EVIDENCE BASED PRIMARY PREVENTION.
20 YEARS OF SUCCESS

JON SIGFUSSON
ICSRA
Based on the Icelandic Prevention Model
From highest to lowest in substance use – 15/16 year old students

In 1998 Iceland scored highest in adolescent substance use in Europe
In 2016 Iceland scores lowest in adolescent substance use in Europe
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)

- Cigarette use past 30 days
- Alcohol use past 30 days
- Lifetime use of cannabis

Iceland
Malta
Lichtenstein
Substance Use Amongst European Youth
(ESPAD, 2011)

Cigarette use past 30 days
Alcohol use past 30 days
Lifetime use of cannabis

ALCOHOL USE
MALTA

IN EUROPE
EVIDENCE-BASED DRUG PREVENTION
Substance Use Amongst European Youth
(ESPAD, 2011)

- Cigarette use past 30 days
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**ALCOHOL USE**

Iceland

Malta

Lichtenstein
Substance Use Amongst European Youth

(ESPAD, 2011)

- Cigarette use past 30 days
- Alcohol use past 30 days
- Lifetime use of cannabis
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

...but set sail based on knowledge!
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

- Smoke daily
- Have tried hashish

<table>
<thead>
<tr>
<th>Year</th>
<th>Smoke daily</th>
<th>Have tried hashish</th>
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<td>1992</td>
<td>15.1</td>
<td>7.2</td>
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<tr>
<td>1993</td>
<td>20.7</td>
<td>9.6</td>
</tr>
<tr>
<td>1994</td>
<td>22.8</td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td></td>
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<td>1996</td>
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<tr>
<td>1997</td>
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<tr>
<td>1998</td>
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<td>17.4</td>
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</table>
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.
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

- Family factors
- Peer group effect
- Extracurricular activities, sports
- General well being
And analysing deeper

Family factors
- Time spent with parents
- Support
- Monitoring
- Control

Organized activities vs. unorganized

Extracurricular activities, sports

Peer group effect
- Positive and negative effects.
- How we as parents approach the peer group
- Staying outside late
- Hanging out in malls

General well being
- Inside and outside of school, at home, bullying e.t.c.
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

- Almost never: 24.9%
- Up to 3 times per week: 9.9%
- 4 times or more often: 3.5%
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.
Just Say NO!

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

- Children born 1985
  - 13 years: 20%
  - 14 years: 10%
  - 15 years: Lifetime drunkenness: 57%

- Children born 1991
  - 13 years: Lifetime drunkenness: 41%
Daily smoking in Icelandic High-Schools 16 - 20 year old students
Alcohol use trend in Icelandic High-Schools 16 - 20 year old students

![Graph showing alcohol use trend in Icelandic High-Schools 16 - 20 year old students from 2000 to 2016. The graph compares the percentage of boys and girls under 18 (Boys U18 and Girls U18) and 18 and over (Boys 18+ and Girls 18+). The average trend is also shown.]

- Boys U18: 64% in 2000, 63% in 2004, 62% in 2007, 55% in 2010, 45% in 2013, 38% in 2016
- Boys 18+: 64% in 2000, 63% in 2004, 62% in 2007, 55% in 2010, 45% in 2013, 38% in 2016
- Girls U18: 64% in 2000, 63% in 2004, 62% in 2007, 55% in 2010, 45% in 2013, 38% in 2016
- Girls 18+: 64% in 2000, 63% in 2004, 62% in 2007, 55% in 2010, 45% in 2013, 38% in 2016
- Average: Approximately 64% in 2000, 63% in 2004, 62% in 2007, 55% in 2010, 45% in 2013, 38% in 2016
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

![Graph showing the percentage of cannabis use among boys and girls in Icelandic high schools from 2010 to 2016.](chart.png)
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
Reykjavík 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 activitiesEuro 24 m.
- The Leisure Card – Euro 6 millj.
Reykjavik City grants to organizations / NGO’s in the year 2015

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- Youth- and Sports Organizations Euro 48 m.
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- Youth clubs/centres, after school activities Euro 24 m.
- The Leisure Card – Euro 6 millj.
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

<table>
<thead>
<tr>
<th>Year</th>
<th>6-9 years old</th>
<th>6-18 years old</th>
<th>10-12 years old</th>
<th>13-15 years old</th>
<th>16-18 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>79%</td>
<td>62%</td>
<td>87%</td>
<td>92%</td>
<td>79%</td>
</tr>
<tr>
<td>2011</td>
<td>85%</td>
<td>66%</td>
<td>93%</td>
<td>99%</td>
<td>87%</td>
</tr>
<tr>
<td>2012</td>
<td>86%</td>
<td>67%</td>
<td>96%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>2013</td>
<td>86%</td>
<td>68%</td>
<td>97%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>2014</td>
<td>87%</td>
<td>69%</td>
<td>98%</td>
<td>99%</td>
<td>99%</td>
</tr>
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6-18 years old:
- 2010: 79%
- 2011: 85%
- 2012: 86%
- 2013: 86%
- 2014: 87%

6-9 years old:
- 2010: 62%
- 2011: 66%
- 2012: 67%
- 2013: 68%
- 2014: 69%

10-12 years old:
- 2010: 87%
- 2011: 93%
- 2012: 96%
- 2013: 97%
- 2014: 98%

13-15 years old:
- 2010: 92%
- 2011: 99%
- 2012: 99%
- 2013: 99%
- 2014: 99%

16-18 years old:
- 2010: 79%
- 2011: 87%
- 2012: 88%
- 2013: 89%
- 2014: 90%
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

Marijúana einu sinni eða oftar um ævina
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?
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

Parents and children spend more time together

Youth IN EUROPE
EVIDENCE-BASED DRUG PREVENTION
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
Youth in Europe started 2005

Substance use down by 50% in 8 years
Participation in 2006

• 8 cities
• 6 countries
Participation until 2017

35 cities

18 countries

140 thousand questionnaires already

Over 9 million questions answered
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... ;)

Youth IN EUROPE
EVIDENCE-BASED DRUG PREVENTION
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
Iceland knows how to stop teen substance abuse but the rest of the world isn’t listening

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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
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!
PLANT
Youth
EVIDENCE BASED DRUG PREVENTION
Icelandic Model publications


