

Evidence Based Primary Prevention

The Icelandic Model

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ICSRA

Introduction



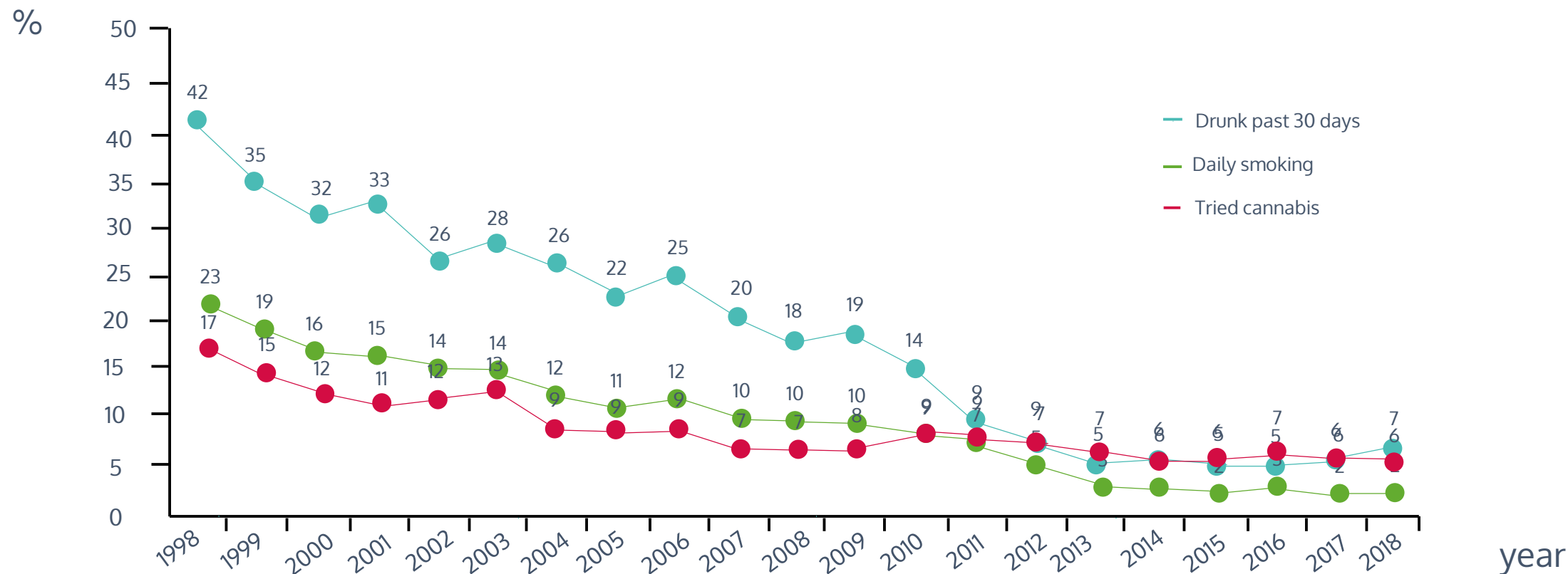
Reykjavik in the
summer of 1997

Iceland knows how to stop teen substance abuse

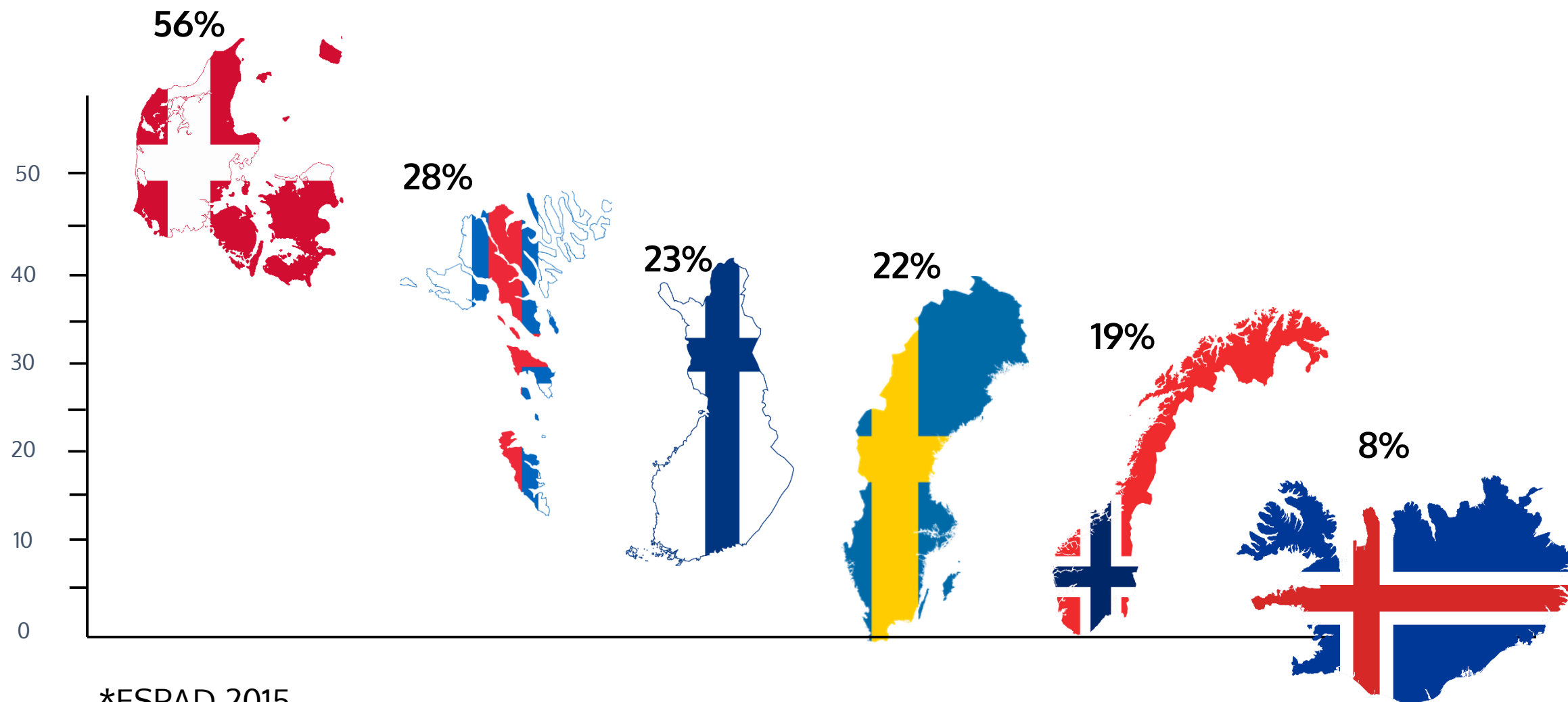
But the rest of the world isn't listening

From highest to lowest in substance use – 15/16 year old students

Based on the Icelandic Prevention Model

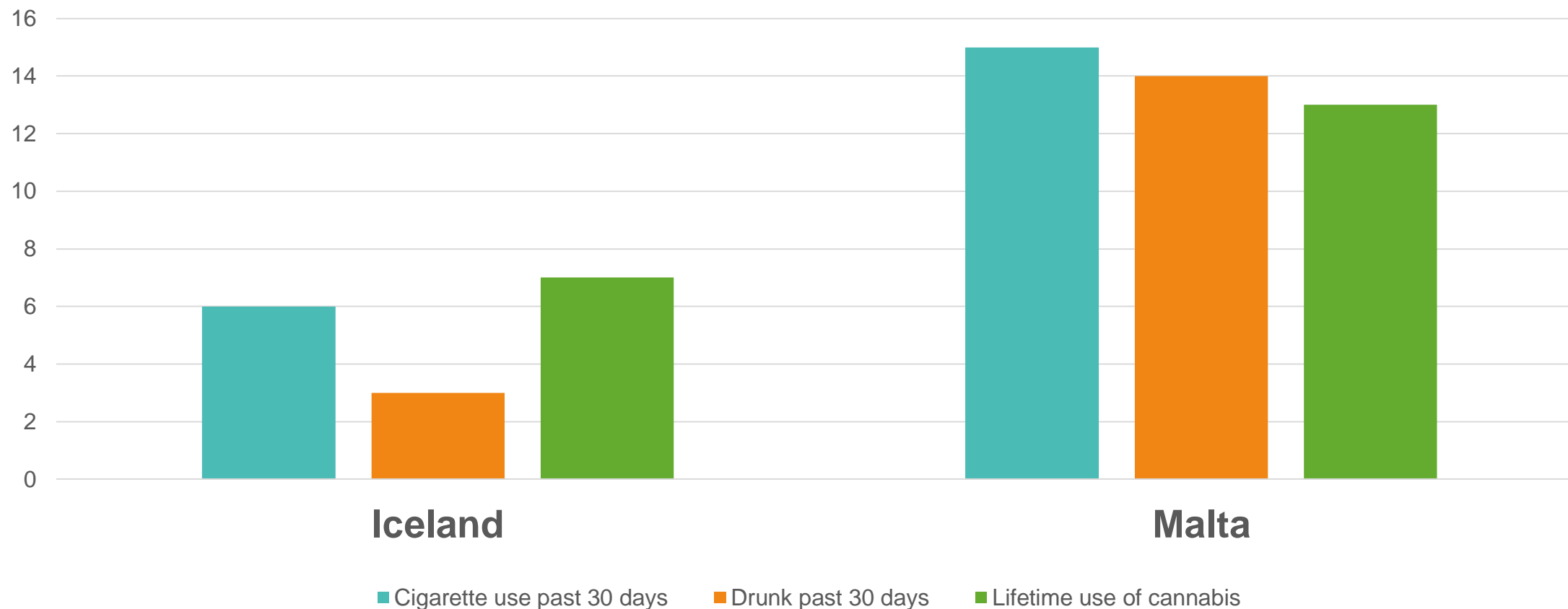


Heavy episodic drinking in the last 30 days*



Substance Use Amongst European Youth

(ESPAD, 2015)



Lifestyle › Health & Families

Iceland knows how to stop teen substance abuse but the rest of the world isn't listening

In Iceland, teenage smoking, drinking and drug use have been radically cut in the past 20 years. Emma Young finds out how they did it, and why other countries won't follow suit

Emma Young | Tuesday 17 January 2017 |  1 comment

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Indy Lifestyle Online

Independent

The Atlantic

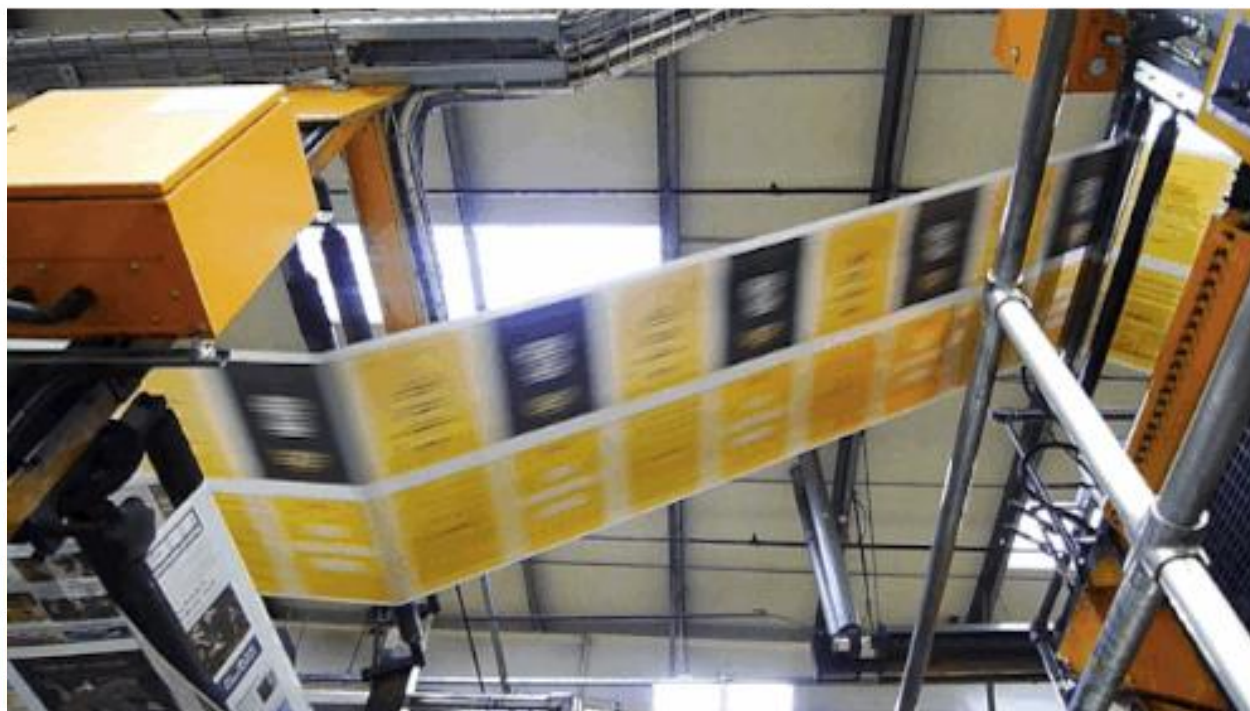
AFP

Guardian

BBC

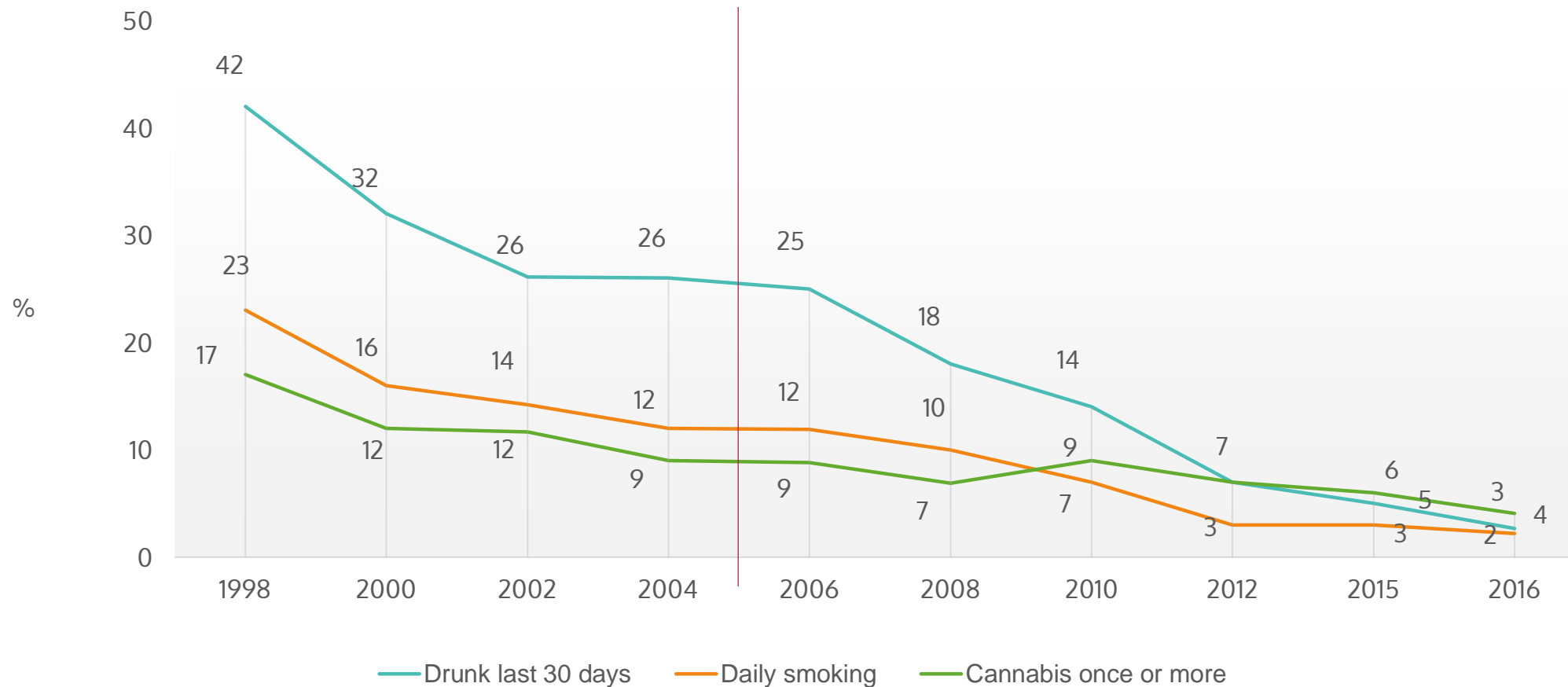
Mosaic

Huffingtonpost



International Development

International development of the Model



Youth in Europe started 2005

Easily Transferable

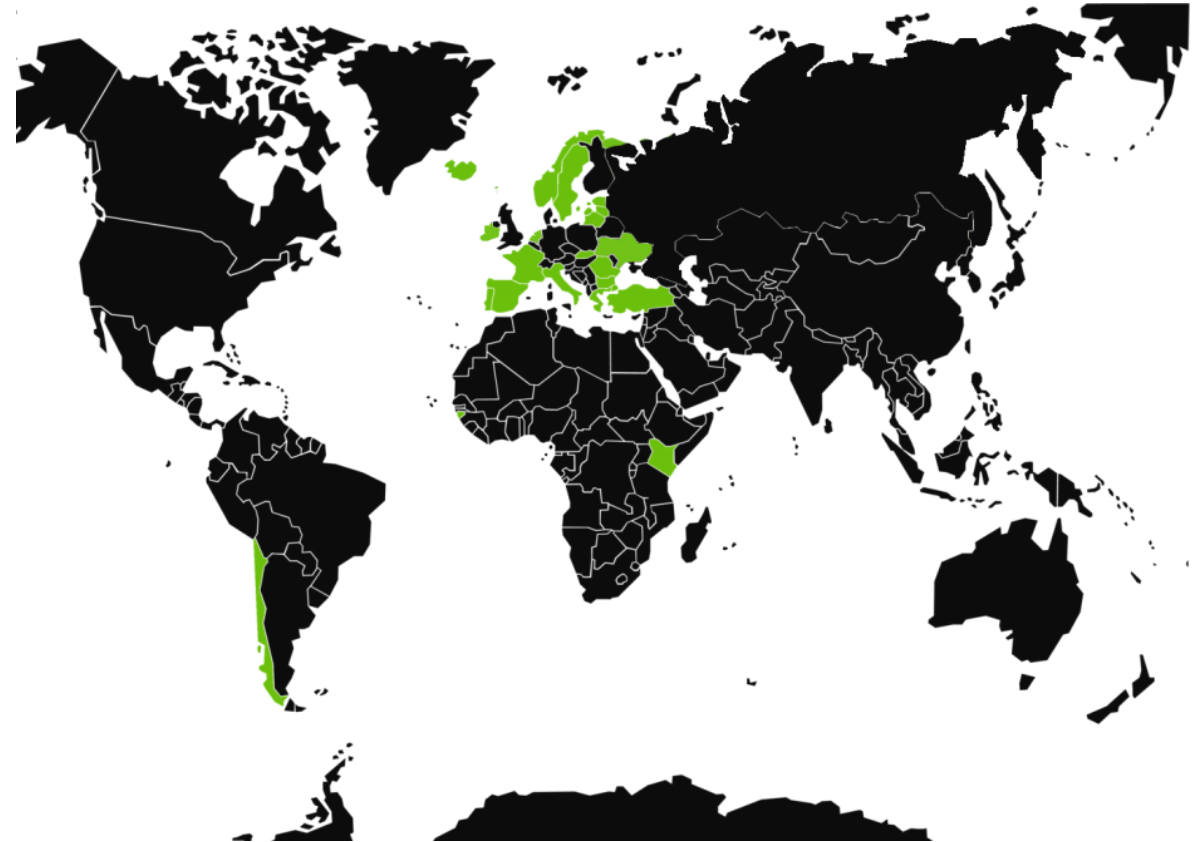


- The Model can be implemented in any community
- Everywhere parents are afraid that their children start using drugs
- If the solution is there, why not at least give it a try?



Global reach

As of 2018 we have partnered with a total of 58 communities in Chile, Portugal, Spain, France, Malta, Italy, Greece, Turkey, Slovakia, Romania, Moldova, Bulgaria, Lithuania, Latvia, Estonia, Sweden, Norway, Faeroe Islands, Netherlands, Ireland, Ukraine, Kenya and Guinea-Bissau.



Building blocks

The three pillars of success

The Icelandic model is predicated upon three pillars:

- 1) Evidence-based practice
- 2) Using a community-based approach
- 3) Creating and maintaining a dialogue among research, policy and practice

Evidence

Community-based

Dialogue

Upon reflection

evidence
community
dialogue

Why research based?

- Medicine
- Engineering
- Tourism
- Fisheries
- Pharmaceutical industries
- Children's lives, health and well-being



Youth in Iceland database 1992 - 2018

Data collections in schools

- 10 – 13 year old (since 2000) Primary school
- 14 – 16 year old (since 1992) Primary school
- 16 – 20 year old (since 1992) High-school

1992



Indicators



The twofold use of research

1. Scientific

2. Practical

The scientific role of research

- In depth analysis of the data
- Over **100 peer reviewed** publications in international journals
- Science forms the platform for practice





The practical role of research



- Data collections on substance use regularly
- Practical information immediately to the municipalities
- Local information INTO all levels of prevention work is a KEY issue

Immediate feedback

feedback

- Make sure practical information is out immediately after data collection
- Not 3-4 years later but almost immediately
- Every school, every parent, every prevention worker can have access to current situation in the close community

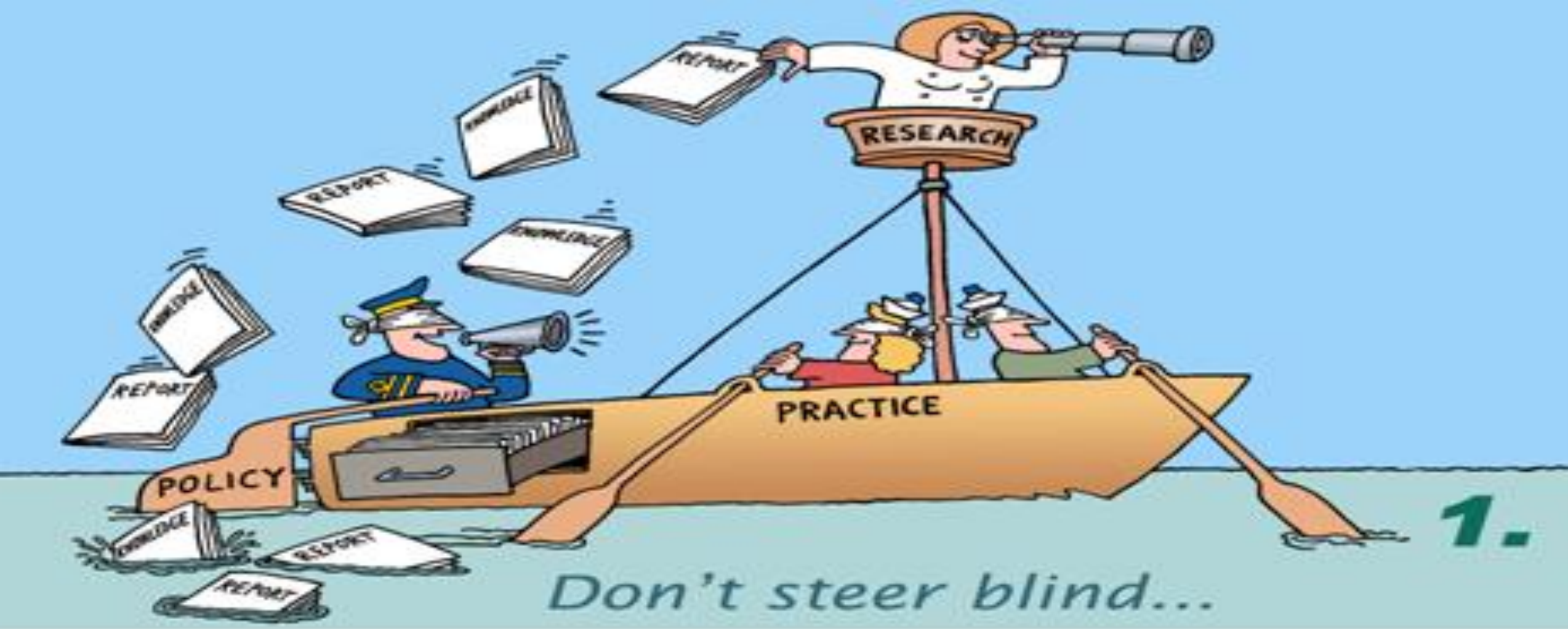
Measure often

- Continuously
- At least bi-annually
- Things change fast in the lives of adolescents



Sophisticated data systems

- Guarantee immediate feedback to municipalities, schools and practitioners about the local situation amongst youth.
- Speed and accuracy



The researchers "guru" approach



The way we work now

In a nutshell, to speed-up and integrate



Fact:

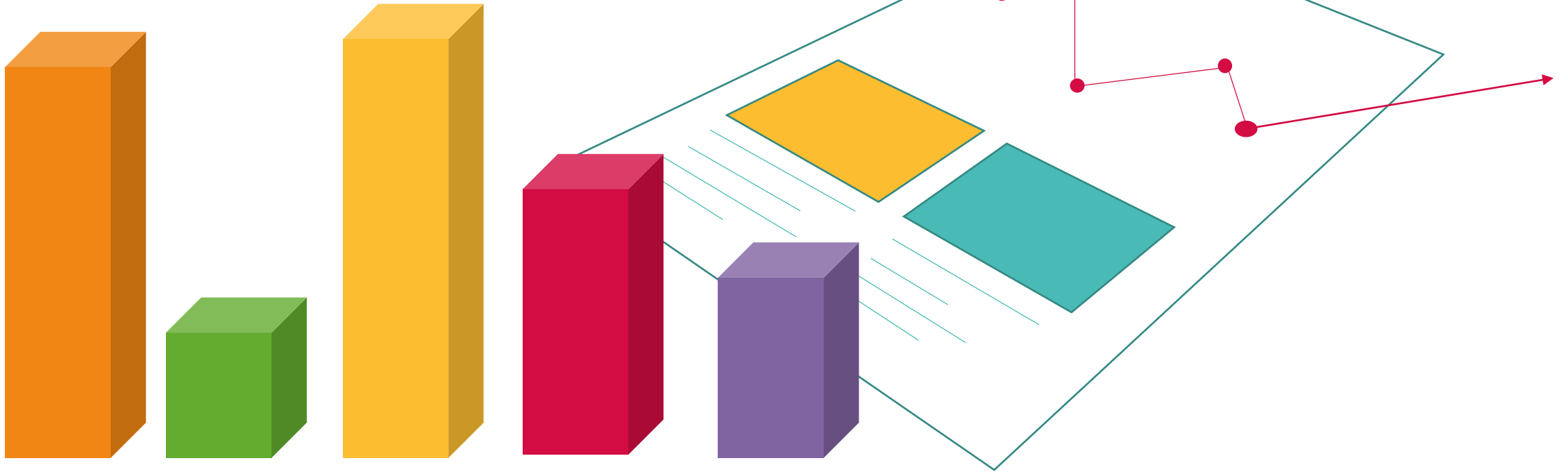
Substance use prevention:
There are no quick fixes or simple solutions

Long term population changes will require long-term,
population level, interventions

What did we learn?

Analysis

- We learnt several things
- Use of substances on an upward trend

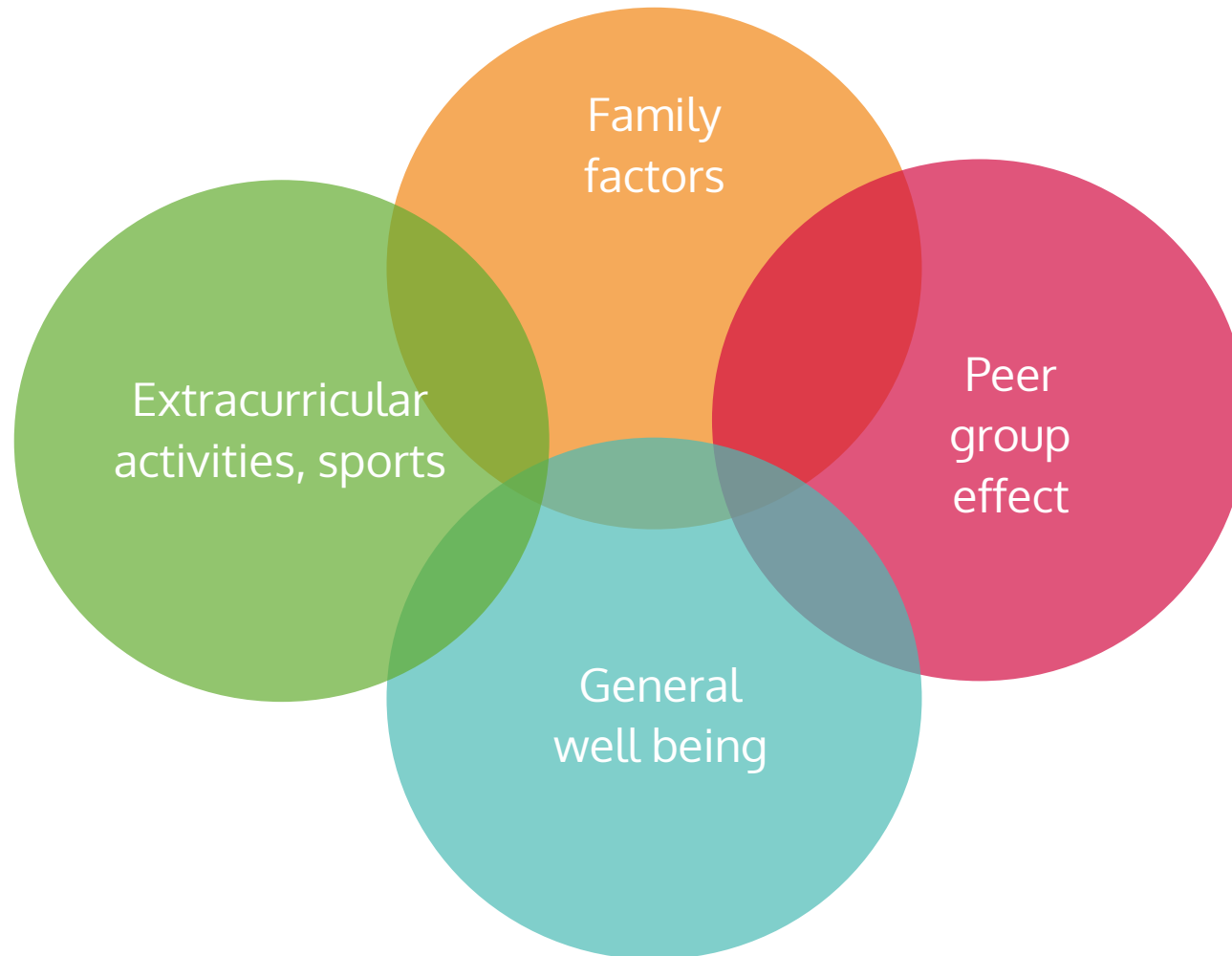


The year is 1998

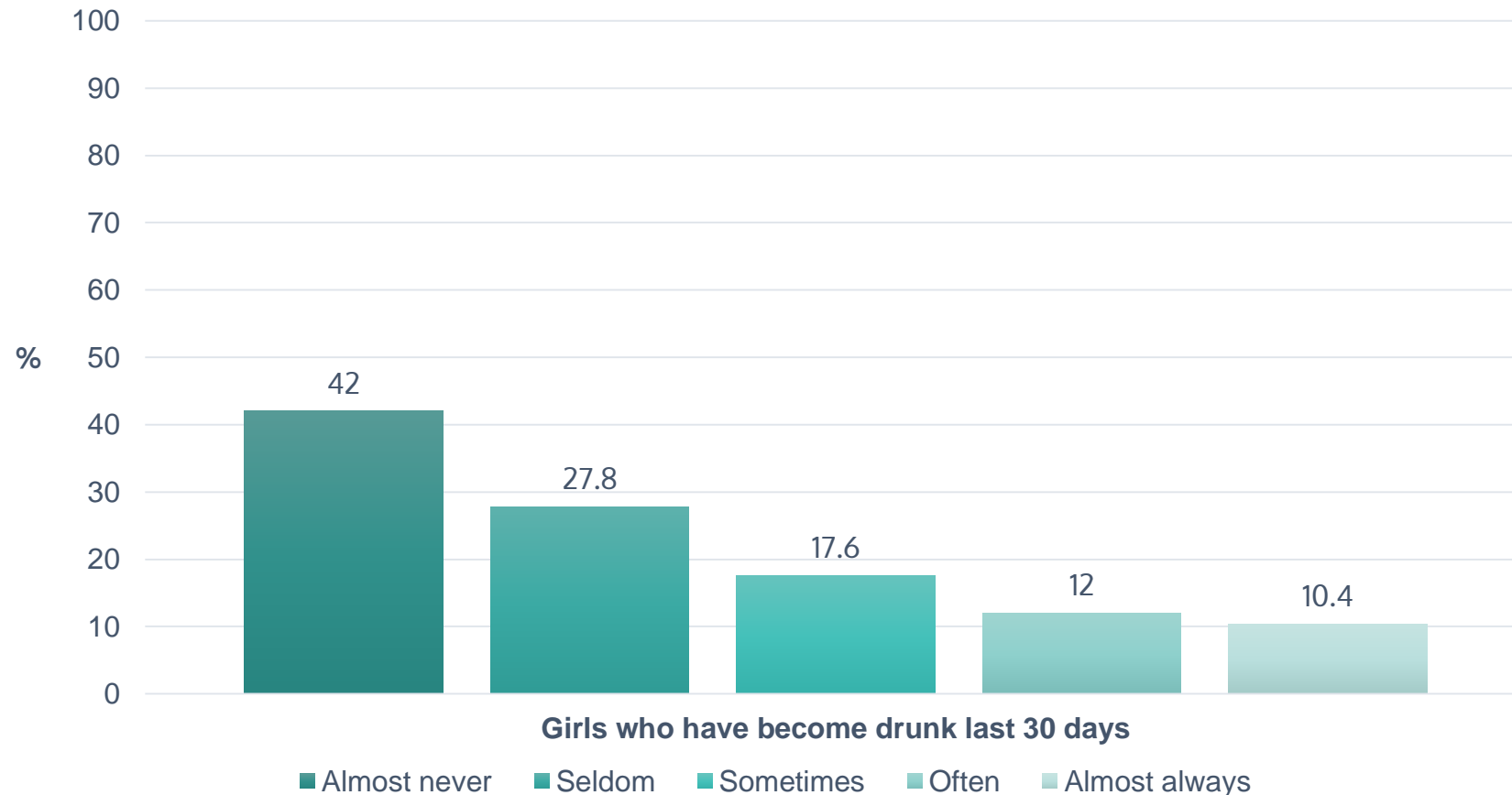
At this point in time research had already showed us that **certain circumstances and behaviour** in the lives of adolescents were strongly connected with substance use

We tried to establish the risk and protective factors

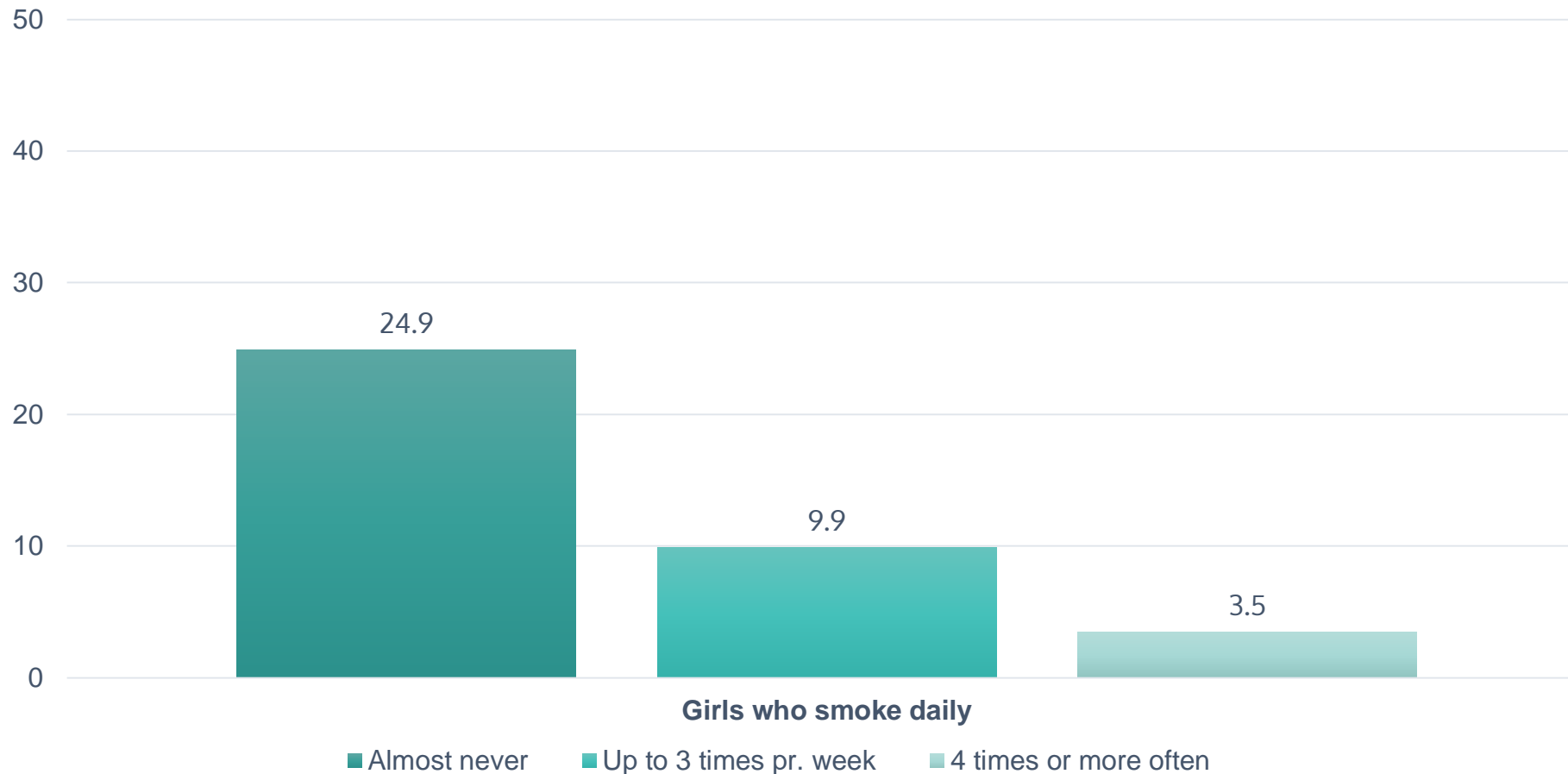
The main risk and protective factors



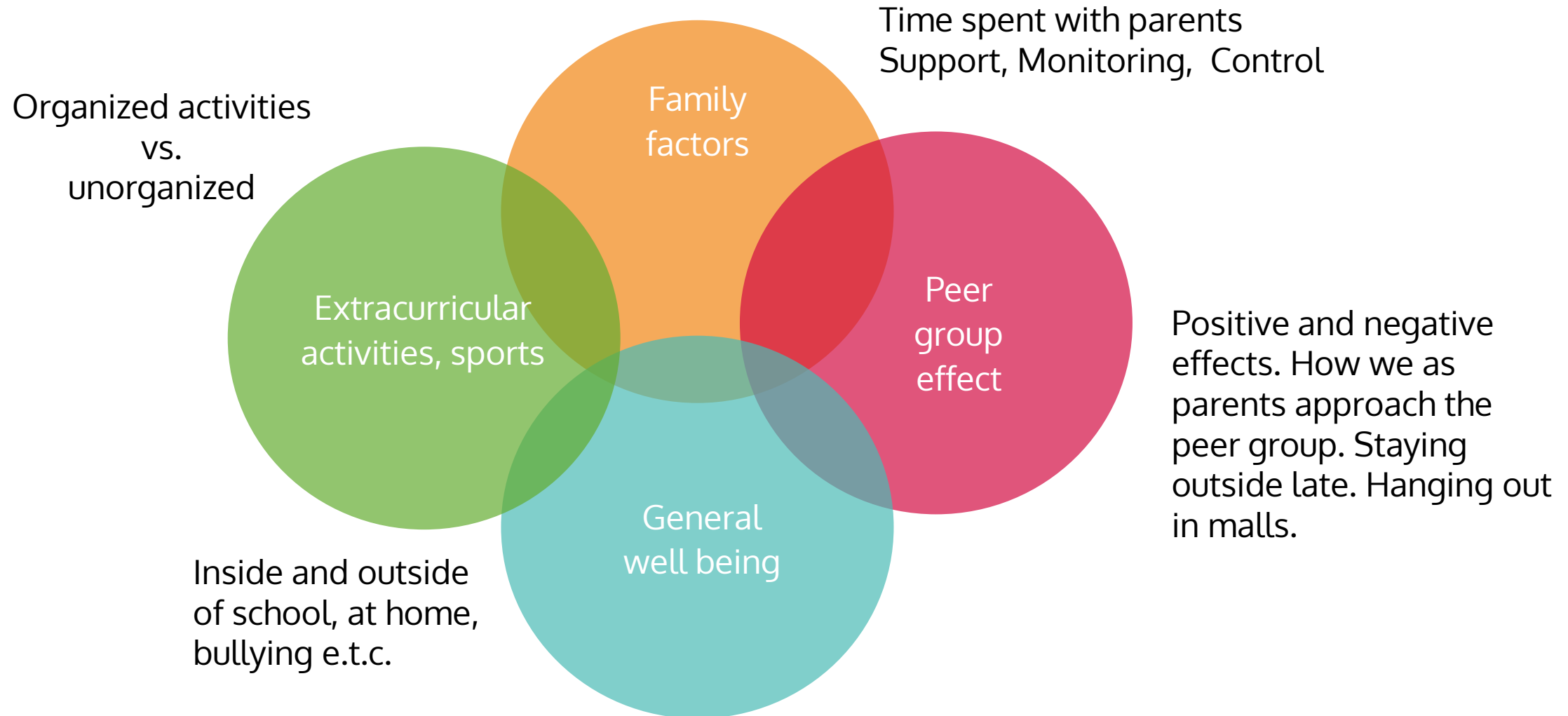
Strong connection between drinking alcohol and time spent with parents



Strong connection between smoking and participation in sports

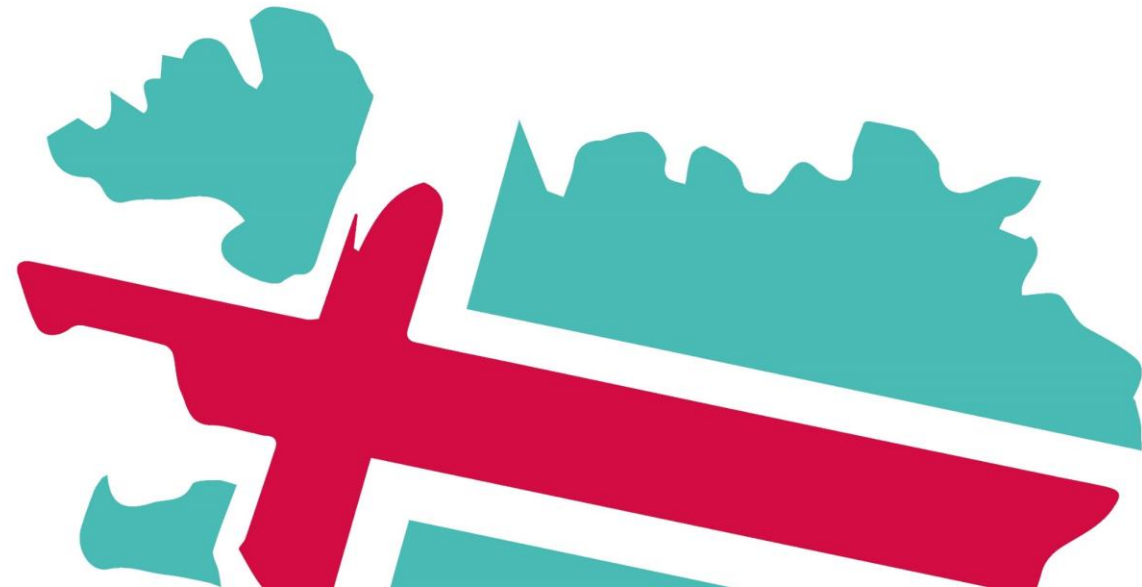


And analysing deeper



1998 Drug-free Iceland

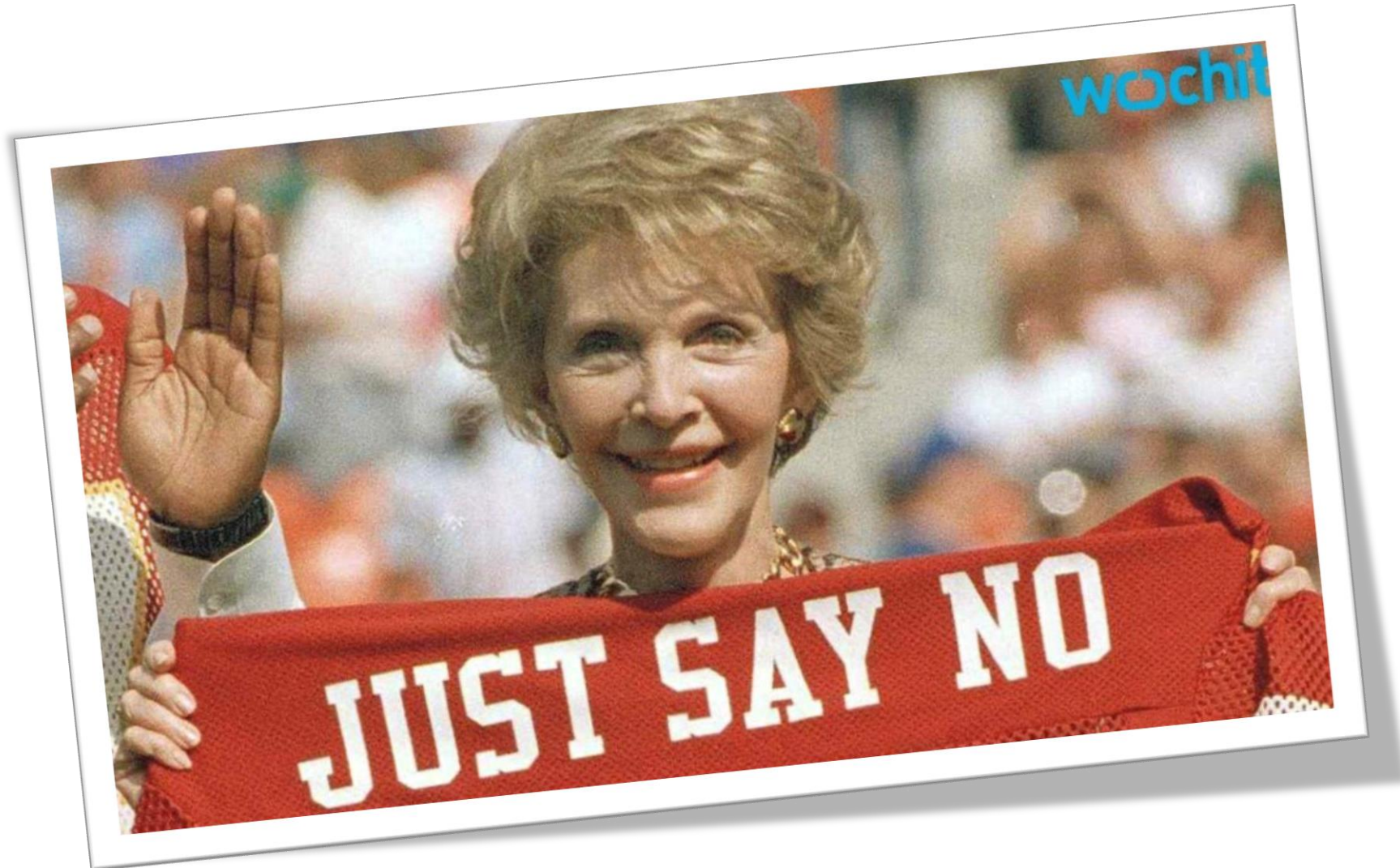
- A totally new methodology in substance use prevention
- Obviously, what we had been doing before, was not working



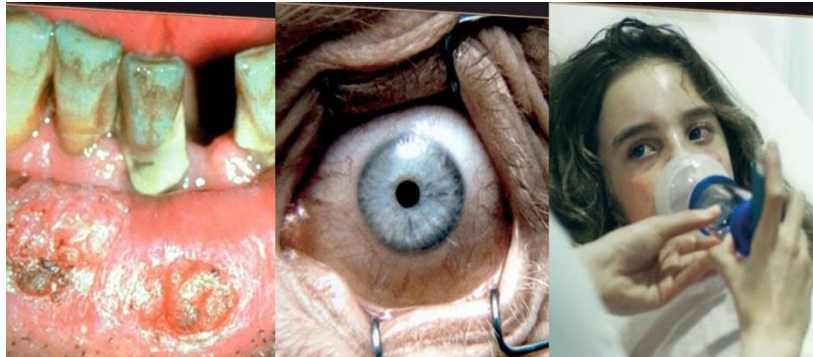
We had been doing this



Remember this?



SEE THE HORRORS

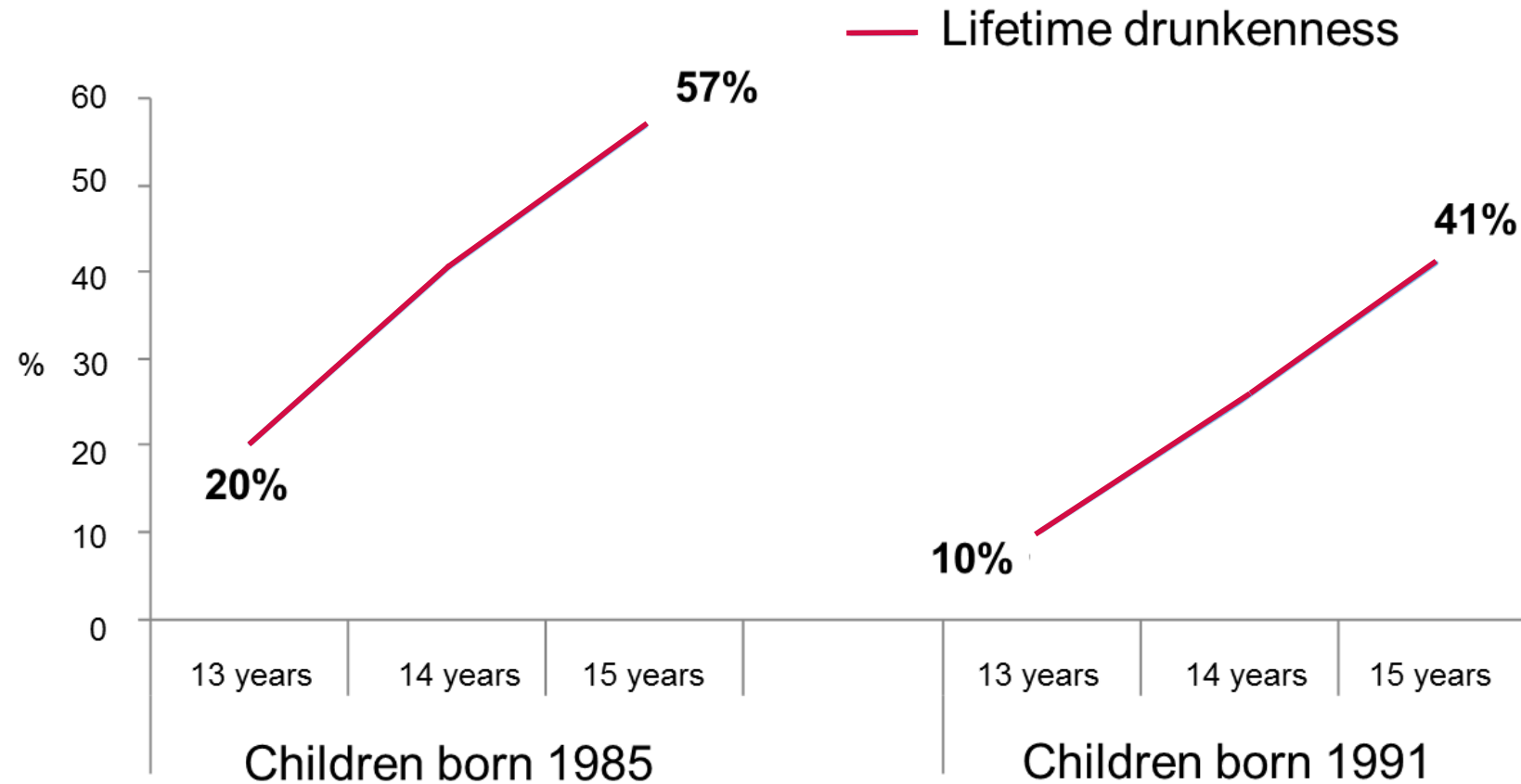


Aim of Drug-free Iceland

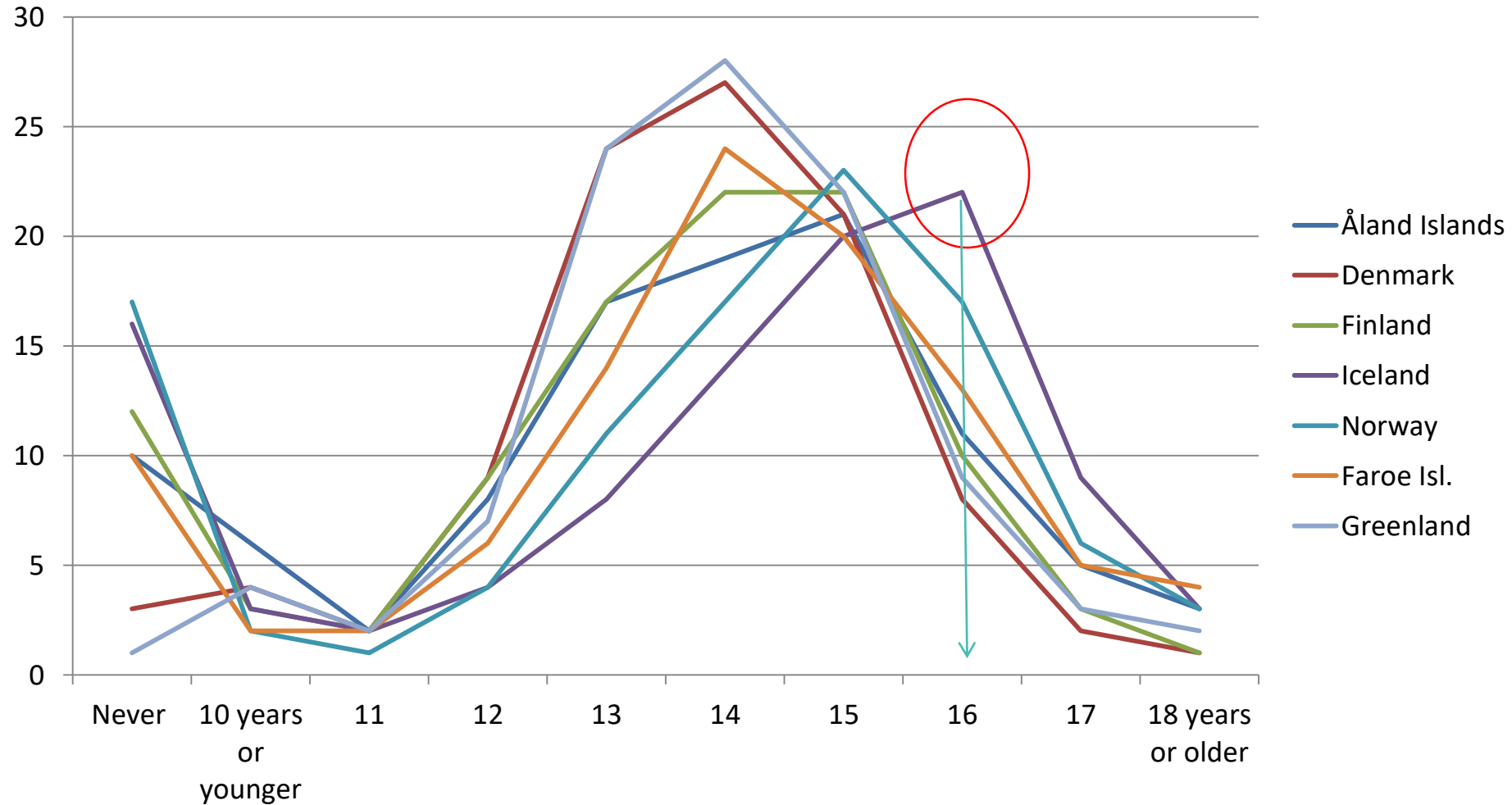
- To change the actual **behaviour** of youth and not only their **attitudes**
- Change the **life-style environment** of our children so that they would be in **lesser risk** of substance use

Digging deeper

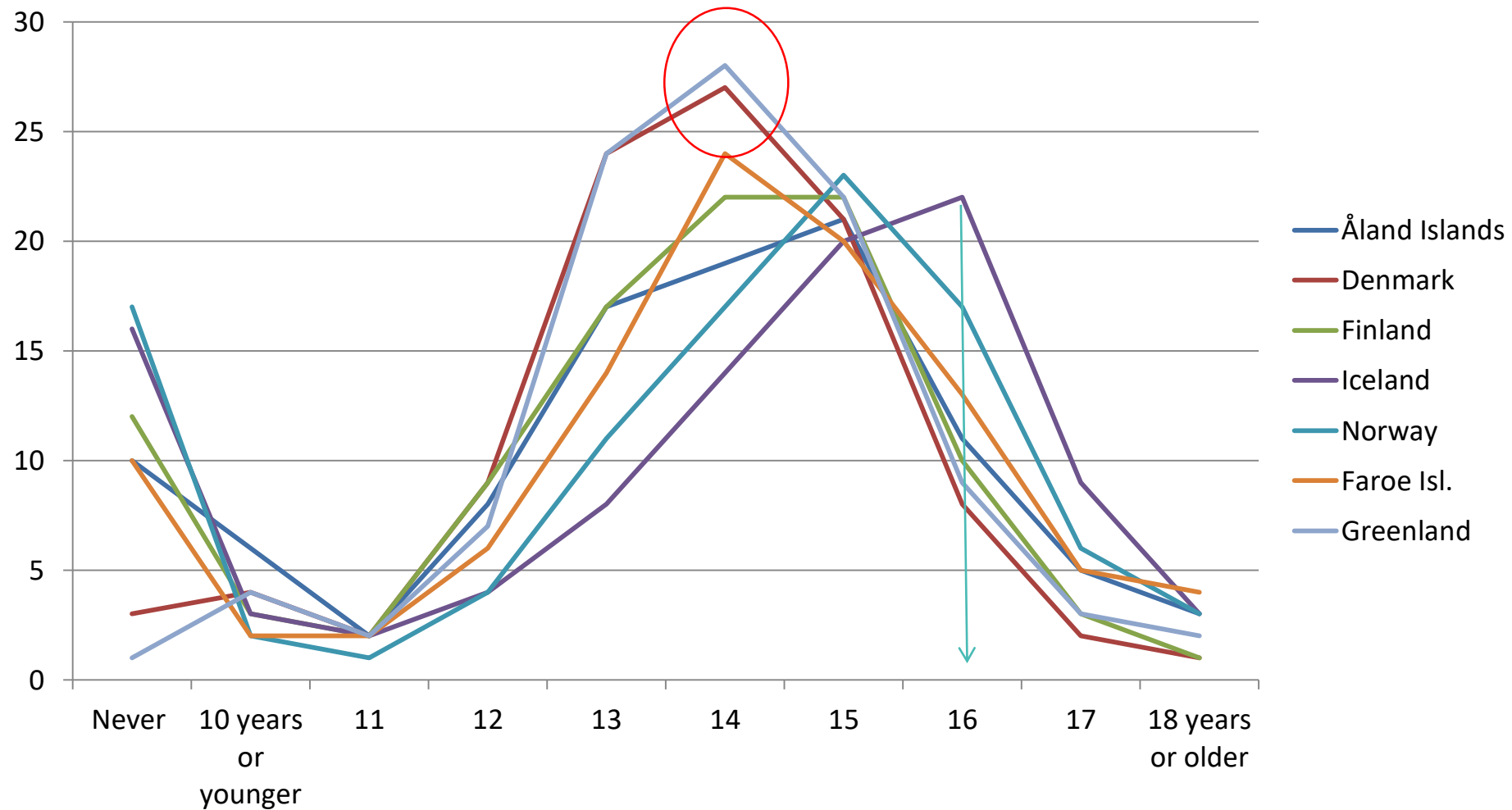
Substance use follows cohorts



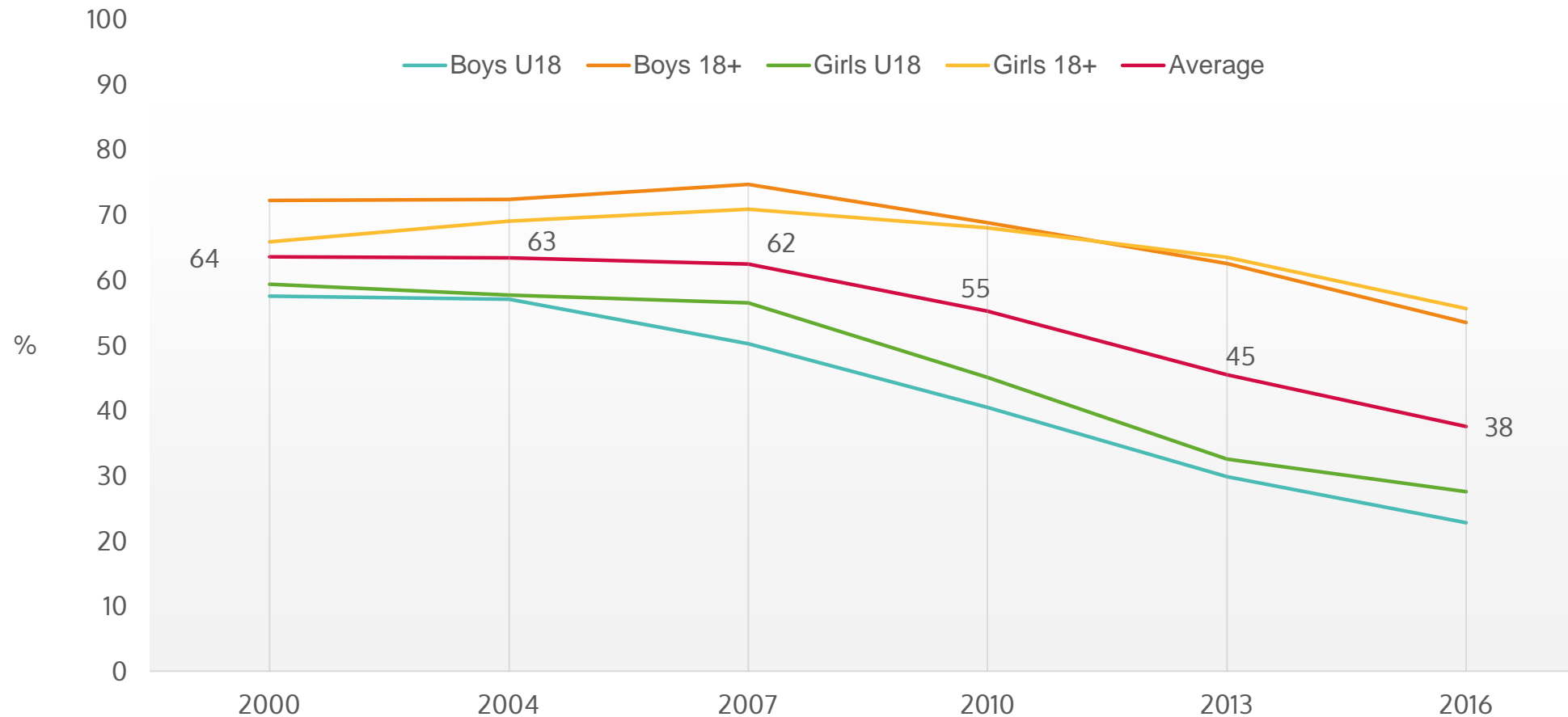
Alcohol onset – From the 2009 Nordic Youth Study



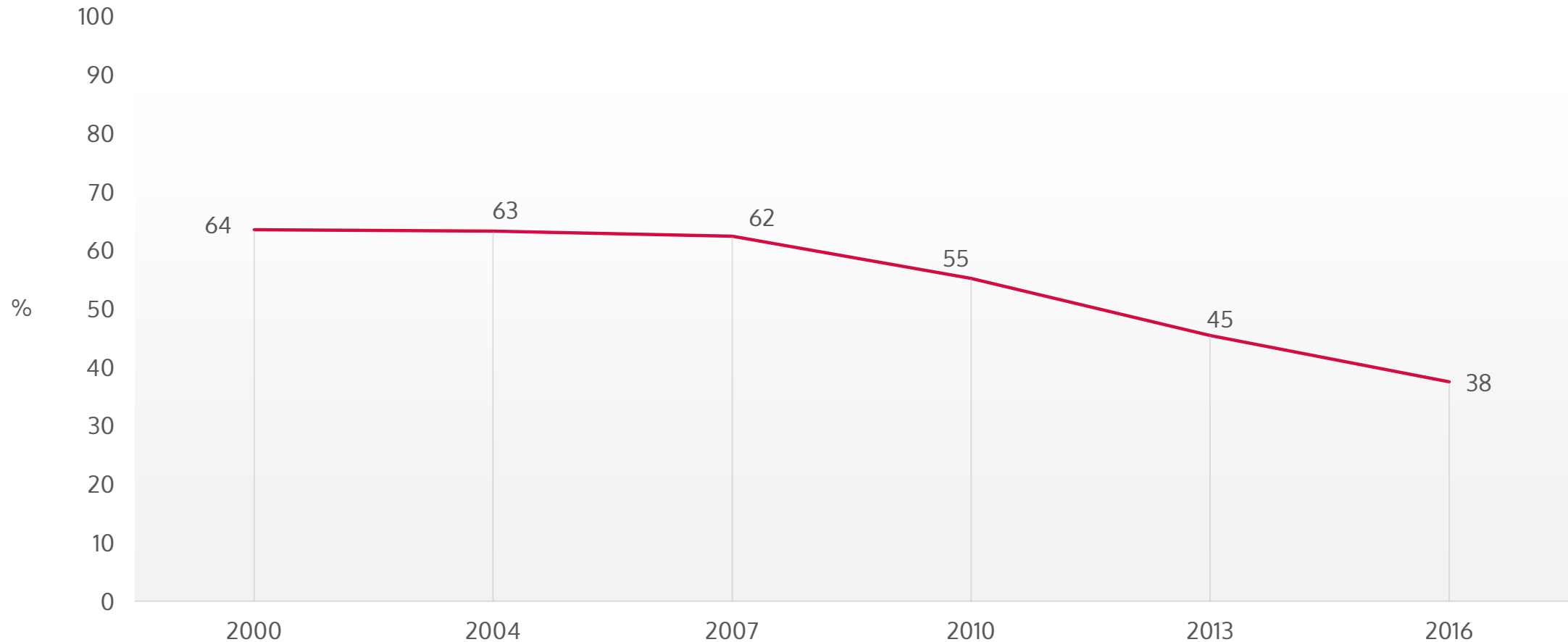
Alcohol onset – From the 2009 Nordic Youth Study



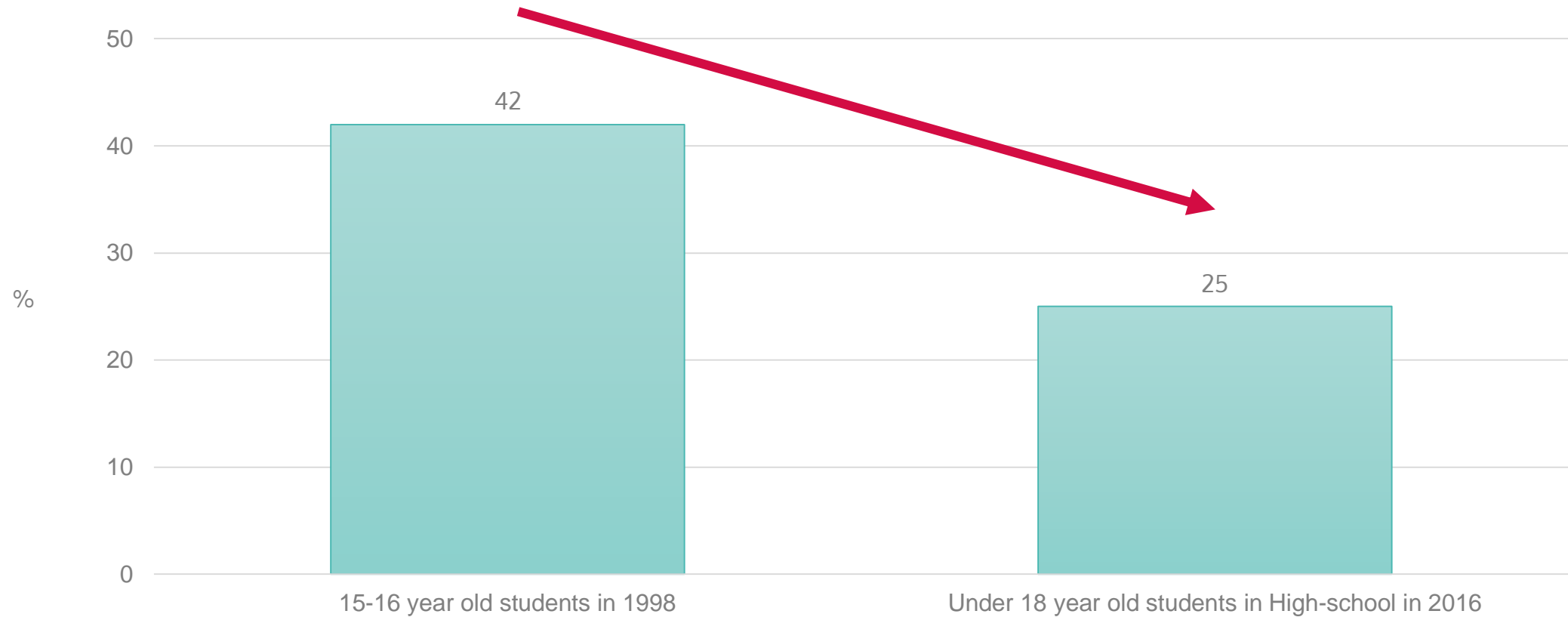
Alcohol use trend in Icelandic High-Schools 16 - 20 year old students



Alcohol use trend in Icelandic High-Schools 16 - 20 year old students

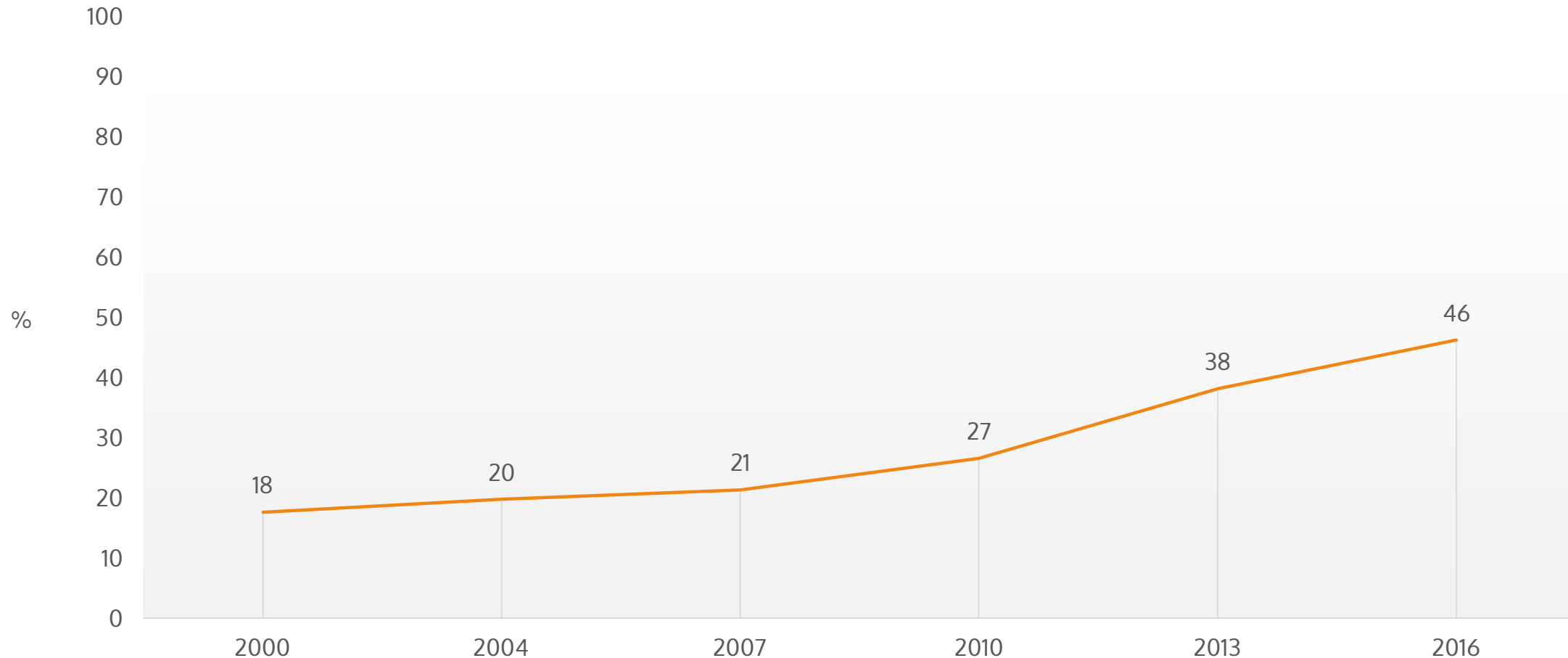


Drunk past 30 days – once or more often



Never got drunk in lifetime

High-Schools 16 - 20 year old students



Quote from NIH*

“Underage drinking is a leading public health problem.

People who reported starting to drink before the age of 15 were four times more likely to report meeting the criteria for alcohol dependence at some point in their lives”

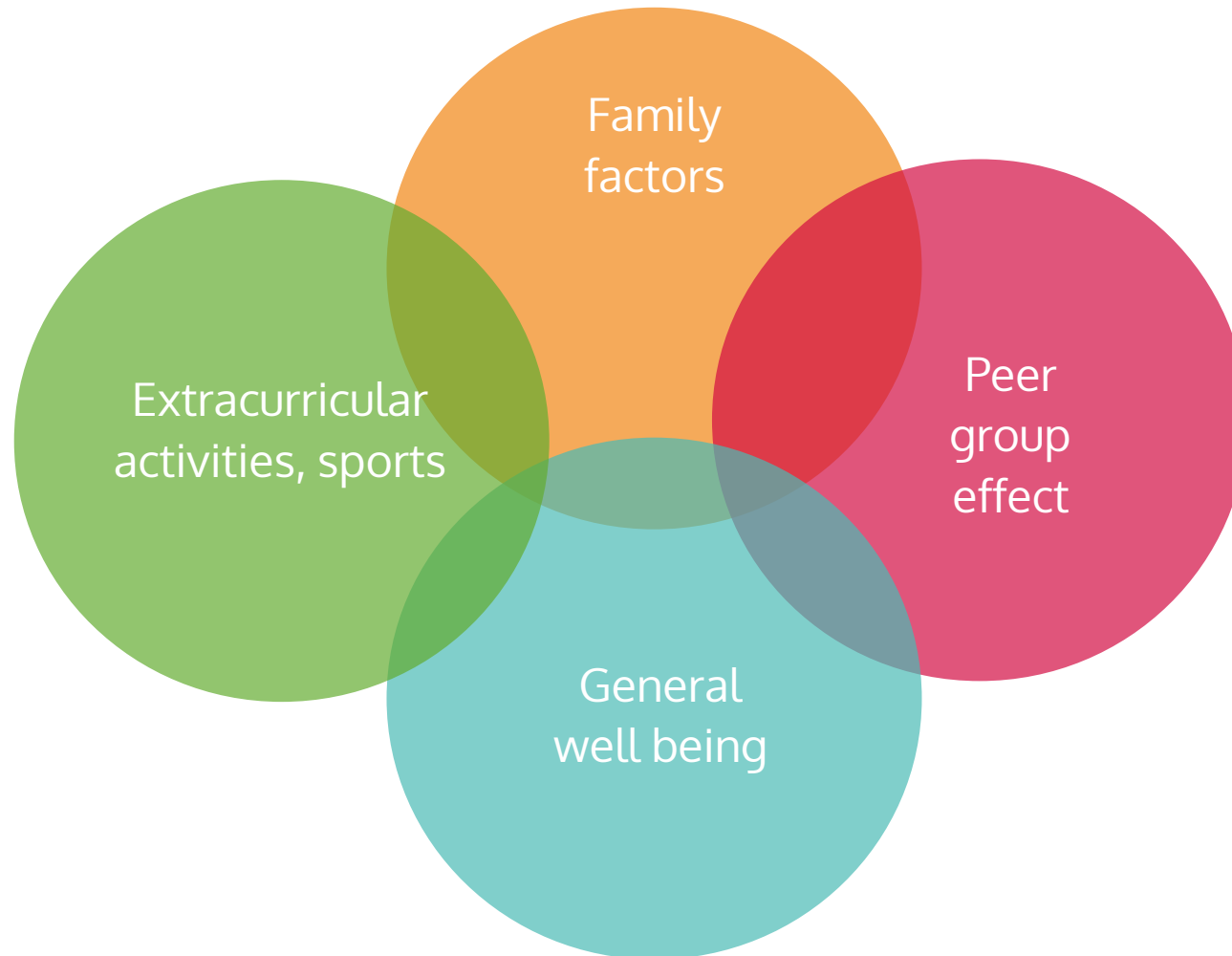
* National Institute of Health

Our focus is primary prevention

- 1** Primary prevention, preventing the development of substance use before it starts
- 2** Secondary prevention, that refers to measures that detect substance use
- 3** Tertiary prevention efforts that focus on people already abusing substances

How were the findings used?

This we knew was important



Examples of local/community actions

- Research as a basis before deciding on any actions
- Strengthen parent organizations and co-operation
- Support young people at risk inside schools
- Form co-operative work groups against drugs
- Support active NGOs'
- Support extracurricular activities / sports



Leisure time of adolescents



?

Leisure time of adolescents

+ 70% of awake time

Reykjavik City grants to organizations NGO's in the year 2015

Total grants around 7% of the overall budget of the City

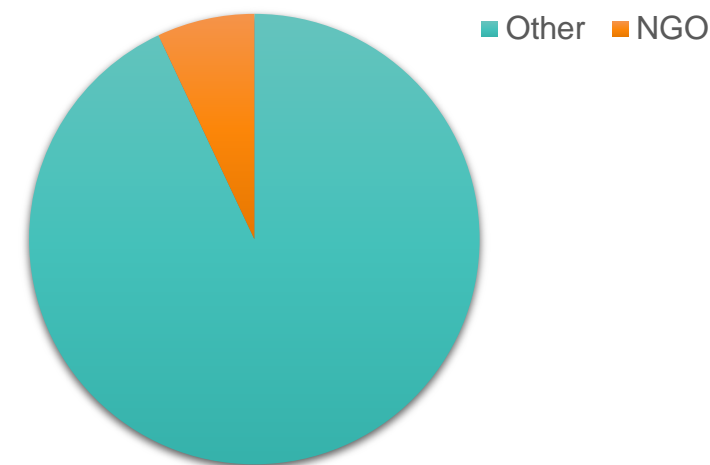
Youth- and Sports Organizations Euro 48 m.

Youth clubs/centres, after school activities Euro 24 m.

Cultural organizations Euro 14 m.

Music schools and schoolbands Euro 8 millj.

The Leisure Card – Euro 6 millj.



Reykjavik City Budget

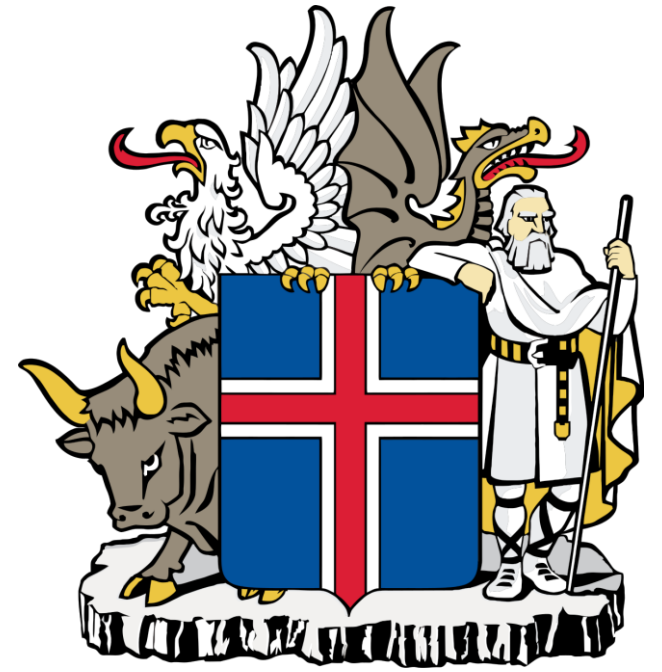
The Leisure Card

- The grant is **400 Euro pr. child** since the beginning of 2017.
- Parents have the right to allocate / transfer a certain amount in the name of their child, to refund the registration fees
- The purpose of the Leisure Card is that all children and adolescents in Reykjavik 6-18 years old can participate in constructive leisure activities regardless of economic or social circumstances



Examples of national/government actions

- Age limits to buy tobacco and alcohol (18 and 20)
- Age of adulthood raised from 16 to 18
- Advertising ban of tobacco and alcohol
- Guidelines on outside hours for adolescents
- Visibility ban of tobacco and alcohol



Tobacco and chewing gum



Peanuts and gin



Community focus

Focus on close community

How could an average figure on alcohol use in your country help prevention workers in your community/municipality?

"Average" doesn't tell all the story!



**close
community**

Focus on the
close
community

Turku

Lapua



Local information fuels dialogue

Dialogue between key stakeholders

Politicians, municipalities and local authorities

Parental groups and family planners

School authorities and school workers

Health educators, health and social services

Leisure time workers, prevention workers

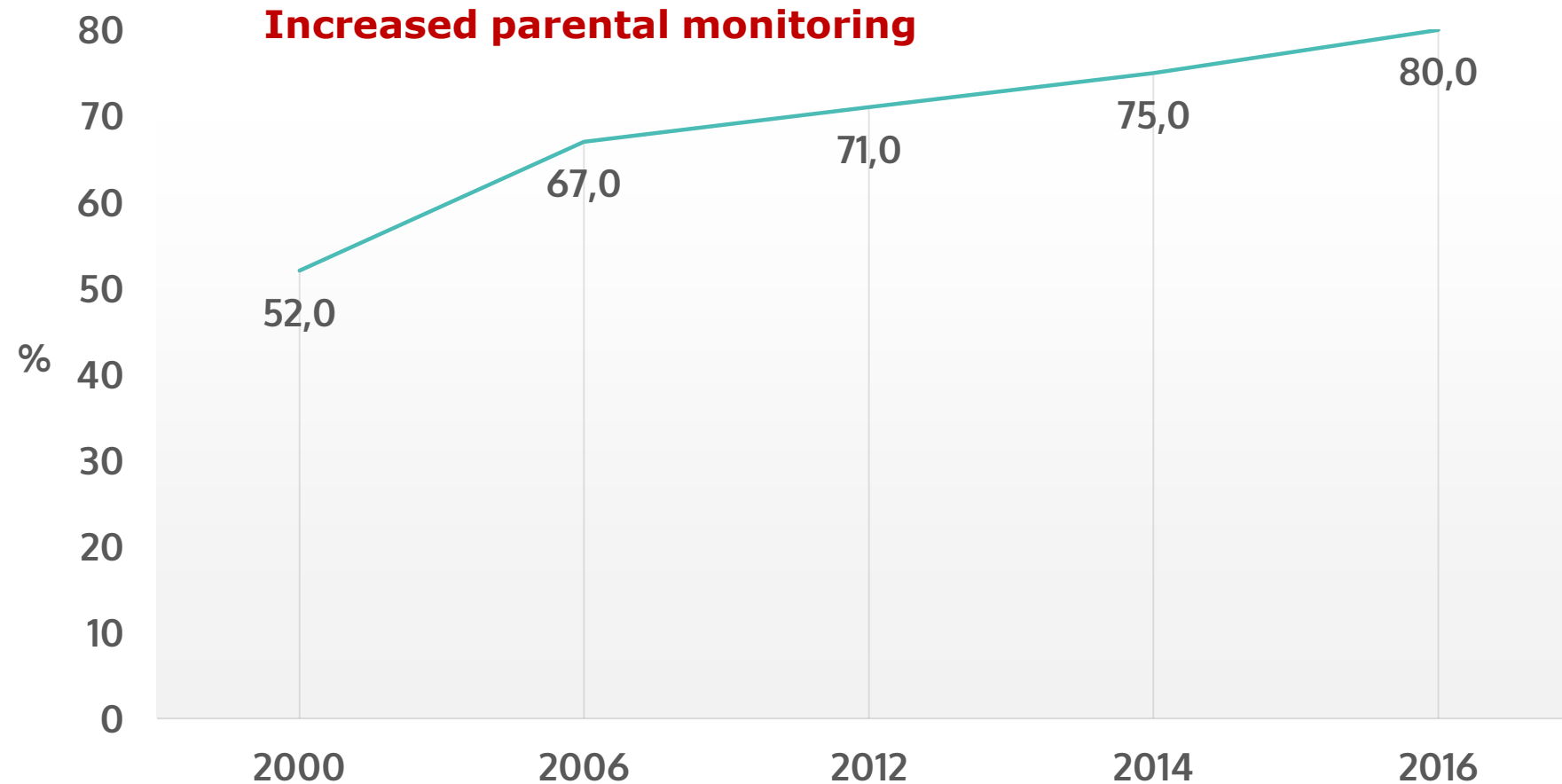
Sports and youth institutions

A teal speech bubble containing a list of stakeholders.

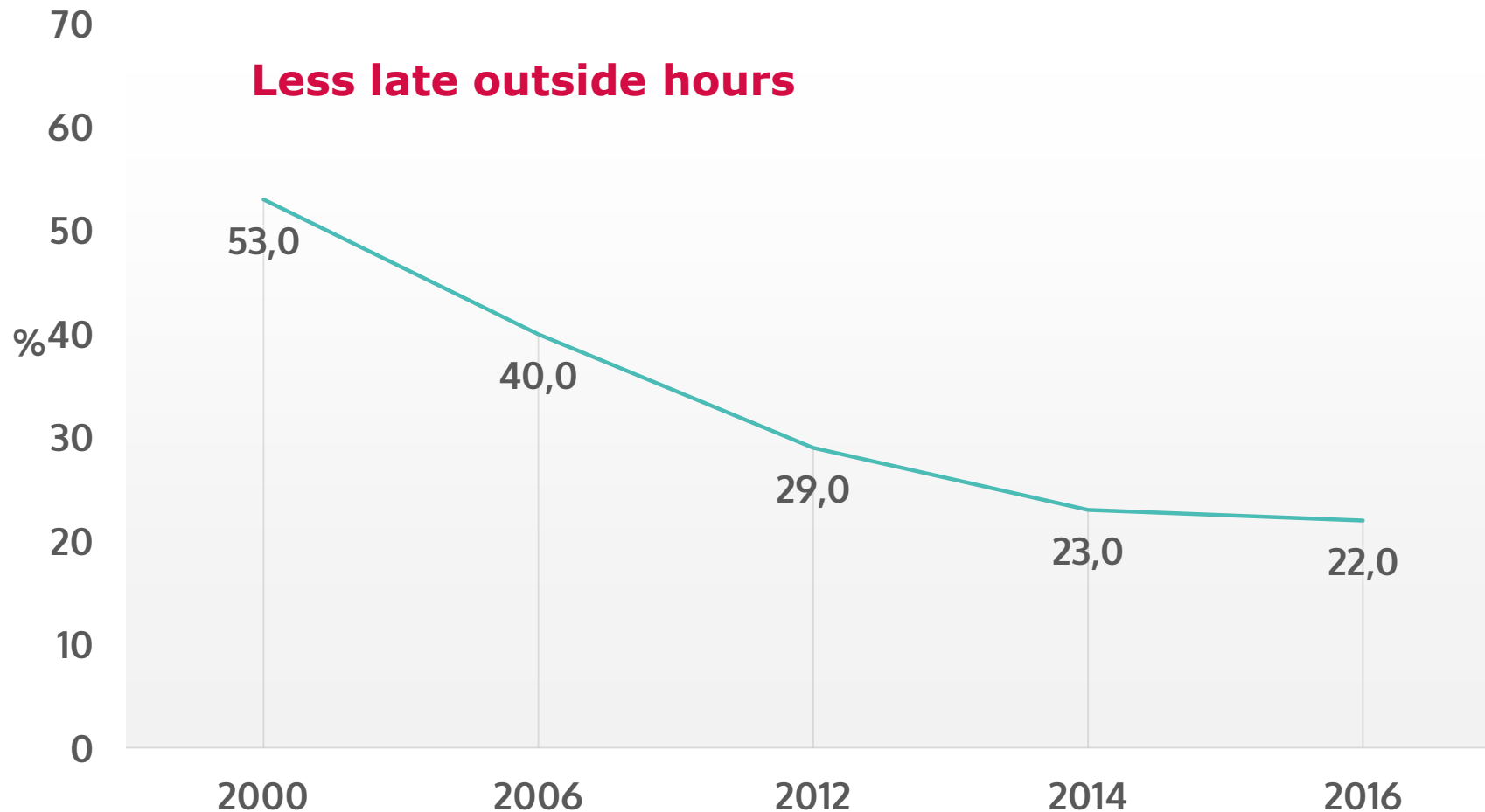
Stakeholders
Politicians
Municipalities
Local authorities
Parental groups
Family planners
School authorities
School workers
Health educators
Health services
Social services
Leisure time workers
Prevention workers
Sports institutions
Youth institutions

Impact

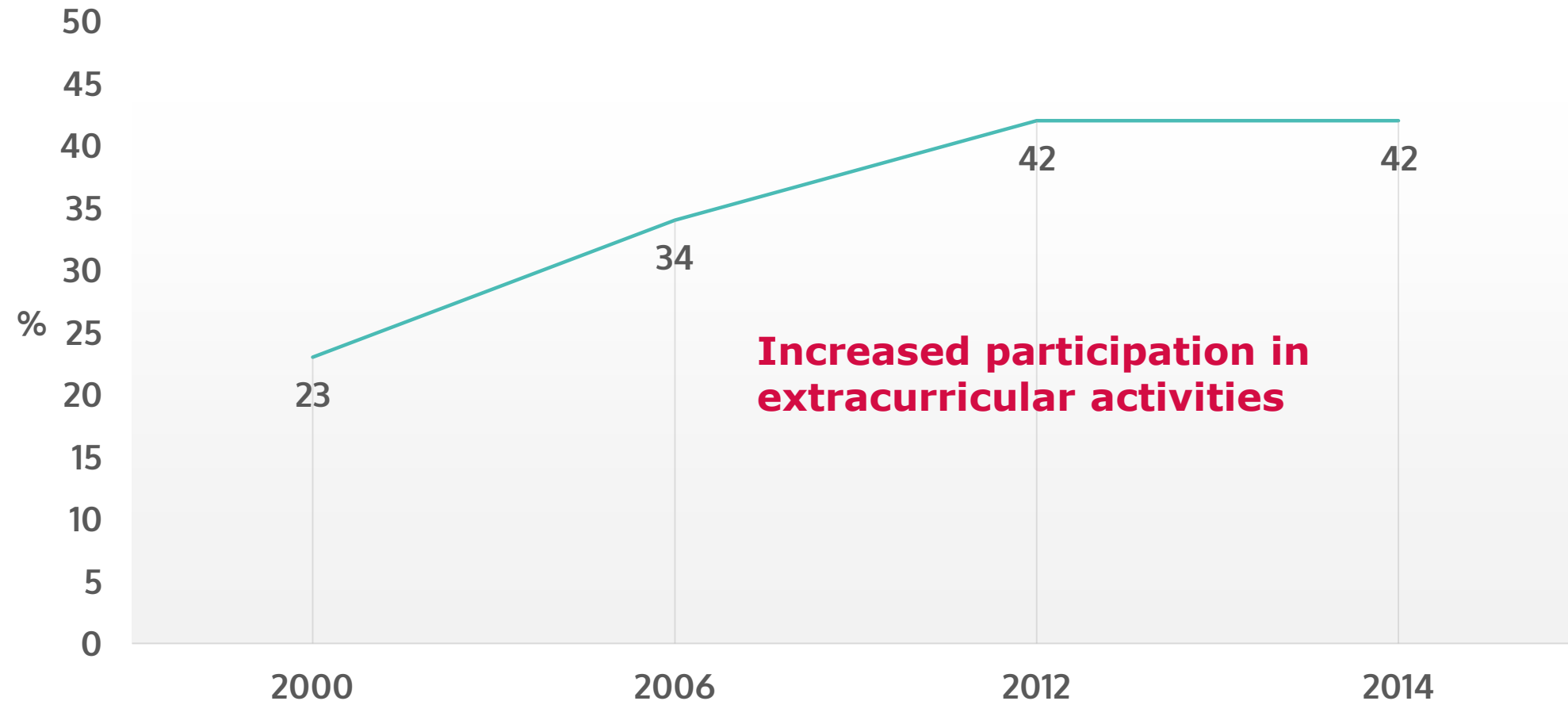
"My parents know where I am in the evenings"
(applies very or rather well to me) 9th and 10th grade



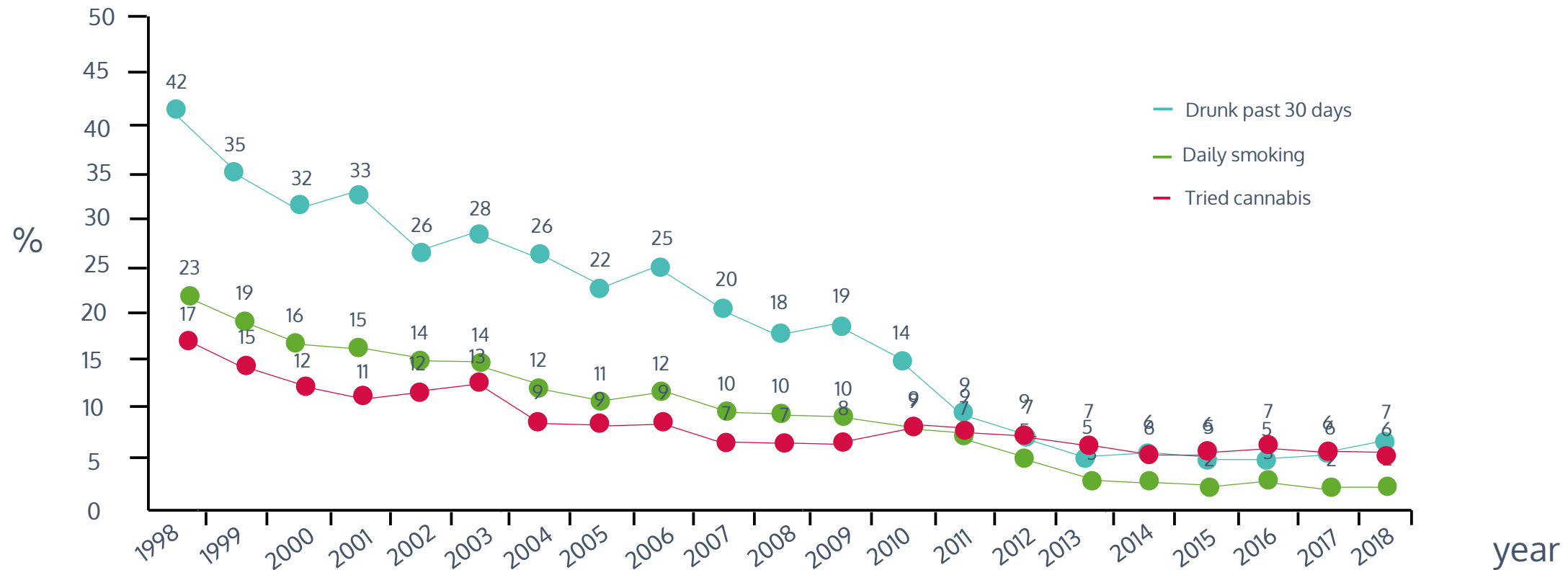
Rates of students in 9th and 10th grade who have been outside after 10 pm, 3 times+ in the past week



Percentage of students in 9th and 10th grade that participate in sports in a sports club four times per week or more



And substance use is going down



www.planetyouth.org

- Overview of publications
- Members area with more info on processes
- News
- Overview of the team
- Our history
- The method
- Examples from our data collection
- Applications and contact us forms



Thank you !



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Icelandic Model publications



1. Kristjansson, AL., Sigfusdottir, ID., Thorlindsson, T., Mann, MJ., Sigfusson, J., Alle (2016). Population trends in smoking, alcohol use, and primary prevention variables among adolescents in Iceland, 1997-2014. *Addiction*, 111, 645-652.
2. Kristjansson, A.L., Sigfusdottir, I.D., Allegrante, J.P. (2013). Adolescent substance use and peer use: A multilevel analysis of cross-sectional population data. *Substance Abuse Treatment, Prevention, and Policy*, 8:27.
3. Kristjansson AL, Sigfusson J, Sigfusdottir ID, Allegrante, JP (2013). Data collection procedures for school-based surveys among adolescents: the Youth in Europe Study. *Journal of School Health*, 83, 662-667.
4. Sigfusdottir, ID., Kristjansson, AL., Gudmundsdottir, ML., Allegrante, JP. (2011). Substance use prevention through school and community-based health promotion: A transdisciplinary approach from Iceland. *Global Health Promotion*, 18(3), 23-26.
5. Sigfusdottir, ID., Kristjansson, AL., Gudmundsdottir, ML., Allegrante, JP. (2010). A collaborative community approach to adolescent substance misuse in Iceland. *International Psychiatry*, 7(4), 86-88.
6. Kristjansson, AL., James, JE., Allegrante, JP., Sigfusdottir, ID., Helgason, AR. (2010). Adolescent substance use, parental monitoring, and leisure time activities: 12-year outcomes of primary prevention in Iceland. *Preventive Medicine*, 51, 168-171.
7. Sigfusdottir, ID., Thorlindsson, Th., Kristjansson, AL., Roe, KM., Allegrante, JP. (2009). Substance use prevention for adolescents: The Icelandic Model. *Health Promotion International*, 24(1), 16-25.

