

# **PLANET YOUTH: The Icelandic Prevention Model**

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Michael J. Mann

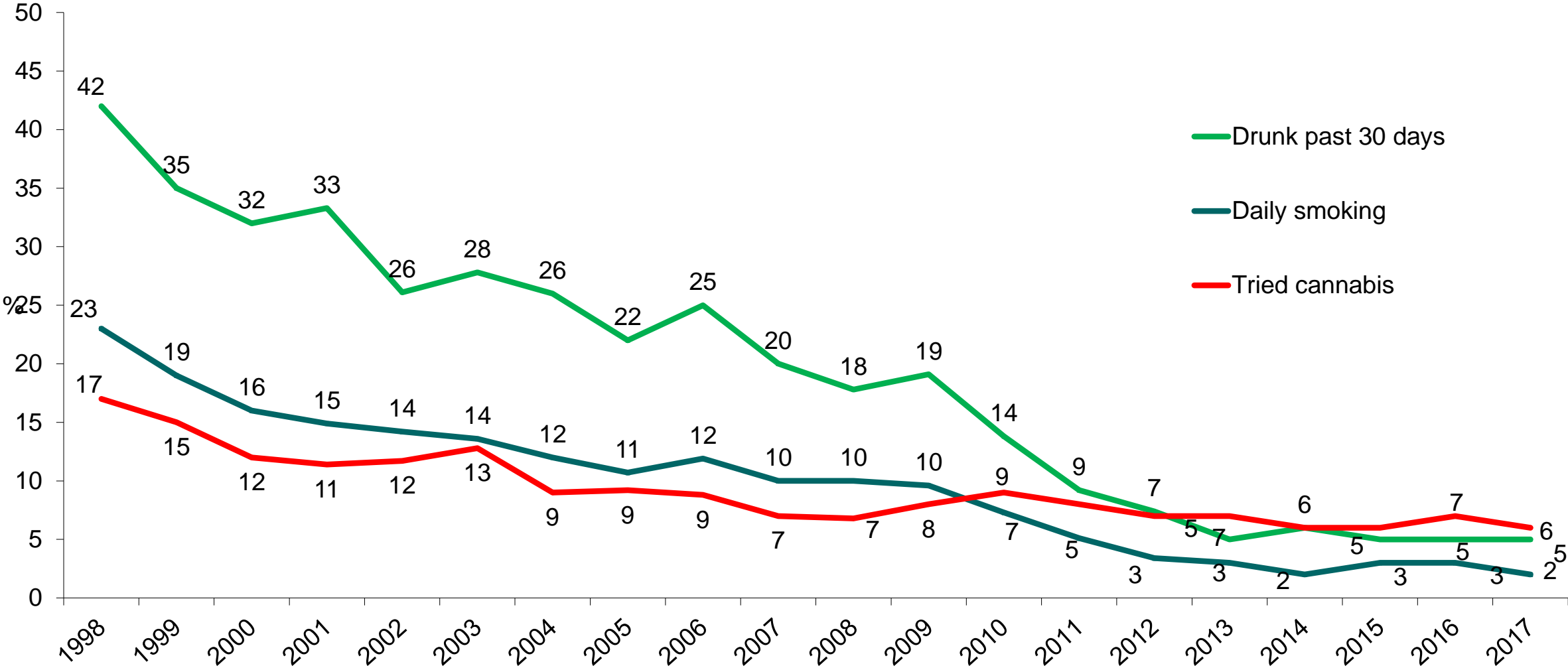
Associate Professor, Boise State University, Boise, ID, USA

Community Intervention Specialist, ICSRA, Reykjavik, Iceland

# Presenter Background

- School teacher, principal, and district-level operations manager
  - 20 years serving vulnerable students and families in high-poverty and high-crime neighborhoods
- Public health-Public education researcher
  - Intersection between public education and public health
  - Community-school partnerships
  - Multiple risk behaviors and health outcomes
- No Conflict of Interest

# Iceland: Positive development over 20 years (10<sup>th</sup> grade students)



# Where do we begin?

Prevent or delay recruitment of new users (primary prevention approach)

Why primary prevention?

1. Early initiation most likely to escalate into serious addiction problems
2. Cost-benefit analyses show the best return on investment is through primary prevention
3. Common sense... aka. Getting/staying ahead of the problem!

## **Icelandic Model Assumption 1:**

Adolescent substance use is not randomly distributed throughout the population...

Adolescent behavior a reflection of their social environment.

# 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 under-performing 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

## Icelandic Model Assumption 2:

Individual behavior change is notoriously difficult to accomplish

## **Icelandic Model Assumption 3:**

Substance use prevention:

There are no quick fixes or simple solutions...

aka. The scope of the solution must match the scope of the problem.

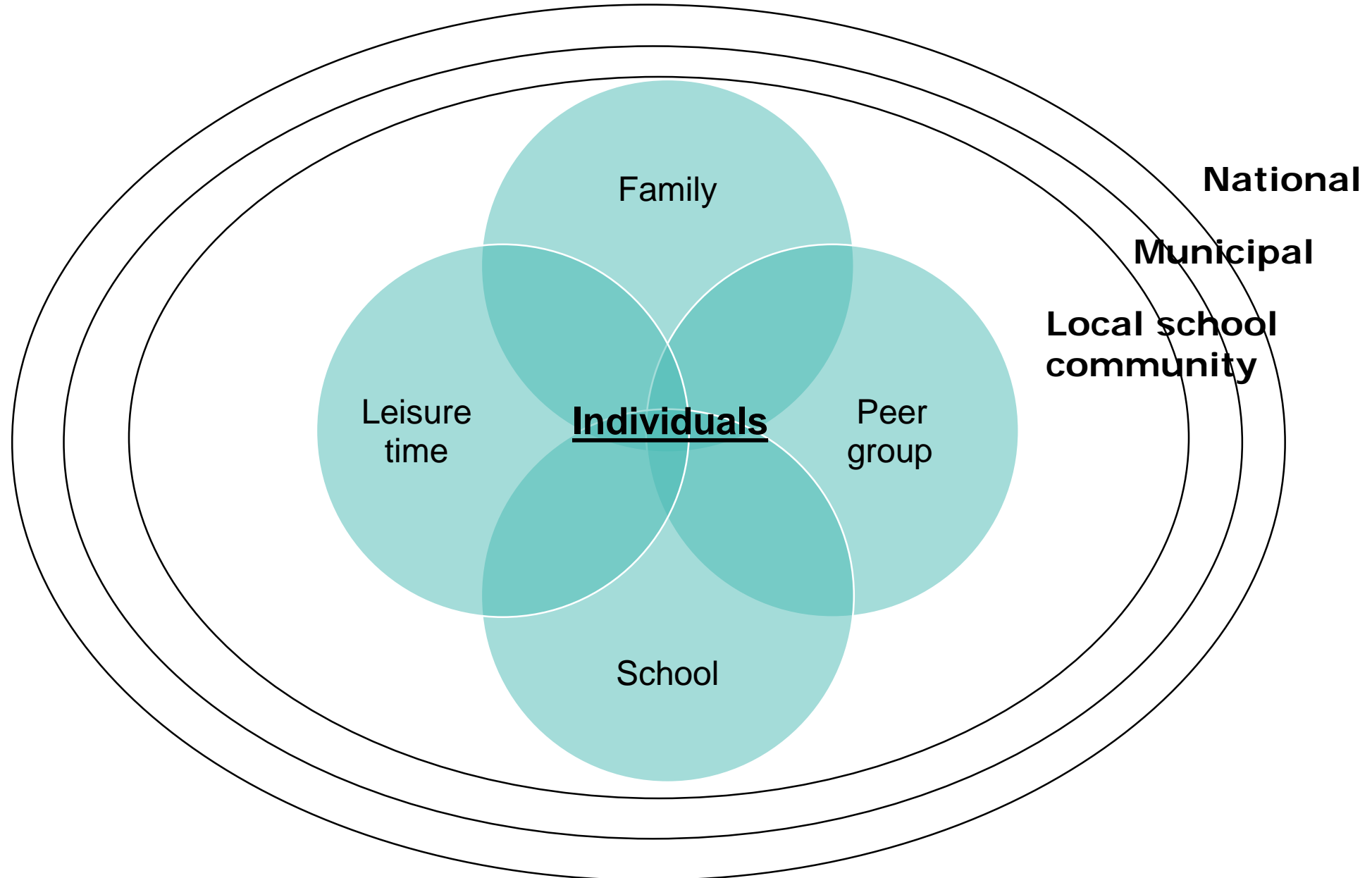


# Social Ecological Model: Multiple layers of impact

Sallis et al. 2006. Ann Rev Public Health



# Icelandic Model: Ecological domains of intervention focus



# The 5 Guiding Principles of the Icelandic Prevention Model

**Guiding Principle 1** Apply a primary prevention approach that is designed to enhance the social environment.

**Guiding Principle 2** Emphasize community action and embrace public schools as the natural hub of neighborhood/area efforts to support child and adolescent health, learning, and life success.

**Guiding Principle 3** Engage and empower community members to make practical decisions using local, high-quality, accessible data and diagnostics.

**Guiding Principle 4** Integrate community members, policy-makers, practitioners and researchers into a unified team dedicated to solving complex, real-world problems.

**Guiding Principle 5** Match the scope of the solution to the scope of the problem, including emphasizing long-term intervention and efforts to marshal adequate community resources.

## Summary of the 10 Core Steps of the Icelandic Prevention Model

Community Capacity Building			Implementation of Core Processes					Repetition	
<p><b>Step 1:</b> Local Coalition Identification, Development, and Capacity Building</p> <p><b>Key Activities:</b> Identifying or developing a local prevention coalition, including: School superintendents, school principals, school faculty, parents and other caregivers, community professional providers (public health, medical, mental health, recreation, faith community, law enforcement, etc.), elected officials and other community leaders.</p> <p>Developing collective teamwork &amp; capacity to achieve goals of reduced/eliminated substance use.</p> <p>Identifying existing or new resources to include at least one professional dedicated to support coalition activities.</p>	<p><b>Step 2:</b> Local Funding Identification, Development, and Capacity Building</p> <p><b>Key Activities:</b> Identify existing and new resources.  Reorganize funding to incorporate long-cycle grant funding (5 or more years) and contracting or make permanent structural changes to ensure ongoing funding.</p>	<p><b>Step 3:</b> Pre-Data Collection Planning and Community Engagement</p> <p><b>Key Activities:</b> Conduct community and school meetings designed to prepare the community for participation.  Describe IPM and data collection procedures, especially those protecting students and ensuring meaningful data collection.  Answer community questions before each year’s data collection begins.</p>	<p><b>Step 4:</b> Data Collection and Processing, Including Data-Driven Diagnostics</p> <p><b>Key Activities:</b> Distribute consent forms/introduction letters.  Prepare final version of survey.  Print surveys (if paper-and-pencil) and/or prepare for online distribution.  Collect data from students with data collection being primarily facilitated by an incentivized school leader, faculty, or staff member.  Collecting print surveys.  Scanning print surveys.  Data merging and cleaning.  Descriptive data analysis completed.  Diagnostic data analysis completed.</p>	<p><b>Step 5:</b> Enhancing Community Participation and Engagement</p> <p><b>Key Activities:</b> Advertise community meetings using multiple channels.  Extend invitations from local coalition “champions” to community and key stakeholders.  Reduce barriers to community participation as needed. For example, providing childcare, transportation assistance, and meals as appropriate.</p>	<p><b>Step 6:</b> Dissemination of Findings</p> <p><b>Key Activities:</b> Reports prepared.  Reports printed and disseminated to all involved using multiple media channels.  Reports emphasize user-friendly and jargon free language and easy to interpret charts and graphs.  Community presentations advertised and conducted.  Community presentations emphasize user-friendly and jargon free language and easy to interpret charts and graphs.  Reports and presentations include no identifying information of individuals and are in confidential ownership of the local community in hand.</p>	<p><b>Step 7:</b> Community Goal-Setting and Other Organized Responses to the Findings</p> <p><b>Key Activities:</b> Local coalitions guide community in goal setting activities.  Set 3-4 specific goals related to community relevant risk and protective factors.  Plan strategies/actions based on selected goals.  Communicate community selected goals and strategies to parents and other caregivers throughout the community using multiple channels of communication.  Table 2.</p>	<p><b>Step 8:</b> Policy and Practice Alignment</p> <p><b>Key Activities:</b> Identify ways to align local policies and professional practice with goals selected by the community/coalition  Ex. School improvement plans, other community strategic plans.  Identify and pursue necessary changes to current policy and professional practice.  Communicate community selected goals and strategies, as well as updates to policy and practice, to non-coalition, local professionals throughout the community using multiple channels of communication.</p>	<p><b>Step 9:</b> Child and Adolescent Immersion in Primary Prevention</p> <p><b>Key Activities:</b> Children and adolescents receiving the “treatment” of time spent in a social environment associated with reduced substance use initiation.  Iceland examples</p>	<p><b>Step 10:</b> Repeat Steps 1-9 Annually</p> <p><b>Key Activities:</b> Evaluate opportunities to improve capacity and communication in Steps 1-3.  Repeat Steps 4-9.</p>

Icelandic Model approach: In a nutshell, to speed-up and integrate..

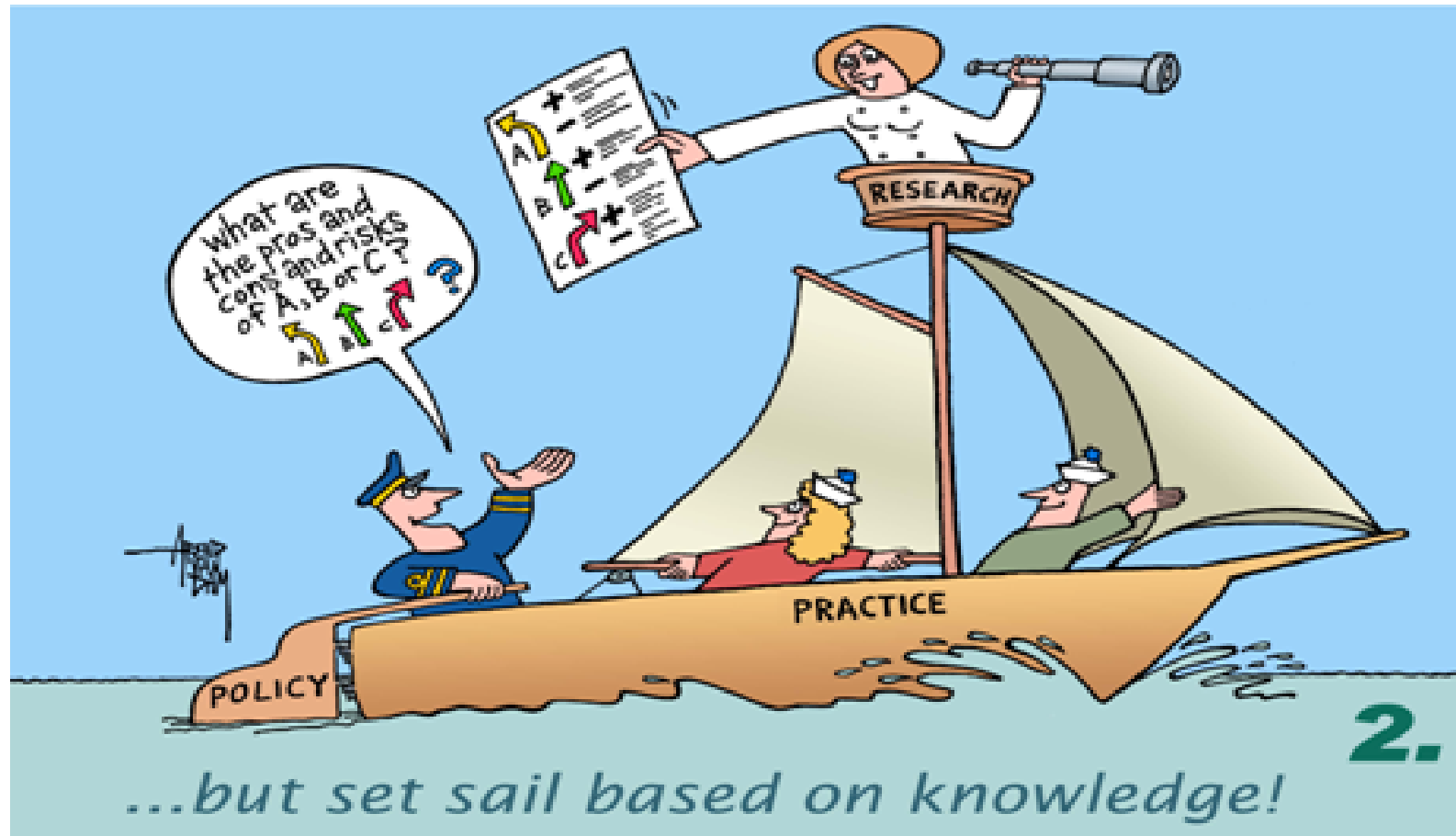


## Aims: What unfortunately often tends to happen:

Research  $\nrightarrow$  Policy  $\nrightarrow$  Practice



**Aims: What we would like to see happen:**  
Research ↔ Policy ↔ Practice



**....repeatedly and consistently over time**

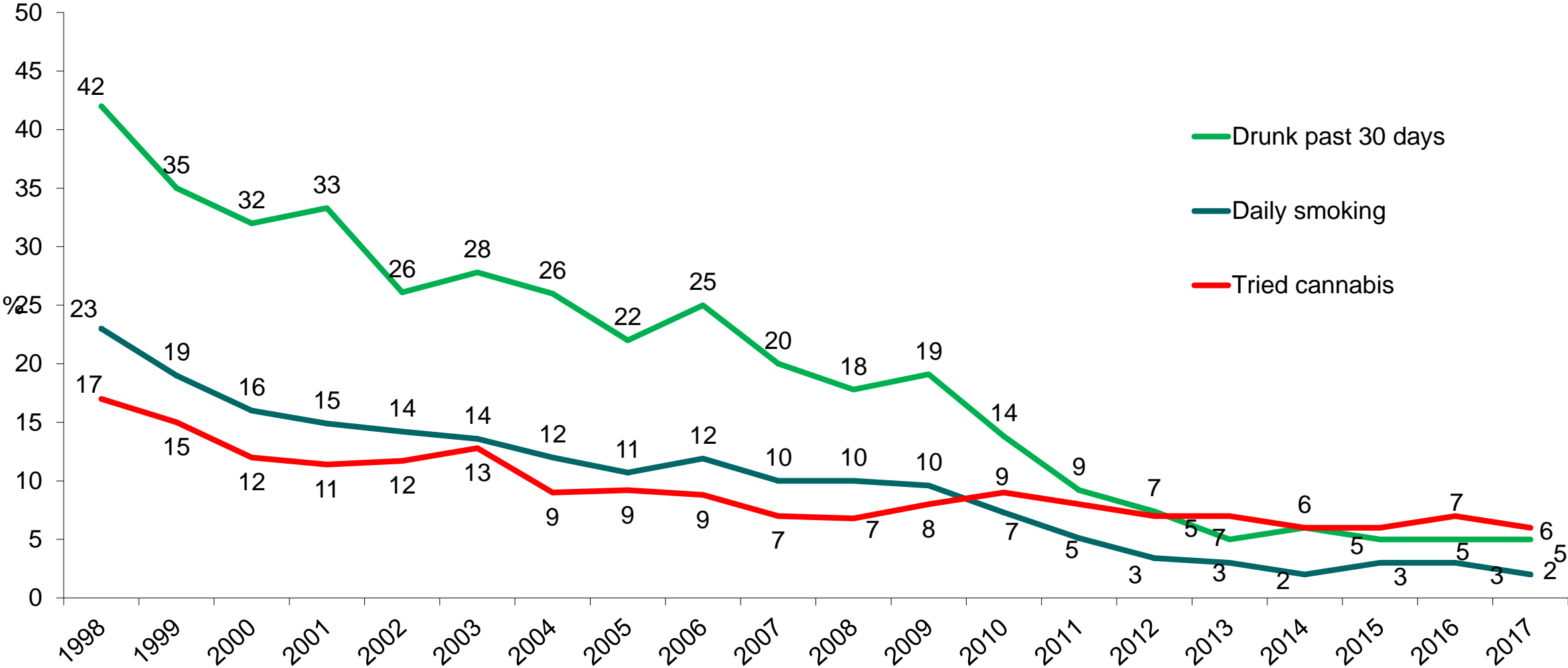
# Key Differences

A strong but flexible, time-proven **STRUCTURE** that supports...

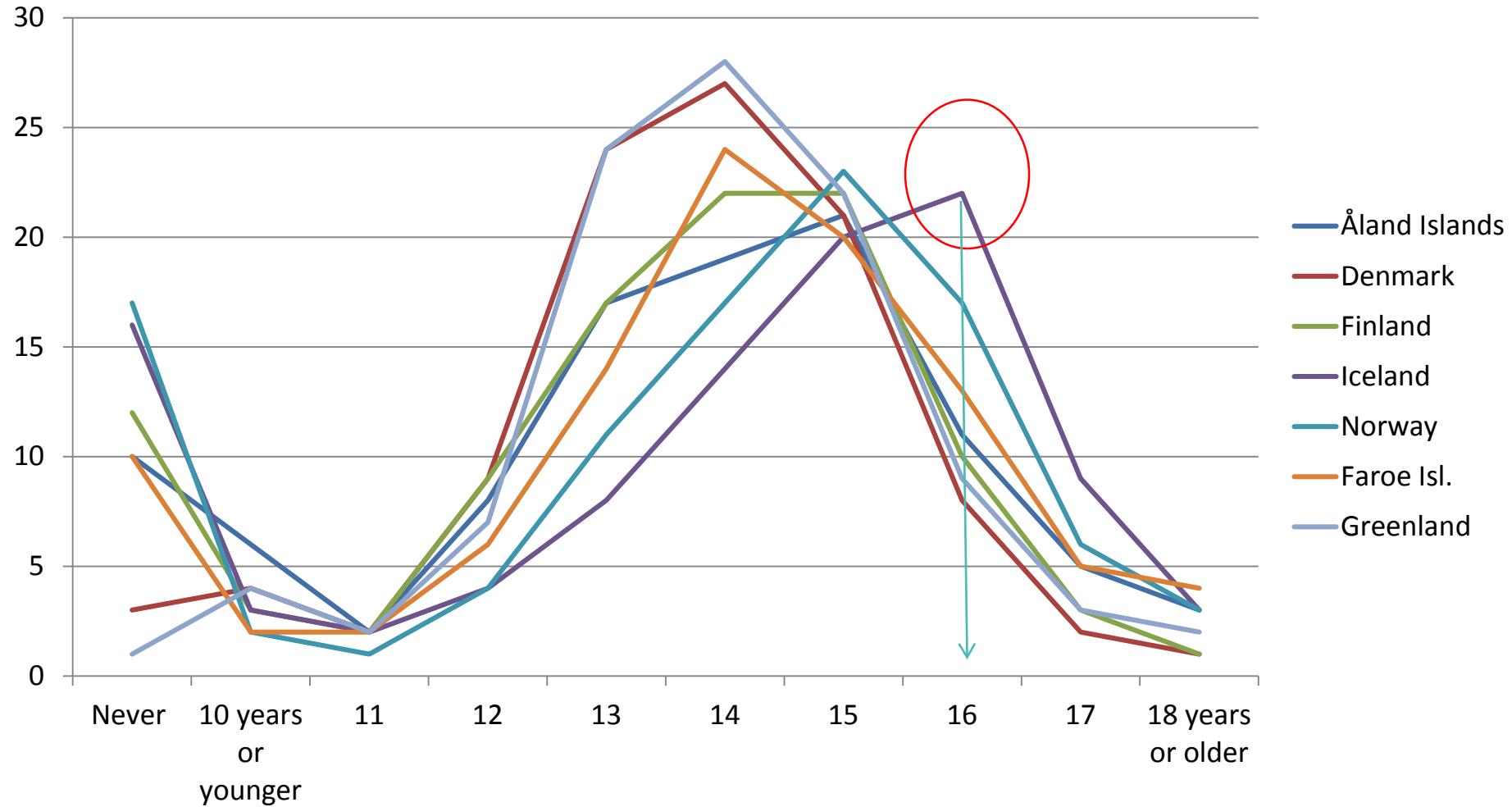
1. Matching the scope of the solution to the scope of the problem
2. Treating society (the environment), instead of only individuals
3. Sustained attention as a treatment
4. Meaningful connection as a treatment
5. Aligning community and professional activity as a treatment
6. Building and relying on community-specific capacity for leadership and problem-solving
7. **POWERFUL** and **POSITIVE** outcomes...



# Iceland: Positive development over 20 years (10<sup>th</sup> grade students)



# Alcohol onset – From the 2009 Nordic Youth Study



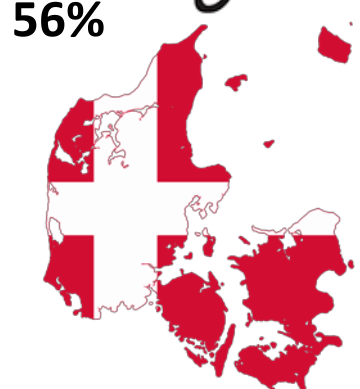
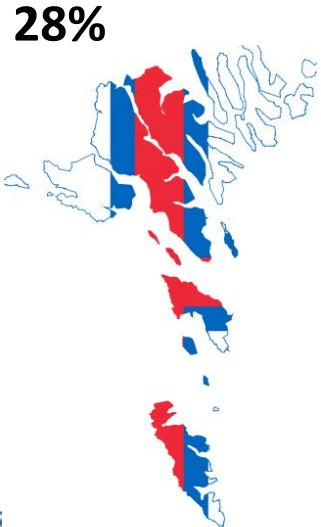
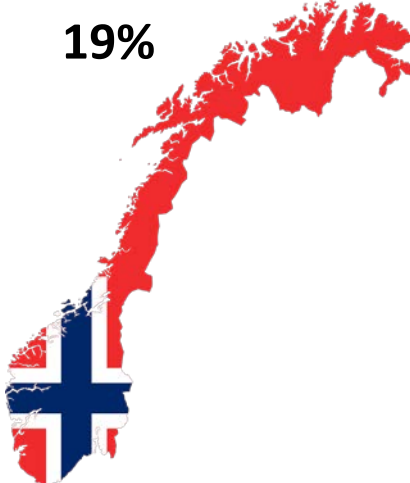
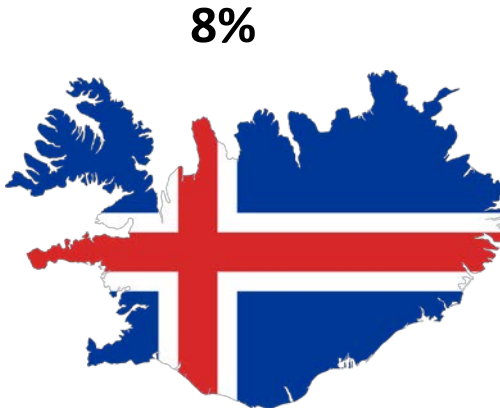
# Alcohol use, drunkenness 2015 (ESPAD 2015)

**Table 6.** Alcohol use: prevalence of lifetime use, 30-day use and intoxication (percentage)

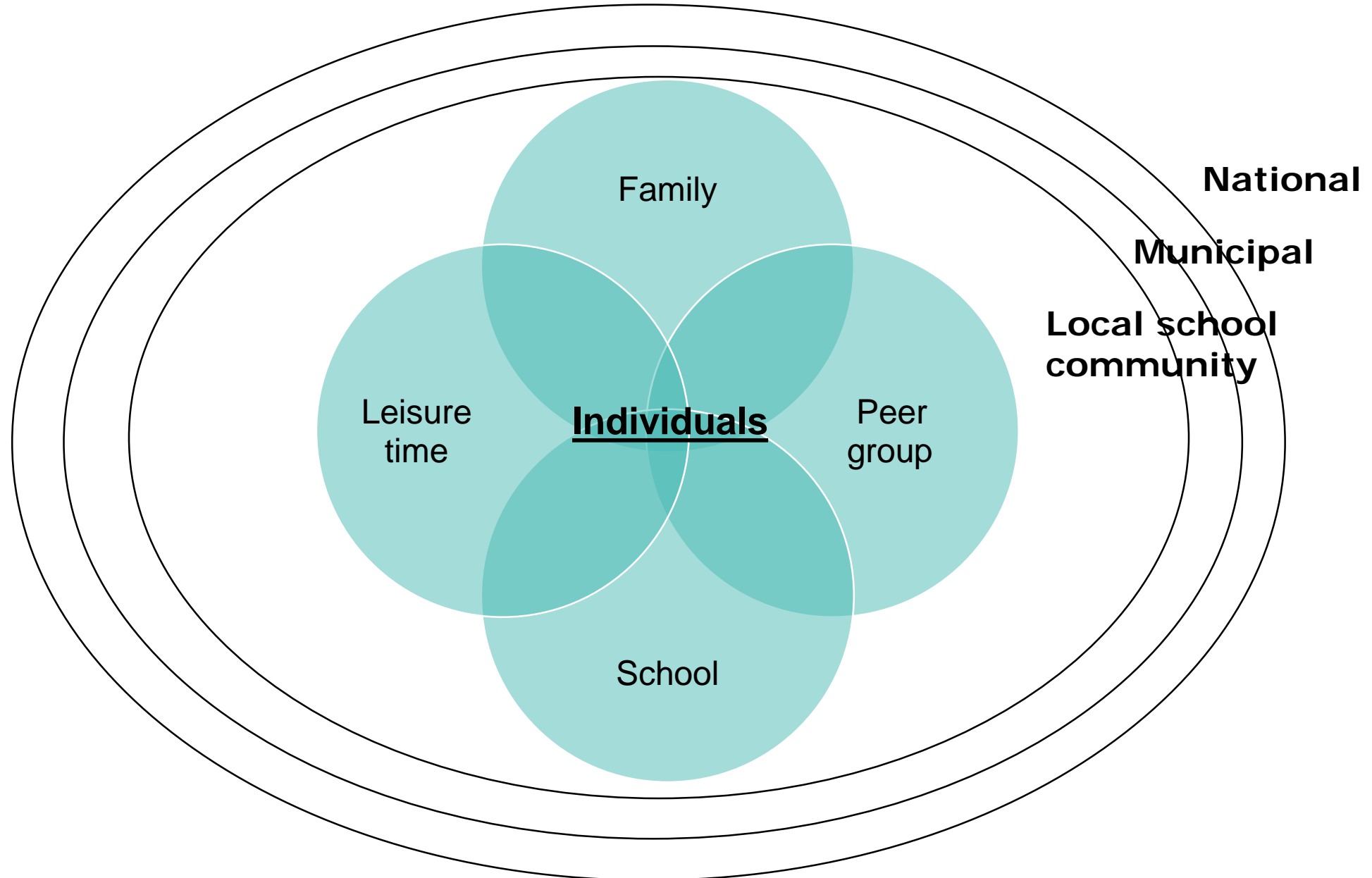
Country	Lifetime use	30-day use	Intoxication last 30 days	Lifetime use		30-day use		Intoxication	
				Boys	Girls	Boys	Girls	Boys	Girls
Albania	60	32	7	71	51	42	23	10	4
Austria	88	68	21	86	90	67	69	22	19
Belgium (Flanders)	80	56	12	77	83	55	58	11	12
Bulgaria	86	59	17	88	85	60	57	20	14
Croatia	92	55	16	94	91	60	49	17	14
Cyprus	88	68	14	90	87	72	63	19	10
Czech Republic	96	68	15	95	97	70	67	18	12
Denmark	92	73	32	93	92	74	73	31	32
Estonia	86	38	8	87	86	36	39	8	7
Faroes	81	38	10	84	78	35	41	7	13
Finland	74	32	13	75	72	32	32	13	13
FYR Macedonia <sup>a</sup>	57	38	8	64	51	45	32	10	6
France	84	53	13	85	83	56	51	14	12
Georgia	85	43	10	86	83	53	33	13	7
Greece	94	66	10	95	93	68	65	11	9
Hungary	93	55	20	94	92	59	52	21	19
Iceland	35	9	3	36	33	9	10	3	3
Ireland	74	35	13	72	75	34	36	14	13
Italy	84	57	13	85	84	60	53	14	13
Liechtenstein	89	59	17	93	86	60	59	19	16
Lithuania	87	34	11	85	89	32	36	10	11
Malta	86	54	14	84	88	52	56	12	17
Moldova	82	56	8	86	78	62	50	11	5
Monaco	89	54	17	88	90	52	57	15	18
Montenegro	78	40	8	83	72	50	31	12	4
Netherlands	73	49	14	73	73	50	49	13	16
Norway	57	22	8	56	58	20	25	8	9
Poland	83	47	11	84	83	49	46	12	11
Portugal	71	42	9	73	70	43	41	9	9
Romania	78	47	12	84	72	56	38	16	7
Slovakia	91	49	13	90	91	48	51	12	13
Slovenia	89	52	14	90	88	55	50	14	14
Sweden	65	26	9	64	66	22	29	7	11
Ukraine	84	39	9	82	86	38	40	9	8
<b>AVERAGE</b>	<b>80</b>	<b>48</b>	<b>13</b>	<b>81</b>	<b>79</b>	<b>49</b>	<b>46</b>	<b>13</b>	<b>12</b>
Latvia	89	44	12	88	90	42	45	14	11
Spain	78	65	21	76	80	63	68	20	21
United States	47	22	10	44	50	21	22	10	10

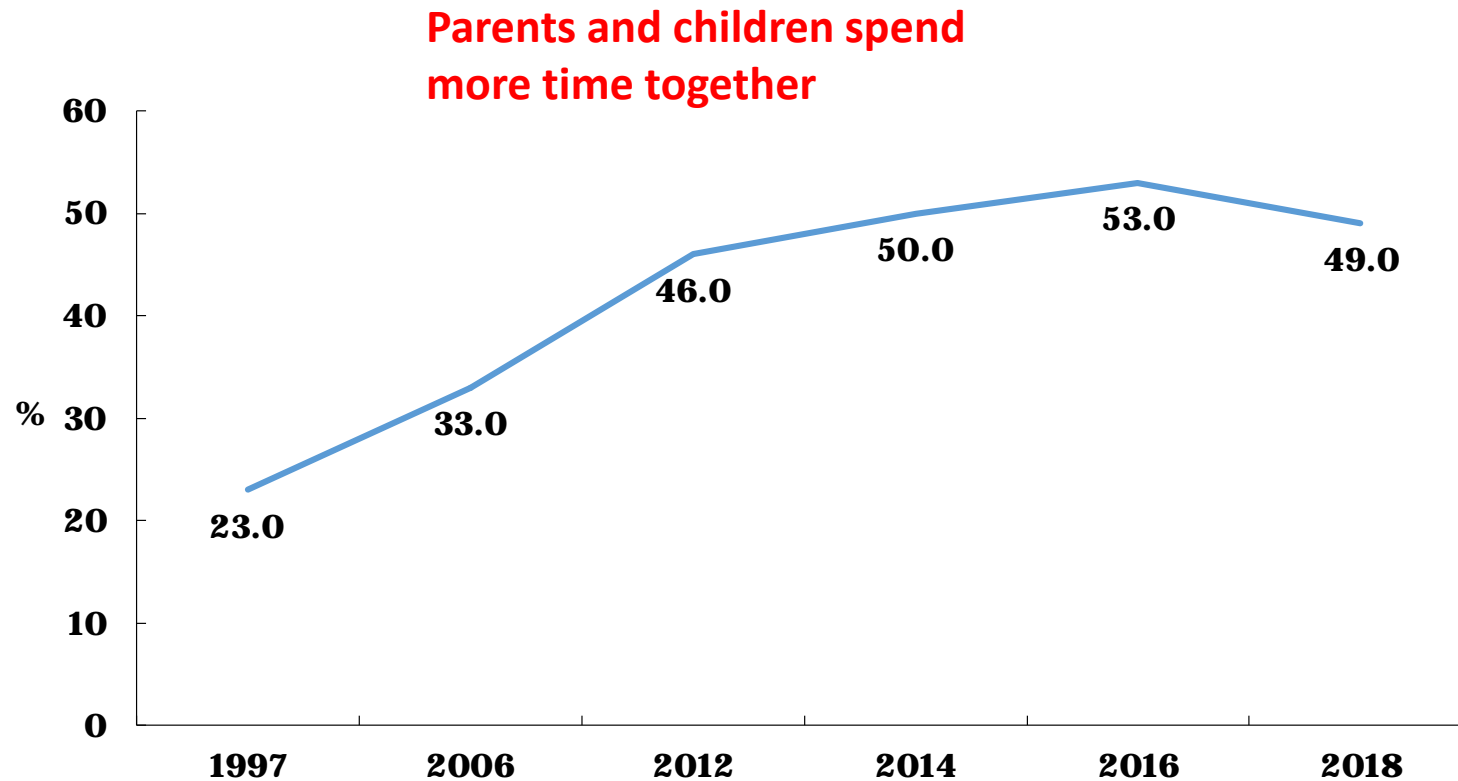
# Heavy episodic drinking in the last 30 days

ESPAD 2015

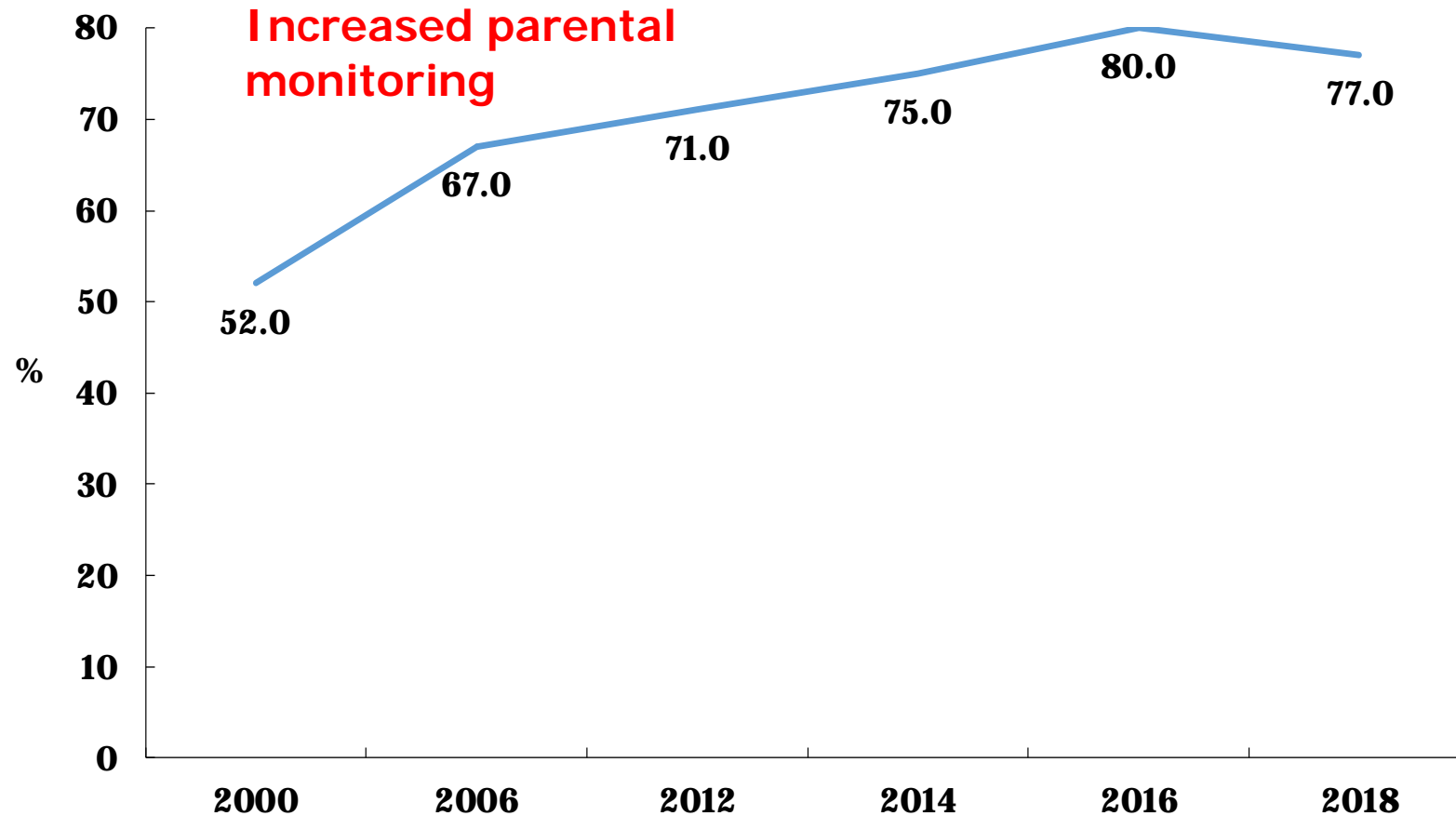


# Icelandic Model: Ecological domains of intervention focus

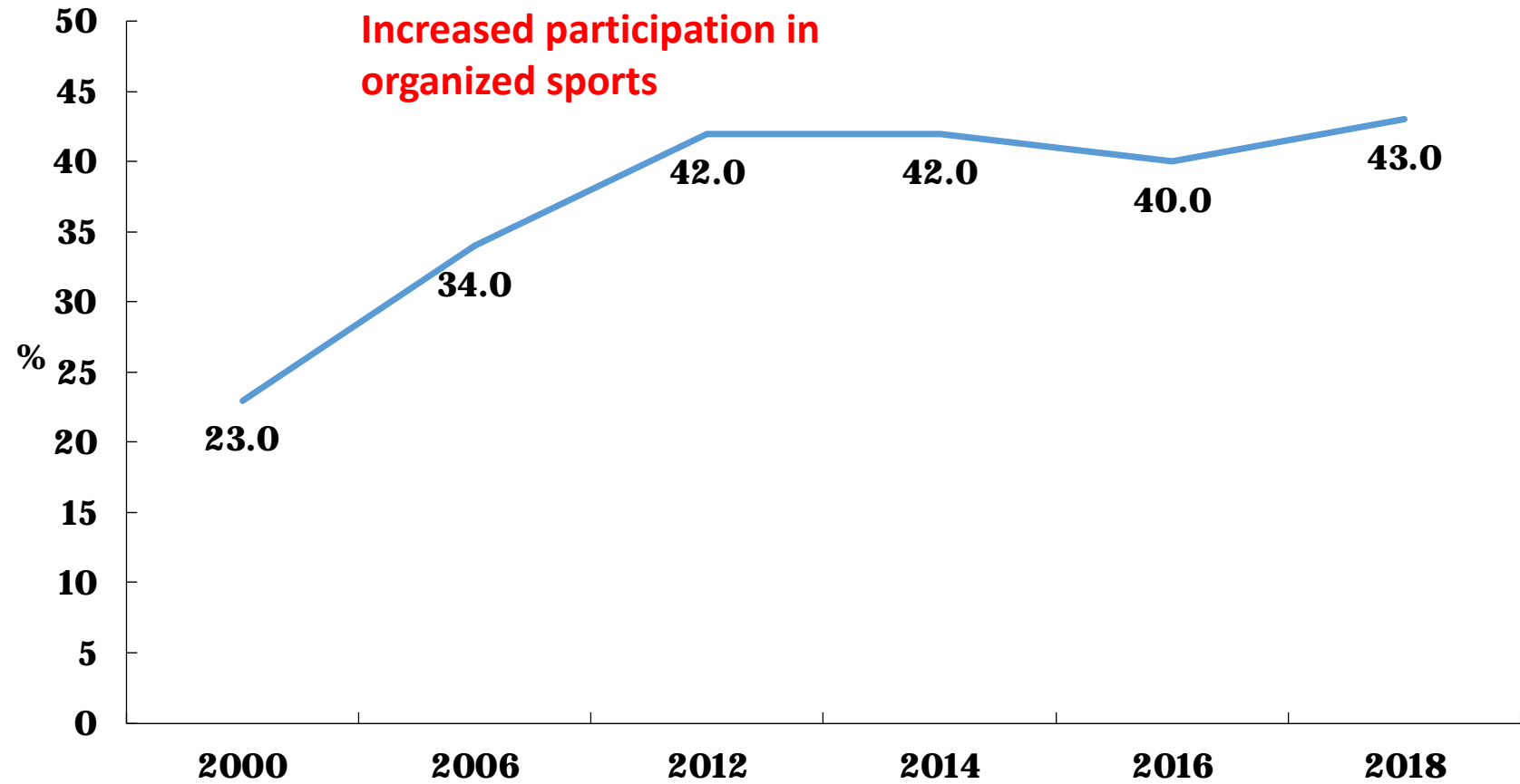




Rates of students in 9<sup>th</sup> and 10<sup>th</sup> grade who spend time (often/almost always) with their parents during weekdays

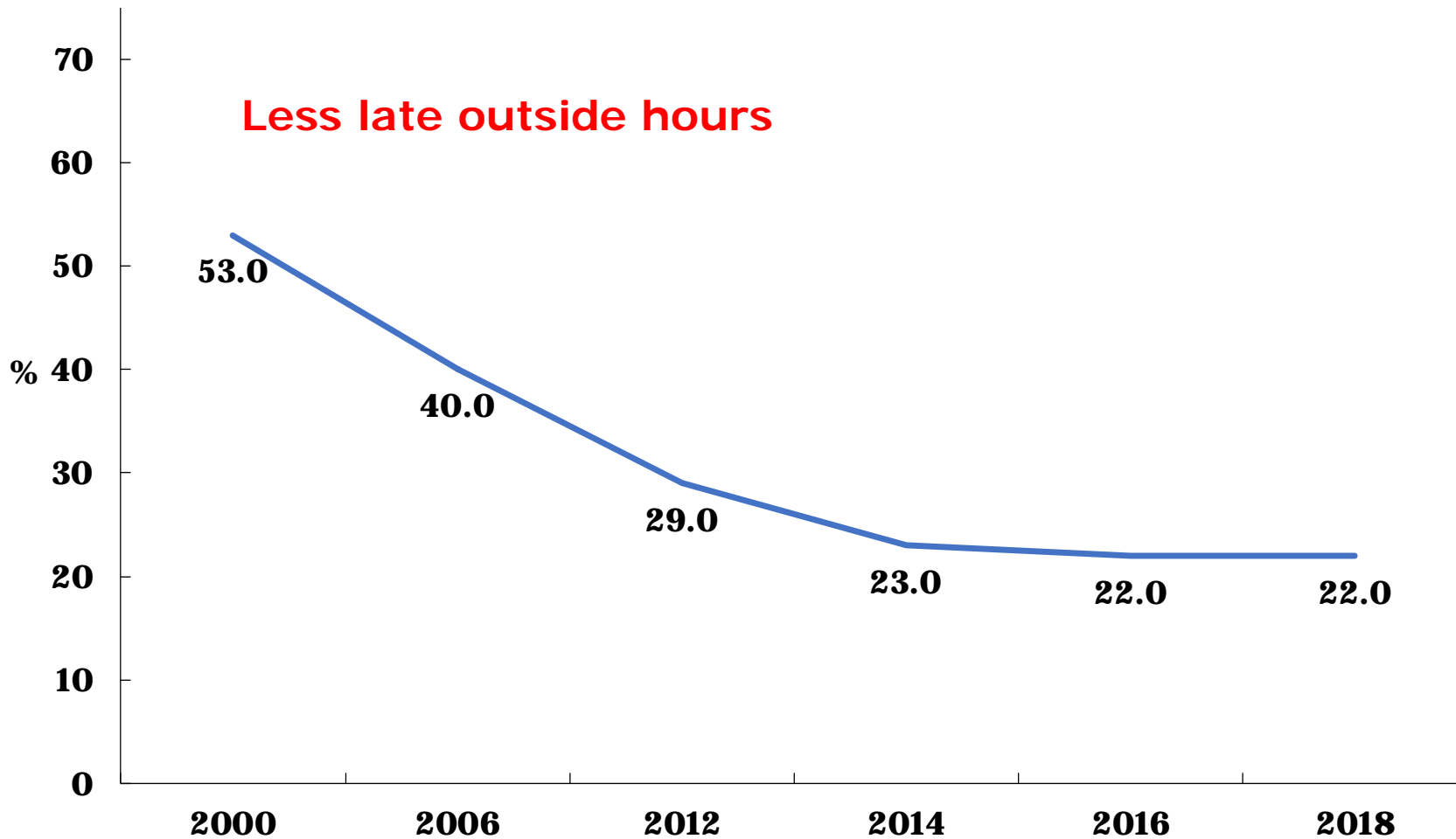


“My parents know where I am in the evenings”  
(applies very or rather well to me) 9<sup>th</sup> and 10<sup>th</sup> grade



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

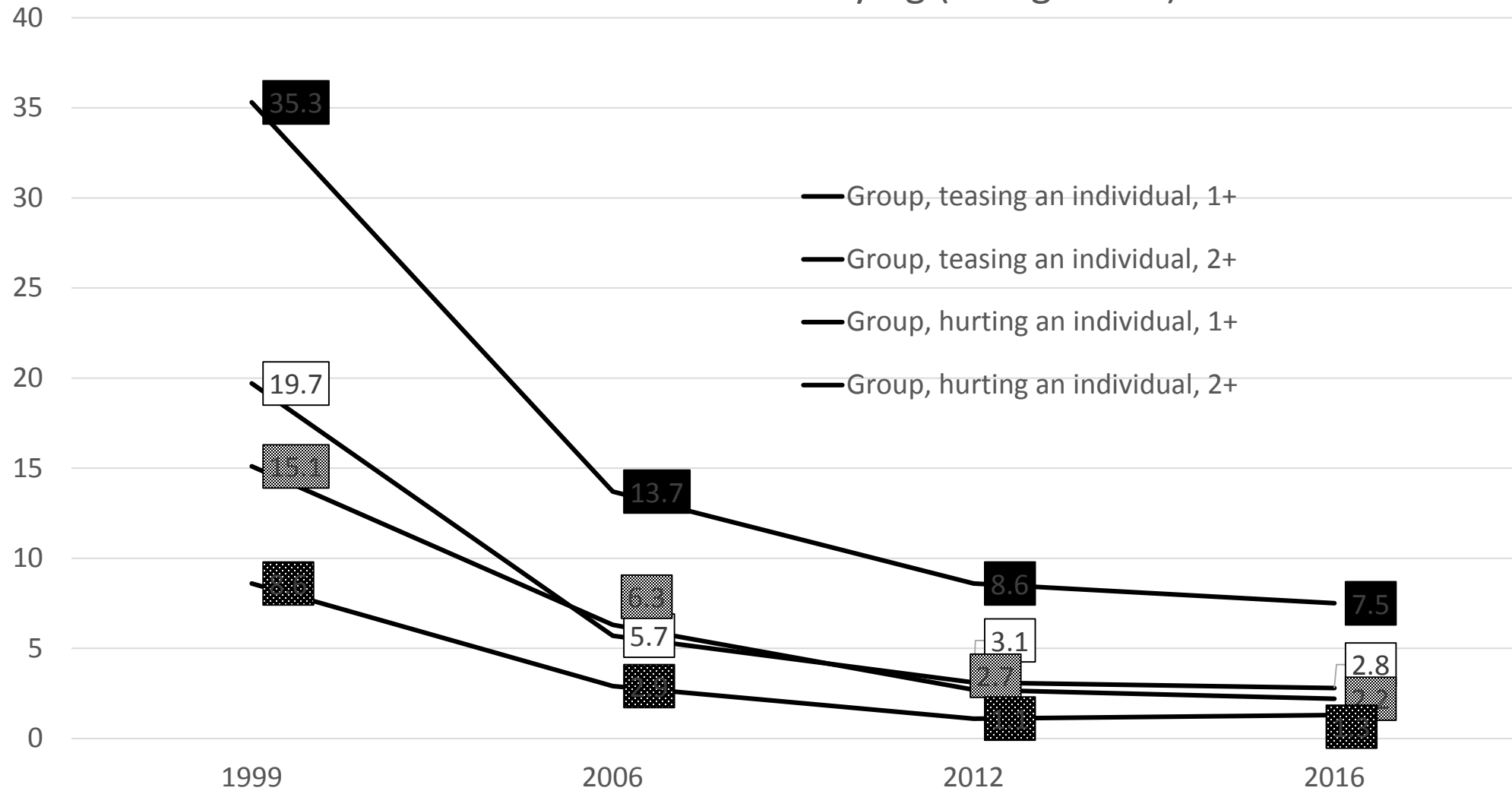




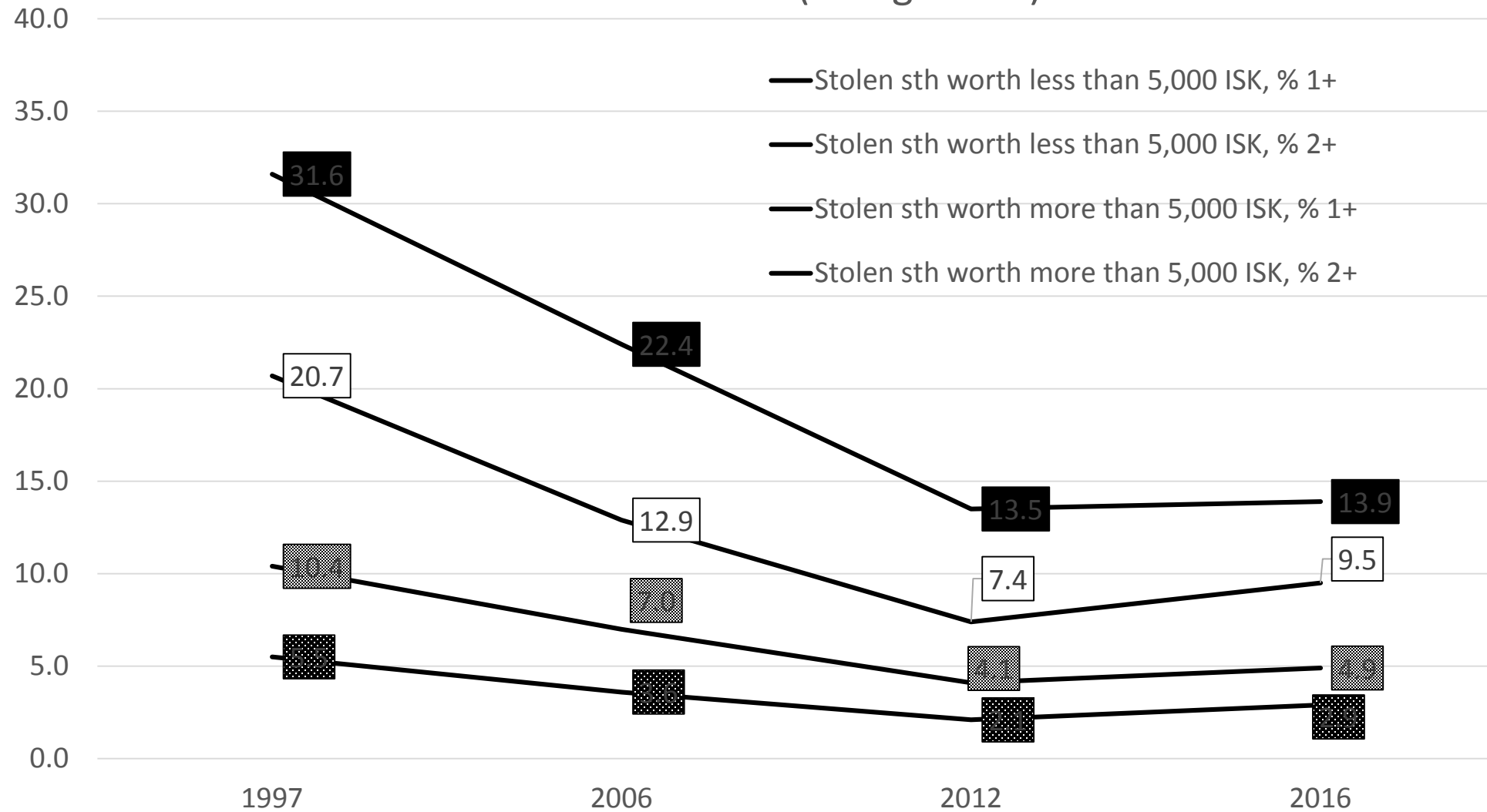
Rates of students in 9<sup>th</sup> and 10<sup>th</sup> grade who have been outside after 10 pm, 3 times+ in the past week

Results, other associated factors..

## Measures on bullying (10<sup>th</sup> graders)



## Measures on theft (10<sup>th</sup> graders)



# Thank you



**Vermont, USA**

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**Questions and concerns:**

[mikemann@boisestate.edu](mailto:mikemann@boisestate.edu)

[alkristjansson@hsc.wvu.edu](mailto:alkristjansson@hsc.wvu.edu)