



**EVIDENCE BASED
PRIMARY PREVENTION.
20 YEARS OF SUCCESS**

JON SIGFUSSON

ICSRA

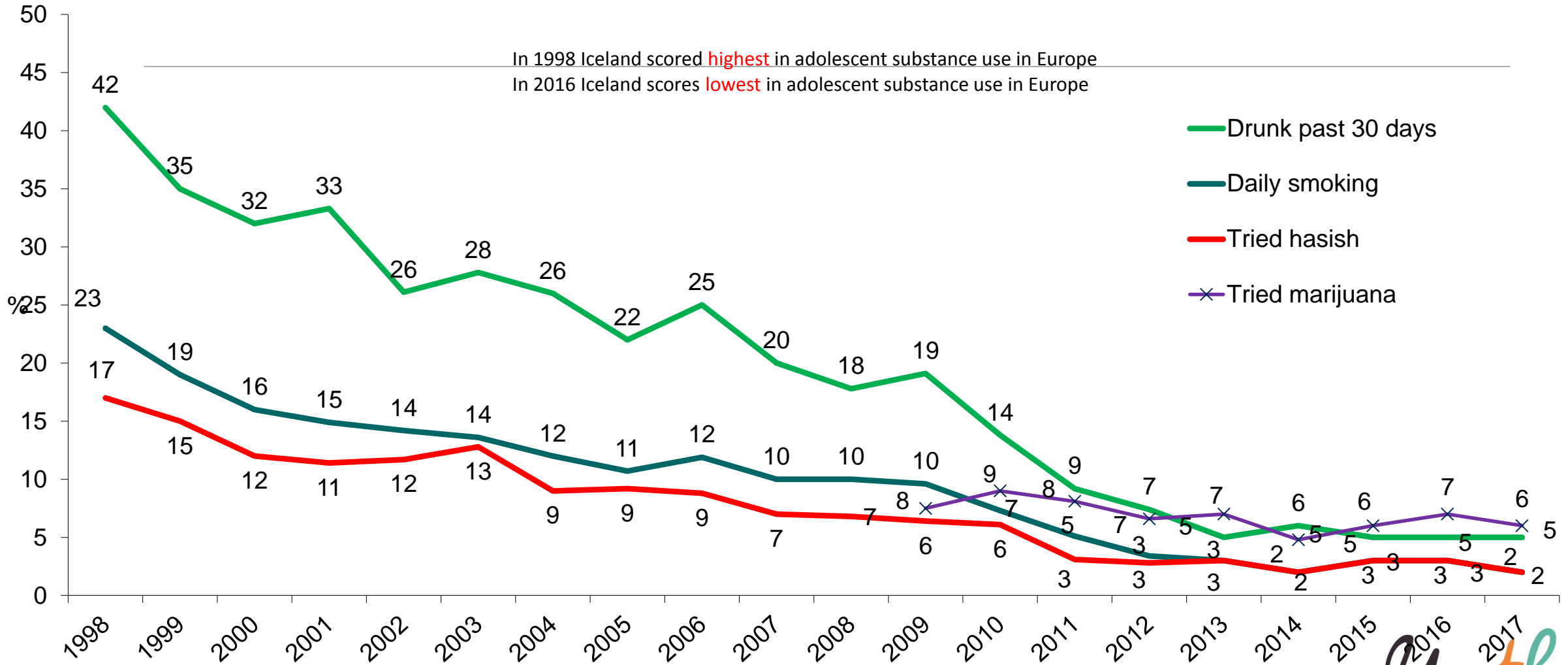


**Youth
IN EUROPE**
EVIDENCE-BASED DRUG PREVENTION



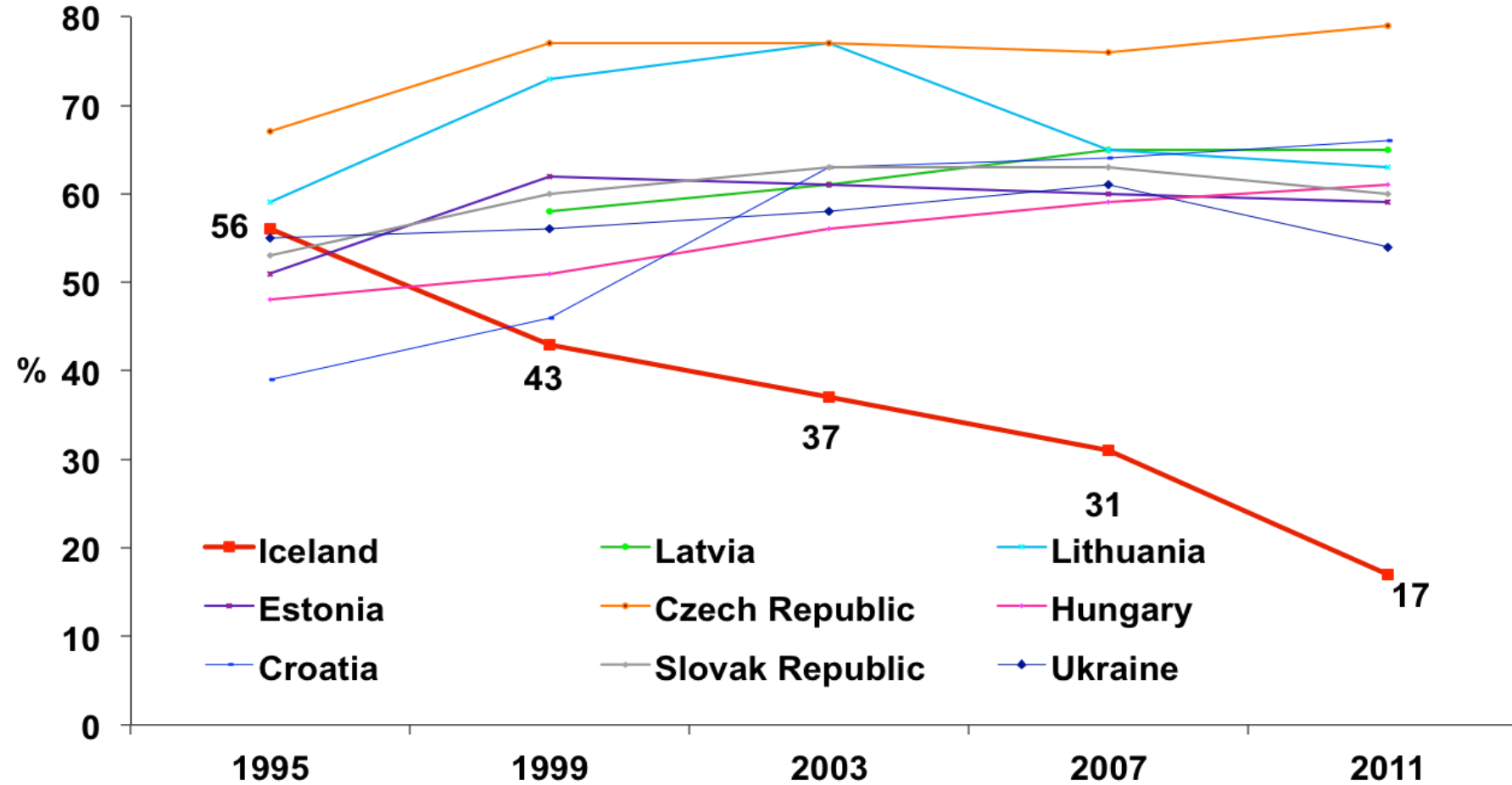
Based on the Icelandic Prevention Model

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



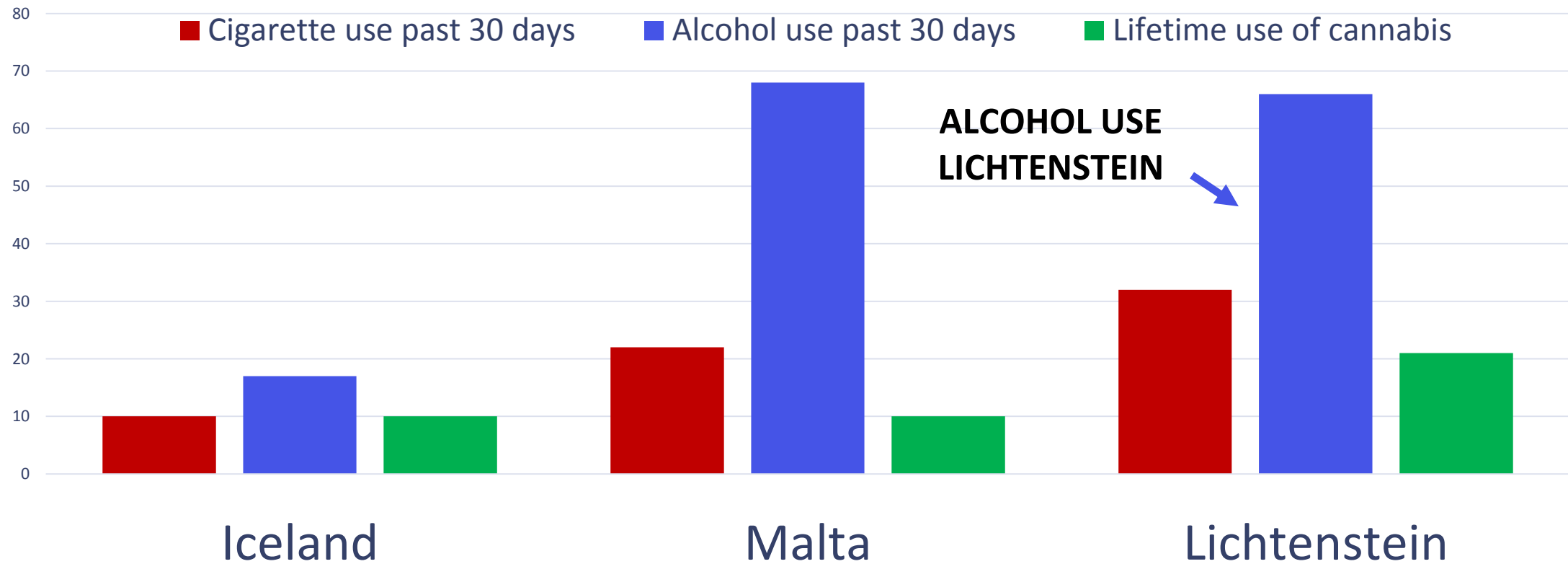
Substance use trend in several countries 15-16 year old adolescents

(Alcohol use past 30 days, ESPAD 2011)



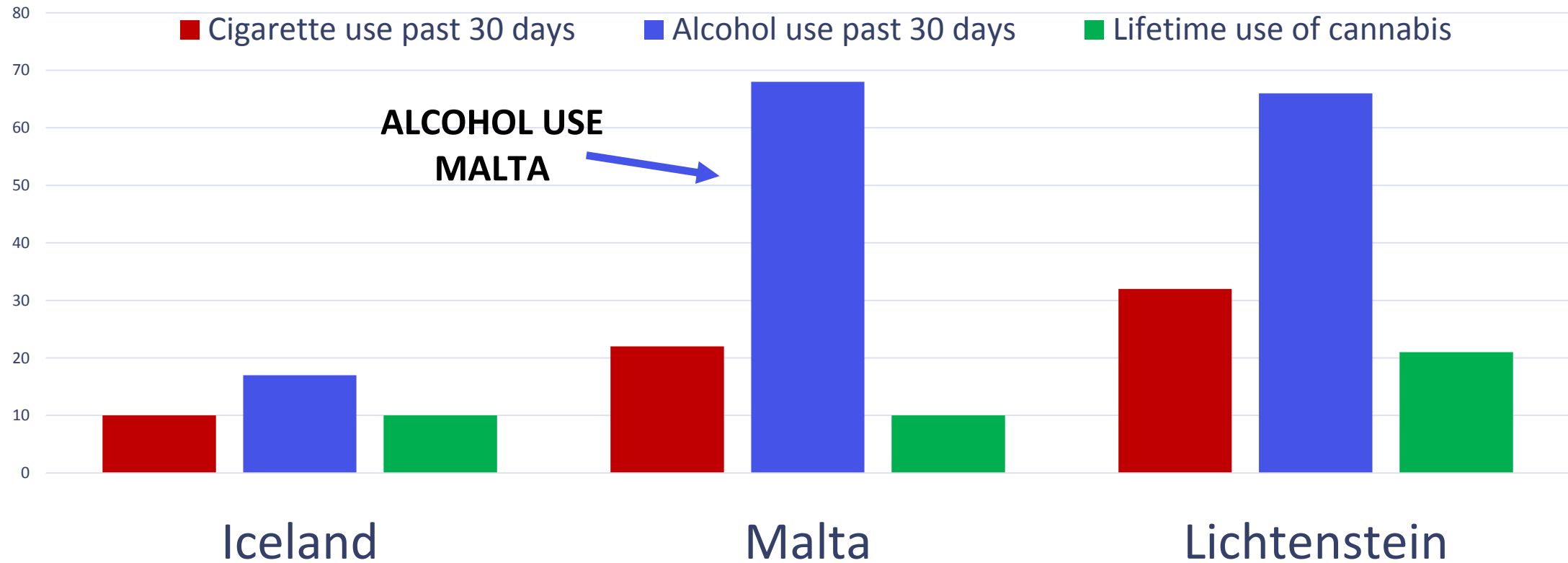
Substance Use Amongst European Youth

(ESPAD, 2011)



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Substance Use Amongst European Youth

(ESPAD, 2011)



The three pillars of success

The Icelandic model is predicated upon three pillars of success:

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



Easily Transferable



The Model can be implemented in any community

Everywhere parents afraid that their children start using drugs

If the solution is there, why not at least give it a try?

Cities in 18 countries in Europe

Portugal Spain France Malta Italy Greece
Turkey Slovakia Romania Moldova
Bulgaria Lithuania Latvia Estonia Russia
Sweden Norway Faroe Islands

140 thousand questionnaires

The role of research



Why research based?

Medicine

Engineering

Tourism

Fisheries

Pharmaceutical industries

Children's lives, health and well-being

ICELANDIC database 1992 – 2017

Data collections in schools

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



Indicators

Health status indicators, anxiety, depressive symptoms, physical health status, lifestyle and leisure time activities, local community networks, negative life events and strain, parents and family, peer group economic and psychological issues, studies and school, substance use, values and attitudes, violence and delinquency, and more...

The twofold use
of research

Scientific
Practical

The *scientific* role of research

In depth analysis of the data

Over 100 peer reviewed publications in international journals

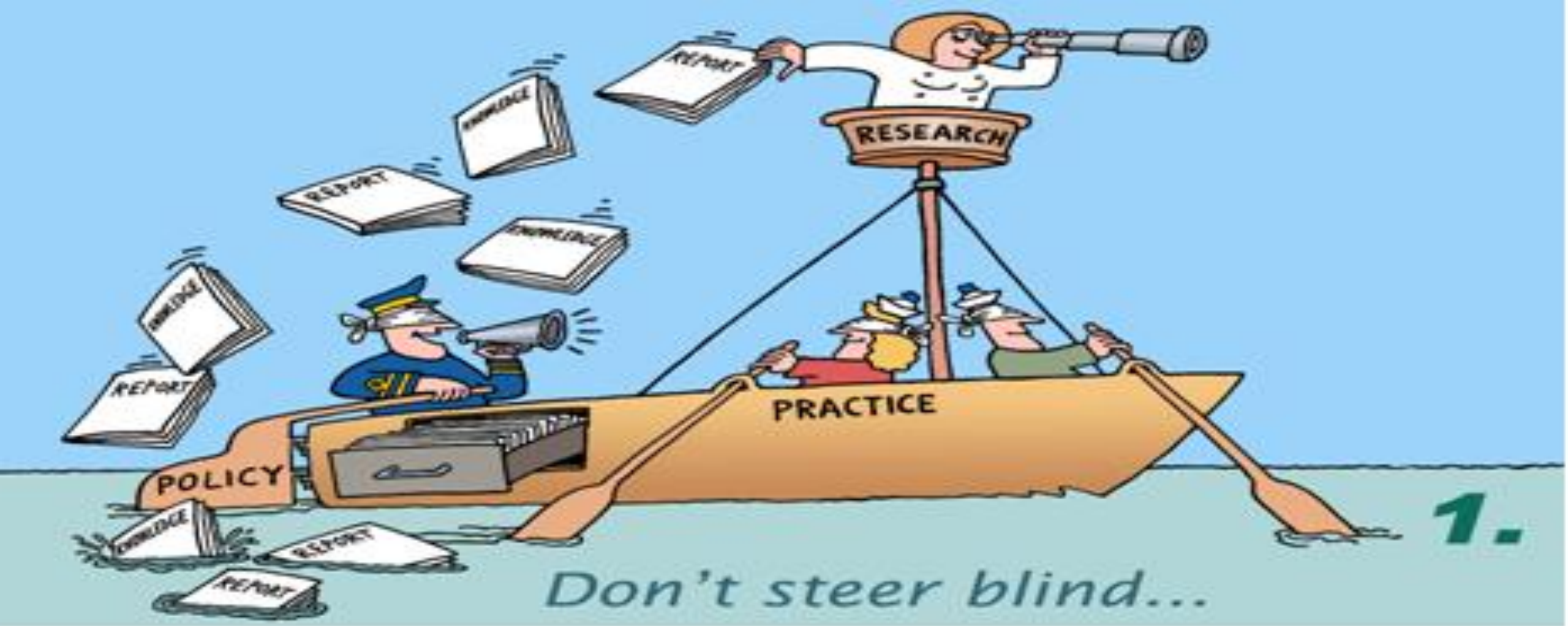
Science forms the platform for practice

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



The researchers “guru” approach



The way we work now

Measure often

Continuously

At least bi-annually

Things change fast in the lives of adolescents

Immediate 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 should have access to current situation in their close community

Children's rights

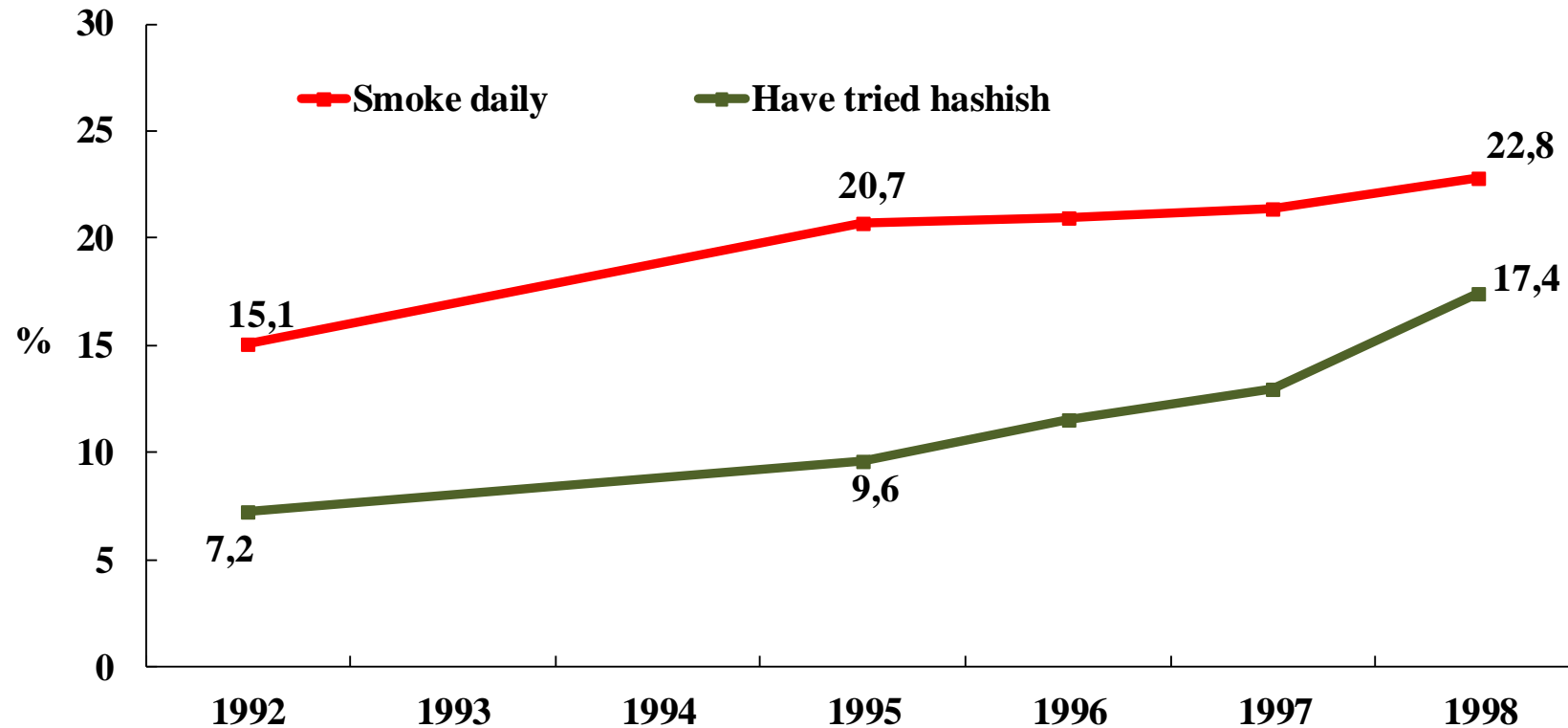
Children have the right to have a say about what they want, what they do and how they feel

We have the obligation to make good use of what they tell us, react and constantly try to make their lives better.



What did we learn?

Upward trend 1992 - 1998



The year is 1998

At this point of 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

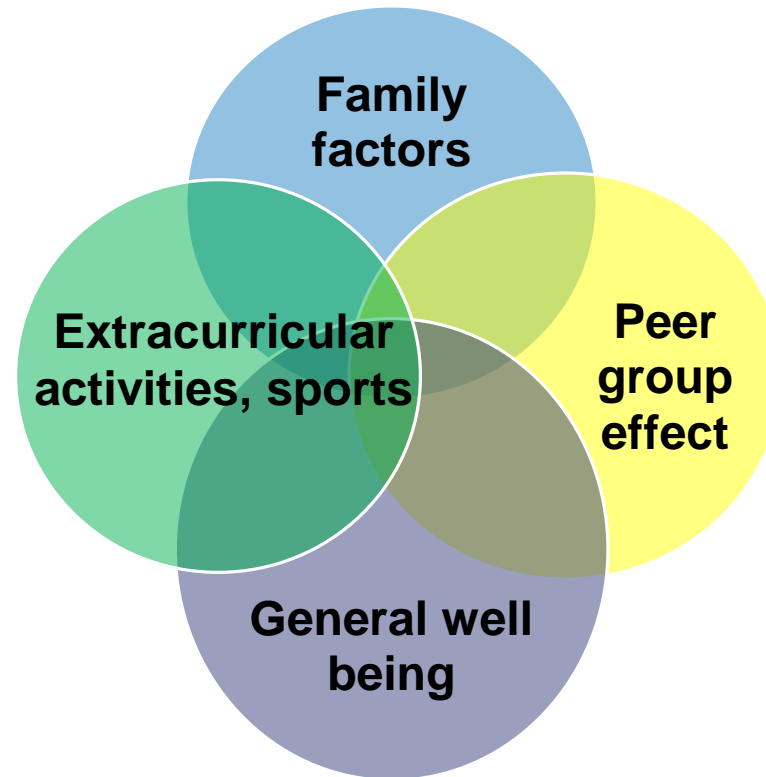
NOW 2017

Same methodology can be used for other things

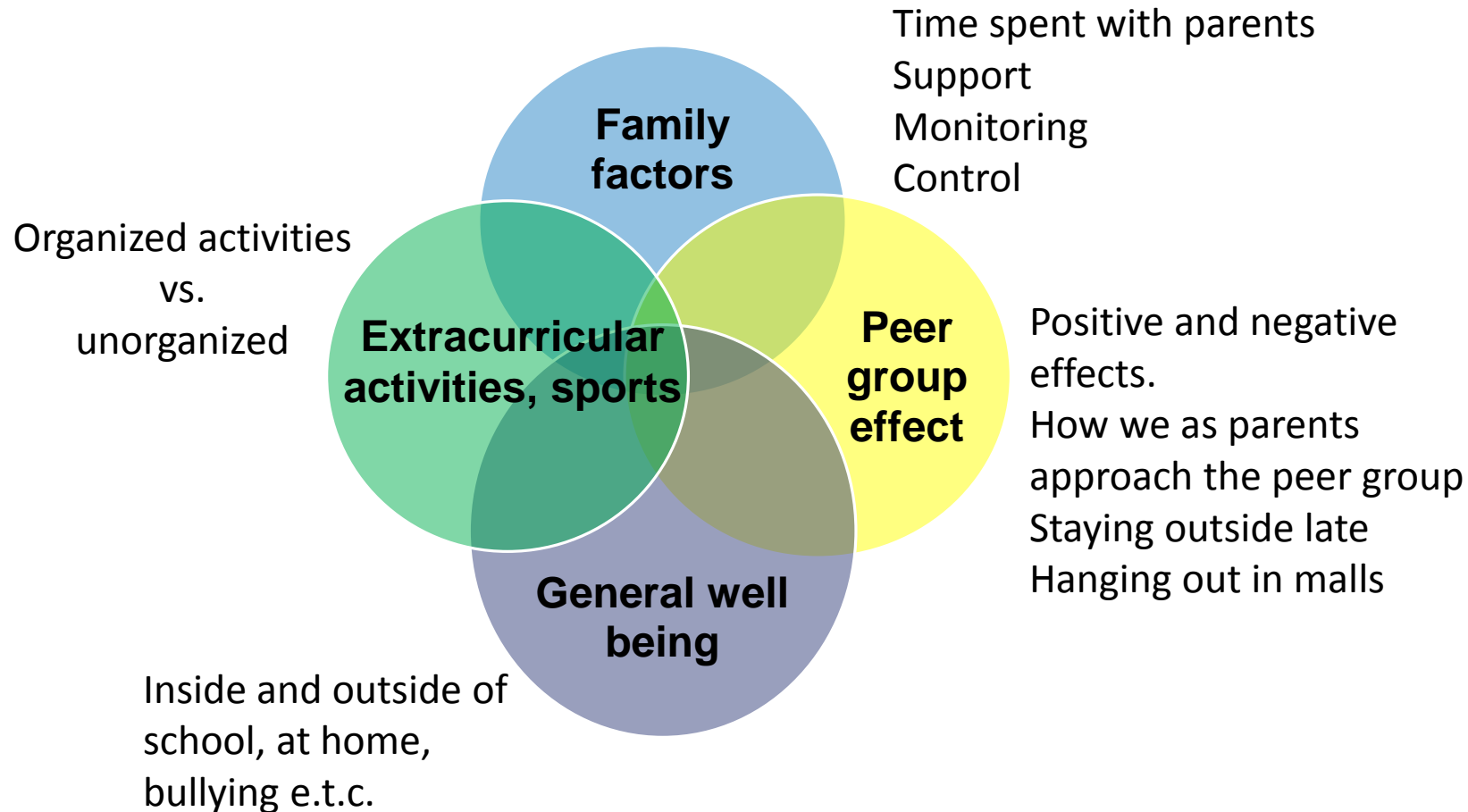
We already know the predicting factors for adolescence drug use

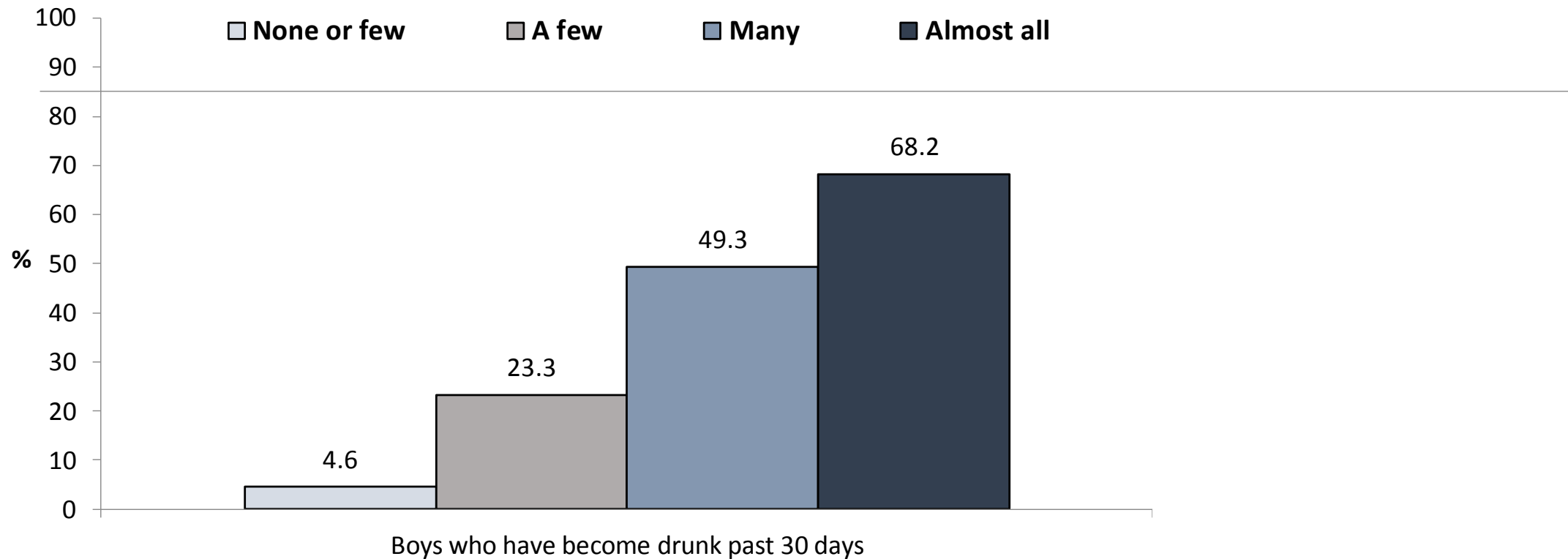
Now we are working on finding predicting factors at adolescence for anxiety and depression

The main risk and protective factors



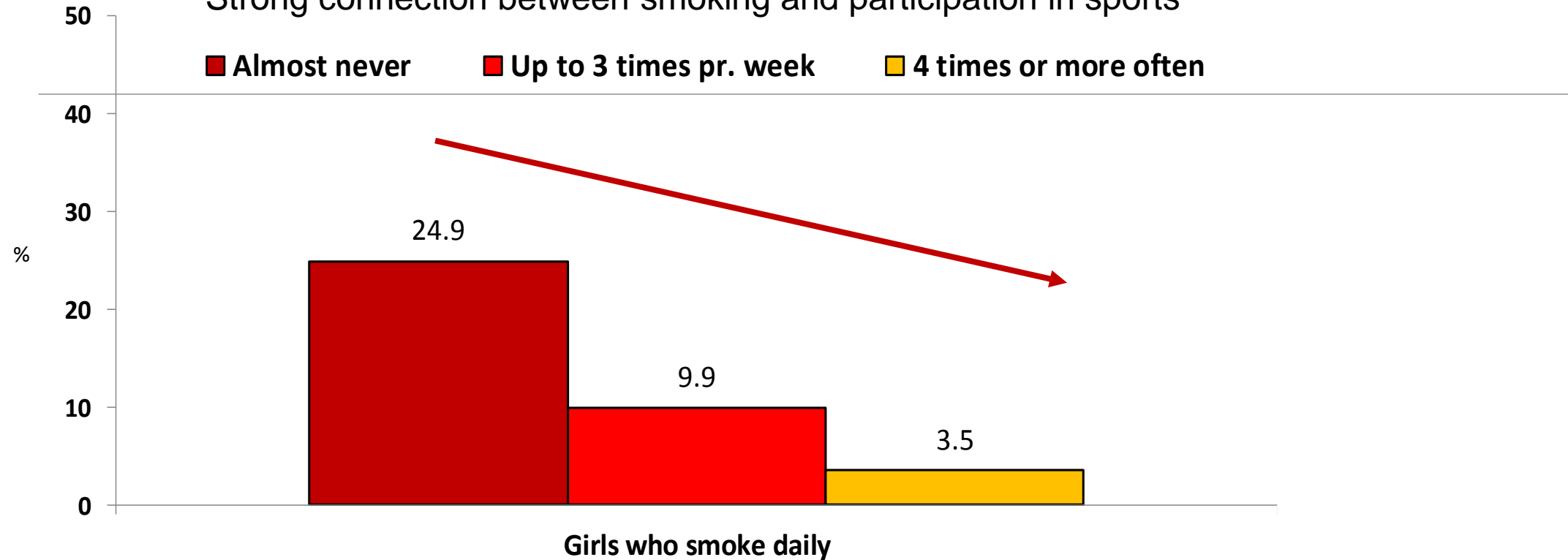
And analysing deeper





Percentage of students in 9th and 10th grade who have become drunk in the last 30 days depending on if their friends become drunk one pr. month

Strong connection between smoking and participation in sports



Percentage of students in 9th and 10th grade who smoke daily depending on if they practice sports

Strong connection between drinking alcohol and time spent with parents



Percentage of girls in 9th and 10th grade who have become drunk in the last 30 days depending on how much time they spend with parents

1998 Drug-free Iceland

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



D.A.R.E.
**TO RESIST DRUGS
AND VIOLENCE.**
DRUG ABUSE RESISTANCE EDUCATION

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**TO RESIST DRUGS
AND VIOLENCE.**

DRUG ABUSE RESISTANCE EDUCATION

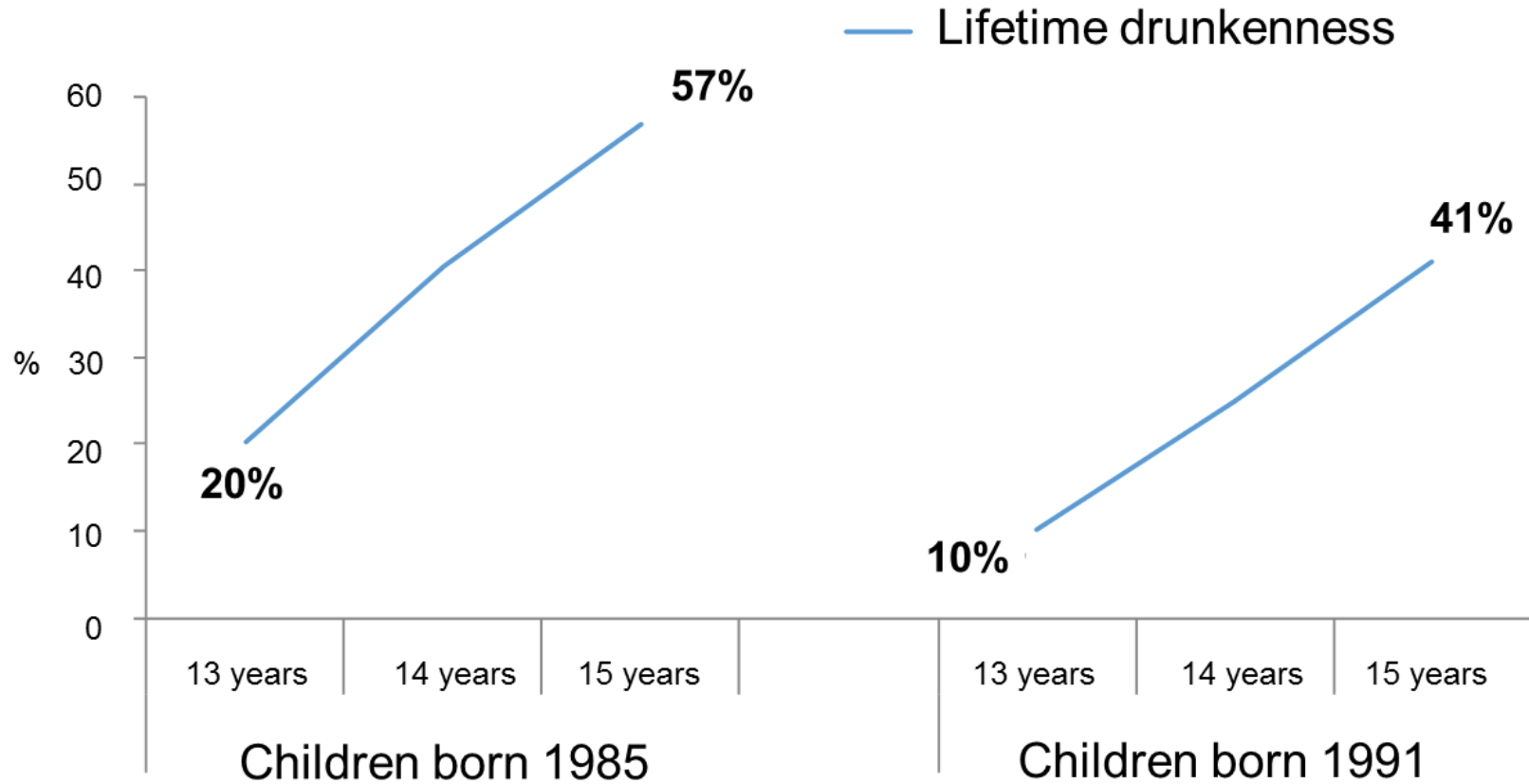
**JUST SAY
NO** 

Aim of *Drug-free Iceland*

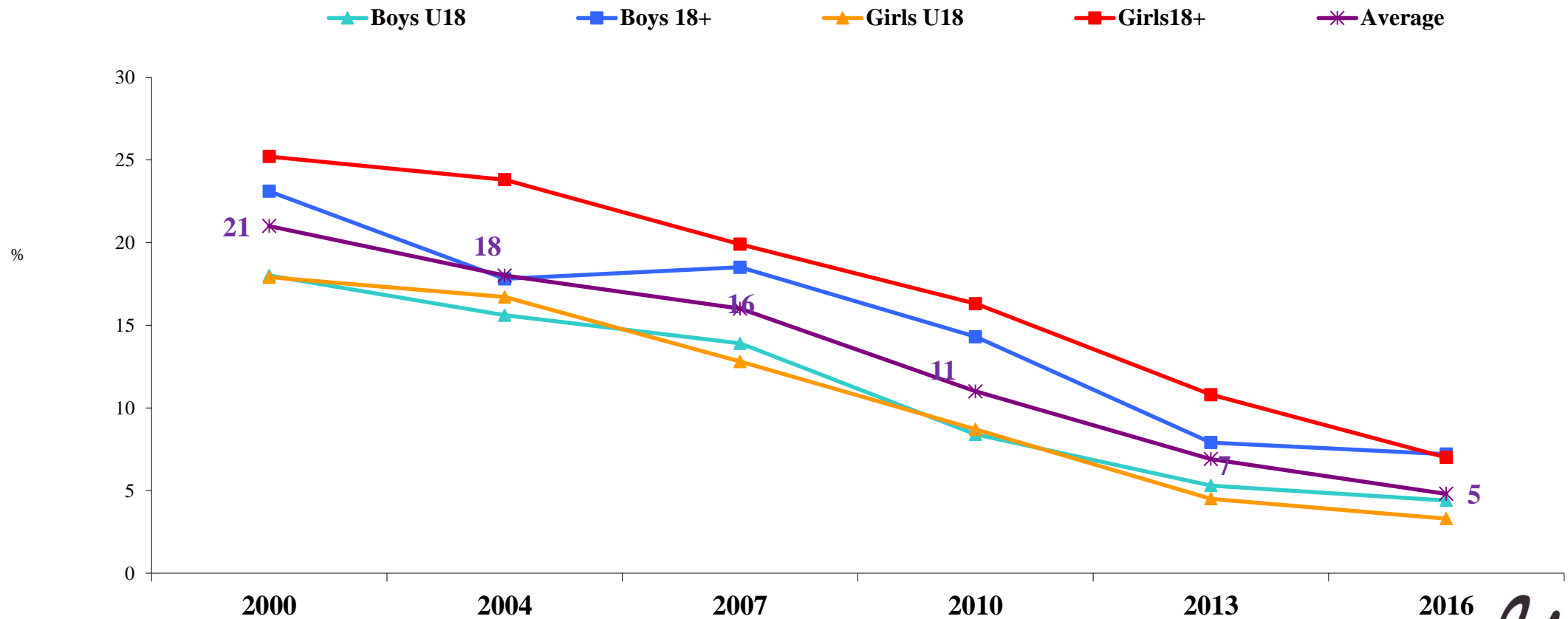
To change the actual behaviour of youth and not only their attitudes

Change the life-style environment of our children so that they would be in lesser risk of substance use

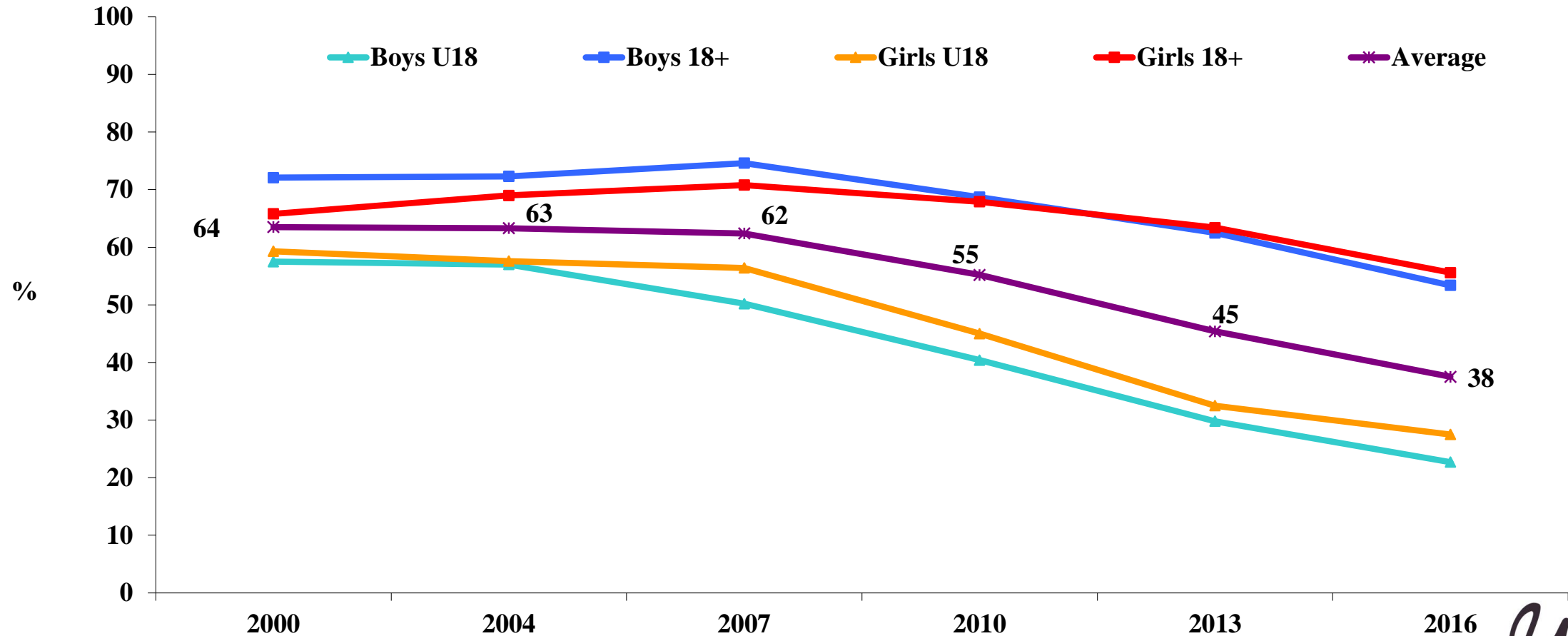
Substance use follows cohorts



Daily smoking in Icelandic High-Schools 16 - 20 year old students

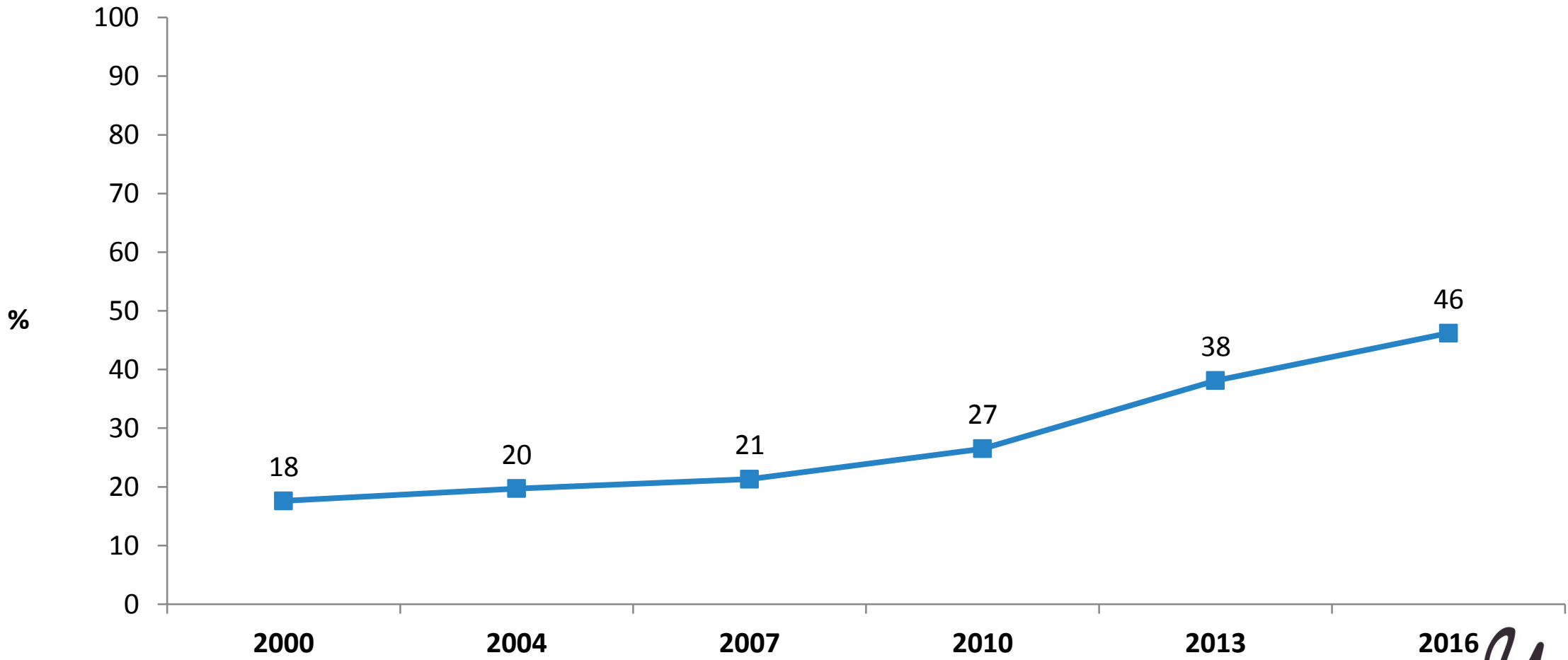


Alcohol use trend in Icelandic High-Schools 16 - 20 year old students

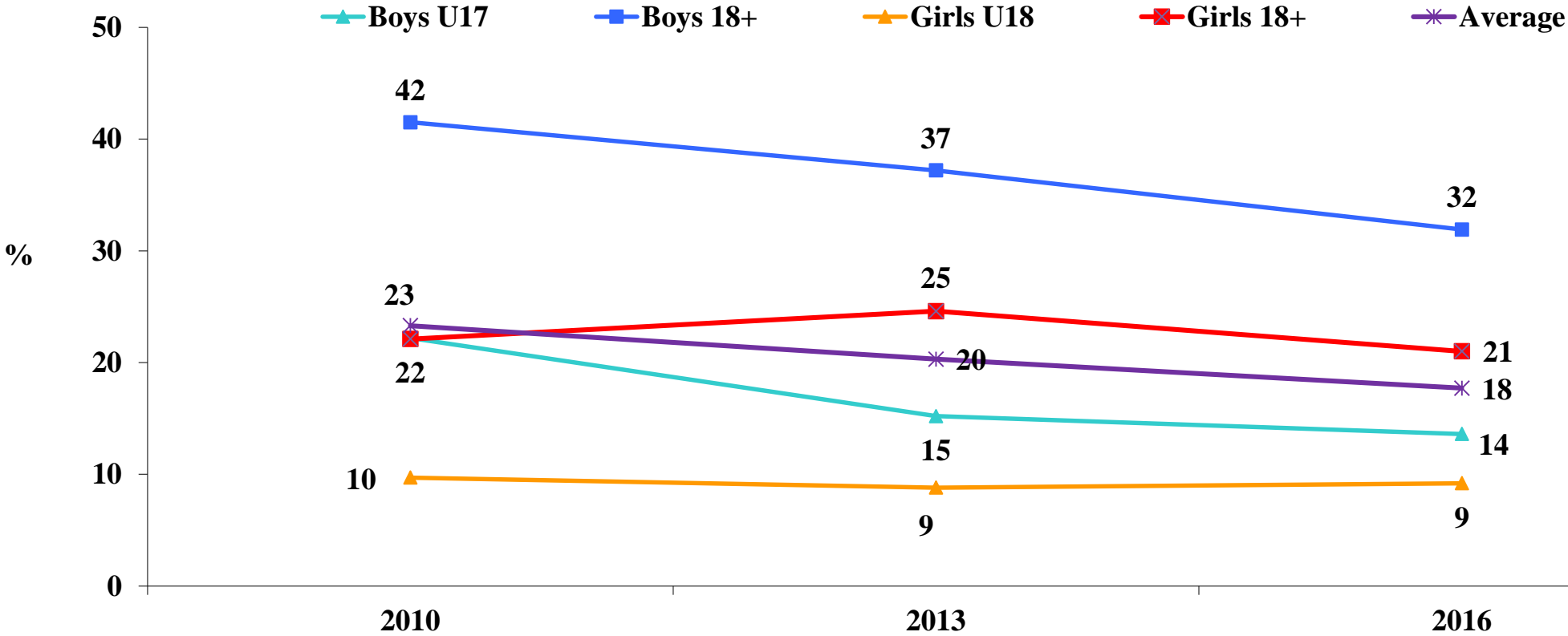


Never got drunk in lifetime

High-Schools 16 - 20 year old students



Cannabis once or more in Icelandic High-Schools 16 - 20 year old students



Our focus is *primary* prevention

Primary prevention, preventing the development of substance use before it starts

Secondary prevention, that refers to measures that detect substance use

Tertiary prevention efforts that focus on people already abusing substances

“Underage drinking is a leading public health problem“

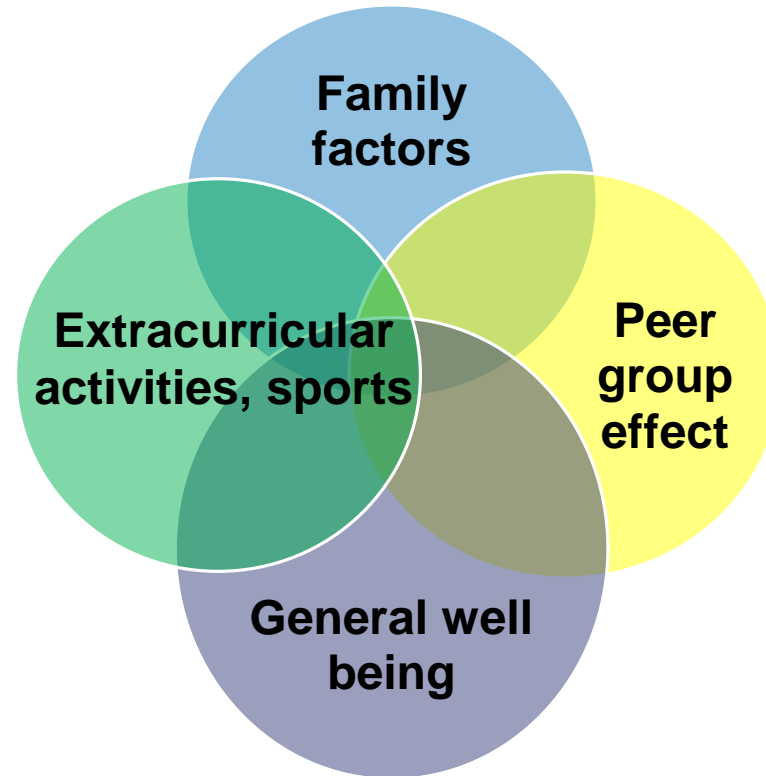
“People who reported starting to drink before the age of 15 were four times more likely to report meeting the criteria for alcohol dependence at some point in their lives“

National Institute of Health



How were the findings used?

This we knew was important.



Examples of local/community actions

Research as a basis in policy making and actions

Strengthen parent organizations and co-operation

Support active NGOs'

Support young people at risk inside schools

Form co-operative work groups against drugs

Support extracurricular activities / sports

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.

Cultural organizations Euro 14 m.

Music schools and schoolbands Euro 8 millj.

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

The Leisure Card – Euro 6 millj.

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Leisure time of adolescents



?

Leisure time of adolescents

+ 70% of awake time



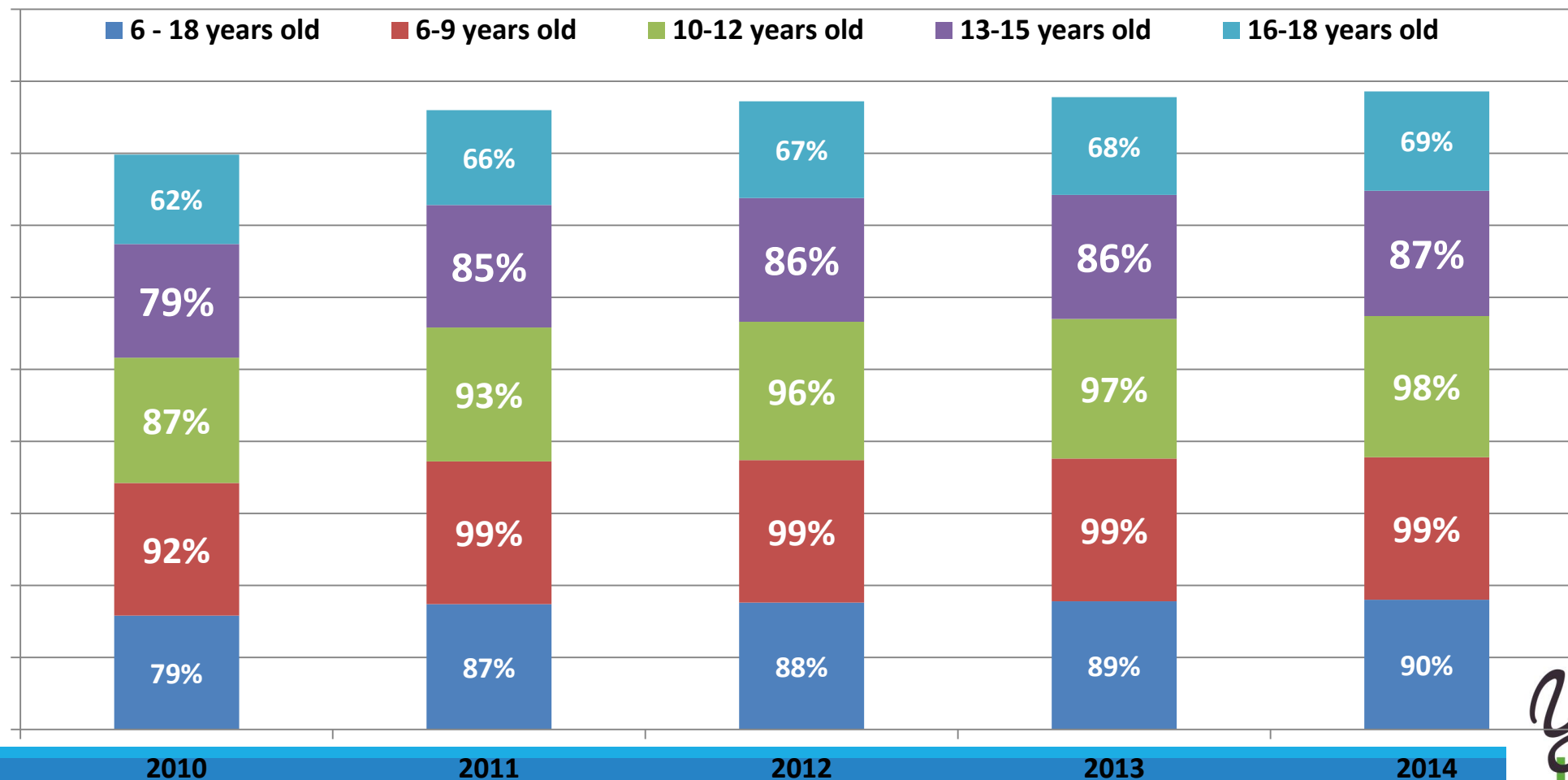
The Leisure Card

The grant is 430 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

Registration for activities - development



Prevention saves money

Fewer broken families

Less social support

Less unemployment

Less crime

Fewer imprisonments

Safer cities

Fewer rehabilitation units

Knowing is not enough

How you act is most important

Doing nothing is the most
expensive method

Examples of national/government actions

Age limits to buy tobacco and alcohol (18 and 20)

Advertising ban of tobacco and alcohol

Restricted access to alcohol and tobacco

Rules on outside hours for adolescents

Visibility ban of tobacco and alcohol

Tobacco and chewing gum



Peanuts and Gin



Focus on close community

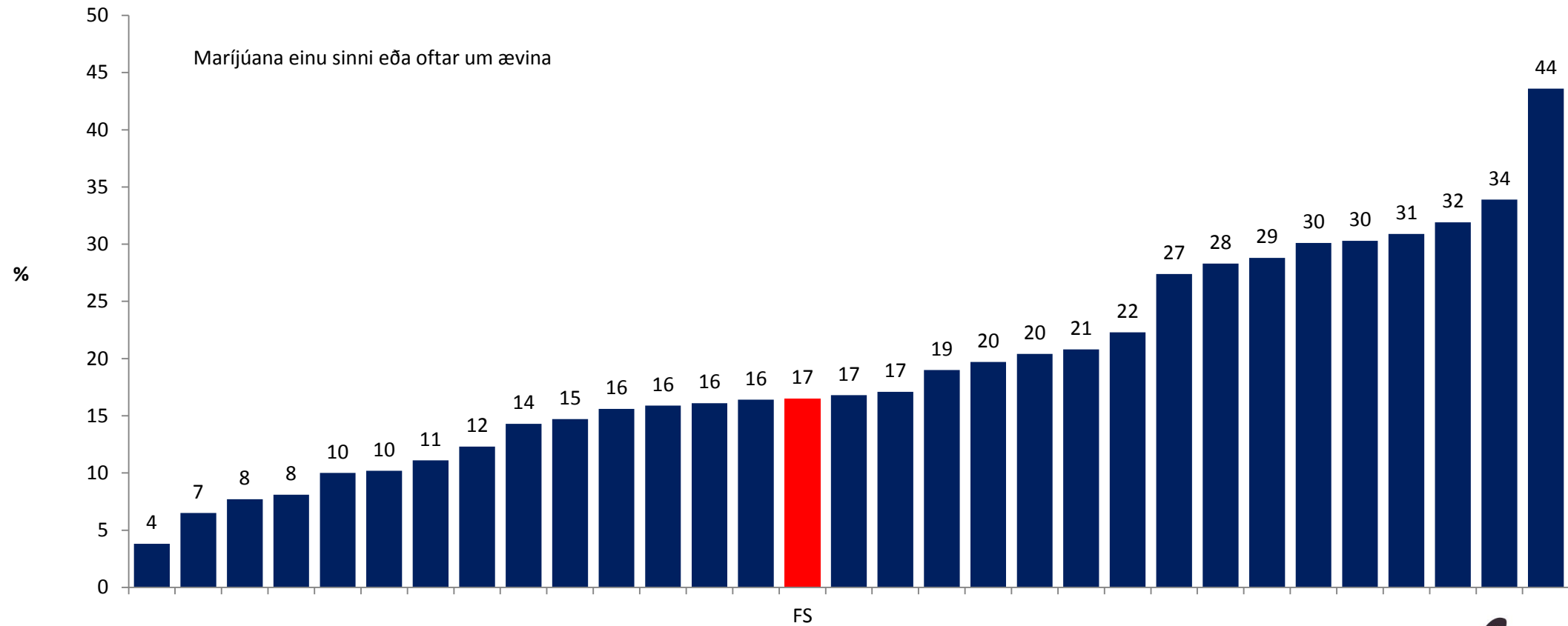
How could an average figure on alcohol use in your country help prevention workers in your community/municipality?

“Average” doesn’t tell all the story!

Focus on the
close
community



Every high-school



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

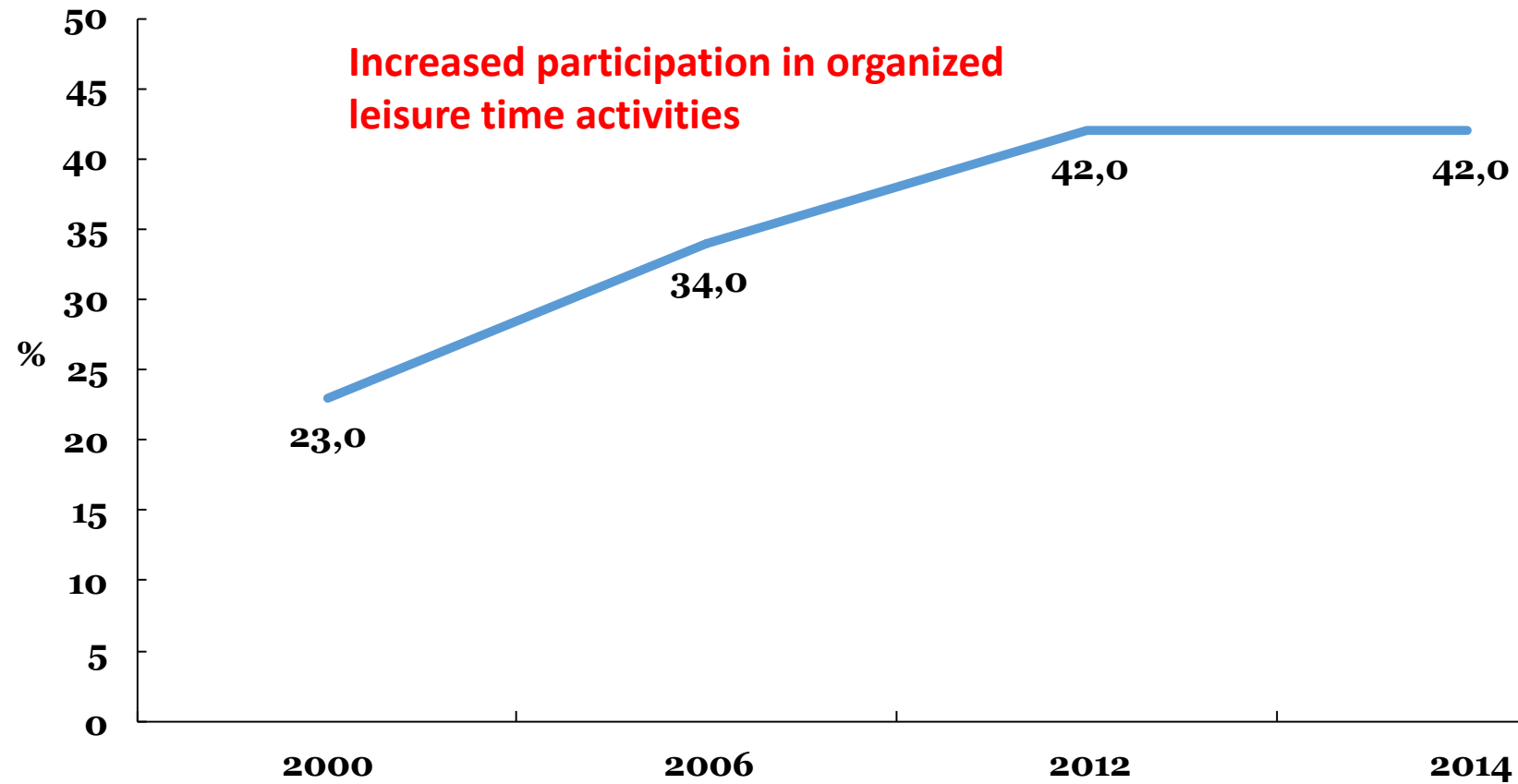
Leisure time workers, prevention workers

Sports and youth institutions

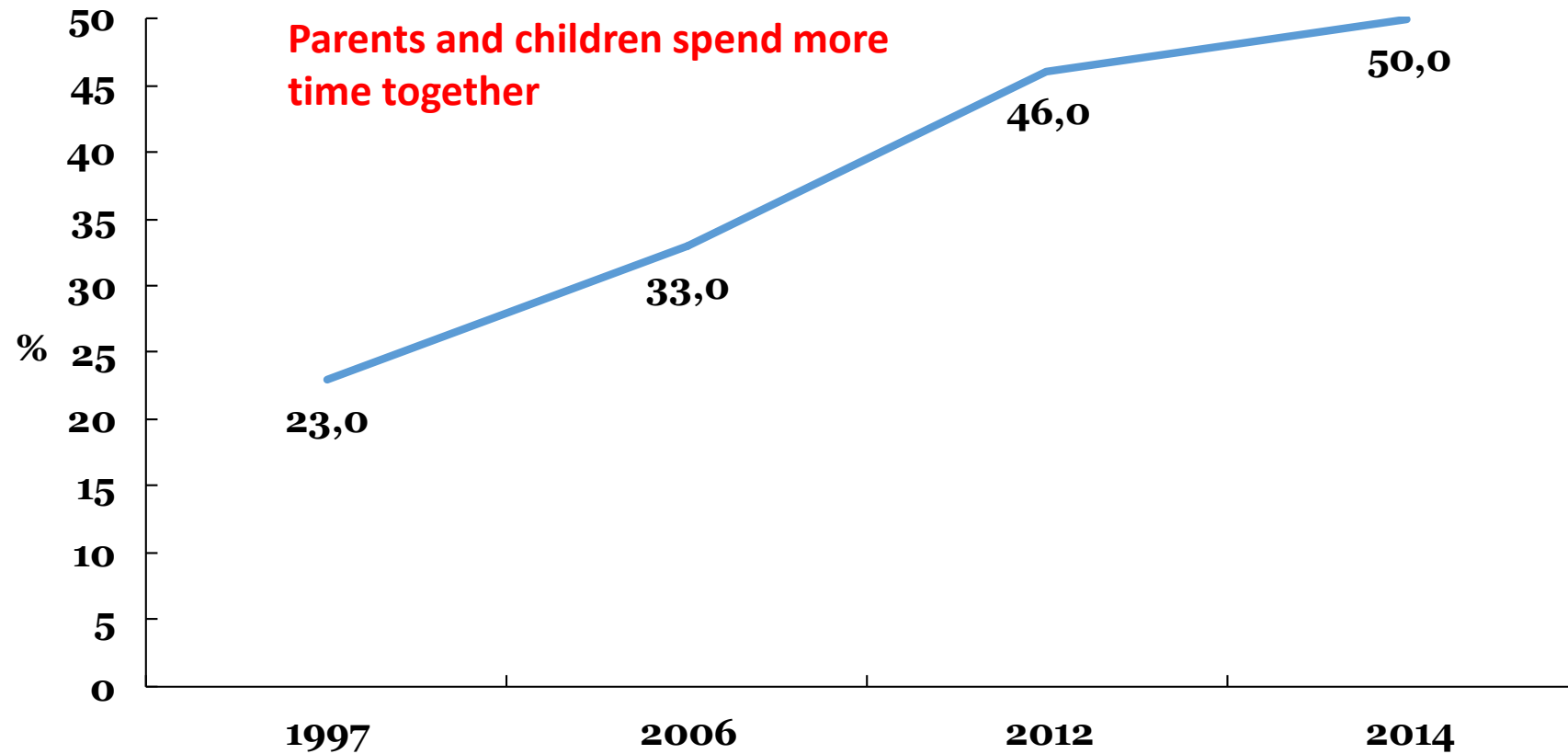


What has changed?

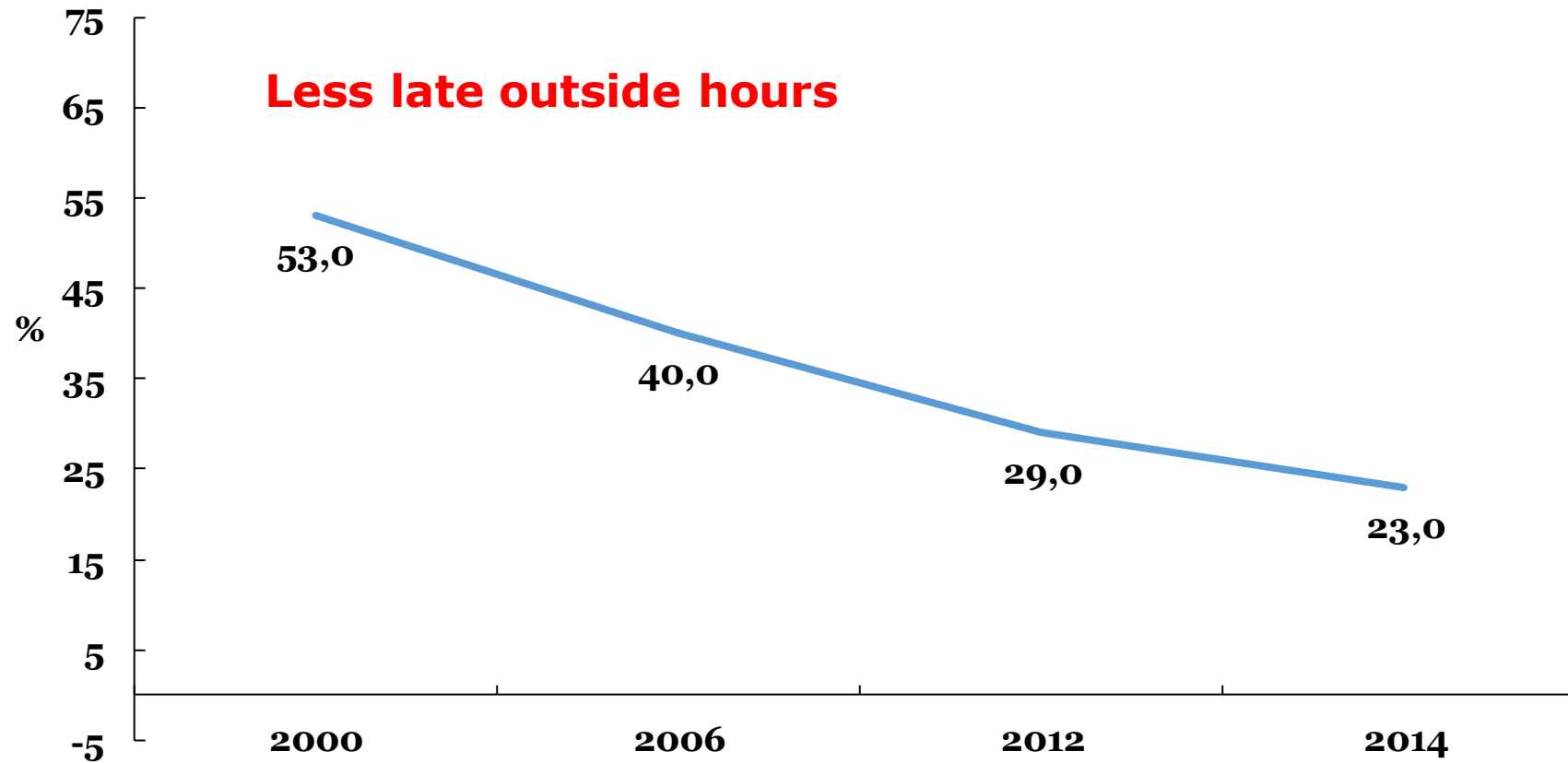
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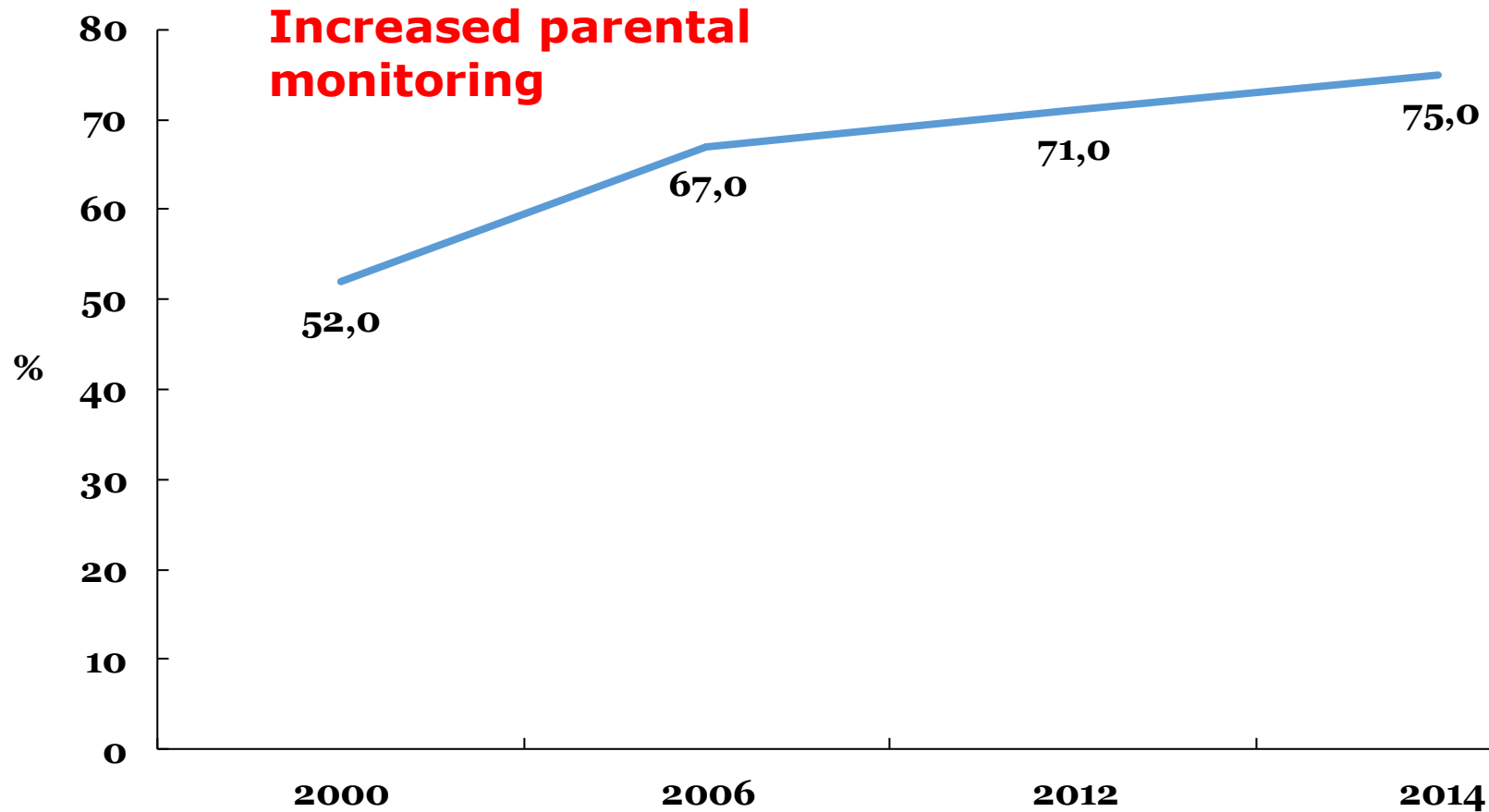
Percentage of students in 9th grade that participate in sports in a sports club four times per week or more



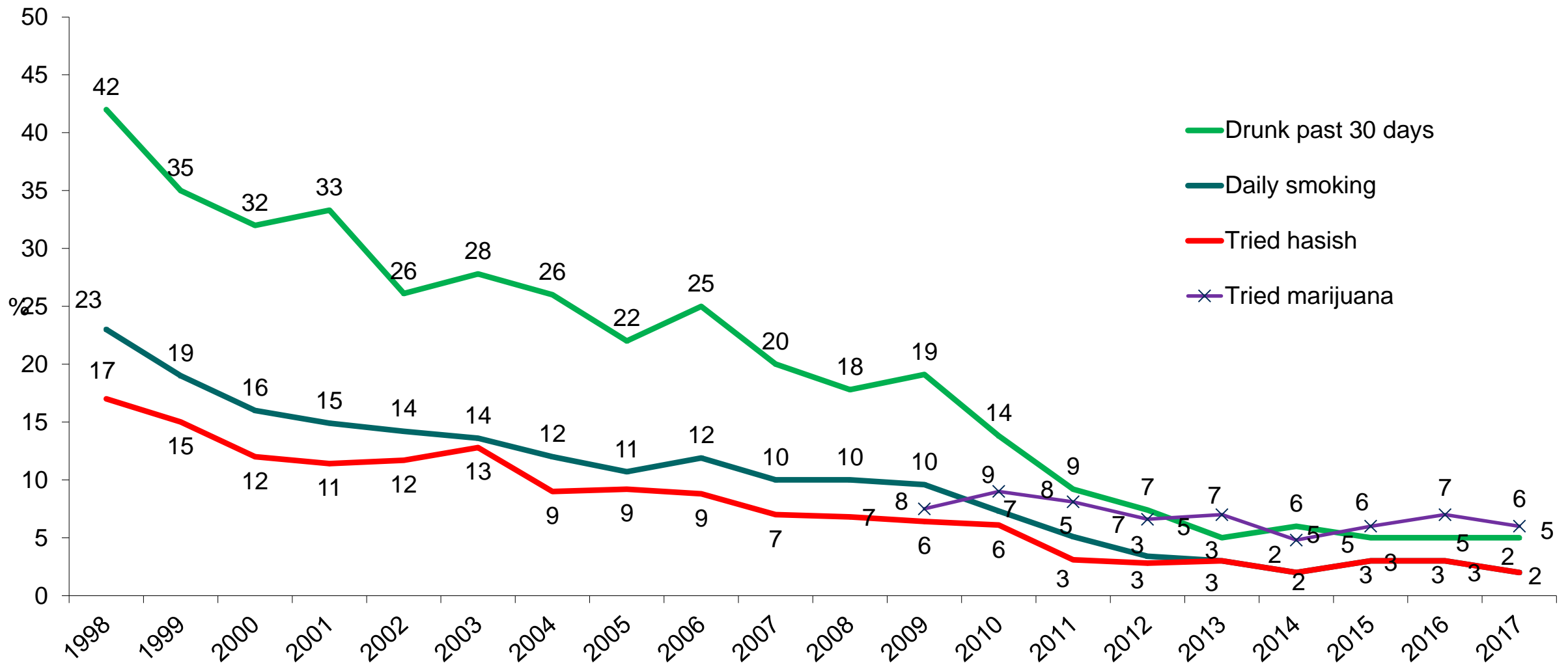
Percentage of students in 9th and 10th grade who spend time (often/almost always) with their parents during weekdays



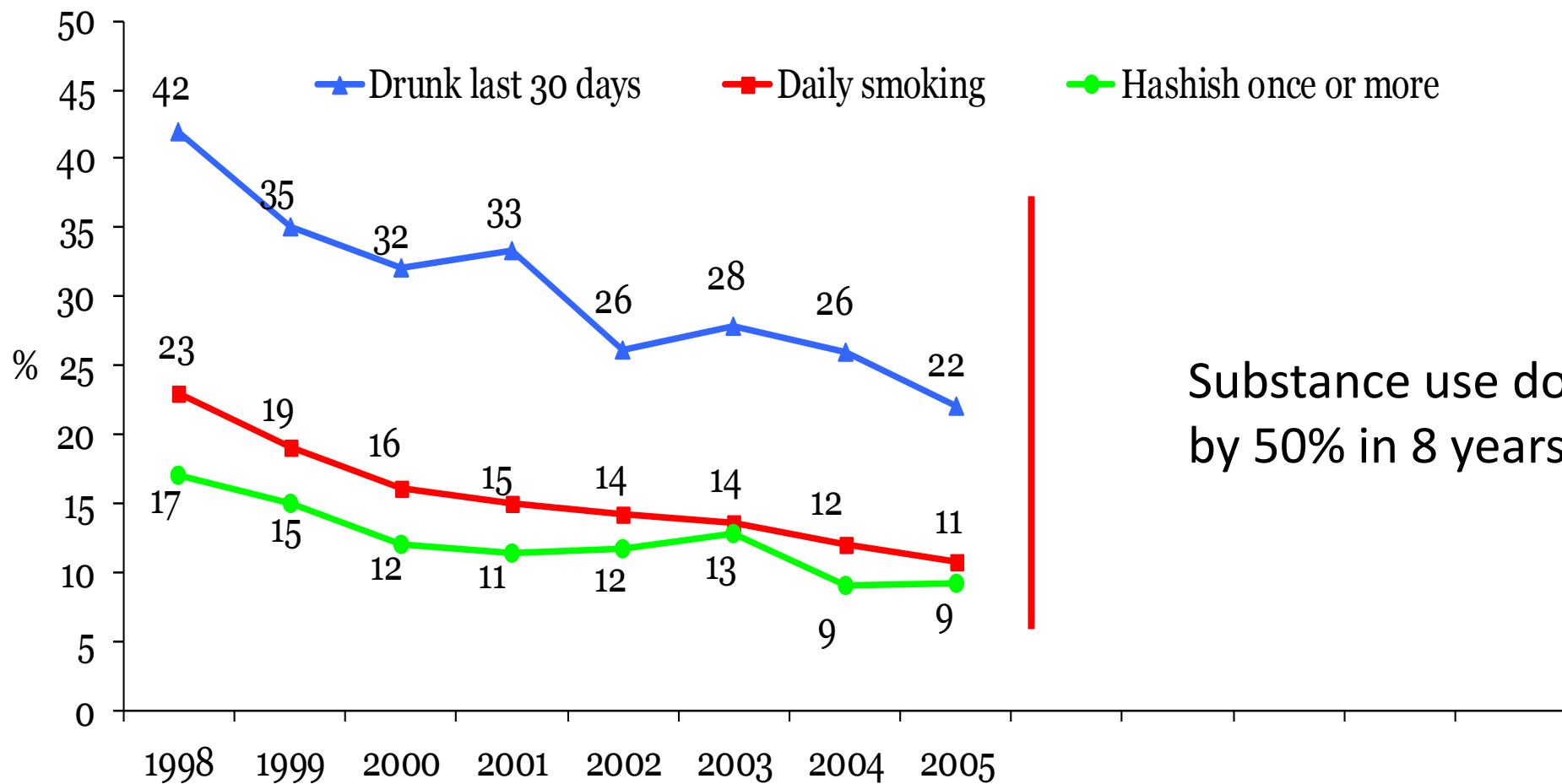
Percentage of students in 9th and 10th grade who have been out after 10 pm (3 times or more) in the past week



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



...and substance use is going down

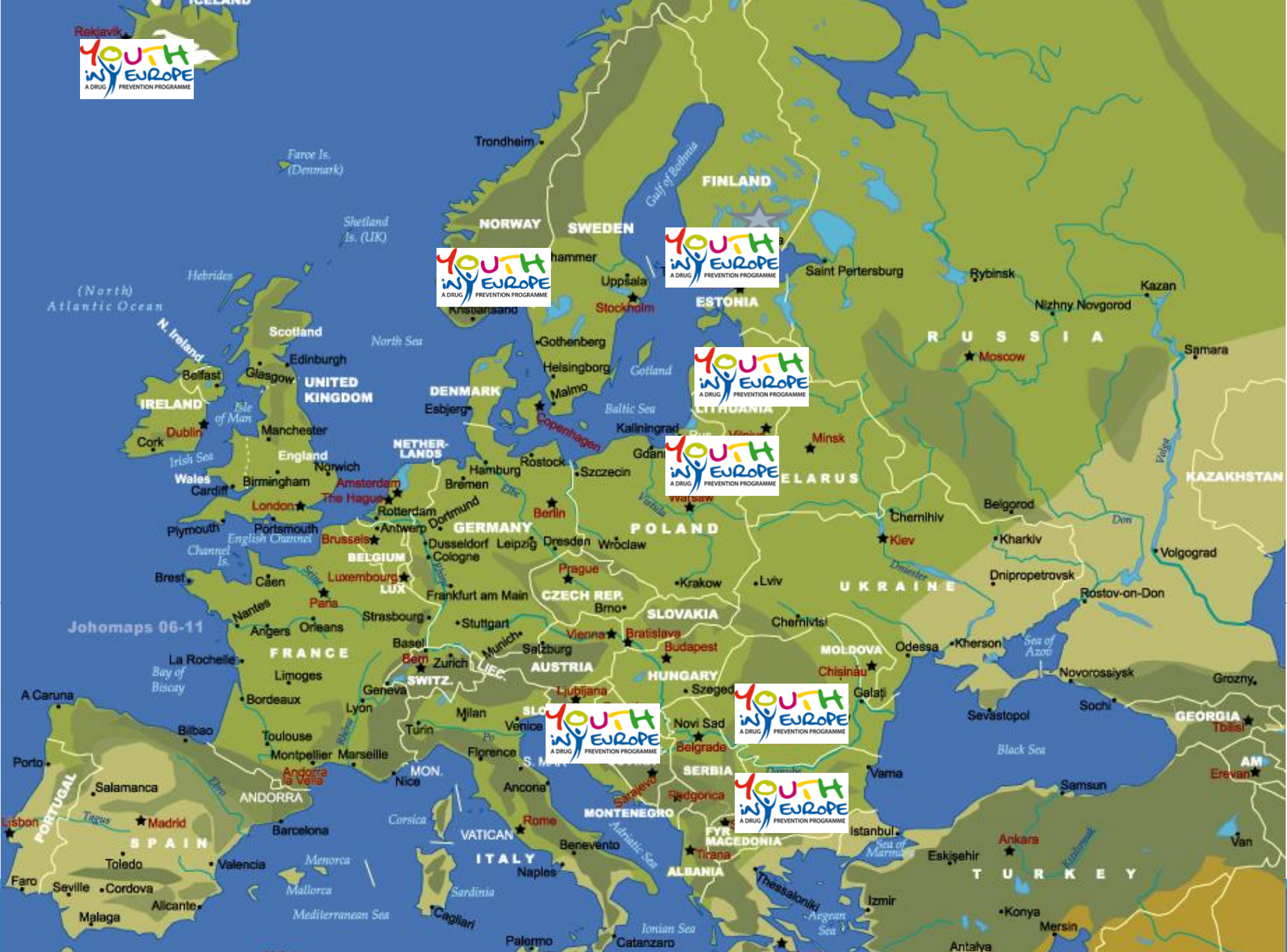


Substance use down
by 50% in 8 years

Youth in Europe started 2005

Participation in 2006

- 8 cities
- 6 countries



Participation until 2017

35 cities

18 countries

140 thousand questionnaires already

Over 9 million questions answered



Rekja **YOUTH in EUROPE** A DRUG PREVENTION PROGRAMME

YOUTH in EUROPE A DRUG PREVENTION PROGRAMME

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Johomaps 06-11

YOUTH in EUROPE A DRUG PREVENTION PROGRAMME

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Comments from the cities...

Data from research is now used as a basis for decision making.

Information from data is already having impact on policymaking.

YiE method is a successful step in drug prevention.

Empirical data is of vital support in our work today.

First we thought this was a fairy tale story... ;)

Independent

The Atlantic

AFP

Guardian

BBC

Mosaic

Huffingtonpost

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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Requests for cooperation / information

Africa Åland Islands Argentina Australia
Brazil Canada Chile Colombia Costa Rica
Croatia England France Hungary India
Ireland Israel Lithuania Mexico Netherlands
New Zealand Norway Peru Philippines
Portugal Romania Russia Scotland Serbia
Slovakia South America Spain Sweden
Turkey Ukraine USA Venezuela Wales

What should we do...?

PLANET
Youth
EVIDENCE BASED DRUG PREVENTION



DPCC – Data Processing and Coordination Center

Cross cultural Co-ordination

Twenty eight step coordination

Local training, Questionnaires, Sampling,
Printing, Implementation, Optical scanning,
Data processing and analysis, Reports and data,
Startup meeting and use of findings



The To-Do list

1. Map the situation in the local conditions
2. From the data find the local risk and protective factors
3. Address these factors through local community work
4. Form local networks from all institutions of the municipality
5. Give immediate, practical information out quickly
6. Measure regularly and frequently

“Heal society and you get healthy individuals”

Inga Dora Sigfusdottir



Thank you!

Youth
IN EUROPE
EVIDENCE-BASED DRUG PREVENTION

PLANET Youth

EVIDENCE BASED DRUG PREVENTION



Icelandic Model publications

Kristjansson, AL., Sigfusdottir, ID., Thorlindsson, T., Mann, MJ., Sigfusson, J., Allegrante, JP. (2016). Population trends in smoking, alcohol use, and primary prevention variables among adolescents in Iceland, 1997-2014. *Addiction*, 111, 645-652.

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.

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.

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.

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.

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.

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.