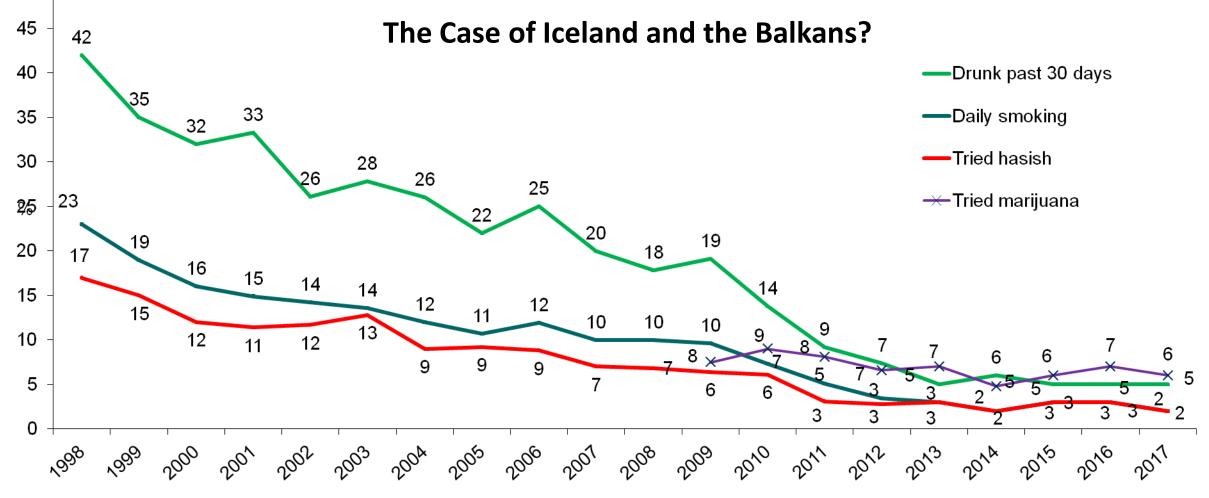
Healthy, safe and drug free communities

50





HOME MISSION MEMBERSHIP CONFERENCE NEWS BOARD STAFF

-25 years of city practice and policy

-Roughly 60 cities in Europe





Membership

CAD is first and foremost a network of European cities and municipalities. It currently counts as its members over 250 cities in over 20 countries throughout Europe, Turkey and ussia. ECAD members are leaders and practitioners in the field of drug policy. Has your city joined ECAD?



Mayors Conference

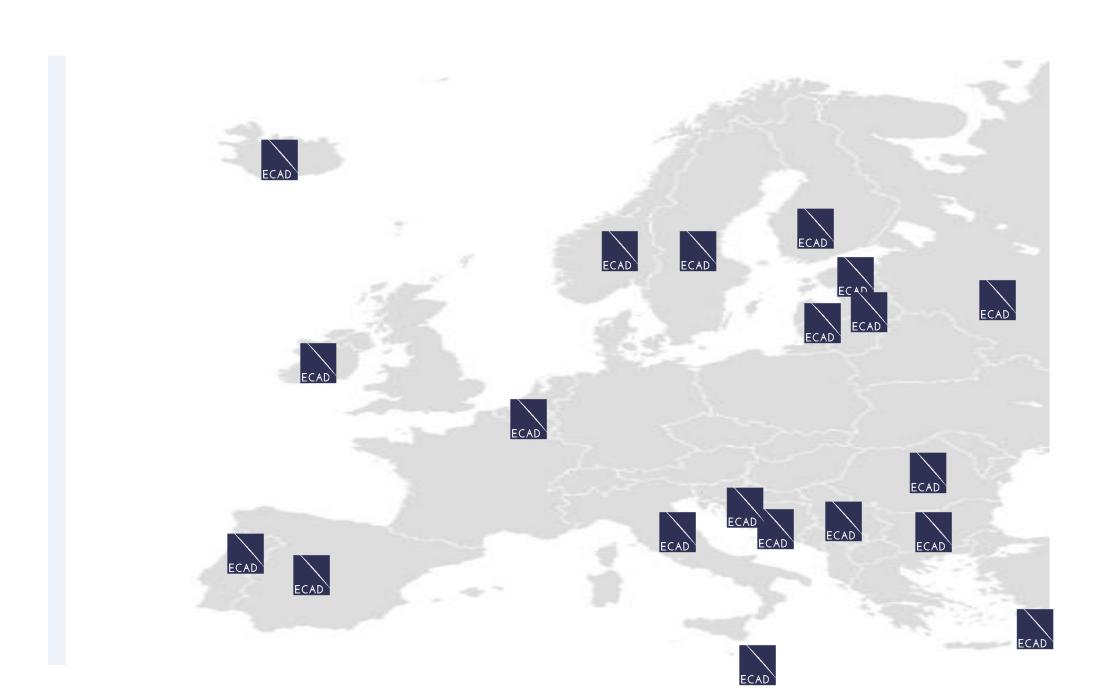
ECAD's main annual event, the Mayors Conference, gathers councillors, politicians, and other government officials and brings them together with academics, think tanks, and organizations to discuss current trends in drug prevention policy. The conference theme and location vary each year. Are you attending this year's conference?

Leadership & Activities

ECAD's network is highly active, with a continual calendar of projects, conferences, lectures, study visits, and other events and partnerships. For updates on our latest news, as well as links to interesting and cutting-edge research, check out our blog. You can also hire ECAD for a lecture or get in touch directly if interested in partnering with ECAD.

Newsletter

Interested in receiving regular updates about ECAD current events, projects, and partnerships? Sign up to receive our new e-newsletter, or review the archived mailed newsletter by clicking here.



What we do

Share best practices and research on prevention, treatment and control on drugs

- Annual Mayors Forums
- Lectures/Educations
- Advocacy/Policy
- Contributor to EU and UN drug policy discussions

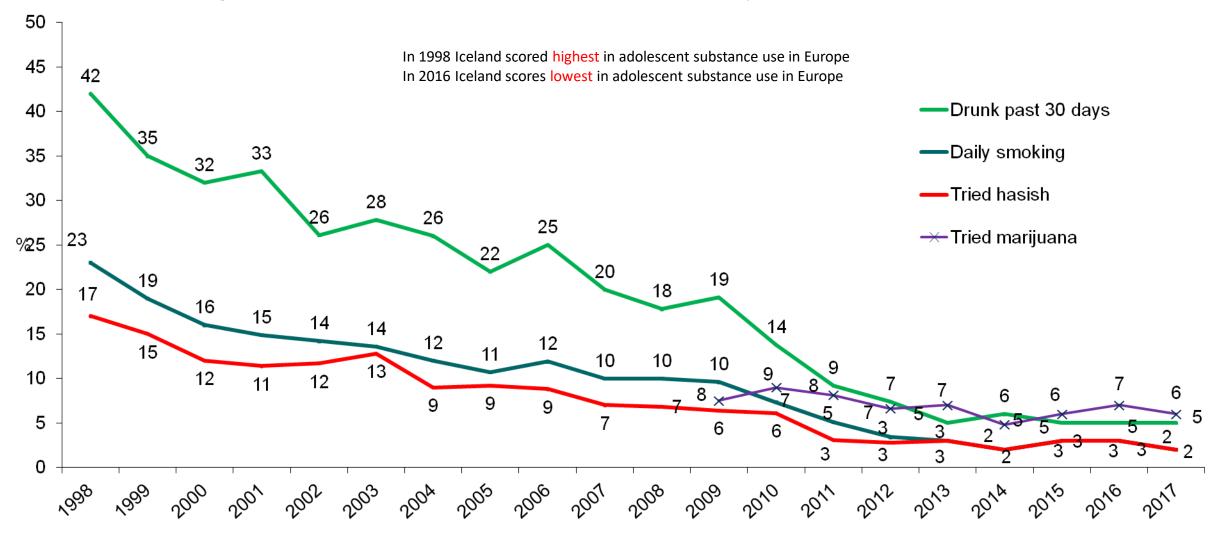


What we believe

- Drugs are the most harmful when made legal and commercially promoted
- Levels of drugs use can be addressed
- Drug addiction is in most cases a recoverable condition
- Adress vulnerabilities to organized crime

Based on the Icelandic Prevention Model

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



Selected facts about Iceland

- One of the Nordic countries
- Not as cold as Greenland
- Size: 103,000 km²
- Population: ~320,000
- Capital: Reykjavik (ca.65% of population in greater area)
- Language: Icelandic
- Currency: Krona
- Most people beleive elves exist and should be taken seriously



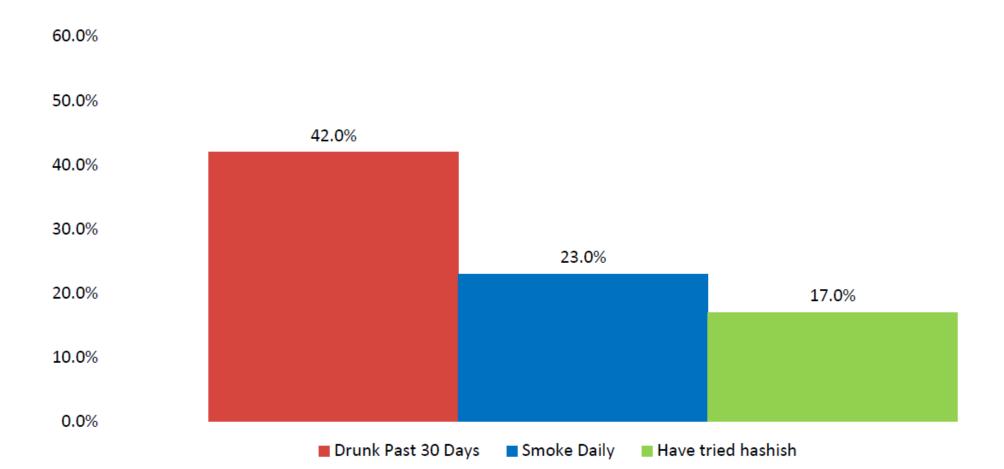
EVIDENCE BASED PRIMARY PREVENTION. 20 YEARS OF SUCCESSFUL WORK.



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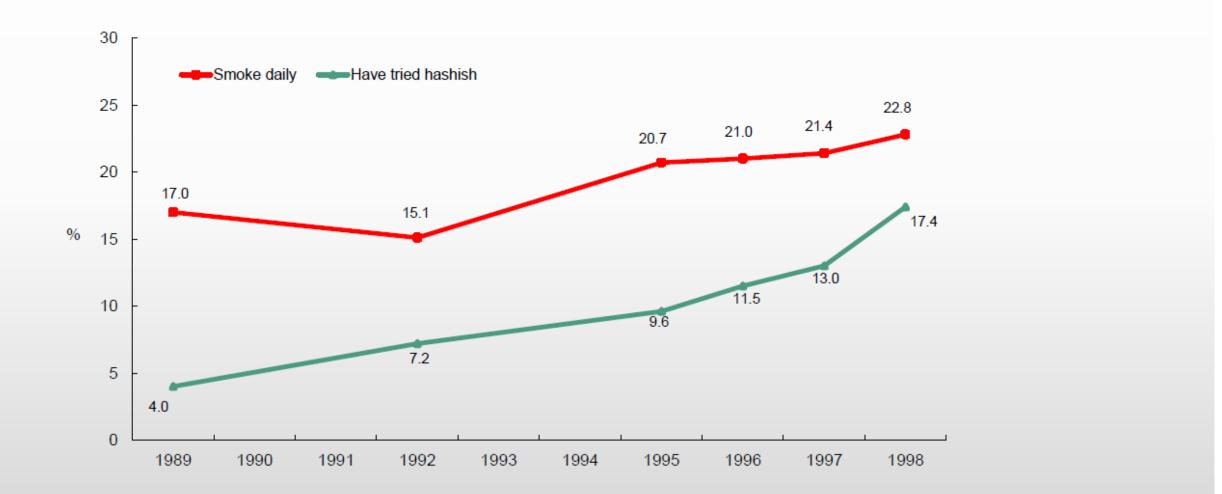


1997: Smoke daily, Drunk past 30 days, Have tried hashish

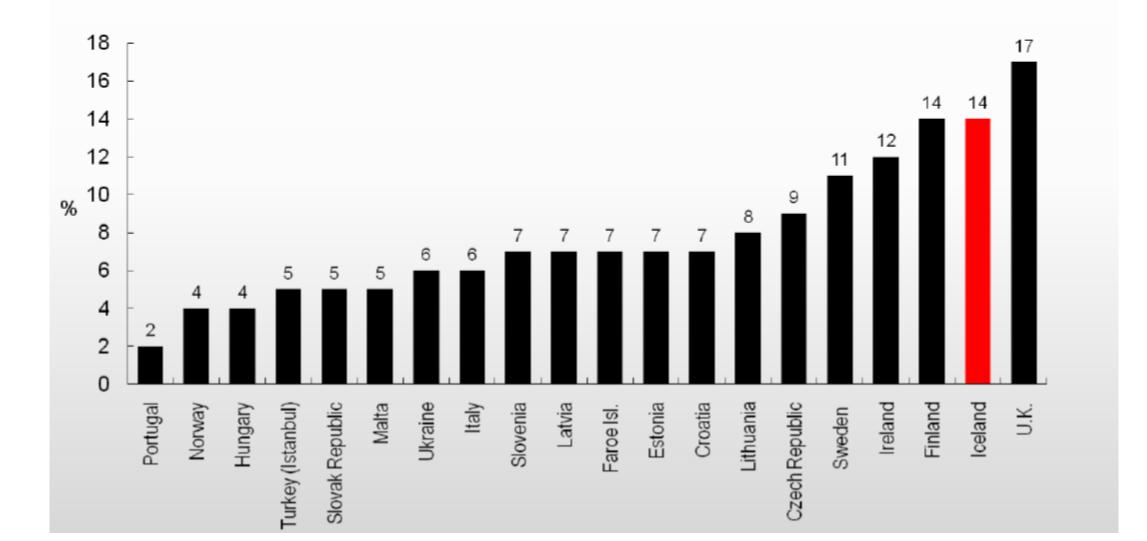


ICSRA

Trends in substance use among 10th grade students in Iceland from 1989-1998



Proportion of students in 10th grade who have had accidents or injuries related to alcohol use (ESPAD, 1995)





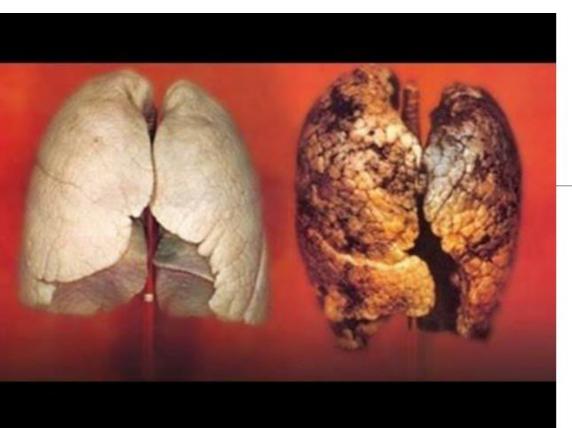


TO RESIST DRUGS AND VIOLENCE.

DRUG ABUSE RESISTANCE EDUCATION



DRUG ABUSE RESISTANCE EDUCATION





1998 Drug-free Iceland

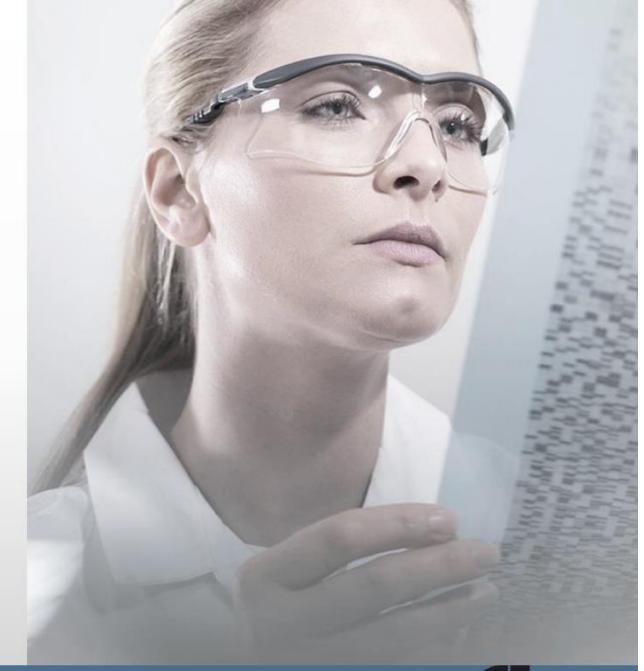
 A totally new methodology in substance use prevention

 Obviously, what we had been doing before, was not working

ICELANDIC database 1997 – 2018

Data collections in schools

- ✓ 10 13 year old
- ✓ 14 16 year old
- ✓ 16 20 year old

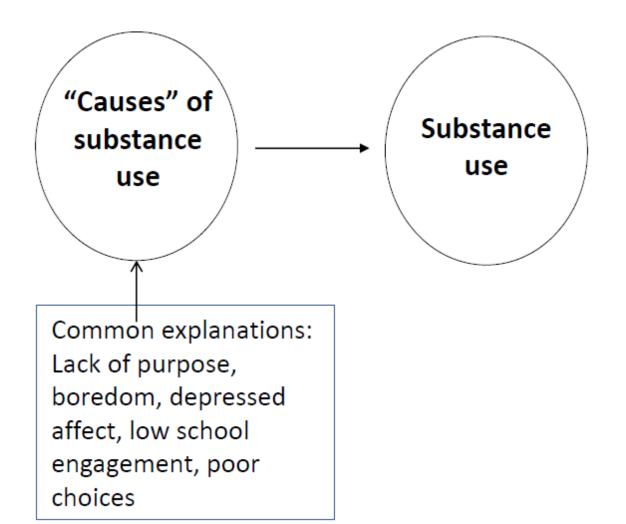




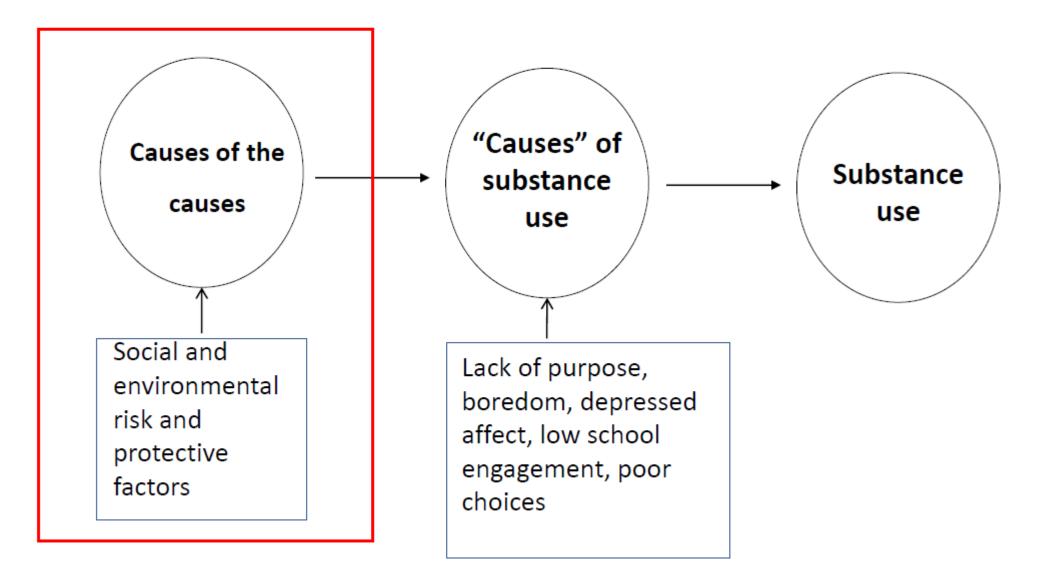
At this point of time research had already showed us that certain circumstances and behaviour in the lives of adolescents were strongly connected with substance use

We tried to establish the risk and protective factors

Prevention viewpoint 1. Individual responsibility: the causes of substance use



Prevention viewpoint 2: <u>Community responsibility</u>. the "causes of the causes" of substance use



Whats different?

• Abundance of quick fix approaches, most are non-evaluated

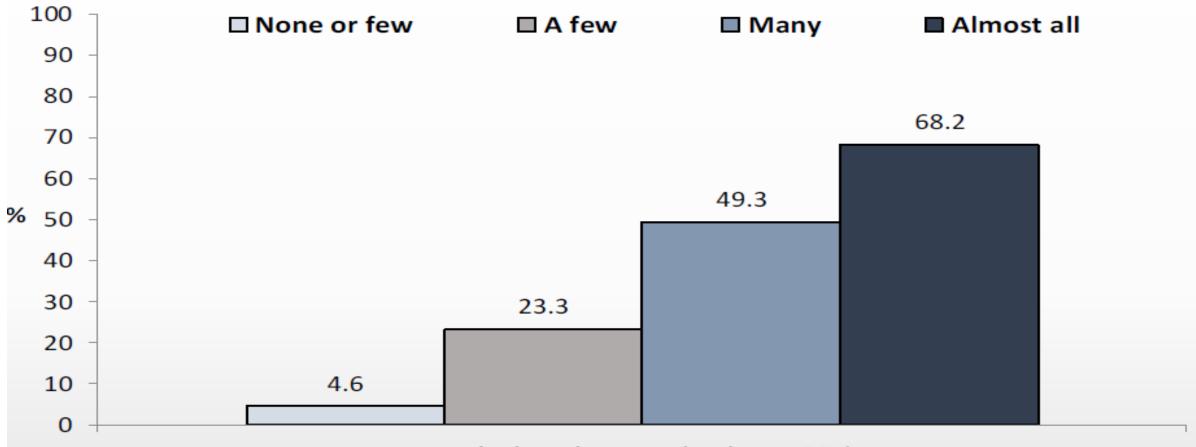
 Stop focusing on "individual choices" and begin viewing children as social products

• It takes a village to raise a child

Planet Youth, in Iceland: Background

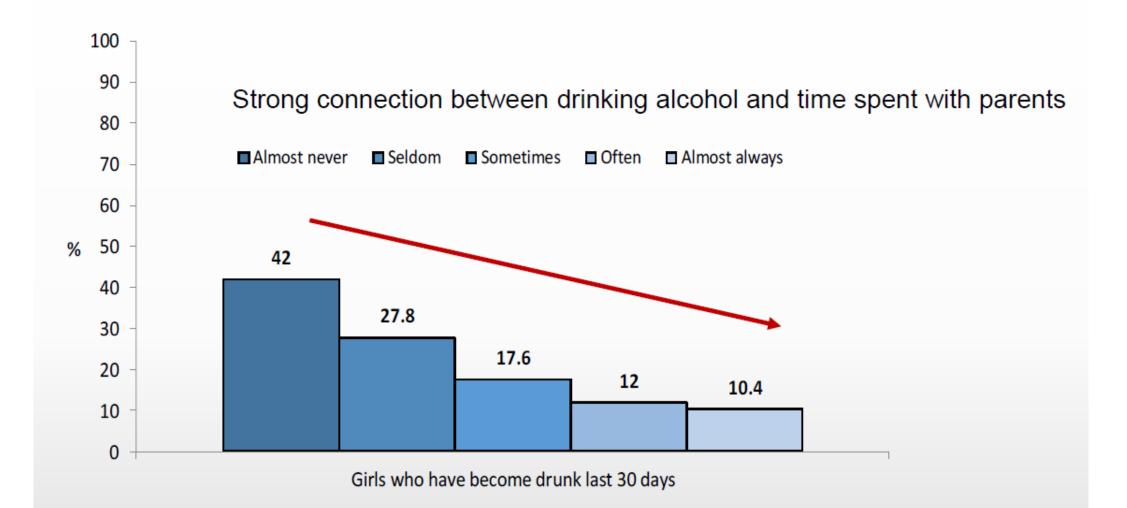


- The Icelandic Educational Research Institute 1990-1998. Population surveys among adolescents
- "Drug Free Iceland 2002" program, initiated in 1997
- Prevention framework based on sociology/criminology theories of adolescent deviance (knowledge), and public health theories of action
- Collaborative effort among researchers, policy makers and practitioners in the field begins

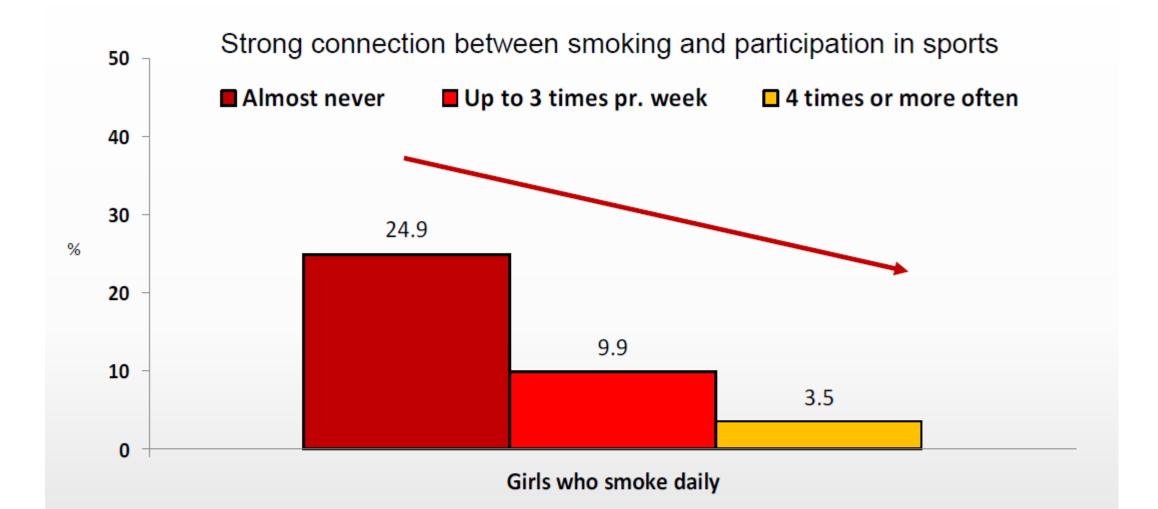


Boys who have become drunk past 30 days

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

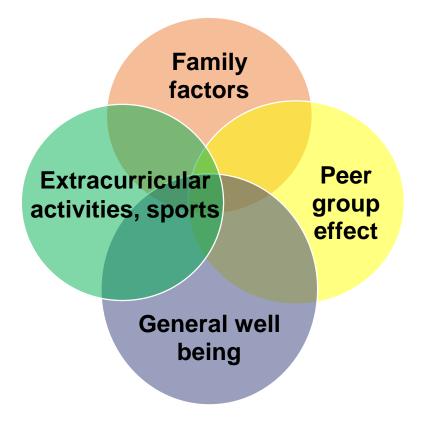


Percentage of girls in 9th and 10th grade who have become drunk in the last 30 days depending on how much time they spend with parents

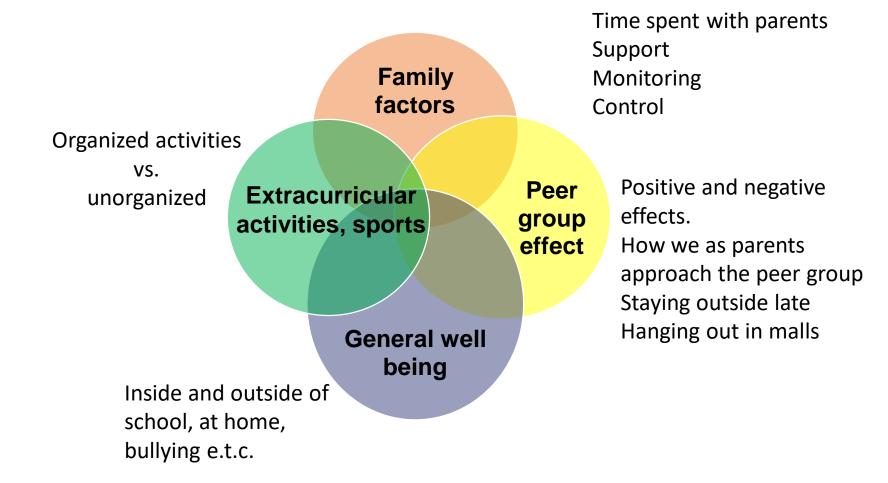


Percentage of students in 9th and 10th grade who smoke daily depending on if they practice sports

The main risk and protective factors



And analysing deeper



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

Behavior change is notoriously difficult to accomplish

= > let's not change behavior...

...let's prevent it!

Our focus is primary prevention

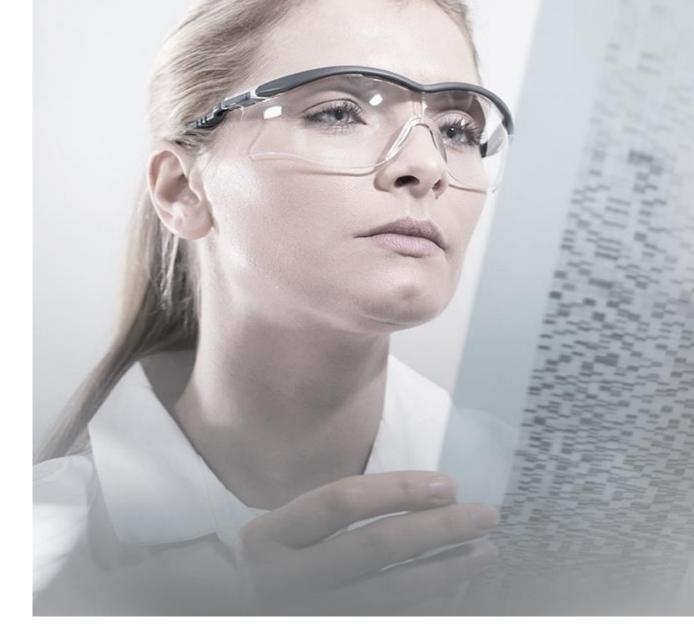
Primary prevention, preventing the development of substance use before it starts

Secondary prevention, that refers to measures that detect substance use

Tertiary prevention efforts that focus on people already abusing substances

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



Why research based?

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

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, internet gambling, studies and school, substance use, values and attitudes, violence and delinguency, and more...

The scientific role of research

In depth analysis of the data

Over 100 peer reviewed publications in international journals

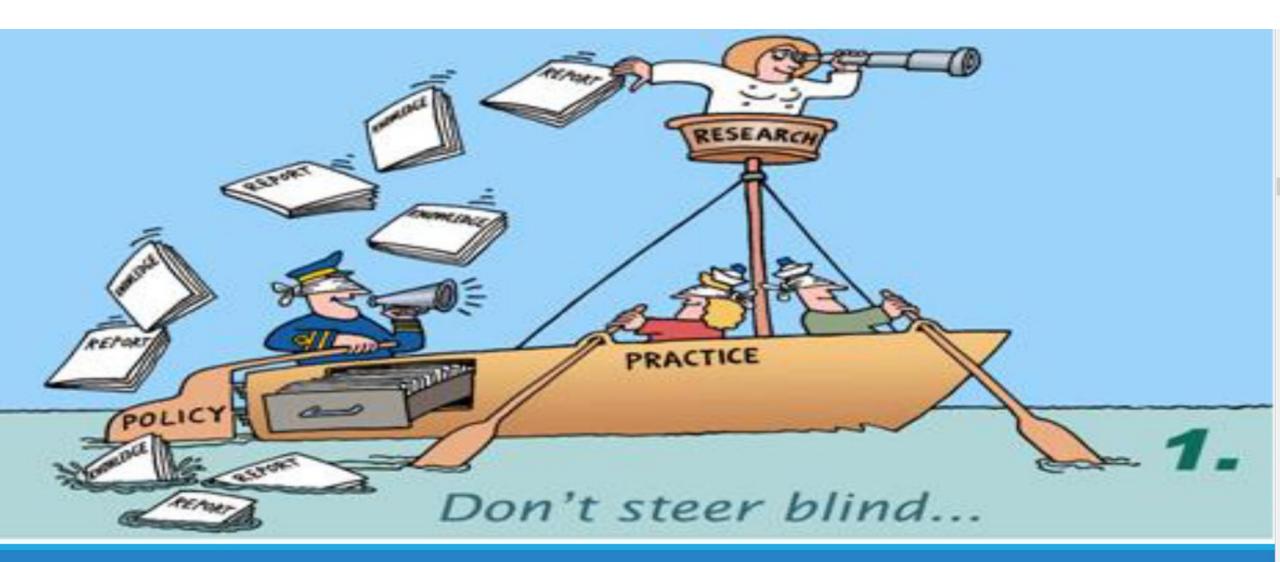
Science forms the platform for practice

The *practical* role of research

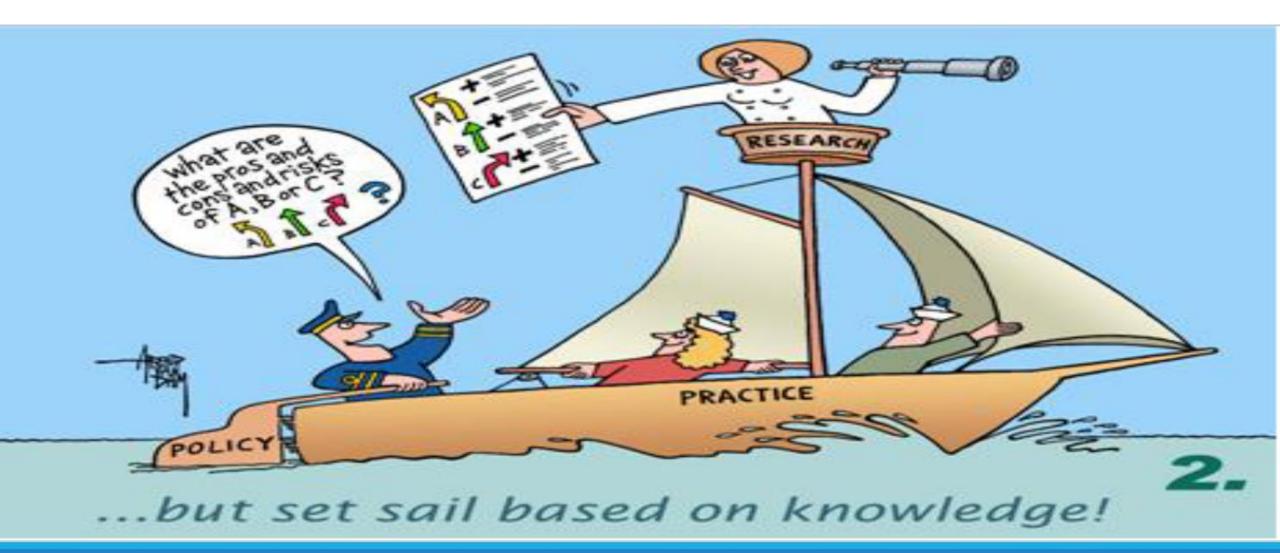
- Data collections on substance use regularly
- Practical information immediately to the municipalities
- Local information INTO all levels of prevention worl is a KEY issue

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



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 can have access to current situation in the close community

Planet Youth approach: In a nutshell, to speed-up and integrate..



Principles of community building

Long-term

Many levels

Collaboration is key

Planet Youth

A community building system to prevent substance use initiation and progression

Not a "program"

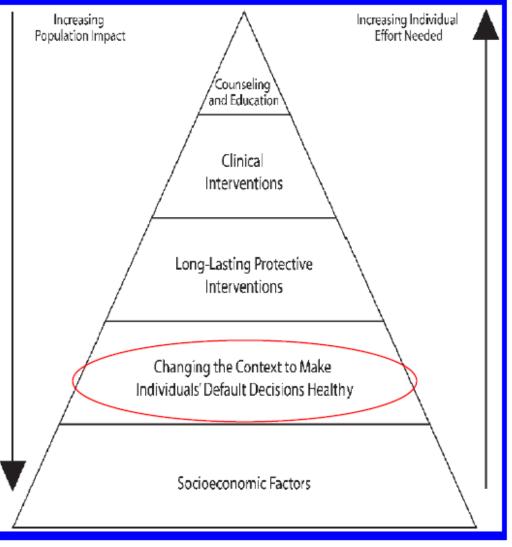
How is that different

• Abundance of quick fix approaches, most are non-evaluated

 Stop focusing on "individual choices" and begin viewing children as social products

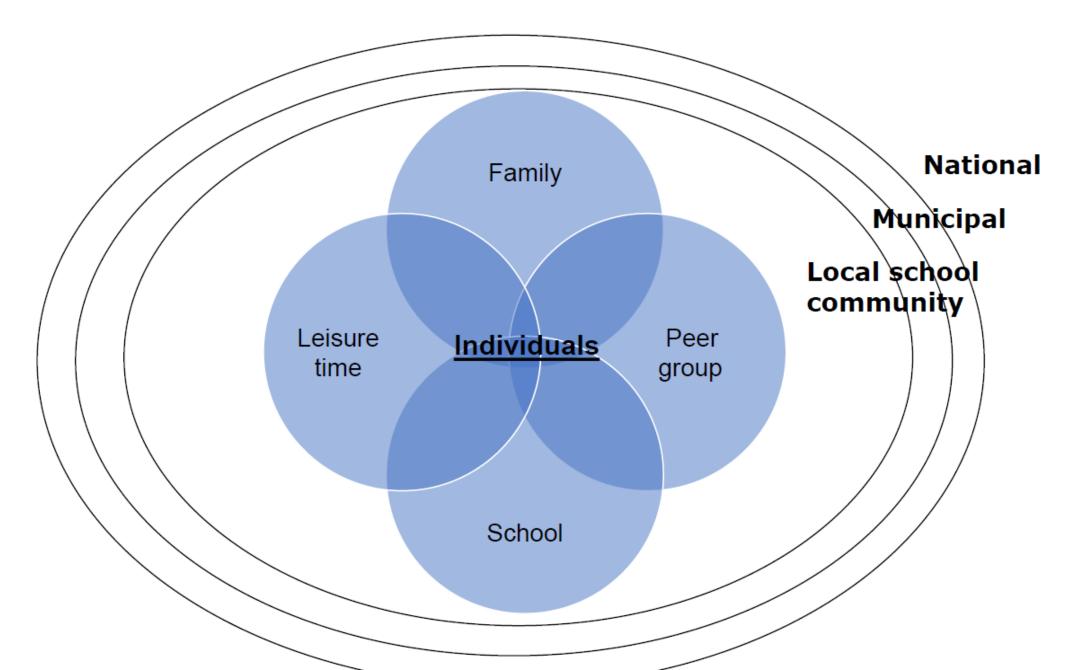
• It takes a village to raise a child

Frieden, T. (2010). A framework for Public Health Action: The Health Impact Pyramid. *Am J Public Health*, 100(4), 590 - 595



- Less individual effort = greater population impact
- More individual effort = less long-term impact
- "Personal life-style is socially conditioned... Individuals are unlikely to eat very differently from the rest of their families and social circle... It makes little sense to expect individuals to behave differently than their peers; it is more appropriate to seek a general change in behavioral norms and in the circumstances which facilitate their adoption"

Planet Youth: Major domains of intervention focus





How were the findings used?

Examples of local/community actions

Research as a basis before deciding on any actions

Strengthen parent organizations and co-operation

Support active NGOs'

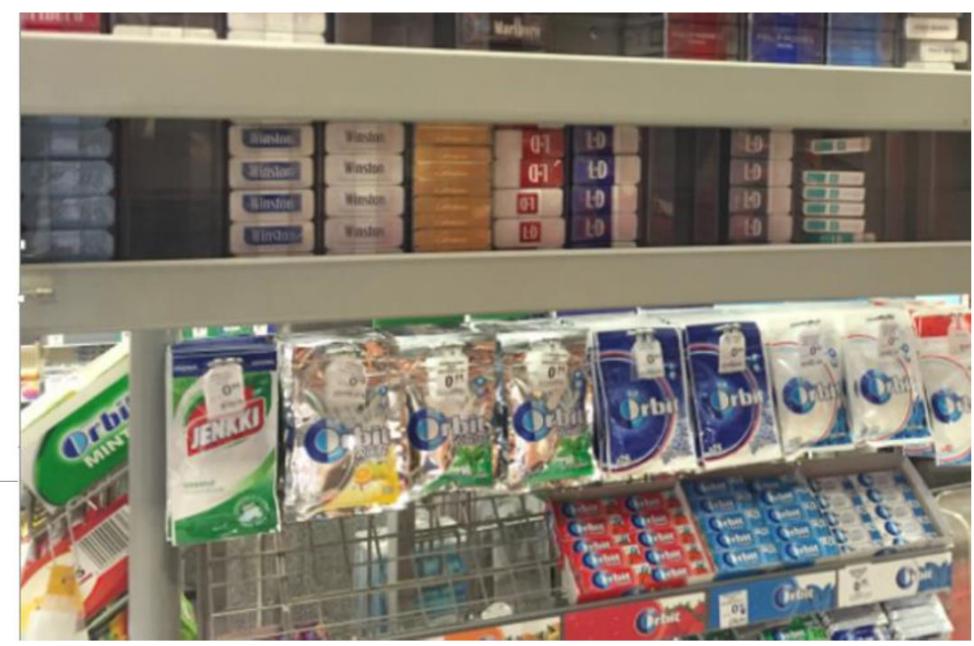
Support young people at risk inside schools

Form co-operative work groups against drugs

Support extracurricular activities / sports

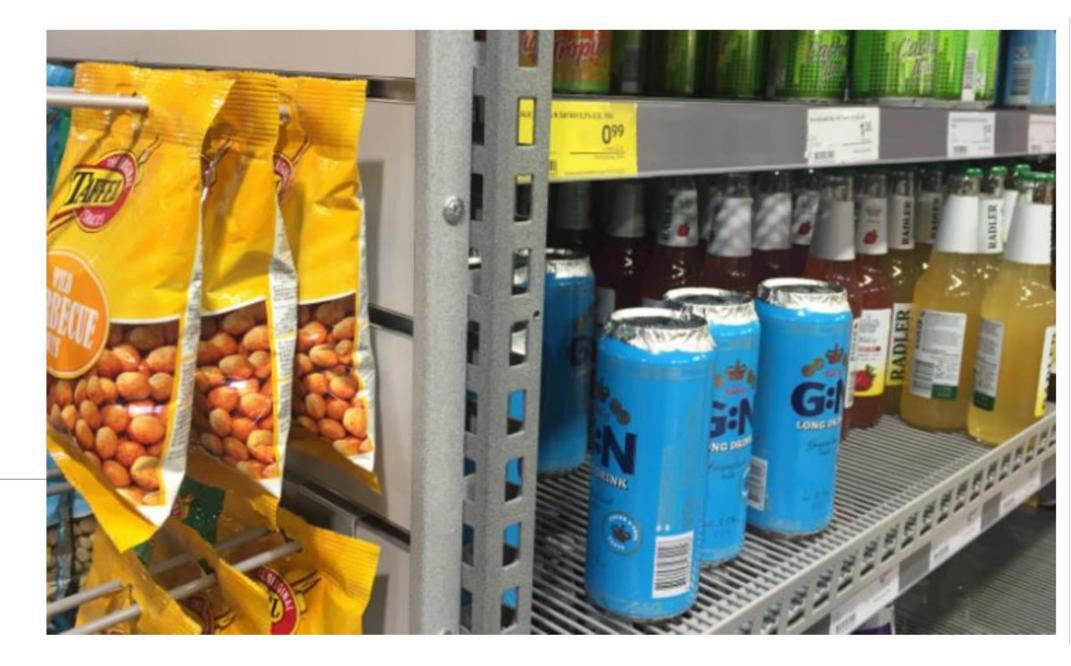
Examples of national/government actions

- 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



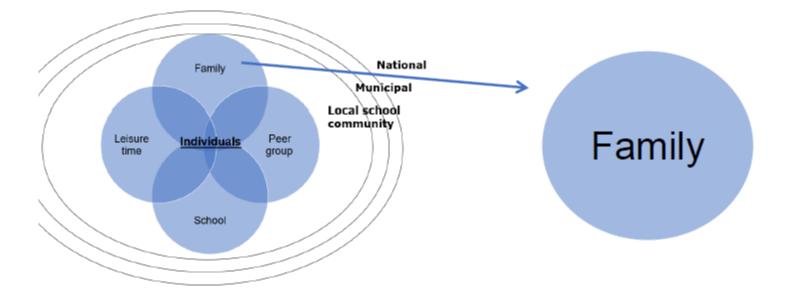
What are the results?

In short

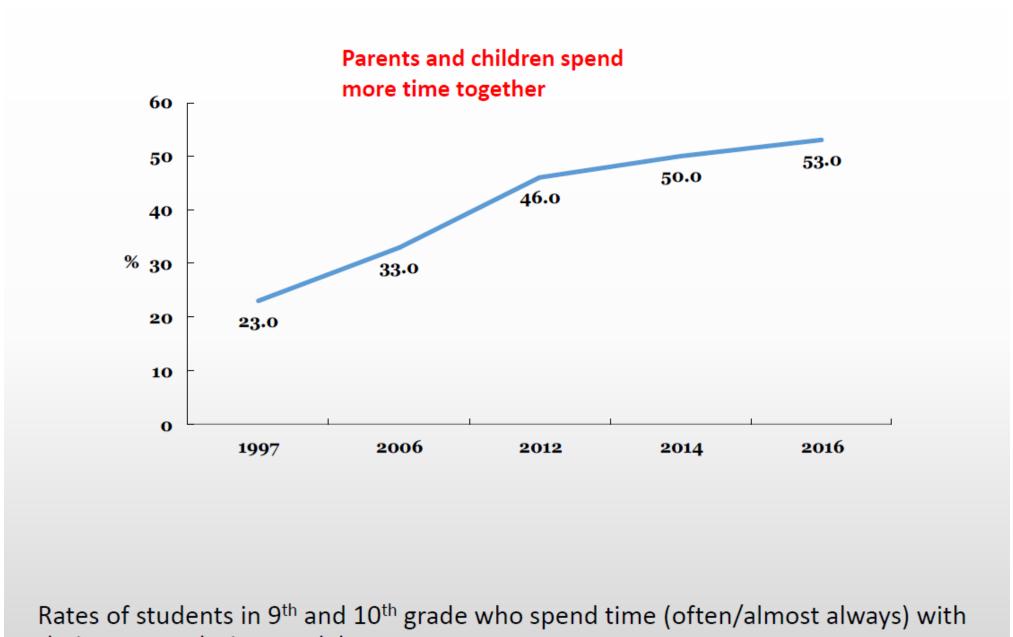
Strengthened preventive factors

Weakened risk factors

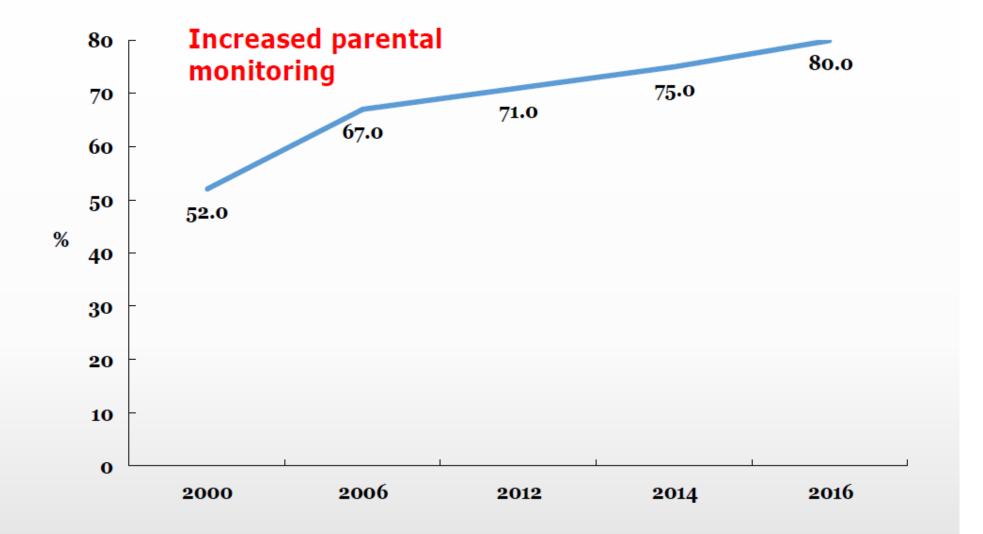
Risk and protective factors: Parents and family examples



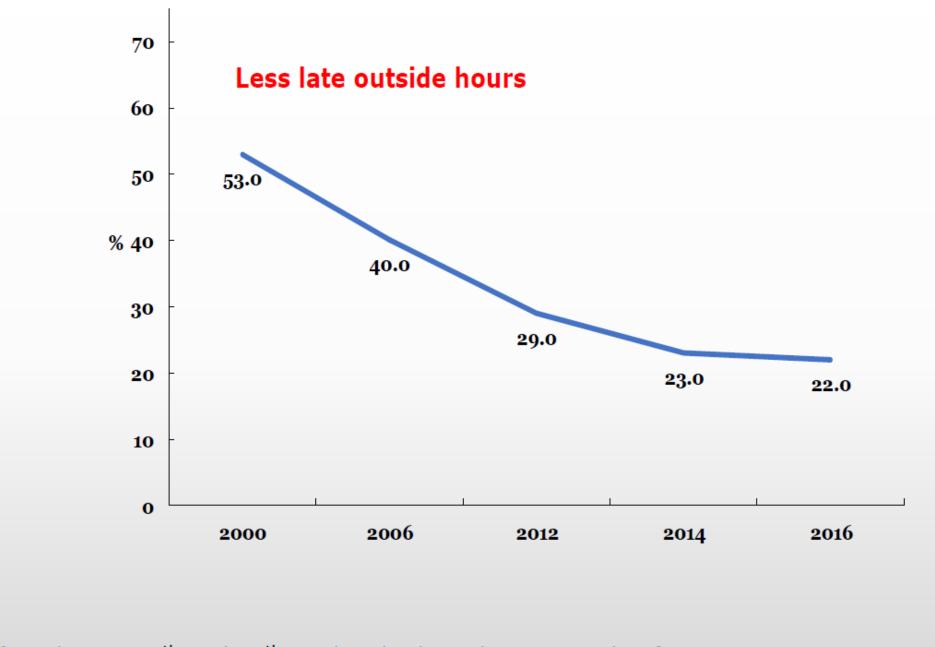
- 1. Time spent with parents
- 2. Parental support
- 3. Parental monitoring (know where are and with whom)
- 4. Parental co-communication and collaboration



their parents during weekdays

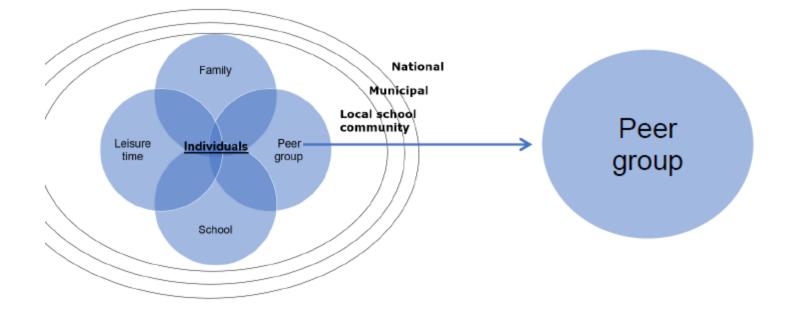


"My parents know where I am in the evenings" (applies very or rather well to me) $9^{\rm th}$ and $10^{\rm th}$ grade



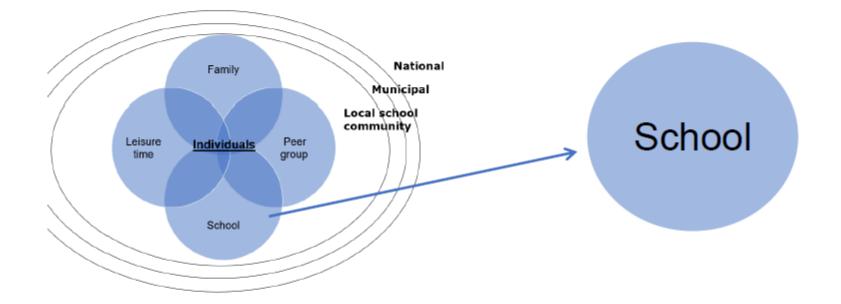
Rates of students in 9th and 10th grade who have been outside after 10 pm, 3 times+ in the past week

Risk and protective factors: Peer group examples



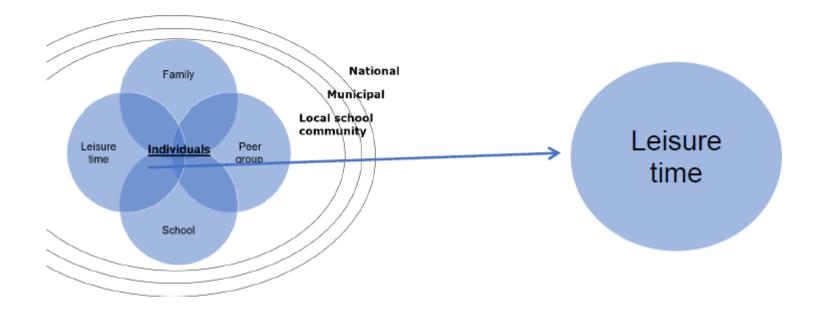
- 1. Decrease engagement with substance using friends
- 2. Parents knowing friends and parents of friends (social capital)

Risk and protective factors: School environment



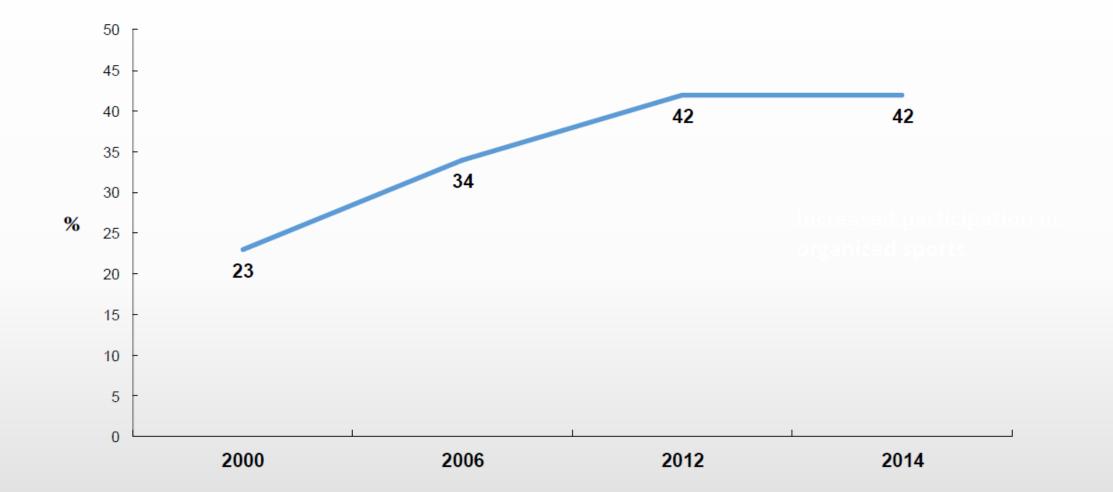
- 1. School engagement and commitment to studies
- 2. School well-being (positive school climate)
- 3. (Bullying in school)

Risk and protective factors: Leisure time



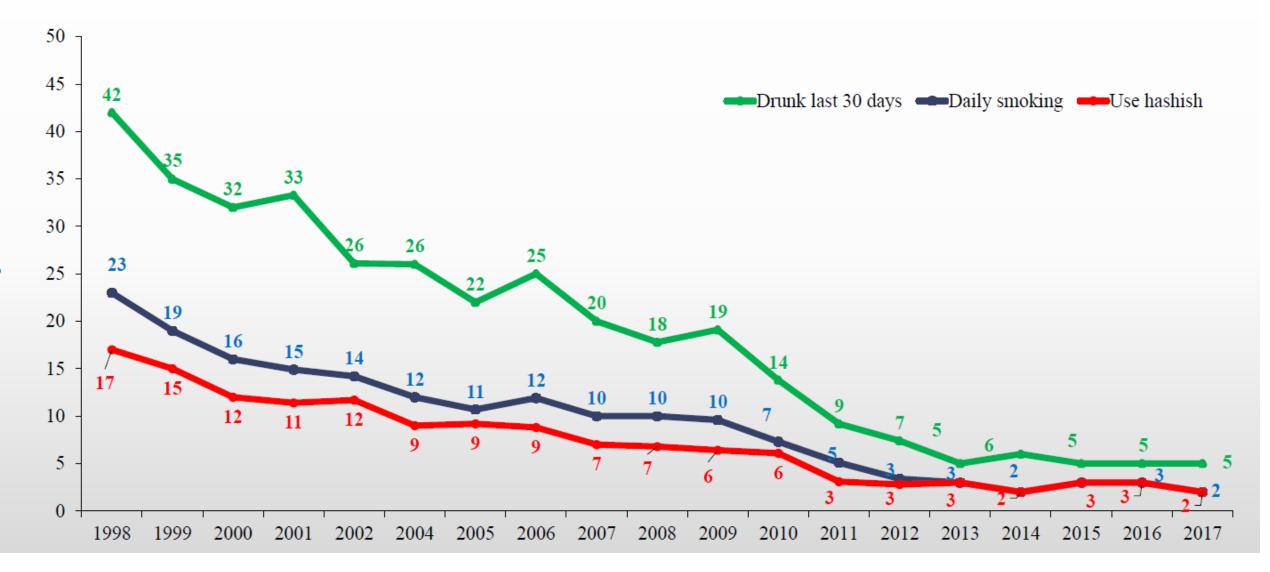
- 1. Late outside hours
- 2. Participation in organized recreational and extracurricular activities (e.g., sports, youth clubs, scouts, drama, etc)
- 3. Prevent unsupervised gatherings such as parties

Increased participation in organized leisure time activities



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

Positive development over 20 years



The difference between the Planet Youth approach and many other intervention programs*

Traditional Approach

Icelandic Approach

Short-term	Long-term
Prescriptive, top-down	Collaborative
Focus on isolated, single outcomes	Focused on holistic change and
(e.g., Smoking)	many outcomes
Career driven, research intense	Community driven, service intense
Limited benefits to community	Fosters sustained and long-term
partners	benefits to community partners

*Mann, MJ

In the media



ICSRA specialist lectures in Cordoba Argentina



Lessons from Iceland: How one country turned around a teen drinking crisis – CBC radio



Planet Youth in Tarragona Spain

Thank you for listening!

Erik Leijonmarck, Secretary General ECAD

erik.leijonmarck@ecad.net

Read more at: Planetyouth.org

