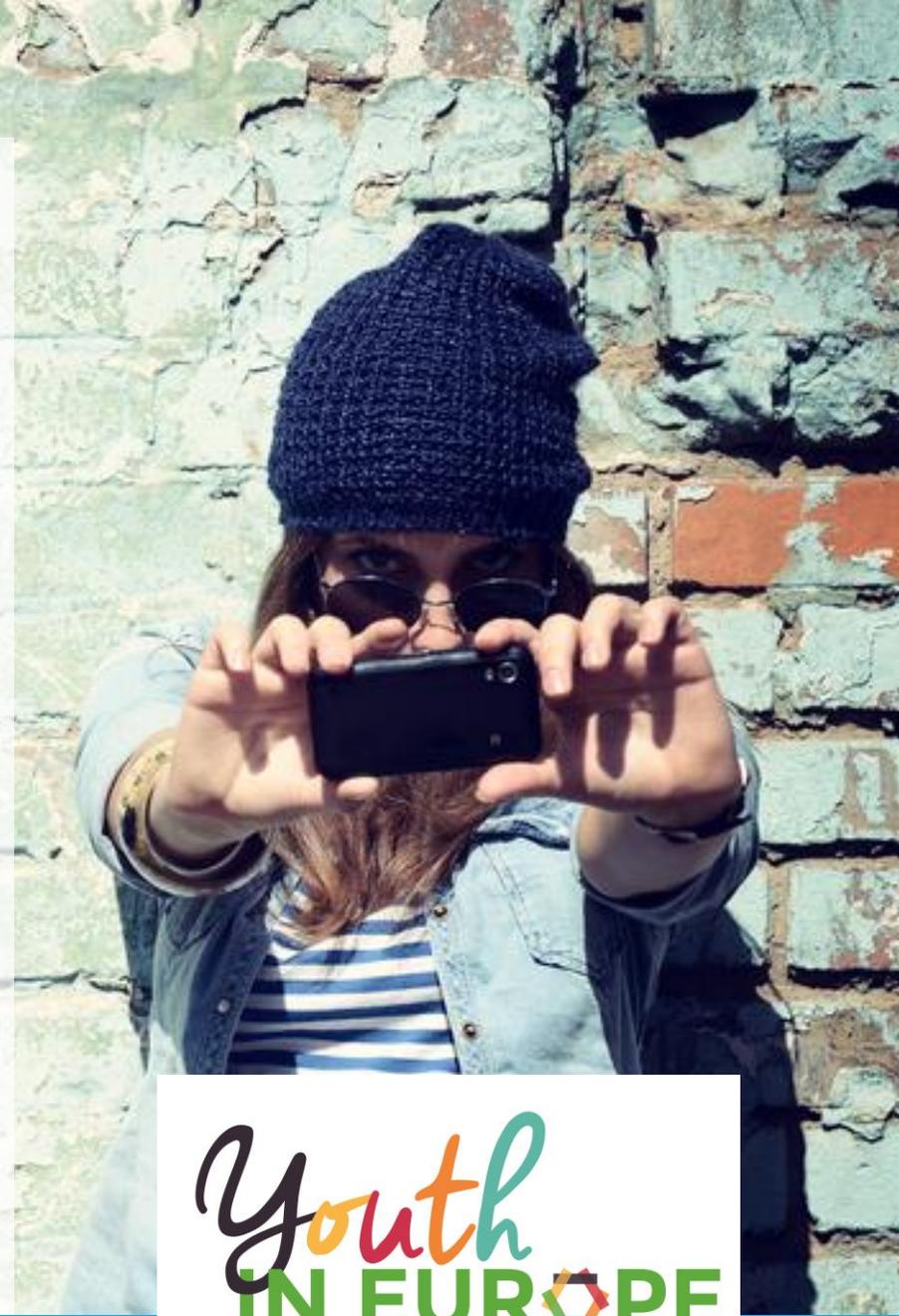




**EVIDENCE BASED  
PRIMARY PREVENTION.  
20 YEARS OF SUCCESS**

**JON SIGFUSSON**

**ICSRA**

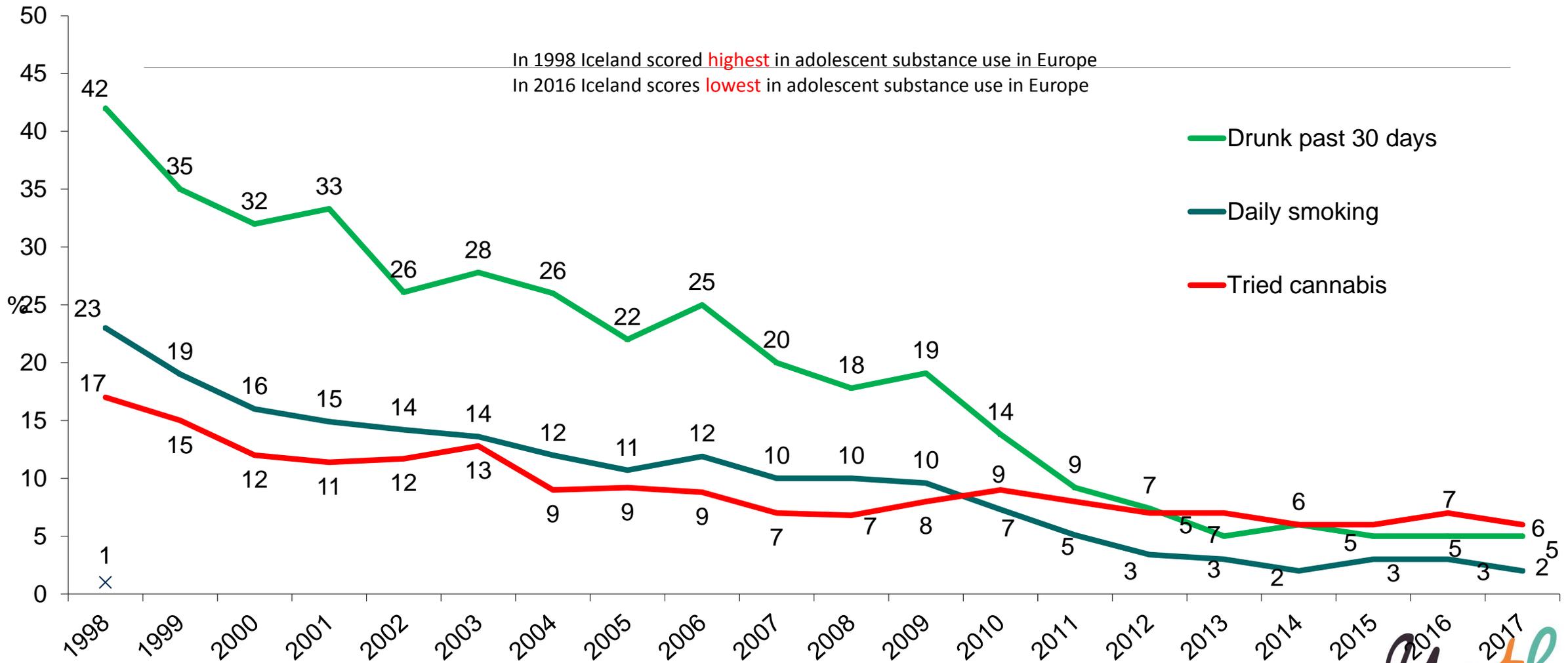


**Youth  
IN EUROPE**  
EVIDENCE-BASED DRUG PREVENTION



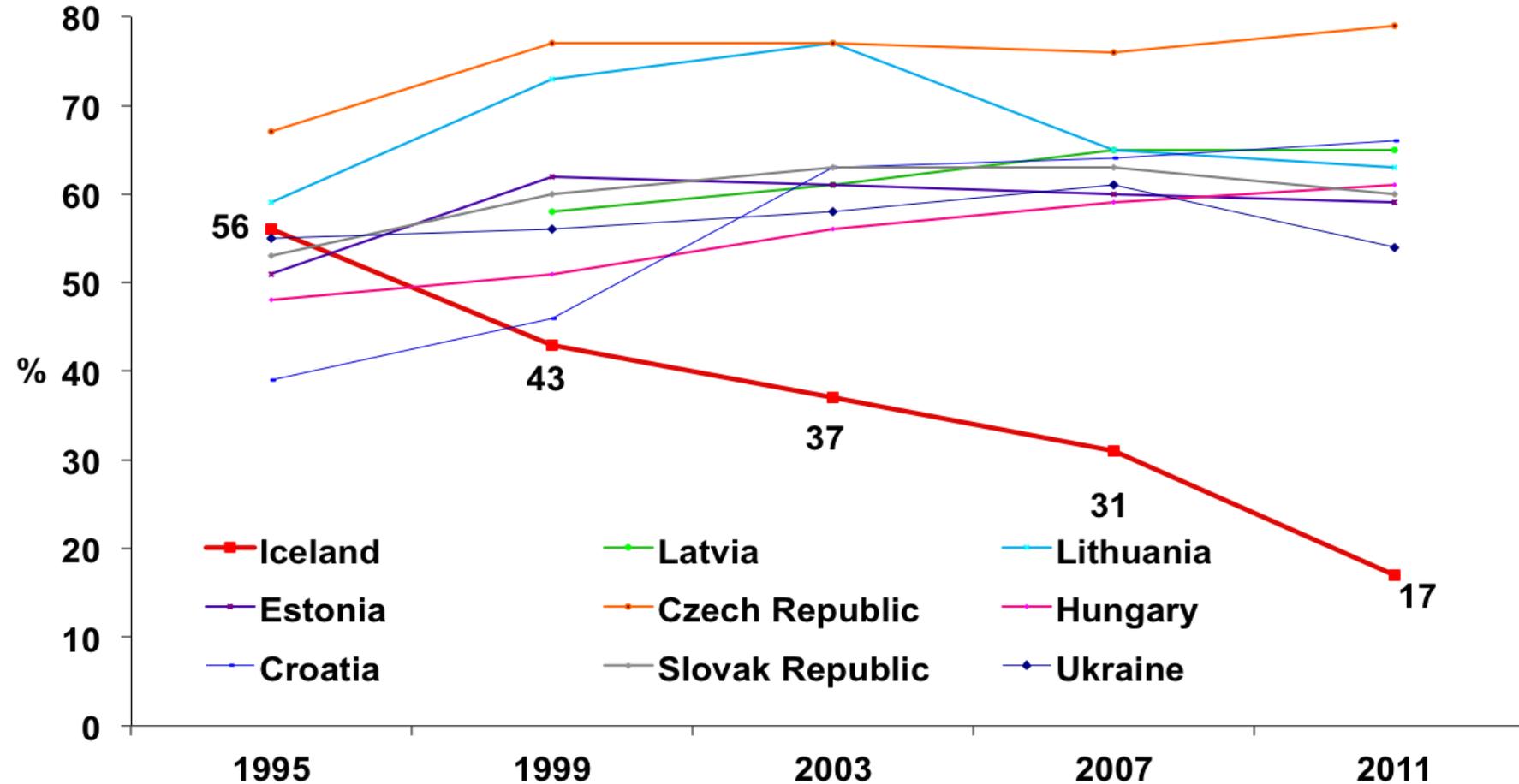
# Based on the Icelandic Prevention Model

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



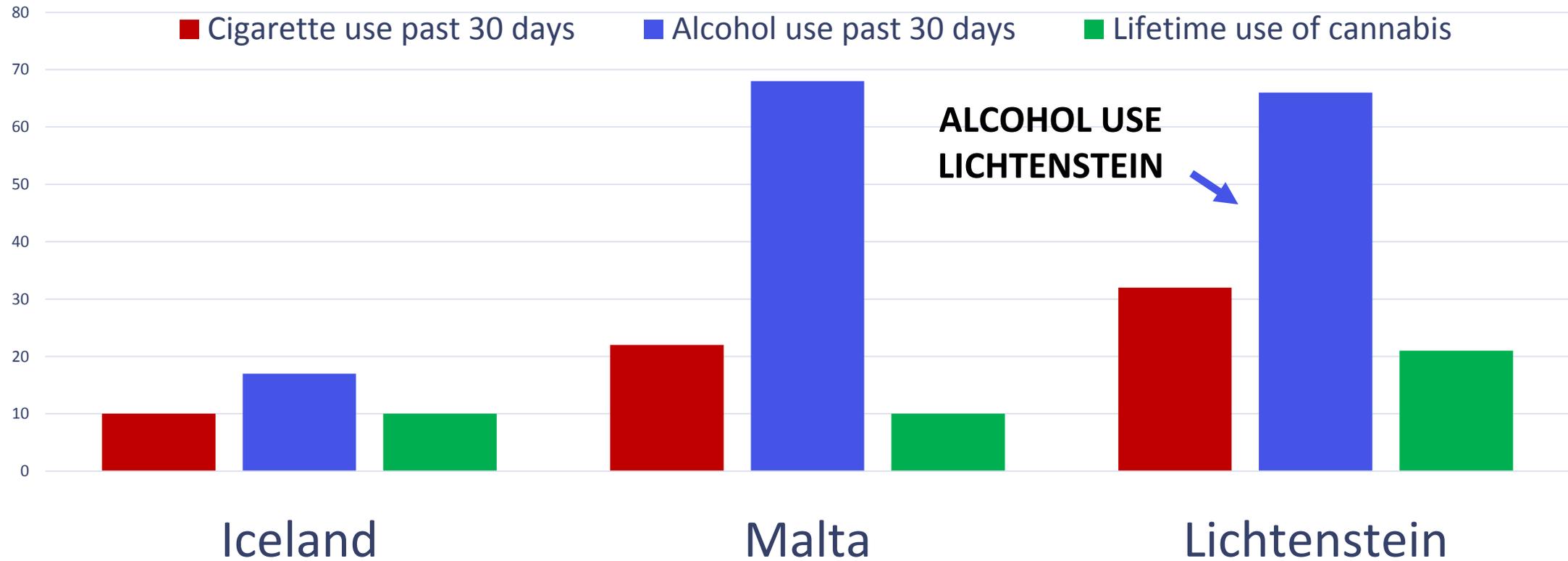
# Substance use trend in several countries 15-16 year old adolescents

(Alcohol use past 30 days, ESPAD 2011)



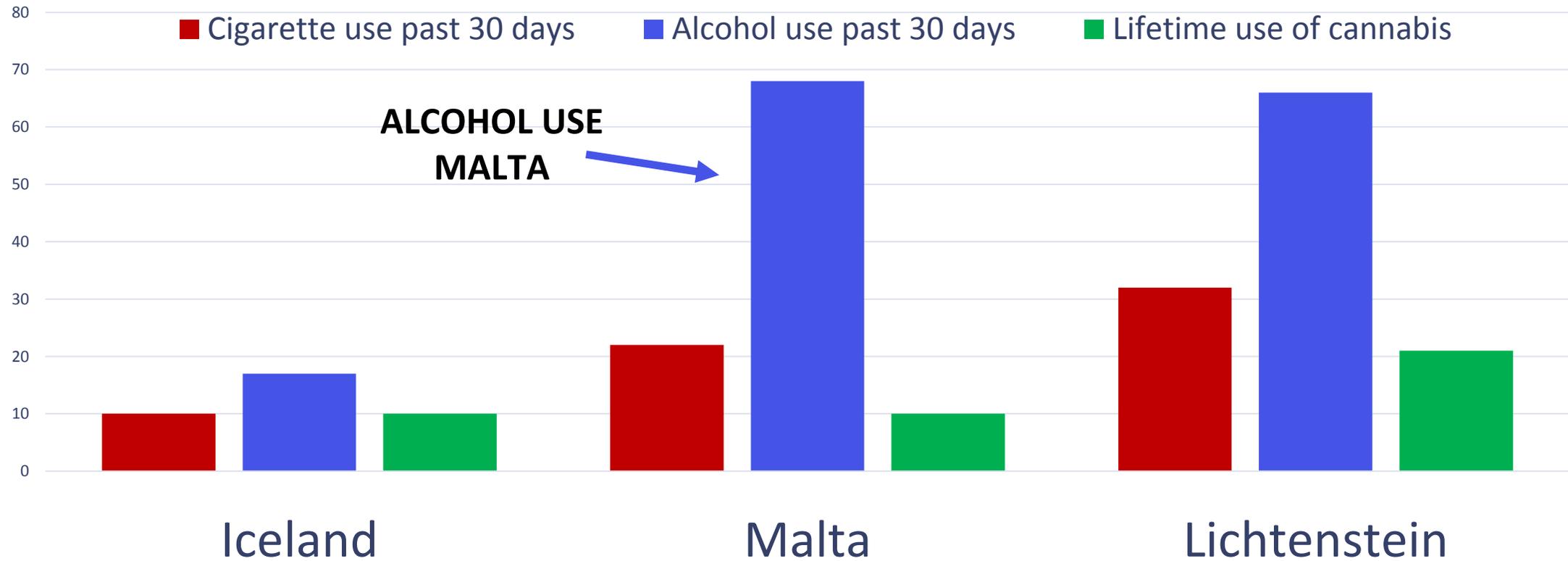
# Substance Use Amongst European Youth

(ESPAD, 2011)



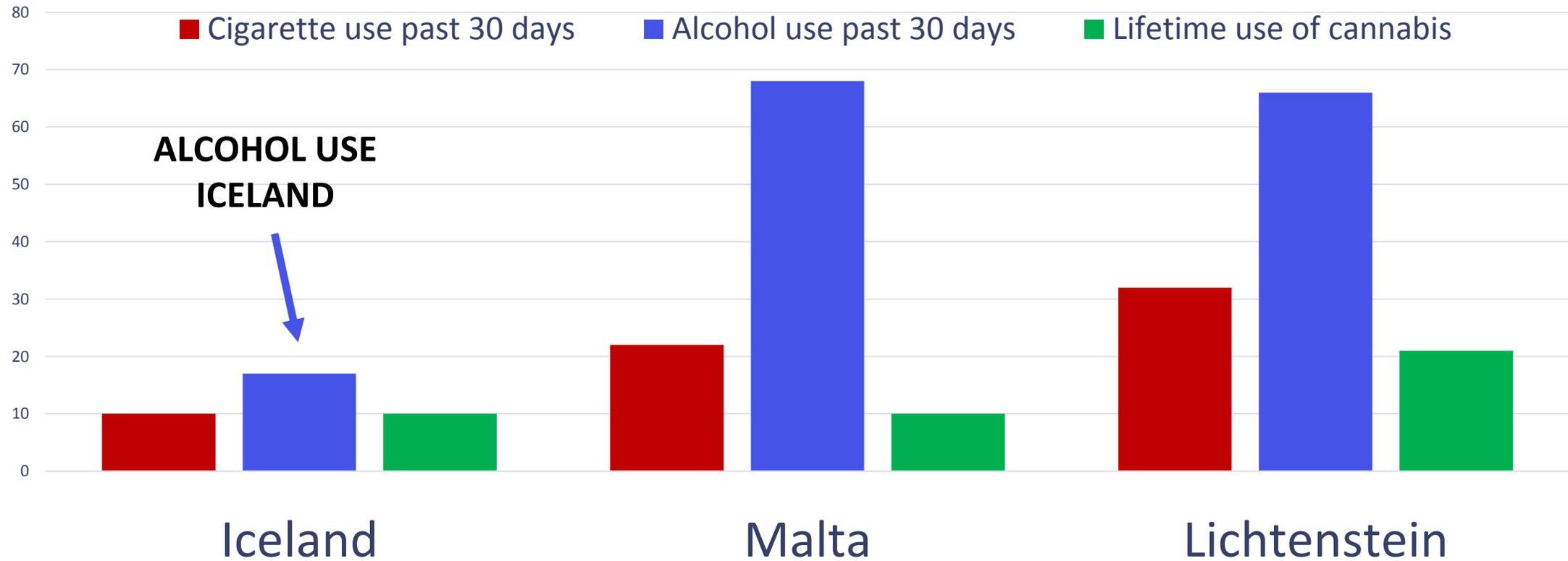
# Substance Use Amongst European Youth

(ESPAD, 2011)



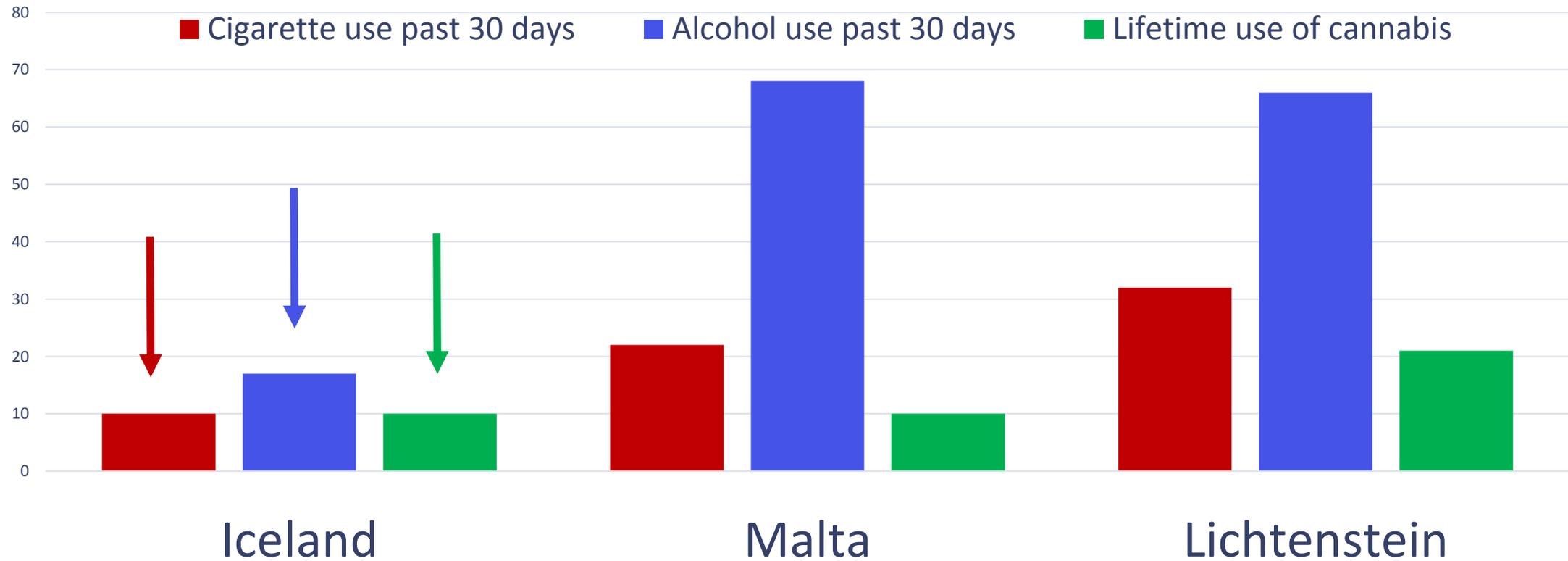
# Substance Use Amongst European Youth

(ESPAD, 2011)



# Substance Use Amongst European Youth

(ESPAD, 2011)



# The three pillars of success

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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

# The three pillars of success

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Evidence

Community

Dialouge



# The role of research



# Why research based?

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Medicine

Engineering

Tourism

Fisheries

Pharmaceutical industries

Children's lives, health and well-being

# Youth in Iceland database 1992 - 2017

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## Data collections in schools

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

# Indicators

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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

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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

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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

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Continuously

At least bi-annually

Things change fast in the lives of adolescents

# Immediate feedback

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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

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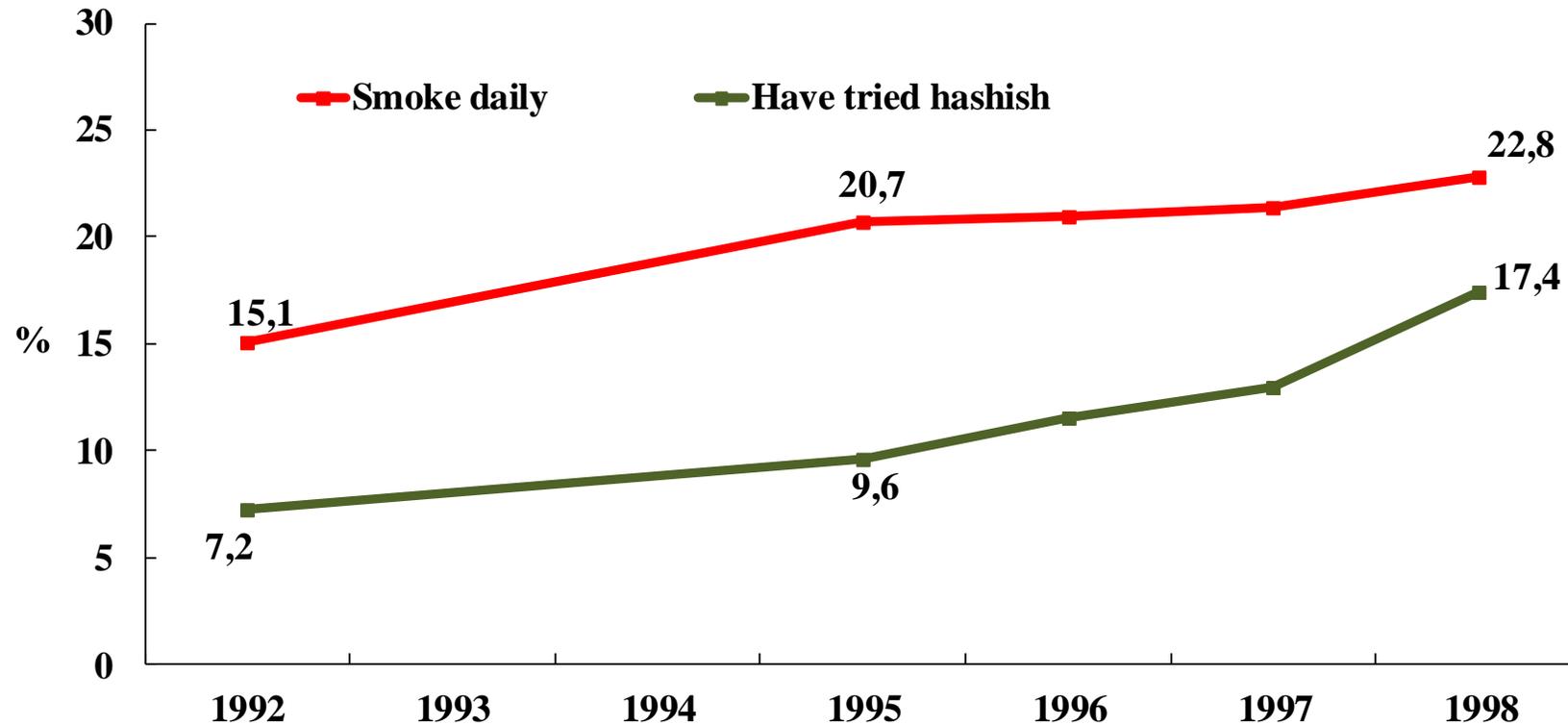
Children have the right to have a say about what they want, what they do and how they feel

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



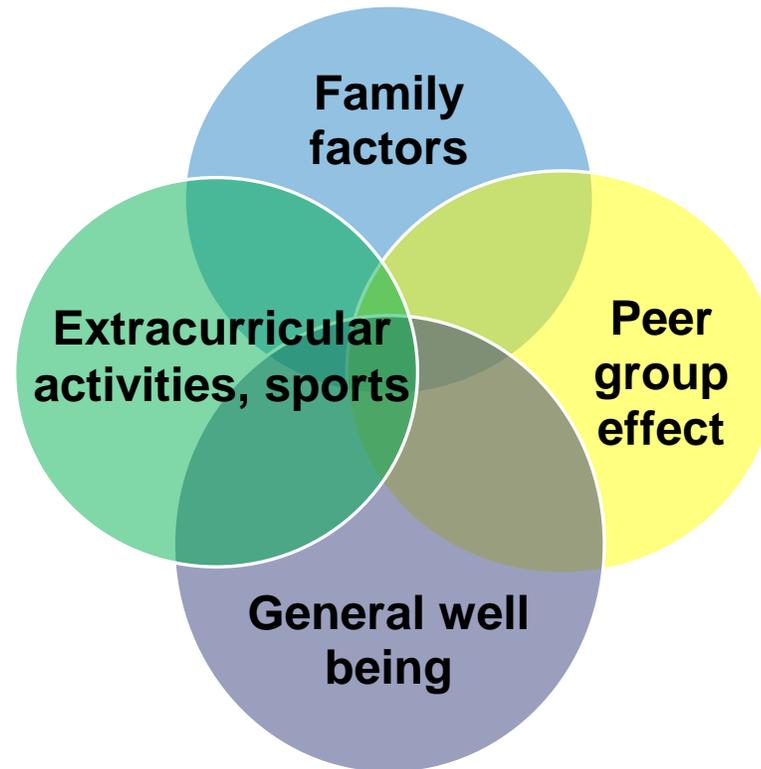
The year is 1998

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**

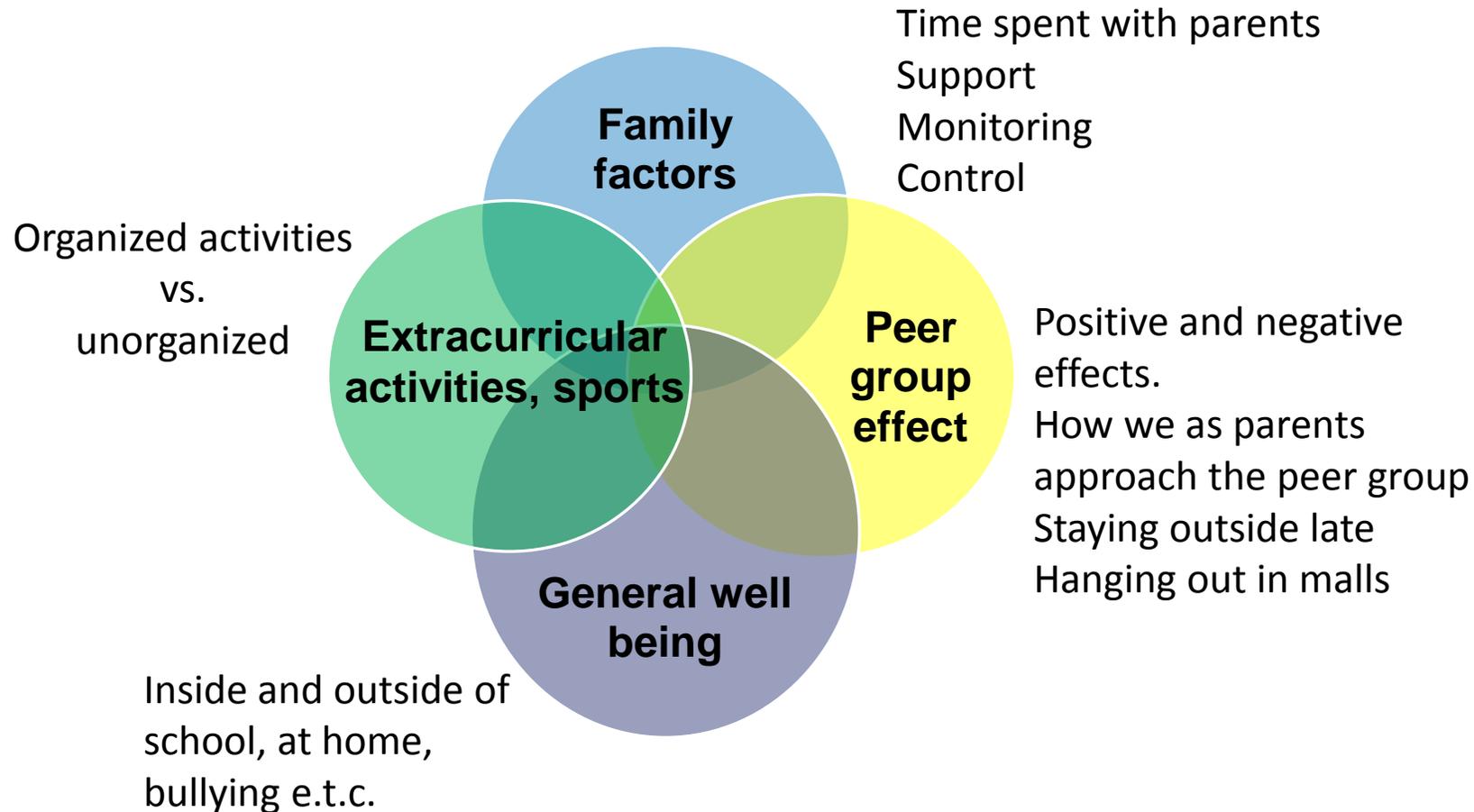
# The main risk and protective factors

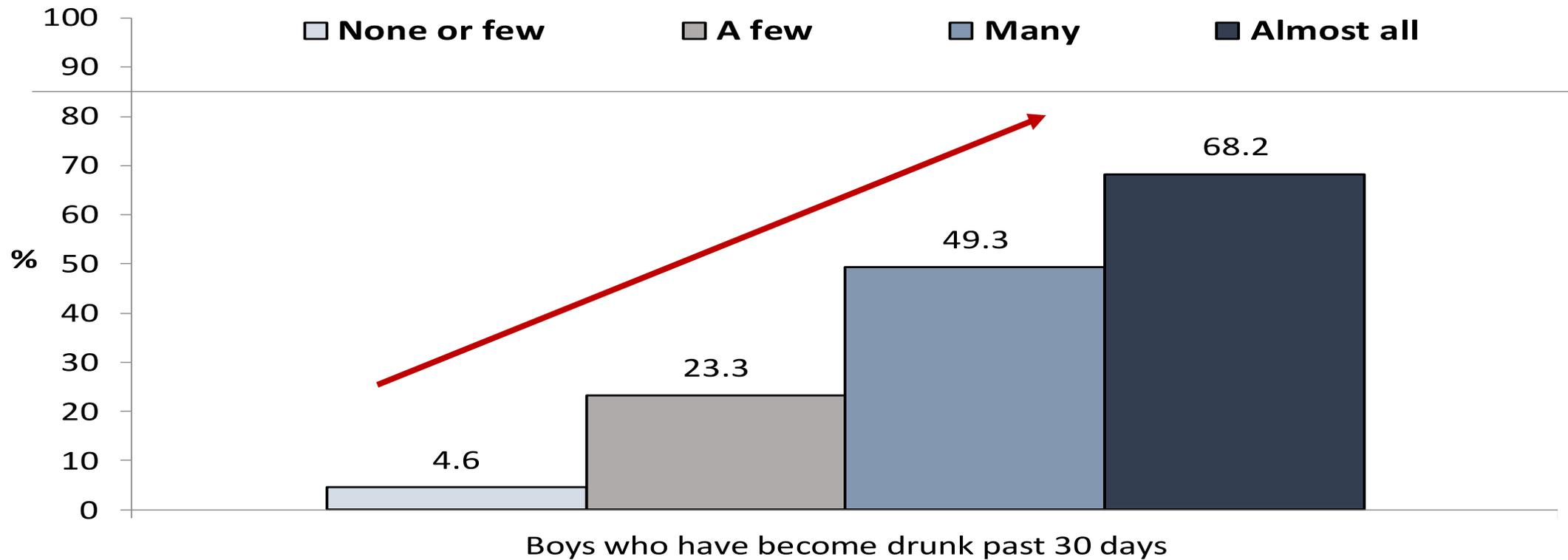
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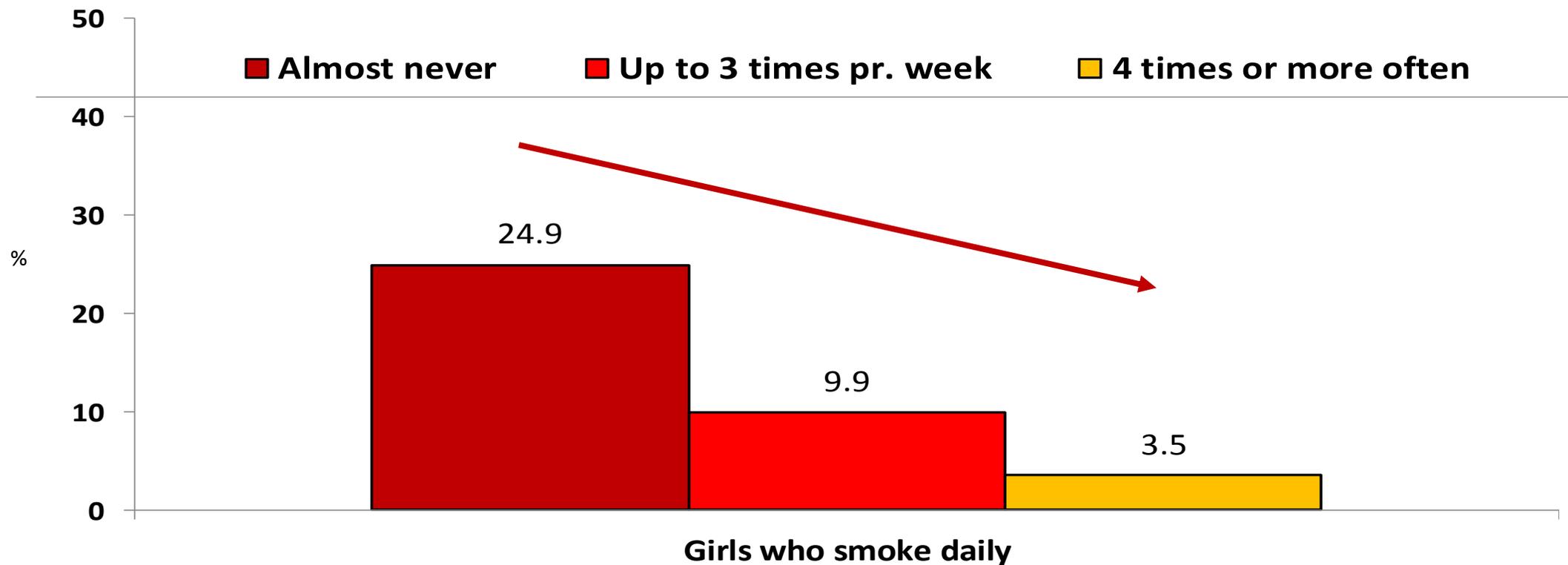
# And analysing deeper

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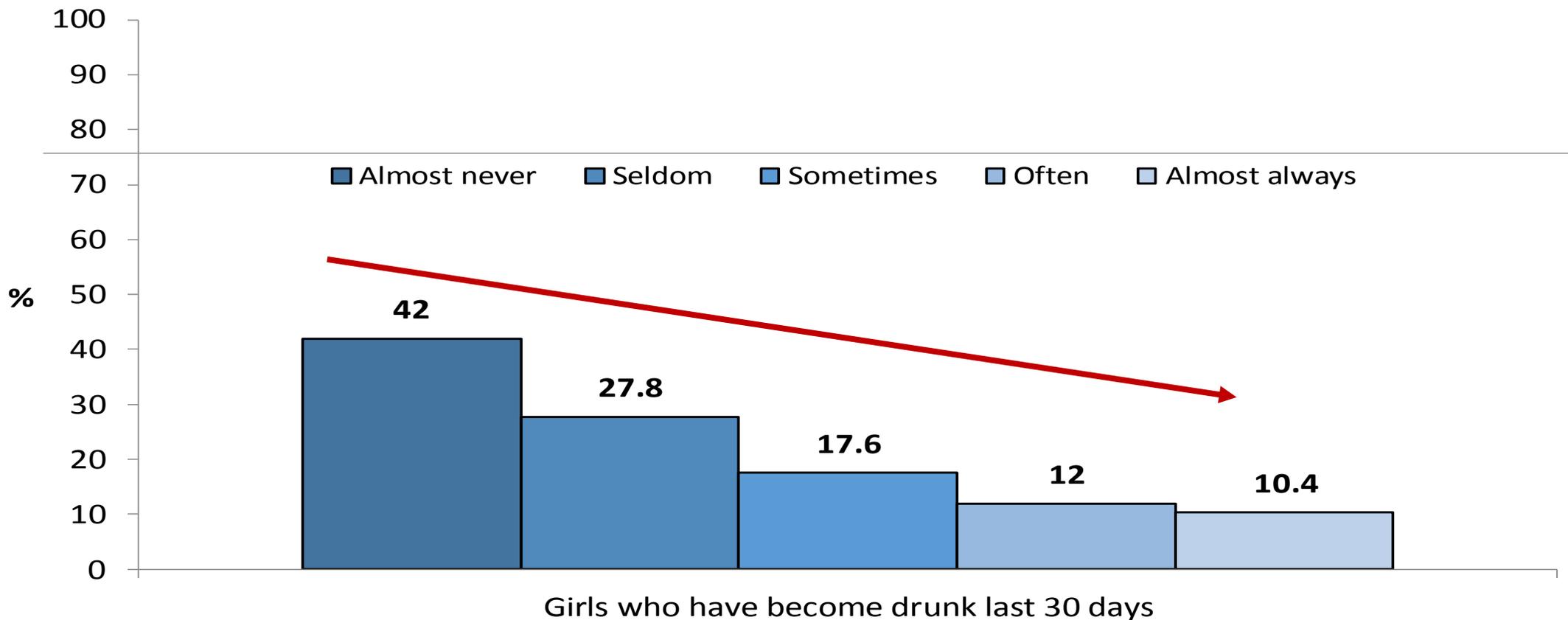




Strong effect of the peer group



Strong connection between smoking and participation in sports



Strong connection between drinking alcohol and time spent with parents

# 1998 Drug-free Iceland

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



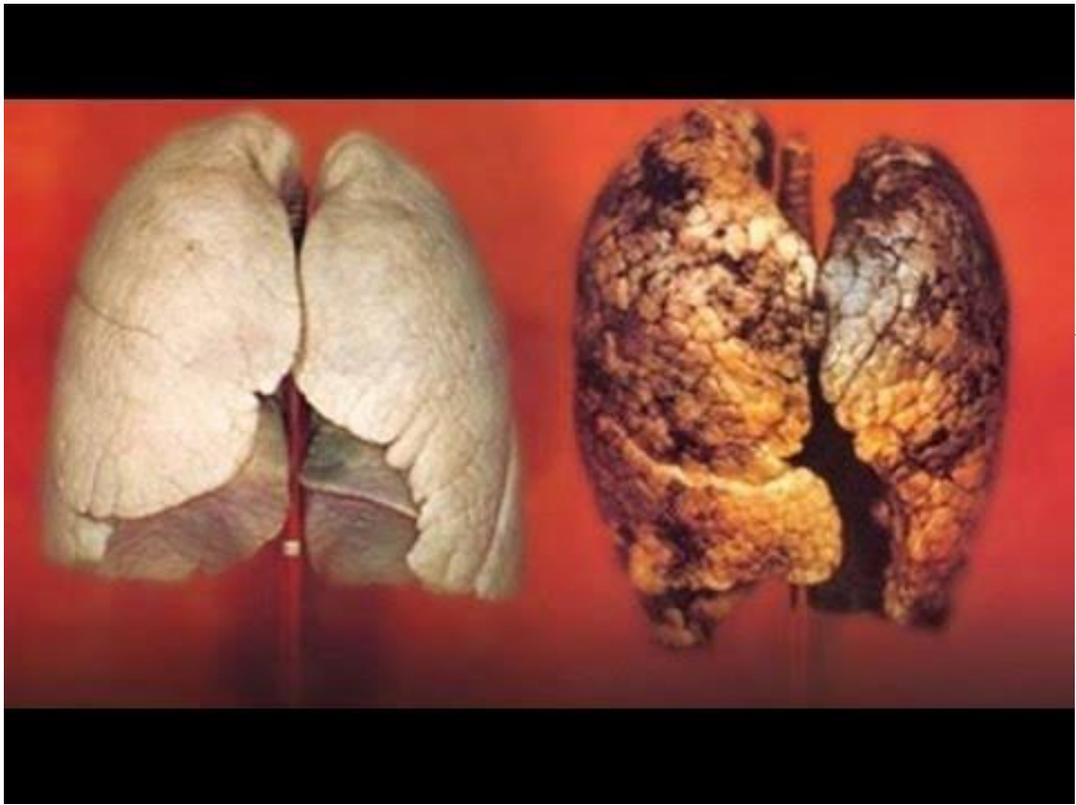
**D.A.R.E.**  
**TO RESIST DRUGS  
AND VIOLENCE.**  
**DRUG ABUSE RESISTANCE EDUCATION**

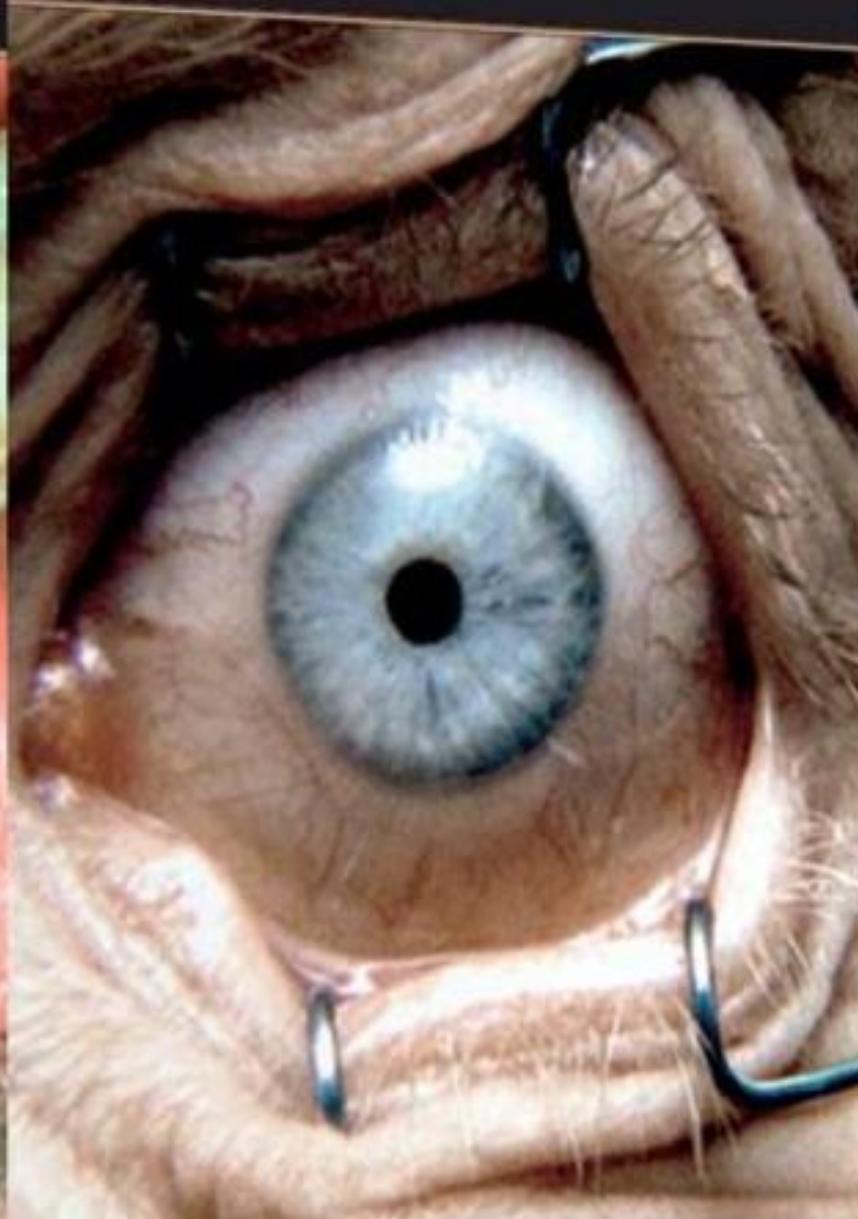
**D.A.R.E.**

**TO RESIST DRUGS  
AND VIOLENCE.**

**DRUG ABUSE RESISTANCE EDUCATION**

**JUST SAY  
NO** 





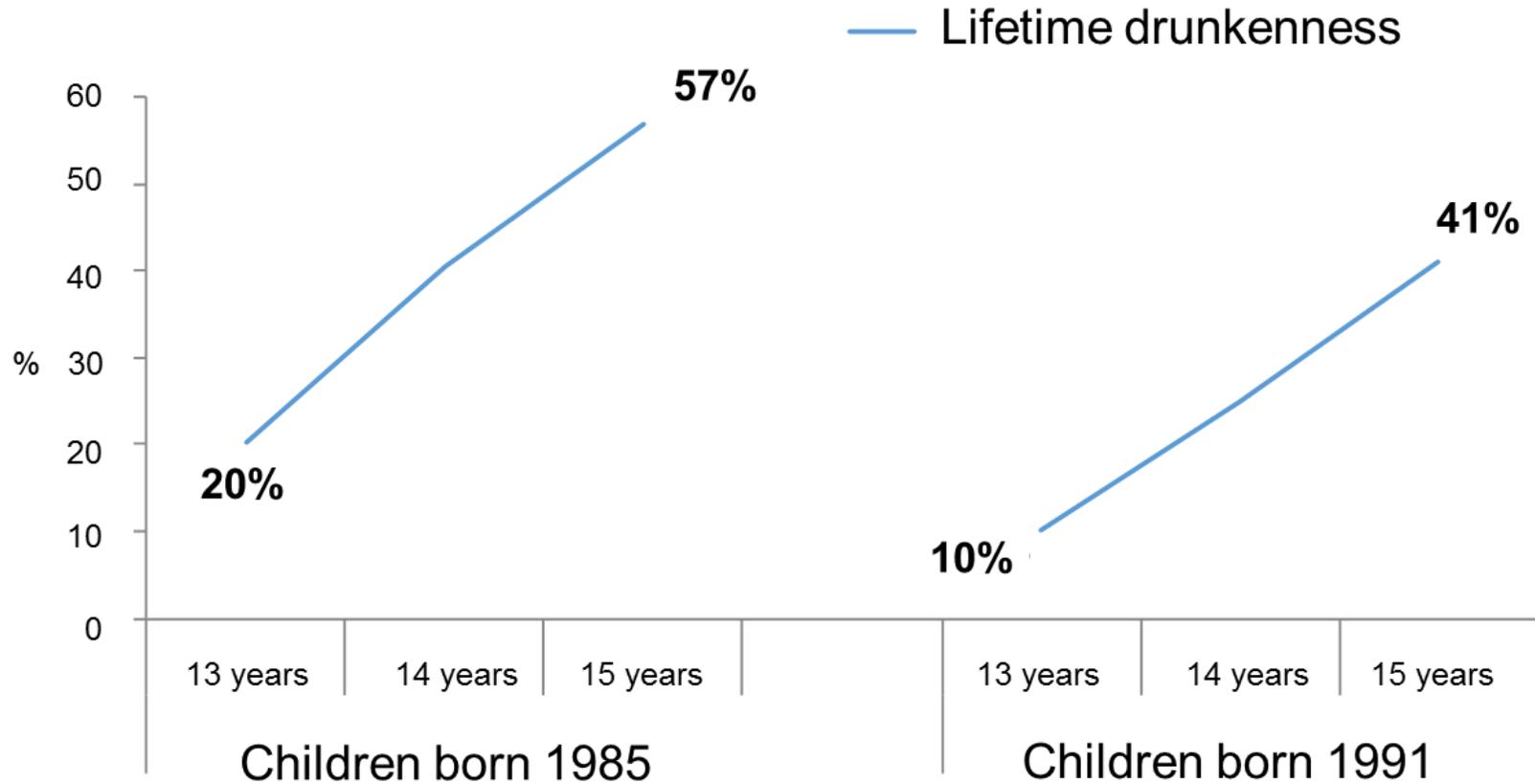
# *Aim of Drug-free Iceland*

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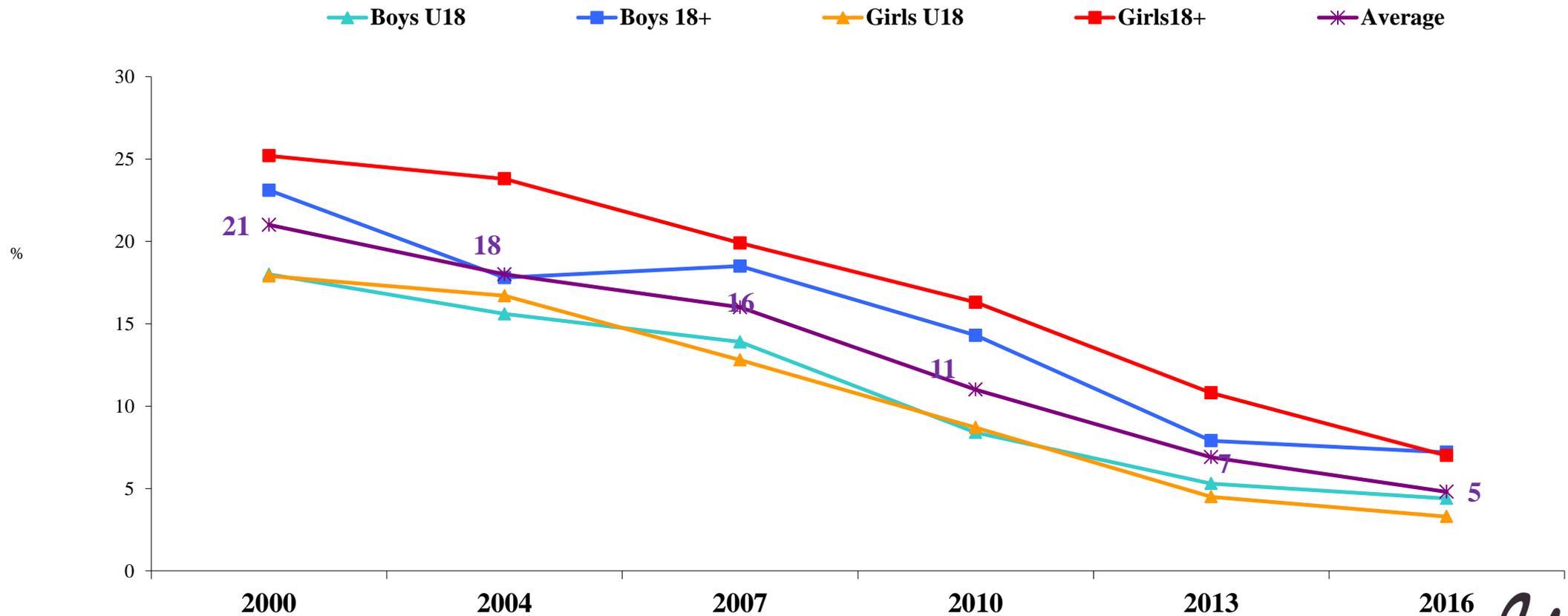
To change the actual behaviour of youth and not only their attitudes

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

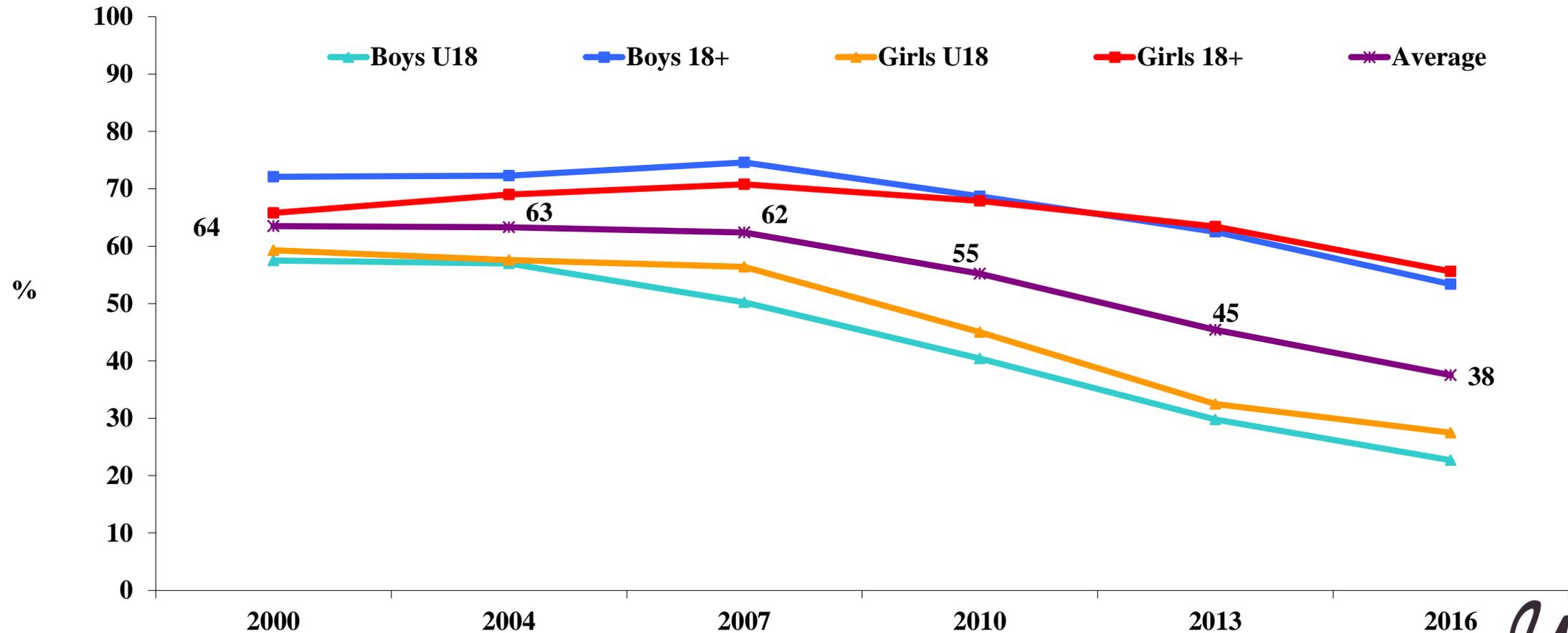
# Substance use follows cohorts



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

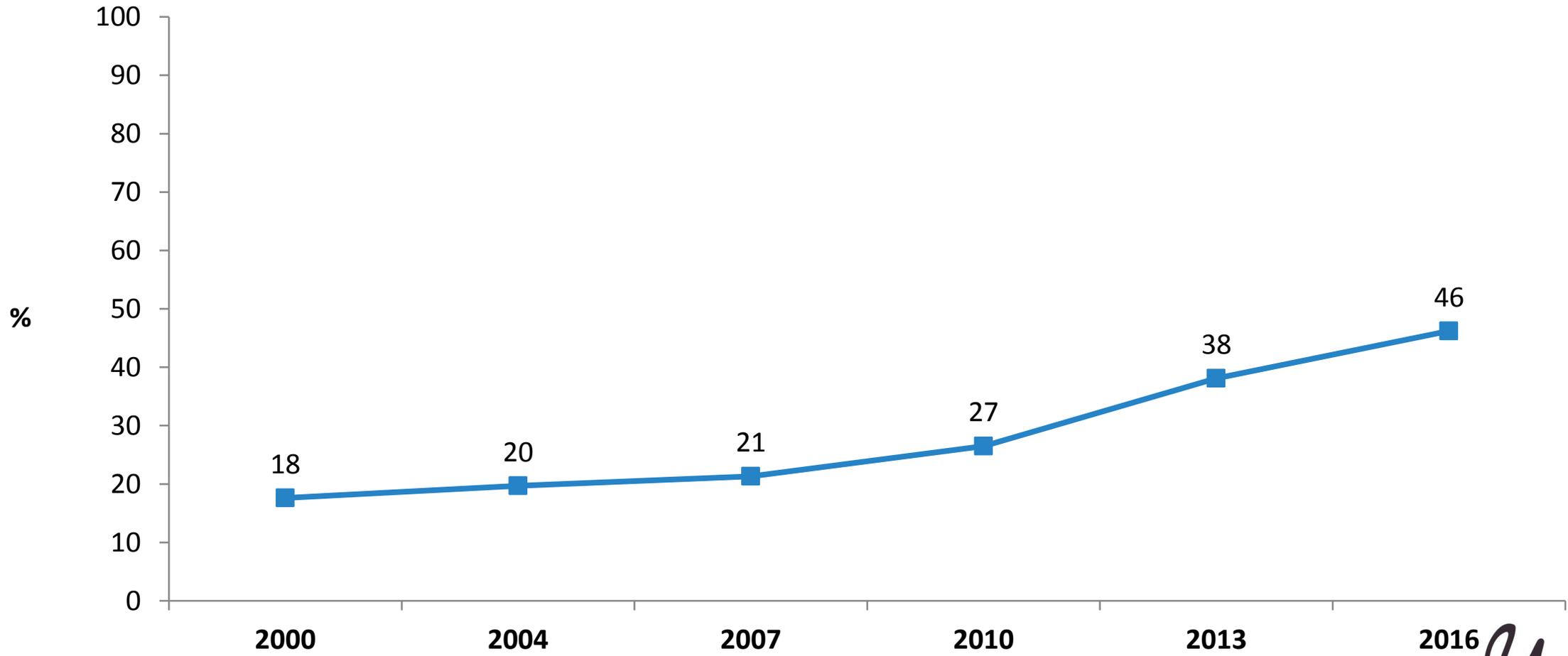


# Alcohol use trend in Icelandic High-Schools 16 - 20 year old students

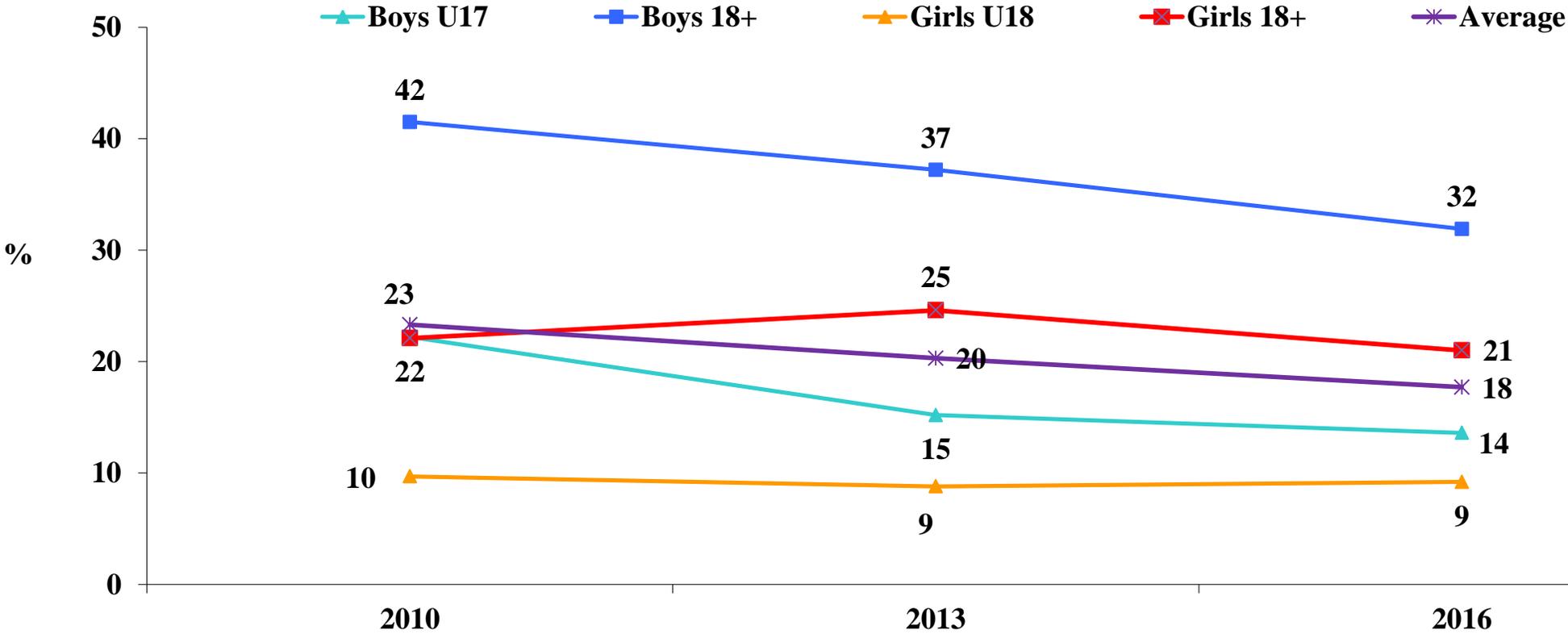


# Never got drunk in lifetime

## 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

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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

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“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“

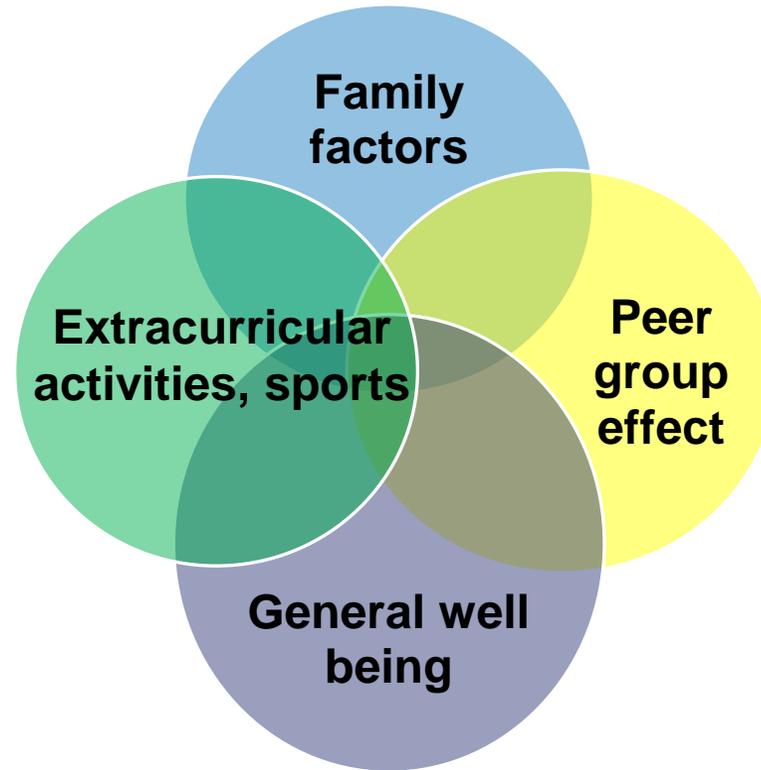
National Institute of Health



How were the findings used?

# This we knew was important.

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# Examples of local/community actions

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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.

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

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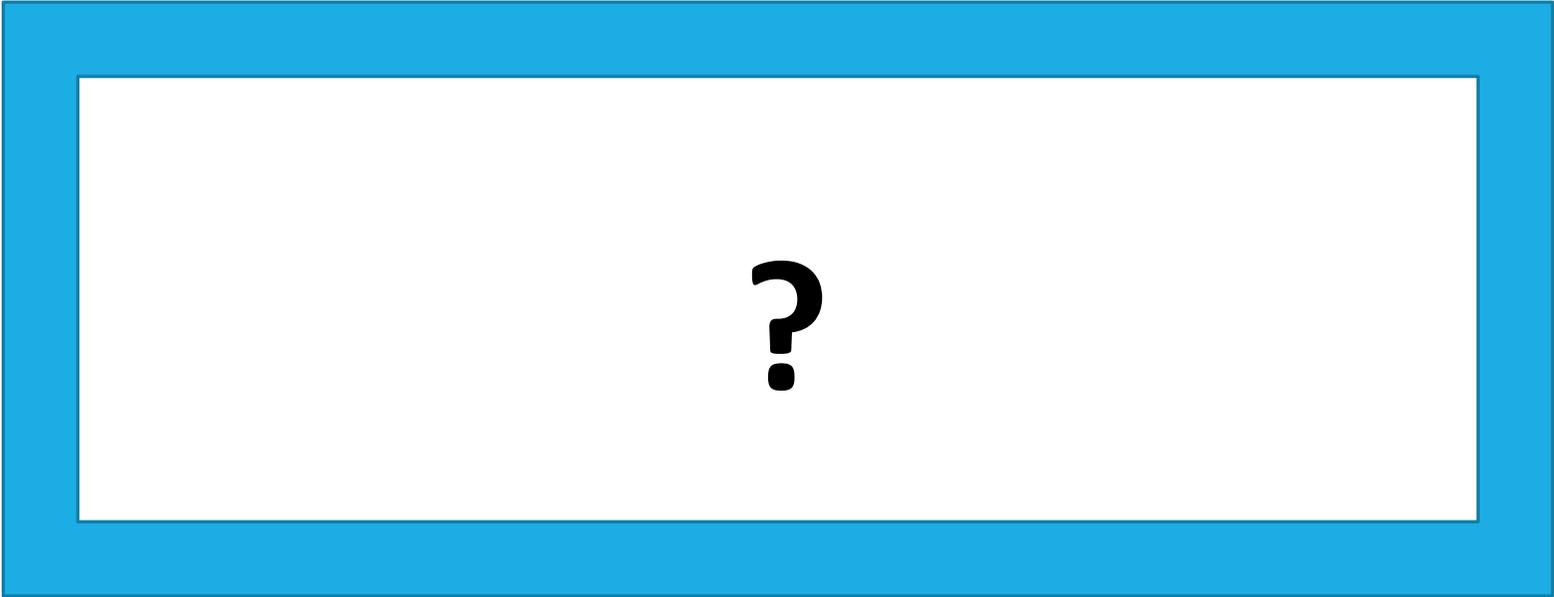
Music schools and schoolbands Euro 8 millj.

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

**The Leisure Card – Euro 6 millj.**

# Leisure time of adolescents

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?

# Leisure time of adolescents

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+ 70% of awake time



# The Leisure Card

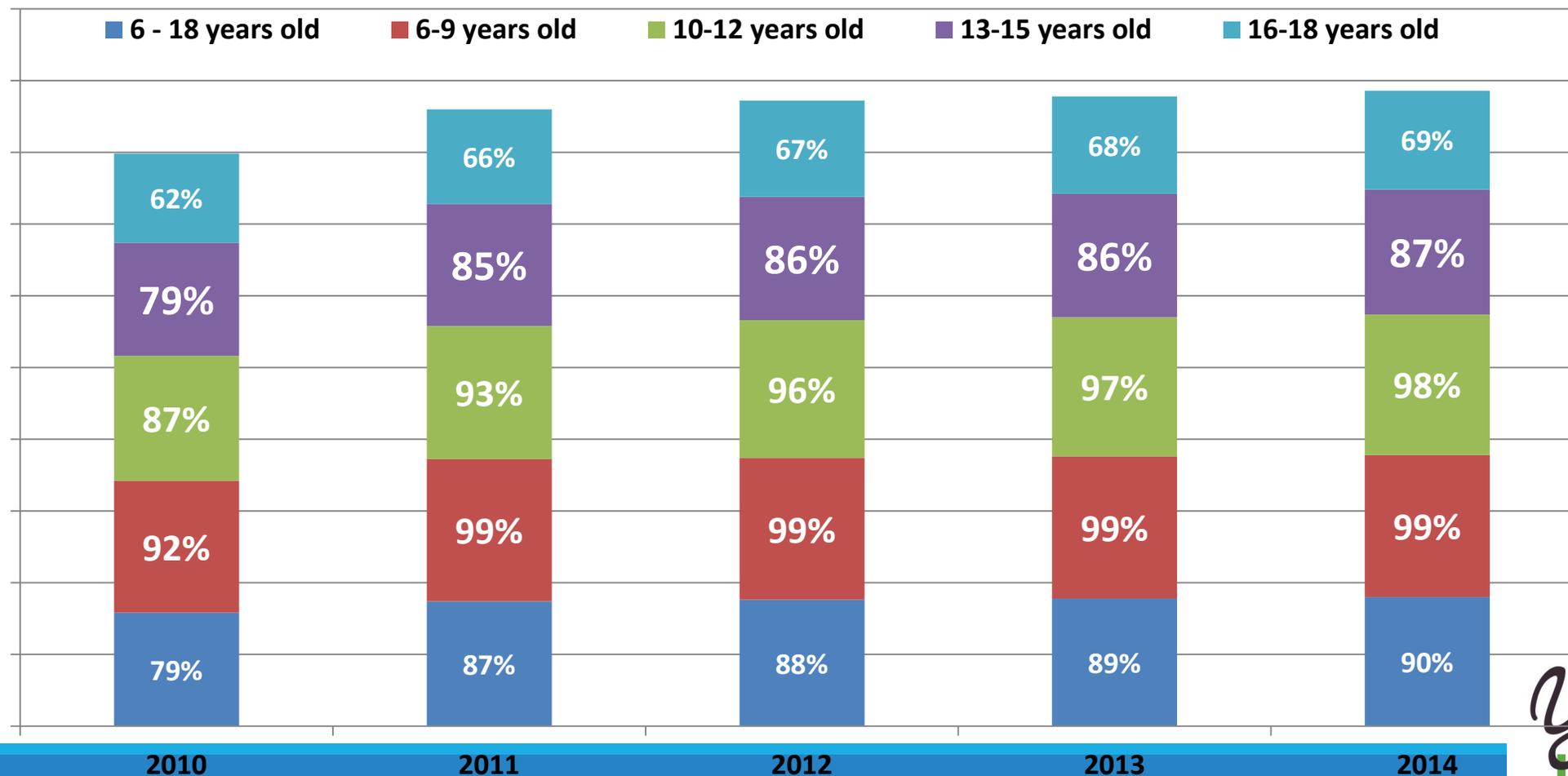
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The grant is 430 Euro pr. child since the beginning of 2017.

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

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Fewer broken families

Less social support

Less unemployment

Less crime

Fewer imprisonments

Safer cities

Fewer rehabilitation units

# Examples of national/government actions

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

Advertising ban of tobacco and alcohol

Restricted access to alcohol and tobacco

Guidelines on outside hours for adolescents

Visibility ban of tobacco and alcohol

# Tobacco and chewing gum

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# Peanuts and Gin

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# Focus on close community

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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

Pskov

Murmansk



# Local information fuels dialogue

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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

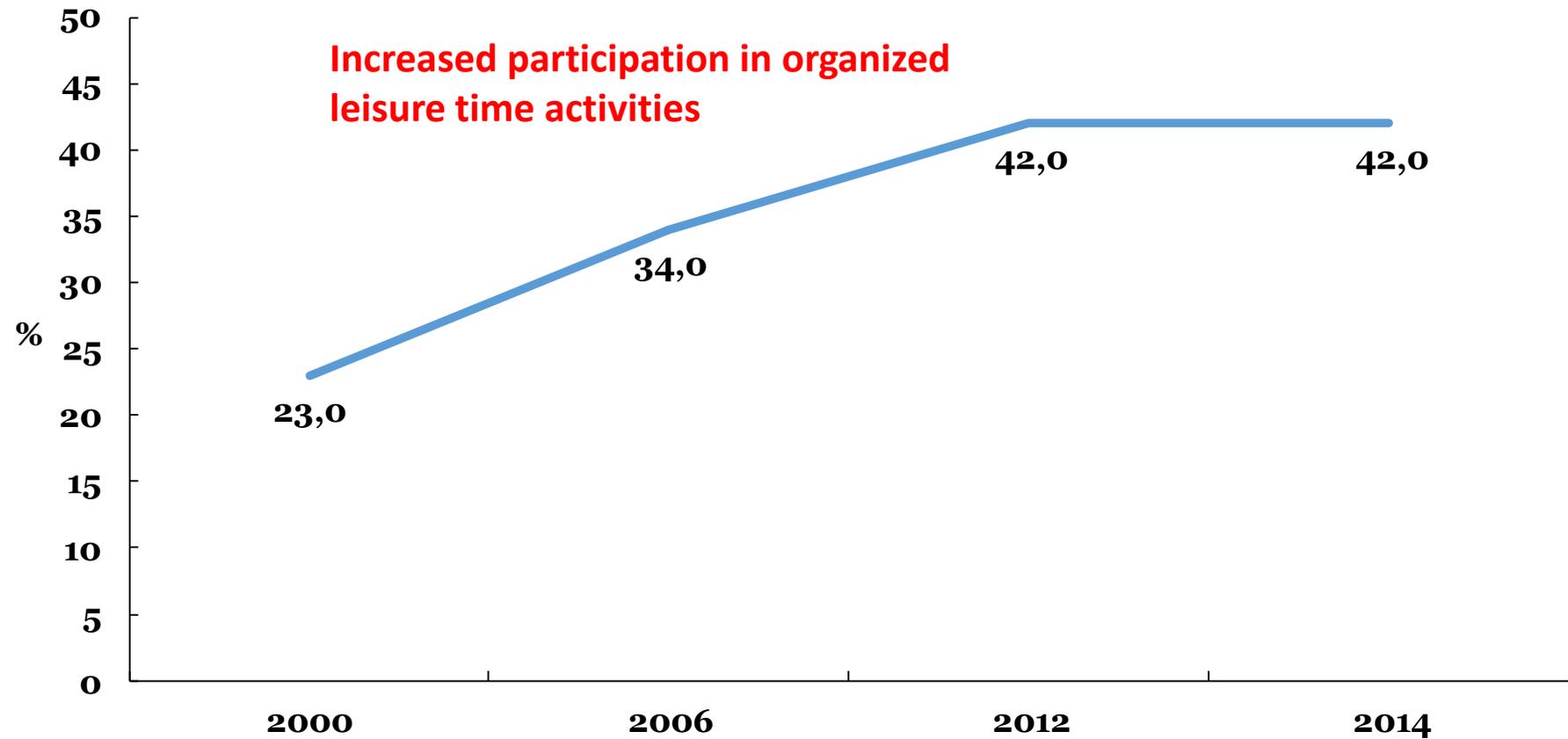
Leisure time workers, prevention workers

Sports and youth institutions

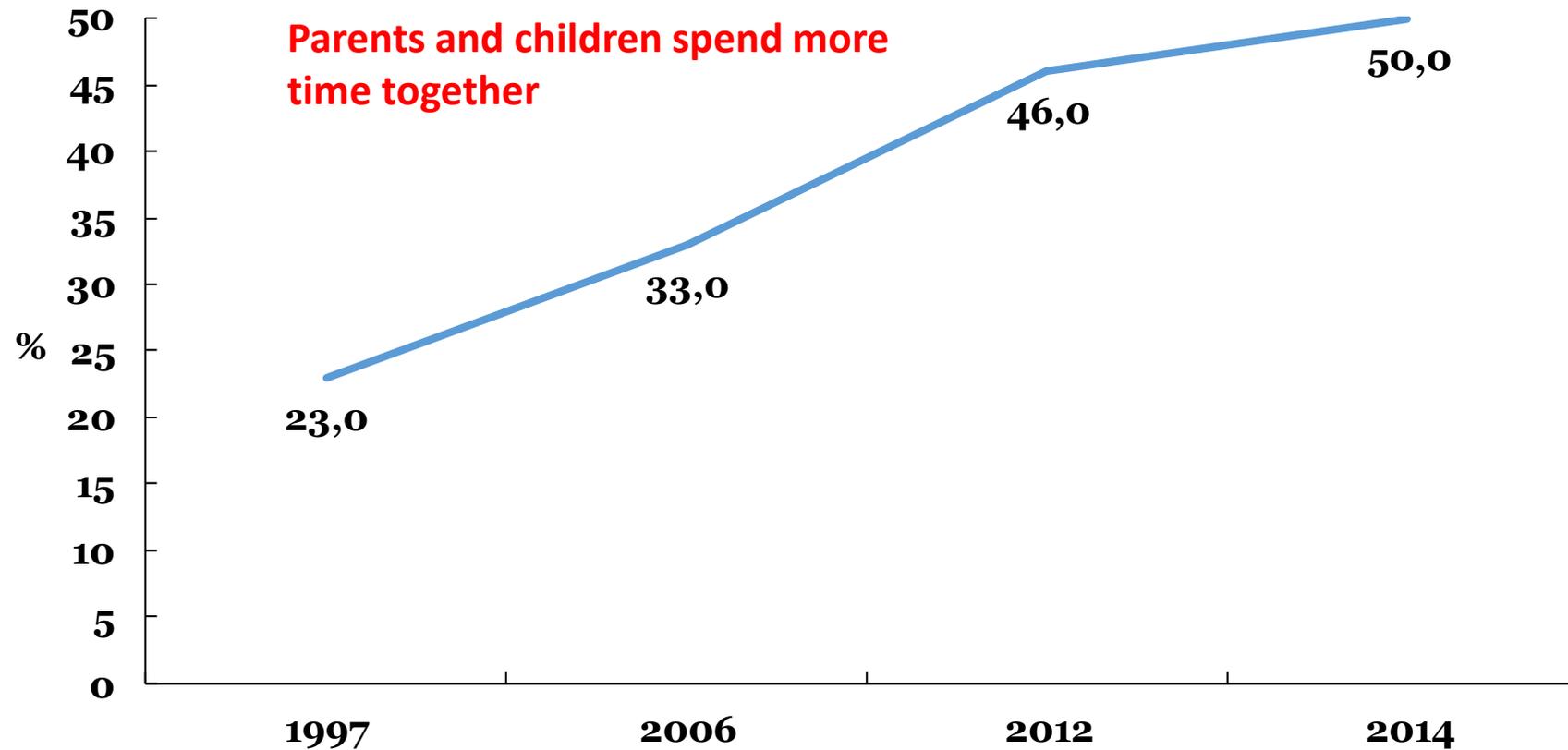


What has changed?

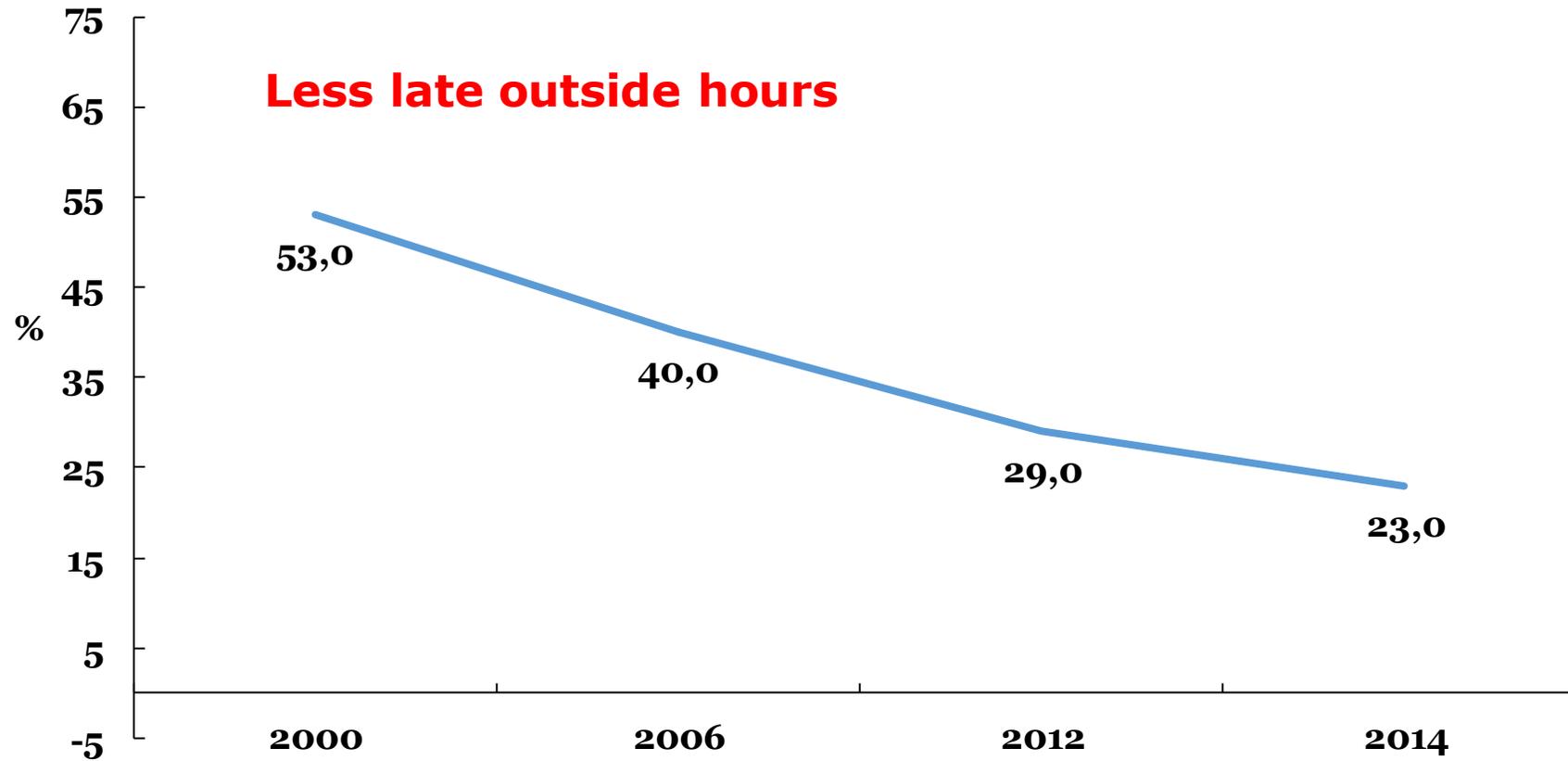
Youth  
IN EUROPE  
EVIDENCE-BASED DRUG PREVENTION



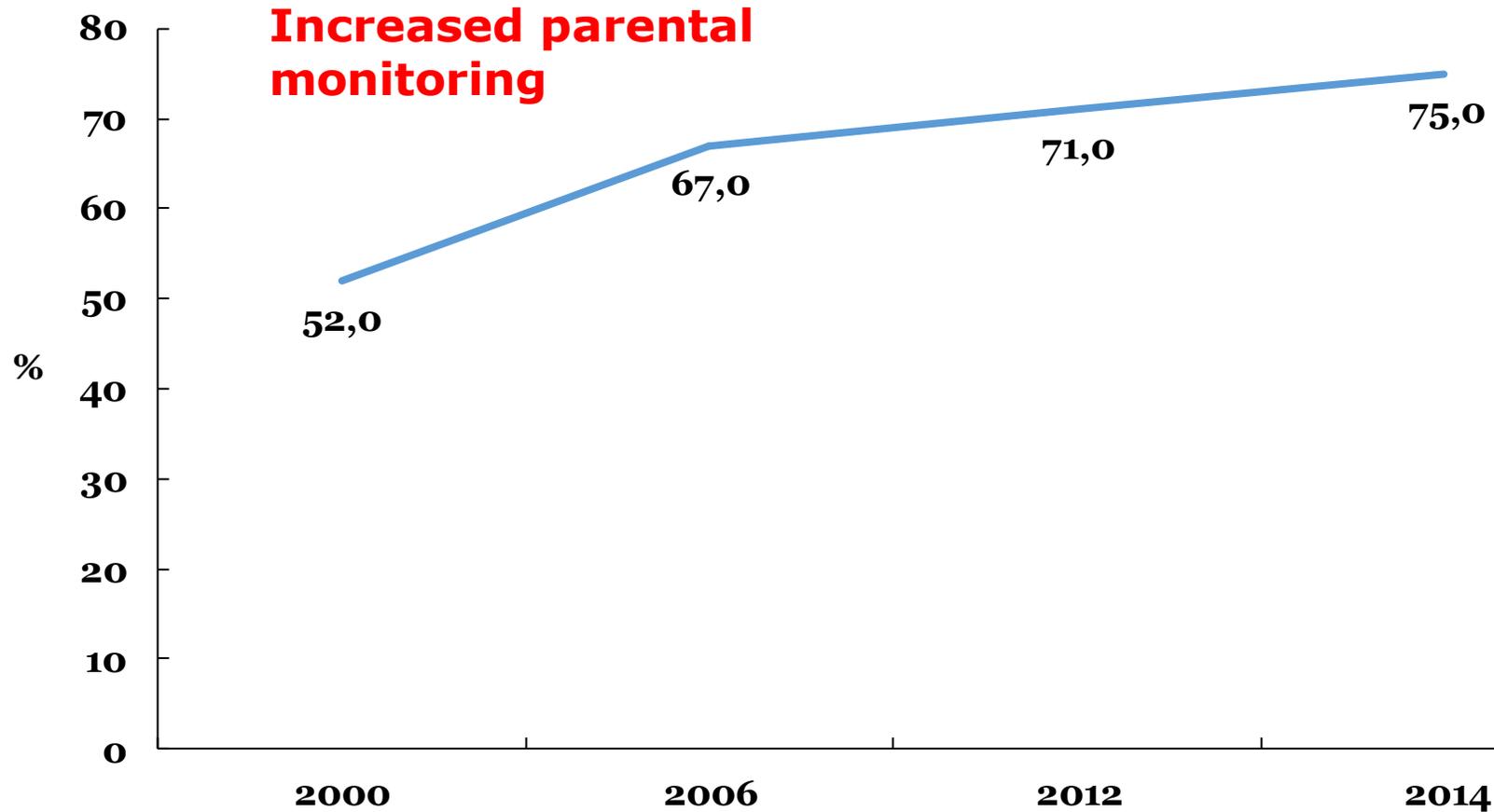
Percentage of students in 9<sup>th</sup> grade that participate in sports in a sports club four times per week or more



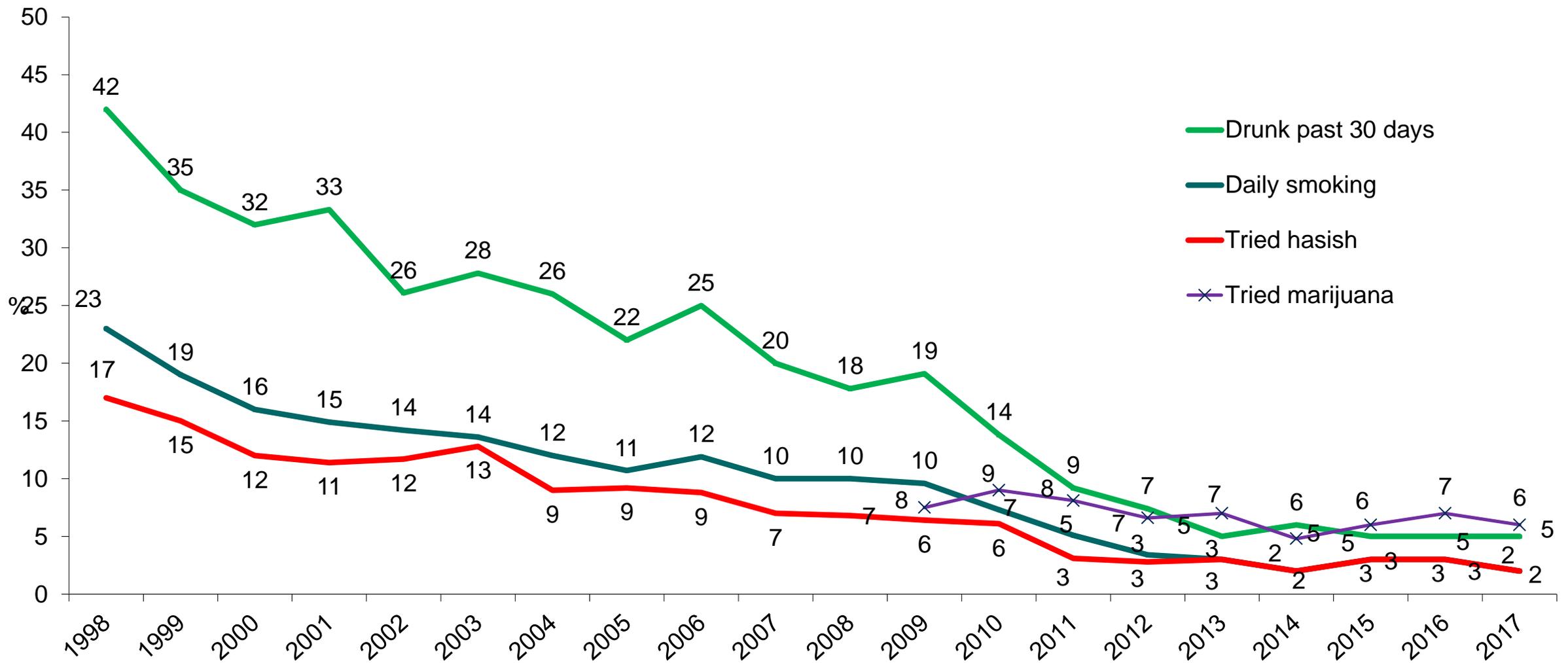
Percentage of students in 9<sup>th</sup> and 10<sup>th</sup> grade who spend time (often/almost always) with their parents during weekdays



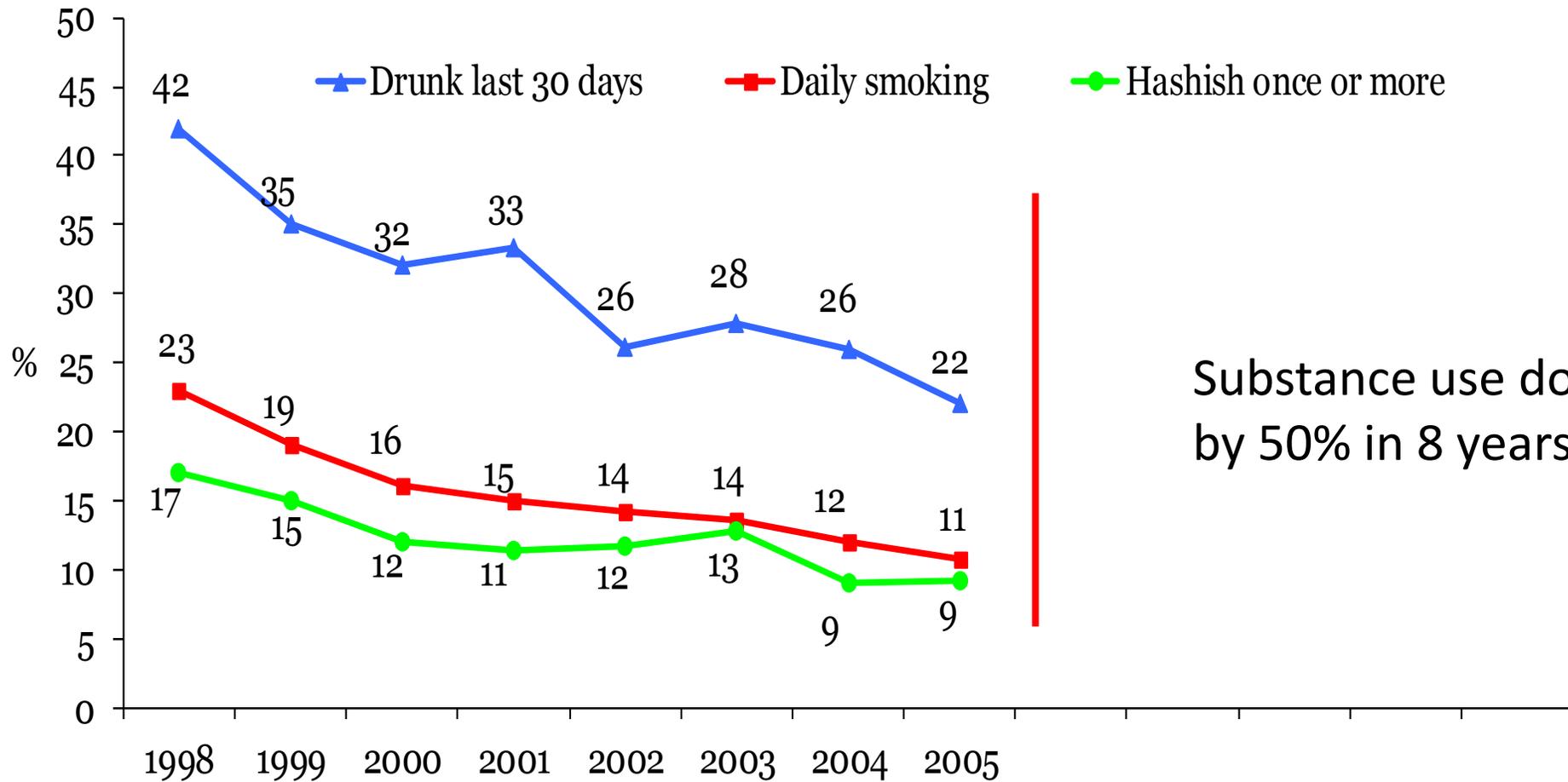
Percentage of students in 9<sup>th</sup> and 10<sup>th</sup> grade who have been out after 10 pm (3 times or more) in the past week



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



...and substance use is going down



Substance use down  
by 50% in 8 years

Youth in Europe started 2005



Thank you!

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

# Icelandic Model publications

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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.