Community Matters:
The Icelandic Prevention Approach – Selected Results

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The situation in the mid 90s
Rates of drunkenness 1995-1999 (ESPAD 1999, 10th graders)

Drunk at the age of 13 or younger, 1995-1999 (ESPAD 1999)
REMINDER 1

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

Short term, individual level interventions are appropriate to achieve short term, individual level, changes

REMINDER 2

In a nutshell, to speed-up and integrate..

[Diagram: Cycle of Research, Policy, Practice]
REMINDER 3: Major domains of intervention focus

- Family
- Peer group
- School
- Leisure time
- Individuals
- Local school community
- Municipal
- National

REMINDER 4: Objective

- Long-term cultural change
- Paradigm shift
- Takes time
- Relationship building, and maintenance
- Continuation
- COLLABORATION
Icelandic Model: Background

- "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

REMINDER 5:

1. Researchers do research
2. Policy makers set and enact policy
3. Administrative leaders and practitioners apply policy based on research-to-practice
4. All communicate and collaborate
Research - Policy - Practice
Underlining the importance of collaboration

• We can all learn from one another
  • Academics/researchers
  • Policy makers
  • Practitioners
  • Grass-root youth workers
  • Parents
  • Young people

...work in dialogue...

Selected results
ICELANDIC CENTRE FOR SOCIAL RESEARCH AND ANALYSIS

Positive development over 20 years (10th grade students)

Drunk past 30 days
Daily smoking
Tried cannabis

ICELANDIC CENTRE FOR SOCIAL RESEARCH AND ANALYSIS

Alcohol use, drunkenness 2015 (ESPAD 2015)
Heavy episodic drinking in the last 30 days
ESPAD 2015

Alcohol onset – From the 2009 Nordic Youth Study
Results, risk and protective factors.

Rates of students in 9th and 10th grade who spend time (often/almost always) with their parents during weekdays.
“My parents know where I am in the evenings” (applies very or rather well to me) 9th and 10th grade

Increased parental monitoring

Rates of students in 9th and 10th grade that participate in sports with a team or club four times per week or more often

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

Results, other associated factors..
What about other places?
What about other similar approaches?

The “Strive Together” initiative (www.strivetogther.org)
The “Strive Together” initiative (www.strivetogether.org)

Our Approach

Helping every child reach his or her full potential drives all our efforts to improve educational results. The current education system is failing U.S. students:

- Internationally, American students lag far behind most of their foreign peers.
- One in four high school students fails to graduate on time.
- Only about one in two college students earns a diploma.

No single program can solve these problems. That’s why StriveTogether communities bring together a wide range of groups that are committed to student success — not just families and teachers, but also businesses, civic organizations, nonprofits and investors. These cross-sector partners adopt common goals and expand on best practices for their local community. Our nationally recognized collective impact framework guides community partner progress to improve educational outcomes and expand opportunities for every child through guiding principles and a continuum of quality benchmarks. Partners commit to a shared community vision and hold each other accountable for getting results.

Case report:

Evaluation
An attempt to evaluate the progress in Iceland...

- The study used a quasi-experimental, non-randomized control group design, to assess the relative change in substance use and associated factors in 4 intervention- and 7 control communities, depending on their participation and commitment to the prevention activities.


- Number of respondents: 5,024 (n₁=3,117, n₂=1,907)

- **Response rates:**
  - Intervention communities: 85.7%
  - Control communities: 90.1%

Kristjansson et al. 2010, *Preventive Medicine*

Results: Daily smoking 1997-2009

Interaction: time*intervention, OR 0.90 (95% CI: 0.77-1.00, p = .099)
Results: Intoxication during last 30 days 1997-2009

Interaction: time*intervention, OR 0.86 (95% CI: 0.78-0.96, p = .004)

Results: Parental Monitoring 1997-2009

Interaction: time*intervention, OR 1.11 (95% CI: 1.00-1.22, p = .044)
Results: Participation in organized sports 1997-2009

Interaction: time*intervention, OR 1.11 (95% CI: 1.02-1.21, p=.015)

Results: Party lifestyle 1997-2009

Interaction: time*intervention, OR 0.85 (95% CI: 0.73-0.99, p=.034)
In sum...

- Substance use decreased more in intervention communities than the comparison communities
- The prevalence of protective factors increased more in intervention communities than comparison communities

Methodological limitations:
- Non-random allocation into groups
- Spill-over effects highly likely

Population comparison:

The European School Project on Alcohol and Other Drugs (ESPAD)

Comparative findings from the 2015 ESPAD report
The importance of solid research methodology and scientific publications

Scientific publications are important..

1. As a selling point to funders
2. To argue for local level support (e.g., elected officials, area directors, administrative leaders)
3. To identify and assess “new” substances and associated risk and protective factors
4. For continuous learning and growth
5. To enhance practical use of the data

**Substance use prevention for adolescents: the Icelandic Model**

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**SUMMARY**

Data from the European School Survey Project on Alcohol and Other Drugs have shown that adolescent substance use is a growing problem in Western and particularly Eastern European countries. This paper describes the development, implementation, and results of the ‘Icelandic Model’ of substance use prevention for adolescents. The Icelandic Model is a theoretically grounded, evidence-based approach to community-wide substance use prevention that has grown out of collaboration between policy makers, behavioral scientists, health practitioners, and community residents in Iceland. The intervention focuses on reducing known risk factors for substance use, while strengthening a broad range of personal, familial, and community protective factors. Annual cross-sectional surveys demonstrate the impact of the intervention on substance use among the population of 14- to 16-year-old Icelandic adolescents. The annual data from two cohorts of over 7,000 adolescents (>95% response rate) show that the proportions of those who reported using drugs during the last 30 days, smoking one cigarette or more per day, and having used hashish in the last year declined significantly over the course of the intervention for adolescents who reported spending time with their parents, and for their parents, those who were spending time increased substantially. Other community protective factors also showed positive change. Although these data suggest that the adolescent substance use prevention approach successfully changed a broad range of parental, school, and community protective factors, the evidence of its impact on reducing substance use needs to be considered in light of the correlational data on which these observations are based.

**Key words:** adolescence; intervention; prevention; substance use

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**A collaborative community approach to adolescent substance misuse in Iceland**

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**Substance use has become a major threat to health and human development in many European countries. In 23 out of 28 countries participating in the European School Survey Project on Alcohol and Other Drugs (ESSHO), there was a constant and substantial increase in substance use among secondary-school students between the years 1995 and 2003 (Hillbø et al., 2003). Iceland experienced a similar upward trend in substance use (Sigfusdottir et al., 2008). Throughout the 1990s, the use of alcohol, tobacco and other drugs increased steadily among 15- and 16-year-olds. In 1998, approximately 17% of 16-year-olds had tried hashish, which was the highest frequency to be measured in Iceland, and over 80% reported that they had used alcohol once or more in their lives (Thorlindsson et al., 1998).**

**The current approach**

Our current work has been guided by key theories from social science, including Durkheim’s work on social integration and regulation (Durkheim, 1897). Although Durkheim focused on suicide and social distance, his theoretical perspective on human behavior and social problems has a broad and powerful influence. This is particularly evident in the field of public health, where a number of researchers have sought to apply his ideas to the study of health behaviors. For example, some researchers have argued that Durkheim’s ideas about the importance of social cohesion and the protective role of collective efficacy can be applied to the study of substance use. Others have suggested that Durkheim’s ideas about the relationship between social integration and health can be used to understand the distribution of substance use across different social contexts. For example, researchers have argued that individuals who perceive their community as being socially cohesive and supportive are less likely to use substances than those who do not. In summary, Durkheim’s ideas about the relationship between social integration and health have been widely applied in the field of public health, and they continue to be a valuable guide for researchers studying substance use.


Kristjansson, AL., Mann, MJ., Sigfusson, J., Thorisdottir, IE., Allegrante, JP., Sigfusdottir, ID. (in preparation). Theory and Practice-Based Processes in Adolescent Substance Use Prevention: The Icelandic Model for Primary Prevention of Substance Use. Part II—Practice-Based Steps in Implementation

- Step by step guide to implementing the Icelandic Model of Substance use prevention - with demonstrative examples
- In final stages
To sum up: What is Iceland doing differently?

- Not much!
- Organizing/arranging traditional aspects of prevention work somewhat differently than is commonly done
  - Primary prevention => not so much about drugs, more about community building
  - Focus on environmental change, not individual responsibility
  - Not a top-down program, but a bottom-up collaborative
  - Collaboration between research-policy-practice is central
  - Consistent and repetitive. No defined time limit
  - Population surveys, not samples
  - Multi-level data reporting aligned with practical utility
Thank you

Winnipeg, MB
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