consultant. She developed specific competences related to the drafting of surveying tools and to the management of qualitative and quantitative research and also related to the identification and definition of national and international partnerships, to the elaboration of project ideas and to the submission of national and European applications.</p> <p>Over the years, she participated to many national and transnational projects on the social and labour integration of migrants, the certification of formal and informal competencies, violence against children and other vulnerable groups, alternatives to detention in Europe.</p> <p>She worked in several EU and national projects. Some examples:</p> <p><u>RE.INTEGR.A</u> (Reimpiego INTEGRazione Aziende). Ripensare il lavoro per l'inclusione sociale", 2011-2012: Project funded by the Italian Ministry of Labor and Social Policy in order to fight poverty: data analysis, evaluation of the experimentation and final reports;</p> <p><u>Acquiring knowledge and raising the quality of services targeted to minors victims of violence</u> - JLS/2008/DAP3/AG/1262 30CE03120400047. (2010, 2011) UE-Daphne III, 2008-2010: transnational project: dataset building, realization of indicators, final evaluation report;</p> <p><u>"European Cross-Actors Exchange Platform for Trafficked Children on Methodology Building for Prevention and Sustainable Inclusion – Catch & Sustain"</u>: research phase coordination, realisation and supply of the training module for data collection on trafficked minors.</p>		

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: Università degli Studi di Milano - Bicocca		Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country:			
Country: IT		Costs are listed with taxes			
		Year: 1	Year: 2	Year: <input type="text"/>	Total:
Project costs per Partner in €	Personnel	24.212,44	38.837,48	<input type="text"/>	63.049,92
	Overhead	2.009,87	3.213,24	<input type="text"/>	5.233,11
	Travel & subsistence	0	2.566,00	<input type="text"/>	2.566,00
	Equipment	4.500,00	4.500,00	<input type="text"/>	9.000,00
	Consumables	0	0	<input type="text"/>	0
	Other costs	0	0	0	0
	Subcontracting	0	0	0	0
	Total costs	30.722,31	49.116,72	<input type="text"/>	79.839,03
Financing per Partner in €	Funding requested	30.722,31	49.116,72	<input type="text"/>	79.839,03
	Co-financing	0	0	<input type="text"/>	0
	Co- financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call (e.g., by internal funds) :				
<input type="text"/>					

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

Nature, name and address of subcontractors	
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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	<p>Personnel costs are related to the activities of the following staff members:</p> <p>Giuseppe Carrà Francesco Bartoli Cristina Crocamo</p>
Equipment	<p>Diaries for enrolled drug users Softwares' licenses for qualitative and quantitative data analyses</p>
Consumables	
Travel	<p>Travel costs cover travel and daily subsistence allowances for 2 members of the staff to participate to a 2 days meeting in PT. Daily subsistence allowances have been estimated by using the European Commission's last release of the current per diem rates. Per diems cover accommodation, meals, local travel within the place of mission and sundry expenses. Travel costs have been estimated by using low-fare economy class vectors' costs to travel to PT.</p> <p>Travel costs cover also 5 travels for dissemination purposes.</p>
Subcontracting	
Other costs (Indirect costs)	<p>Indirect costs include: general rental costs or depreciation of buildings and equipment; maintenance costs; telecommunication and postal fees, heating; water, gas, electricity, etc.; office furniture; supplies and petty office equipment; insurance; costs connected with horizontal</p>

	services, such as administrative and financial management; human resources; training; documentation; IT, etc.
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CO-PI 1

Organisation name: University of Leicester Country: UK		Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country: Costs are listed with taxes			
		Year: 1	Year: 2	Year: <input type="text"/>	Total:
Project costs per Partner in €	Personnel	25.892,30	37.926,66	<input type="text"/>	63.818,96
	Overhead	21.645,00	21.645,00	<input type="text"/>	43.290,00
	Travel & subsistence	1.665,00	1.665,00	<input type="text"/>	3.330,00
	Equipment	6.327,00	6.327,00	<input type="text"/>	12.654,00
	Consumables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other costs	7.806,47	7.806,47	<input type="text"/>	15.612,94
	Subcontractors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total costs	63.335,77	75.370,13	<input type="text"/>	138.705,90
Financing per Partner in €	Funding requested	63.335,77	75.370,13	<input type="text"/>	138.705,90
	Co-financing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Co-financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call (e.g., by internal funds) : <input type="text"/>				

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

Nature, name and address of subcontractors	<input type="text"/>
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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	<p>Personnel costs are related to the activities of the following staff members:</p> <p>Giuseppe Veltri Researcher TBA</p>
Equipment	<p>Diaries for enrolled drug users Softwares' licenses for qualitative and quantitative data analyses Equipment for focus groups</p>
Consumables	<p>█</p>
Travel	<p>Travel costs cover travel and daily subsistence allowances for 2 members of the staff to participate to a 2 days meeting in Milan and to a 2 days meeting in Porto. Daily subsistence allowances have been estimated by using the European Commission's last release of the current per diem rates. Per diems cover accommodation, meals, local travel within the place of mission and sundry expenses. Travel costs have been estimated by using low-fare economy class vectors' costs to travel to Milan and Porto.</p>
Subcontracting	<p>█</p>
Other costs (Indirect costs)	<p>Indirect costs include: general rental costs or depreciation of buildings and equipment; maintenance costs; telecommunication and postal fees, heating; water, gas, electricity, etc.; office furniture; supplies and petty office equipment; insurance; costs connected with horizontal services, such as administrative and financial management; human resources; training; documentation; IT, etc.</p> <p>Other direct costs include estates.</p>

CO-PI 2

Organisation name: Établissement Public de Santé Maison Blanche Country: FR		Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country: Costs are listed with taxes			
		Year: 1	Year: 2	Year: <input type="text"/>	Total:
Project costs per Partner in €	Personnel	42.792,00	85.752,00	<input type="text"/>	128.544,00
	Overhead	3.374,84	6.374,76	<input type="text"/>	9.749,60
	Travel & subsistence	1.420,00	1.316,00	<input type="text"/>	2.736,00
	Equipment	4.000,00	0	<input type="text"/>	4.000,00
	Consumables	0	0	<input type="text"/>	0
	Other costs	0	4.000,00	<input type="text"/>	4.000,00
	Subcontractors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total costs	51.586,00	97.442,76	<input type="text"/>	149.029,60
Financing per Partner in €	Funding requested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Co-financing	51.586,00	97.442,76	<input type="text"/>	149.029,60
	Co-financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call (e.g., by internal funds) : <input type="text"/>				

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

Nature, name and address of subcontractors	<input type="text"/>
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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	<p>Personnel costs are related to the activities of the following staff members:</p> <p>Tim Greacen Emmanuelle Jouet</p>
Equipment	<p>Diaries for enrolled drug users Softwares' licenses for qualitative and quantitative data analyses</p>
Consumables	<p>■</p>
Travel	<p>Travel costs cover travel and daily subsistence allowances for 2 members of the staff to participate to a 2 days meeting in Milan and to a 2 days meeting in Porto. Daily subsistence allowances have been estimated by using the European Commission's last release of the current per diem rates. Per diems cover accommodation, meals, local travel within the place of mission and sundry expenses. Travel costs have been estimated by using low-fare economy class vectors' costs to travel to Milan and Porto.</p>
Subcontracting	<p>■</p>
Other costs (Indirect costs)	<p>4000€ of other costs are related to the costs for a publication in open access journals</p> <p>Indirect costs include: general rental costs or depreciation of buildings and equipment; maintenance costs; telecommunication and postal fees, heating; water, gas, electricity, etc.; office furniture; supplies and petty office equipment; insurance; costs connected with horizontal services, such as administrative and financial management; human resources; training; documentation; IT, etc.</p>

CO-PI 3

Organisation name: FPCEUP		Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country:			
Country: Portugal		Year: 2017	Year: 2018	Year: <input type="text"/>	Total:
Project costs per Partner in €	Personnel	19.980,72 €	19.980,72 €	<input type="text"/>	39.961,44 €
	Overhead	4.029,94 €	4.297,83 €	<input type="text"/>	8.327,78 €
	Travel & subsistence	24,00 €	1.388,45 €	<input type="text"/>	1.412,45€
	Equipment	0,00 €	0,00 €	<input type="text"/>	0,00 €
	Consumables	120,00 €	120,00 €	<input type="text"/>	240,00 €
	Other costs	25,00 €	0,00 €	<input type="text"/>	25,00 €
	Subcontractors	0,00 €	0,00 €	<input type="text"/>	0,00 €
	Total costs	24.179,66 €	25.787,00 €	<input type="text"/>	49.966,67€
Financing per Partner in €	Funding requested	24.179,66€	25.787,00€	<input type="text"/>	49.966,67€
	Co-financing	0,00 €	0,00 €	<input type="text"/>	<input type="text"/>
	Co- financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call (e.g., by internal funds) :				
SICAD does not require Portuguese institutions to co-fund this call.					

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

Nature, name and address of subcontractors	Not applicable.
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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	<p>Employment Contract Marta Pinto (researcher, PhD, 20% of full time). (16.820,10€)</p> <p>Employment Contract Helena Valente (assistant researcher, 50% of full time). (23.141,34€)</p> <p>The reseachers will contribute to all activities, being in charge of WP4.</p>
Equipment	Not applicable.
Consumables	Consumables to support the project (prints, office supplies). (240,00€)
Travel	<p>Travel expenses for drug users to participate in the focus groups (3,00€ each public transportation ticket, go and return) 8 participants. (24,00€)</p> <p>Travel expenses for one researcher - going to Lisbon for in depth interviews with stakeholders (train tickets Porto-Lisbon-Porto 70€/person; subsistence allowance of 25,10€/day/person). 8 journeys in total. (760,80€)</p> <p>Travel of one team member for the participation in the kick-off meeting in Milan - travel approx. 300€; hotel 70€/night 2 nights; per diem 62,55€/day, 3 days. (627,65€)</p>
Subcontracting	Not applicable.
Other costs (Indirect costs)	<p>FPCEUP's charges 20% of Overhead (Indirect Costs) to the total funding amount. (8.327,78€)</p> <p>Other costs: Coffee break for drug users in the focus groups (2,5€/person, 8 participants + 2 researchers). (25,00€)</p>

CO-PI 4

Organisation name: Synergia		Please indicate if the costs are listed with or without taxes according to the national funding rules (eligible costs) of your country:			
Country: IT		Costs are listed with taxes			
		Year: 1	Year: 2	Year: <input type="text"/>	Total:
Project costs per Partner in €	Personnel	6.300,00	9.720,00	<input type="text"/>	16.020,00
	Overhead	476,00	835,52	<input type="text"/>	1.311,52
	Travel & subsistence	0	1.816,00	<input type="text"/>	1.816,00
	Equipment	500,00	400,00	<input type="text"/>	900,00
	Consumables	0	0	<input type="text"/>	0
	Other costs	0	0	<input type="text"/>	0
	Subcontractors	0	0	<input type="text"/>	0
	Total costs	7.276,00	12.771,52	<input type="text"/>	20.047,52
Financing per Partner in €	Funding requested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Co-financing	7.276,00	12.771,52	<input type="text"/>	20.047,52
	Co- financing: Please describe how you plan to finance costs not covered by funding organisations participating in this call (e.g., by internal funds) :				
<input type="text"/>					

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

Nature, name and address of subcontractors	<input type="text"/>
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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	<p>Personnel costs are related to the activities of the following staff members:</p> <p>Giovanni Viganò Emilio Gregori Marta Distaso</p>
Equipment	<p>Softwares' licenses for qualitative and quantitative data analyses</p>
Consumables	<p>■</p>
Travel	<p>Travel costs cover travel and daily subsistence allowances for 2 members of the staff to participate to a 2 days meeting in Porto. Daily subsistence allowances have been estimated by using the European Commission's last release of the current per diem rates. Per diems cover accommodation, meals, local travel within the place of mission and sundry expenses. Travel costs have been estimated by using low-fare economy class vectors' costs to travel to Porto.</p>
Subcontracting	<p>■</p>
Other costs (Indirect costs)	<p>Indirect costs include: general rental costs or depreciation of buildings and equipment; maintenance costs; telecommunication and postal fees, heating; water, gas, electricity, etc.; office furniture; supplies and petty office equipment; insurance; costs connected with horizontal services, such as administrative and financial management; human resources; training; documentation; IT, etc.</p>

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)?

A multidisciplinary collaboration identifying common characteristics in drug use pathways across Europe

The project will identify differences and common characteristics of drug use pathways across Europe. Drug use pathways will be explored across life course and environments, targeting subjective experiences, people customs and ways of communicate consistent with the health priorities of involved people and in general terms of society.

The D.U.R.E.S.S. project plans to build a characterization of drug use pathways, and promoting sharing across European countries in order to provide relevant information to policy makers. Thus, the expected impact of coordinating the work at European level is greater than the sum of the impacts of national activities.

From a multidisciplinary, cross-national point of view, pivotal in order to take forward important research on drug use patterns, the challenge of the project will involve the complexity of evaluating outcomes at the community level, not only among a recruited sample of people in a specific setting.

However, to be effective in creating new policies and programs, it is important paying attention to the influence people experience and share on the broader social context. Depending on the country and region, the priority health problems and issues will differ to some extent. This might be in part because of the differences in drug use pathways, and because of the dissimilarities in cultural, social, and economic contexts. In some settings, the rapid social changes might also influence drug use pathways.

A collective knowledge

This complex situation will require a detailed understanding of the many inputs and uncertainties that contribute to the outcome. There are remarkably common challenges for professionals working in the field of drug use. Our collaboration is the beginning of this process. The project integrates a European dimension through its strong focus on establishing a cross-national exploration, functioning as a forum for the exchange of knowledge about the implementation of an in-depth knowledge on subjective experiences of drug use pathways in national and local contexts. Mutual learning processes will uncover unused resources, and address gaps in existing knowledge.

The development of coherent messaging is fundamental to achieve the EU strategy aim to protect and improve the well-being of society and of the individual, to protect public health, to offer a high level of security for the general public and to take a balanced, integrated and evidence-based approach to the field of drug use. Coordination can be achieved through a multi-disciplinary approach, taking advantage of people point of view. Cultural and social diversity of different European national systems will be easily taken into account with a wide geographical coverage across Europe. The project partners are well placed to address these needs through the planned activities. The competencies of the national partners are complementary and create the foundation of a very strong collaboration. The project will develop a collective knowledge and implementation of evidence-based practices accessible for others who may be interested in. The results of this transnational project could be spread widely throughout Europe in order to promote best practices, and consolidate networking activities.

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).

Following the 'health in all policies' principle the challenge of the project will be carried out with the cooperation of very different but linked sectors that influence health.

The rationale is that health, and above all drug-related issues according to relevant literature, are determined by multiple factors outside the direct control of the health care sector, such as education, income, social context and the conditions where people live, work/study and experience leisure activities.

In our project, this will involve in vivo sources that are in a position to provide in-depth knowledge of individual experiences with drug use. The project coordinator and engaged partners are familiar with this area.

The proposed project will provide a great contribution to the field of qualitative research of drug addiction, assessing health impact from the input of different stakeholders, through 'health in all policies' principle.

Following the priority of the programme that encourages networking, the project coordinator will make every effort to generate strong relationships with partners. The project coordinator will work on management of work packages and assessment of project progress, through an overview of activities. Detailed agreements regarding tasks and responsibilities will be made in advance to create commitment and prepare partners for their involvement.

The project coordinator will take responsibility for good communication of information among partners, promoting different partners' tasks in order to empower each partner and support their national capacities in a European perspective, and move forward the intervention towards an exchange of knowledge across Europe. Expertise of collaborating stakeholders will be also be considered. As a result, building on up-to-date knowledge networking is aimed to manage partnership efforts towards a better understanding of subjective experiences associated with drug use, to the objectives of the Member States' Strategic Research Agenda for Europe in the field of illicit drugs.

Context analysis

A preliminary context analysis was conducted during the process of choosing the appropriate partnership and building partnership consensus in order to provide an insight into strength and weaknesses. The analysis was taken by consultations and dialogue with internal partners, an external evaluator, and volunteering members of the potential Steering Committee, ensuring the intervention is informed by all of the contextual factors that might affect its implementation and sustainability, and assessing each partner's environment identified strategic priorities for project implementation.

Internal environment was evaluated through assessment of partners' organizational mandate and structure, human resources in terms of expertise and ongoing projects on the topic, partner culture supportive of innovation and knowledge exchange, funding projection. External environment was depicted instead through identification of national political priorities or processes, along with economic context; social trends in terms of socio-demographics for drug users targeted by the project, along with social determinants of health (e.g. gender, culture, age, education and mental health); potential interest of the partner in the project and mechanism for partners' engagement. These key considerations resulted in different specific tasks for each applicant based on opportunities and strategies to overcome social and cultural differences. Regularly updating the context analysis throughout the course of the project will help ensure the project can identify and adapt to changes as needed.

Consideration of the social, cultural and political context. Ensuring compatibility of envisaged actions with the culture and views of target groups

Drug use problems are highly prevalent in European countries though often not recognized as a health problem by individual users. According to the available international literature, people across Europe facing harmful drug use all experience influence of peers and social context, school failure, impulsive manners, increased likelihood of violent and sexual risk behaviours, and decreasing chances of becoming productive adults leading to the depiction of similar, though not identical, social contexts. Young people are even more vulnerable because of their major disillusion and confused health priorities. This sometimes results in a lack of understanding of certain situations.

The cooperation between researchers and main stakeholders is one of the key elements in the project. We aim at building an appropriate Steering Committee involving, European, National

and local authorities that could help supporting and encouraging changes of existing good practices, promoting at the same time, new, consistent, policies. Differences in knowledge and views and in policy contexts will be addressed using cooperation and innovation as key points for adapting main results to specific local needs. Therefore, a comprehensive approach will be used, with each partner in charge of exploring crucial points of facing own country's target group and then communicate any uncertainty to project coordinator in order to adopt agreed strategies tailored for single countries. Working together in a transnational project is complex and therefore needs strong central leadership representing the interests of all the three countries.

A common risk for each applicant might be not finding enough respondents for convenience samples. All participating organizations weigh importance to this issue and will make sure the project can be continued regardless of the circumstances. Each partner will entrust the management of specific contexts focusing on a particular role of the target group. All sites, involving experts with detailed knowledge of information on drug use, have confirmed that the data can be collected. However, the Steering Group will monitor, prevent and possibly solve difficulties.

The research will be made accessible at an European level. Optimal uniformity and compatibility of foreseen actions will be achieved through efforts to establish a close and long-lasting transnational collaboration and to generate a community of practice.

Actions will include:

- training and supervising the practice in each country;
- creating cultural adaptations for the European social context;
- designing adapted version of main results on the basis of local customs and roles in different countries in order to disseminate knowledge more effectively to relevant stakeholders;
- collaborating with academics about a more comprehensive knowledge of subjective experiences of drug use pathways and program evaluation for this project;
- documenting the group's mutual learning experiences with evaluation of the outcomes of the partnership goals and general objective of the project;
- organizing seminars for dissemination of the findings to health professionals and academics in order to address this issue and inform policy debate across Europe.

As we are collating data from many sites, we can borrow information from settings with similar characteristics in order to simulate different scenarios that would be applicable to other European settings. Such an innovative approach will prevent threats in the broader social context converting national efforts in a better understanding of subjective experiences of drug use pathways into an area of growth for networking and promotion of good practices.

Periodic conference calls and meetings throughout the programme of work will ensure a frank dialogue avoiding misunderstanding and will allow monitoring progress. Consequently, it will be possible to solve any problems of work stream and issues regarding target group.

Delivery of knowledge and practice. Long-term effect and potential multiplier effect, such as replicable, transferable and sustainable activities

Project coordinator and partners that have joined the project are all academics and health practitioners with an interest in reducing in dealing with drug use issues and understanding specific pathways. They manage major concerns about drug use issues.

Each partner will take forward research in this area in his country. The partners are committed to sustaining the programme and this network beyond the funding period and will apply for further funding from local health/social services. It is anticipated that the transnational collaboration and the community of practice will remain in place and continue to develop and expand beyond the funding period, contributing to the coverage of larger population and a stronger European network of experts and academics in the field of drug use. No doubt peer reviewed publications and documents will be published over the coming years.

A dissemination and Ex-post project sustainability plan will be designed, paying special attention to cultural/social particularities of each context/country. Participant organizations will be actively engaged to ensure that aims and scope are understood and commitment sought. Key stakeholders actively engaged in project development will be pivotal to ensure project sustainability at local level.

The programme will be presented to governmental institutions at local and national level for endorsement and/or implementation to ensure sustainability. Policymakers are also part of the target group. The project also leads to strategies and handles for managers to create an integrated policy regarding prevention of drug use.

We will be committed in involving relevant stakeholders, such as local authorities and other

important establishments, increasing their interest in the research outputs in order to promote results from the project, and take forward recommendations for future research and surveillance. We expect that any research recommendations will be developed into further European grants, both at an EU level and at individual country level that will sustain the collaboration and the research undertaken in this application. We expect EMCDDA and European Brain Council, to use and be interested in the research outputs, and take forward recommendations for future research and surveillance, since delineating drug use pathways in Europe might be helpful in order to facilitate public health policy making.

Furthermore, after the project will end, the developed website will continue in order to disseminate information to a broader audience.

The activities of the project will be carried out within the scope of the budget allocated by the EC. From first steps of project development, activities are going to be undertaken to ensure sustainability. However, it is envisaged that the website, repository of documents and any long-term services implemented during the project will be sustainable beyond the funding period through local and national resources. The strengths, expertise and resources of the network, and the internal resources available to the partners by way of research attachments, will support project sustainability and allow the project to have the enduring impact on the European research.

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).

The project may encounter ethical issues, as it will address potentially sensitive areas, such as harmful substance use, particularly for vulnerable populations such as people living in deprived areas. The project applicants are very well aware of the implications of these ethical issues for the implementation of the project, and they will operate in line with national laws and sector specific legislation.

We will be advised by national research and local ethics committees in all European collaborating sites to: (a) ensure that the project proceeds properly and comes to an ethical and legal acceptable conclusion, achieving its aims and objectives, in accordance to its ethical code of conduct and controlling procedures, and (b) guarantee that all ethical and legal issues related to the research project are properly considered and any relevant conventions are respected. In addition, the project has put in place systems of internal and external evaluation to avoid misunderstanding.

Researchers will be careful to work within the boundaries of privacy legislation of each member state, and partner organizations will provide for the maximum protection of personal data, conditions specified in the national legislation of the various partners. Furthermore, applicants will report on the information they have gained in an anonymous format according to a standardised protocol and template. According to national legislation of data protection rights of subjects about whom data (information) is obtained, stored, processed and disclosed, will be guaranteed. Such personal information will be in electronic form. Data will be assigned an individual digital ID in order to analyse data protecting personal information. Indeed protection of the anonymity of participants will be an essential element to guarantee an honest and open discussion in most of the events of the project. Moreover information will be encrypted and stored on a secure server. All partners warrant compliance to important principles about personal data. They will be processed fairly and lawfully and obtained with individual consent only for the purpose stated and not be kept for longer than is necessary for that purpose. Staff will be educated and trained for the correct use of data and accurate management.

Furthermore, appropriate technical and organisational measures will be taken against unauthorised or unlawful processing personal data and against accidental loss or destruction of, or damage to, personal data. Personal data will be transferred to country designated for data analysis with adequate protection, and research purposes will be followed using data in an

anonymized manner, free from personal identifiers.

Finally, applicants are aware of the ethical obligation to report and disseminate the findings and outcomes of this work in a non-judgemental and ethically responsible way, and with due respect for the subject, given the potentially sensitive nature of the topics. As regards confidentiality, all partners ensure that results of the project will not reveal the identity of any individual or organisation. Handling of private information collected during the research project will be covered by an important principle stating that private information about individual persons compiled in the production of official statistics is confidential and should be used for statistical purposes only.

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).

Fostering gender balance in teams

The D.U.S.T. project ensures equal opportunities in the implementation of the action and a balanced participation and responsibility of women and men at all levels in research activities and management structures. The project will address gender related issues, accounting for personal and community-level impacts referring to both social/cultural influences and biological category of influences, avoiding reinforcement of stereotypical ideas.

It should be noted the presence in the consortium of women scientists, both early and experienced researchers across different disciplines (IT skills, addiction psychiatry and epidemiology) covering duties in the scientific management of the project. This representation will be crucial in the decision-making concerning issues addressing promotion of gender sensitivity and equality. Indeed, researchers will be competent to perceive existing gender differences and to incorporate these into their decisions and actions. Each partner will promote gender awareness and equality issues within the centre carrying out research activities through an approach consistent with ethical research methodologies and empowering research processes.

Integrating the gender dimension in research

Furthermore, since gender differences are understandably related to health, life and society, our research plan contemplates that the project development and implementation could have a different multilevel impact in women and men, as well as regarding dissemination of findings.

Therefore, the project will recognise gender-specific needs as important implications in scientific knowledge and gender will be a fundamental dimension to be explored in the analysis of the content generated by users.

In addition, equal opportunities will be promoted in recruitment for convenience sample and health diaries collection. Gender dimension, referred to biological characteristics and social/cultural factors, will also be integrated in activities dedicated to correlates analysis dealing with socio-demographic and substance use patterns. Analyses will also pay attention to gender differences as potential moderators of drug use pathways.

The project is expected to yield innovation and improvement in understanding drug use pathways through a triangulation of societal relevant data with high scientific quality, technology and clinical expertise. Produced knowledge will benefit from accounting for gender dimension as an essential element in project tasks.

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).

Our research consortium will move according to the European Union Intellectual Properties

Recommendation addressing collaboration and knowledge transfer between countries, i.e., "Collaboration in the field of research and development as well as knowledge transfer activities between the Community and third countries should be based on clear and uniform recommendations and practices that ensure equitable and fair access to intellectual property generated through international research collaborations, to the mutual benefit of all partners involved".

The Institutional regime will be considered the default one for intellectual property ownership of public research organisations involved in this Project. An international research cooperation agreement will be drafted and signed among all involved partners, defining terms and conditions of the project according to the relevant EU and National rules and providing all participants with similar rights, especially as regards access to intellectual property rights and related use restrictions. All single participants have been clearly identified and the collaboration agreement includes all staff who will perform work under the agreement. Participating organisations will ensure that involved personnel will sign agreements regarding ownership and confidentiality issues before starting any work on the project.

All involved partners have analysed and clarified the respective interests, as well as subject, scope and outcomes of the proposed collaboration, ensuring that the proposed agreement will be aligned with the strategic objectives and priorities of the participants and with their intellectual properties rights. All issues such as the ownership of results (foreground intellectual property) and rights regarding access of all parties to the results will be taken into account.

A comprehensive examination of the starting positions and contributions of different partners in the research collaboration will be made. No partners need to donate their intellectual property and there is no issues regarding existing intellectual property of involved partners (background intellectual property), including trade secrets and expertise ('know-how'). A pre-collaboration "hygiene check" regarding relevant legal position, particularly the intellectual property-related ones, of partners has been carried out and all parties have checked that they have freedom to operate and that the area of activity is not encumbered by intellectual properties held by third parties. Due to the nature of the Project, there will be no further expected barriers to sharing materials and results. The Project will not produce patents, brand, industrial design, needing to be regulated, with the exception of copyright related to scientific findings dissemination. Any scientific document, including reports, conferences abstracts, and scientific articles, deriving from this Research Project will be published and disseminated recognizing the roles of all partners included in the research consortium. All documents will be intellectually reviewed and accepted in their final format by all partners of the research consortium.

7. Additional information

Any additional information requested by specific national funding bodies.

Two organizations will participate to project activities as Associate partners:

1. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

Sector: Best practices, knowledge exchange and economic issues. Consequences, responses and best practices unit (www.emcdda.europa.eu/best-practice)

EMCDDA is currently consulting for a number of research projects supported by the European Commission and involving a better understanding of the drug use across Europe, including The Best practice portal, a resource for professionals, policymakers and researchers in the drugs field, providing information on the available evidence on drug-related prevention, treatment and harm reduction, focusing on the European context.

Contact person: Marica Ferri, MSc, marica.ferri@emcdda.europa.eu

2. European Brain Council

Sector: Research project office (<http://www.braincouncil.eu/>)

EBC is currently running a number of research projects as supported by the European Parliament, involving the use of information and communication technologies (ITCs) in the treatment of substance use disorders across Europe, E.G., "Technological innovation strategies in substance use disorders" and <http://www.braincouncil.eu/activities/projects/current-projects/>

Contact person: Giovanni Esposito (gies@braincouncil.eu)

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:	Giuseppe Carrà
SIGNATURE:	
DATE:	18/10/2016