Fundamentals of the Icelandic Prevention Model

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Collaboration
Portion of boys and girls who have been drunk 10 times or more last 12 months

Figure 14b. Changes between 1995 and 1999 in proportion of boys and girls who have been drunk 10 times or more during last 12 months (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.
Portion of boys and girls who have been drunk at the age of 13 or younger

Figure 17b. Changes between 1995 and 1999 in proportion of boys and girls who have been drunk at the age of 13 or younger (values within brackets refer to all students 1995, 1999). Data sorted by all students 1993.
Social Ecological Model: Multiple layers of impact

- **Individual**
  - Knowledge, Attitudes, skills

- **Interpersonal**
  - Families, friends, social networks

- **Organizational**
  - Organizations, social institutions

- **Community**
  - Relationships between organizations

- **Public policy**
  - National, state, local laws and regulations

Sallis et al. 2006. Ann Rev Public Health
Sample profile – social risks

Youth 1
- Lives in a deprived area with relatively high crime rates
- Parents separated, mother works two minimum wage jobs
- Attends a chronically underperforming and underfunded public school
- Peers commonly subject to substance abuse at home
- Has limited opportunities for participation in organized recreational and extracurricular activities at school and in the community

Youth 2
- Lives in a middle-class area with low crime rates
- Parents cohabitating, both full time working professionals
- Attends an average performing and average funded public school
- Peers unlikely to be subject to substance abuse at home
- Has opportunities for participation in a variety of organized recreational and extracurricular activities in the school and community
Three major determinants

Parents

Neighborhood/area/village/town/city

School
Central question for primary prevention: How does youth substance use begin?
Three potential scenarios for drug use initiation in youth:

1. Individual makes a conscious and isolated decision to begin using drugs – almost impossible

2. Individual is forced to use drugs through peers and/or family – not very likely

3. Individual makes a semi-conscious decision in the context of peers and social circumstances that favor drug use – most likely
But....

What have been the dominant forms of primary prevention?

To address substance use as a conscious and isolated individual decision

Typically through instructional and short-term programs
In sum. The problem is...

Prioritizing tertiary prevention

Using ineffective methods to prevent or delay substance use onset

Assuming that individual decisions are made in isolation from their social influences
The Model
Assumption #1:

Substance use initiation risk is **NOT** randomly distributed in the population?
Assumption #2: 

Behavior change is **notoriously difficult** to accomplish.
Assumption #3: Substance use prevention: There are no quick fixes or simple solutions.
Assumption #4

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
Icelandic Model: Three pillars

• Not a program, but a Process-Structure to form Collaborative Partnerships
• Everything is data driven
• Collaboration is key

• Goal:
  Population-level delay in onset of use
How is that different?

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

• Not a focus on “individual choices”. Children and youth are viewed as social products

• It takes a village to raise a child
In a nutshell, to speed-up and integrate

Research  Policy  Practice
The Health Impact Pyramid

- 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”

On collaborative partnerships in community health.

“Here, then is our shared dilemma – and our shared challenge. Community leaders may be able to make differences they don’t know how to measure. And academic researchers may know how to measure differences they don’t know how to make”

*Finifter et al. (2005). A Comprehensive, Multicentered, Targeted Community Needs Assessment Model. Family & Community Health*
Icelandic Model: Ecological domains of intervention focus
Focus and aims

• Primary substance use prevention

• Main focus on the adolescent social environment - substance use is perceived to be socially produced

• Focus on environmental change over time in relevant age-groups (for example, 8th-10th graders), not behavior changes within cohorts

• Work with well-established risk and protective factors within the four domains

• Not time-limited, but an ongoing effort to alter society on behalf of young people

• Quick and consistent dissemination and translation of annually updated results as a diagnostic and monitoring tool for policy makers, administrative leaders and practitioners (incl. parents)

• Aims to create a collaborative dialogue between researchers, policy makers and practitioners, to empower communities and practitioners to take ownership of the issue at the local level

• Consistent, annual, repetitive cycle
Selected results
Iceland: Positive development over 20 years (10\textsuperscript{th} grade students)
Heavy episodic drinking in the last 30 days*

*ESPAD 2015
Alcohol onset – From the 2009 Nordic Youth Study
Rates 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.
“My parents know where I am in the evenings” (applies very or rather well to me) 9th and 10th grade
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

% Less late outside hours

- 2000: 53.0
- 2006: 40.0
- 2012: 29.0
- 2014: 23.0
- 2016: 22.0
- 2018: 22.0
Population cohort proportion enrolled into drug use treatment in Iceland over time

Source: SÁÁ Annual Report 2016
Health Promotion Practice (2020). Volume #21, issue #1


- Brief historical overview


- Five guiding principles


- 10 steps to implementation
Thank you!

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