Science before action

The Importance of Evidence in Prevention

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EVIDENCE-BASED DRUG PREVENTION

“Drug-policy should be evidence-based…”

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… and so should prevention actions

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The Ideal

Evidence based policy should lead to evidence based actions

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The Reality

Policy and actions are much too often NOT based on evidence

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Evidence based… a slogan?

Evidence is not always easily found

Where does it come from?

Is it solid? Research based?

Taken for granted…

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Irresponsible Approach

“I feel like…”

“Everyone says…”

“We probably should…”

A Serious Matter

“We don’t have money to carry out policy…”
“There is a gap between policy and actions”

Translation problems…

Prevention is an investment, but unless it is based on evidence, it is pure gambling.

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Sometimes “I feel”…

Much of the resources to treatment and rehab

Too much emphasis on policy

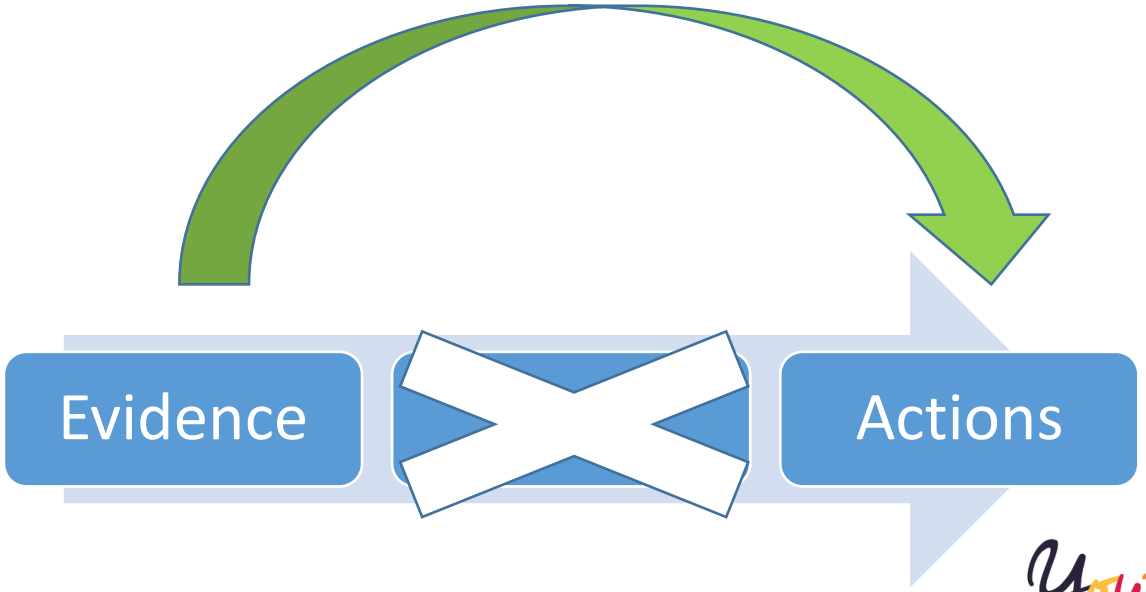
Not enough evidence

Too little action

Directly from Evidence to Action

We use evidence in our action

First Drug-Policy
December 2013



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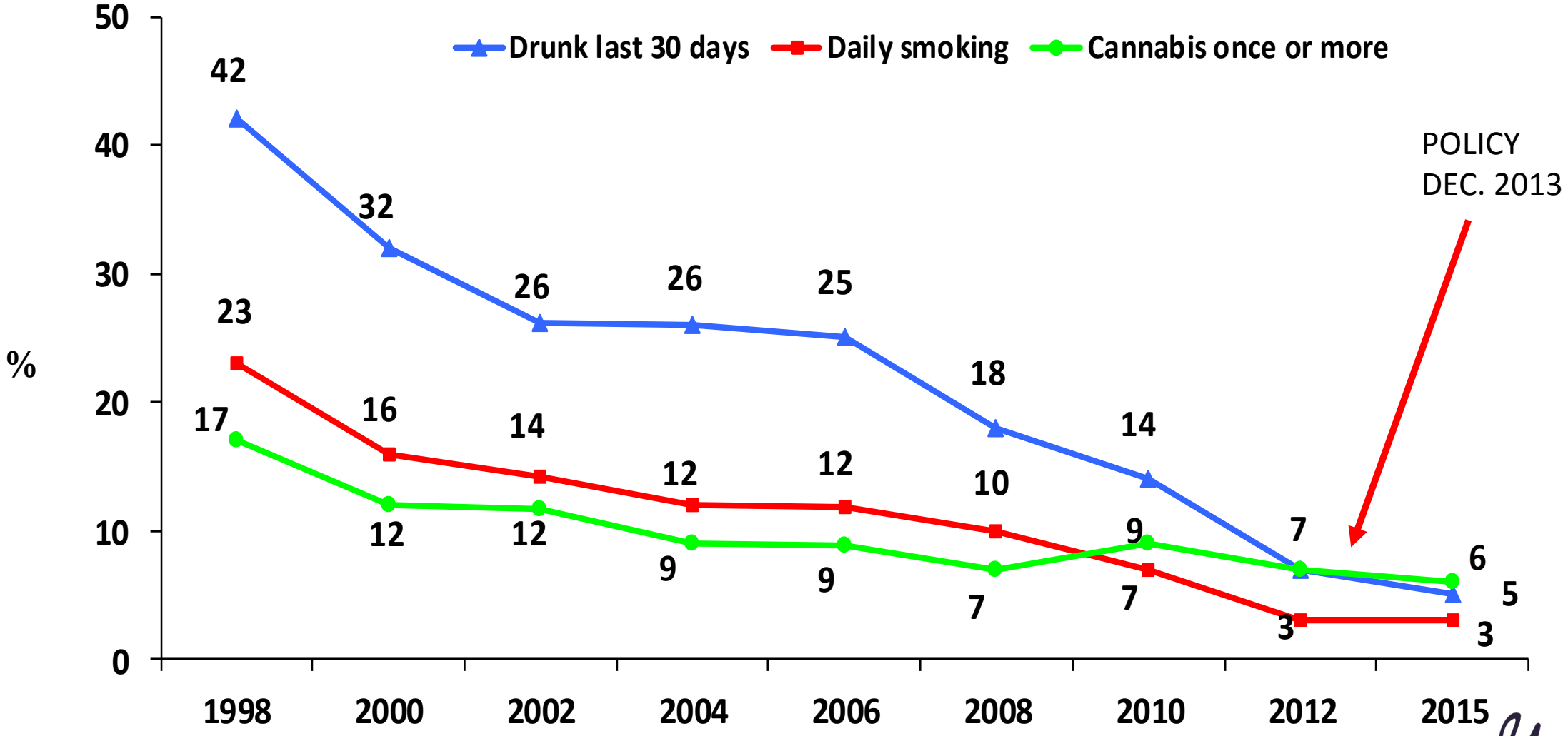
Substance Use in Iceland Amongst 15-16 Year Old



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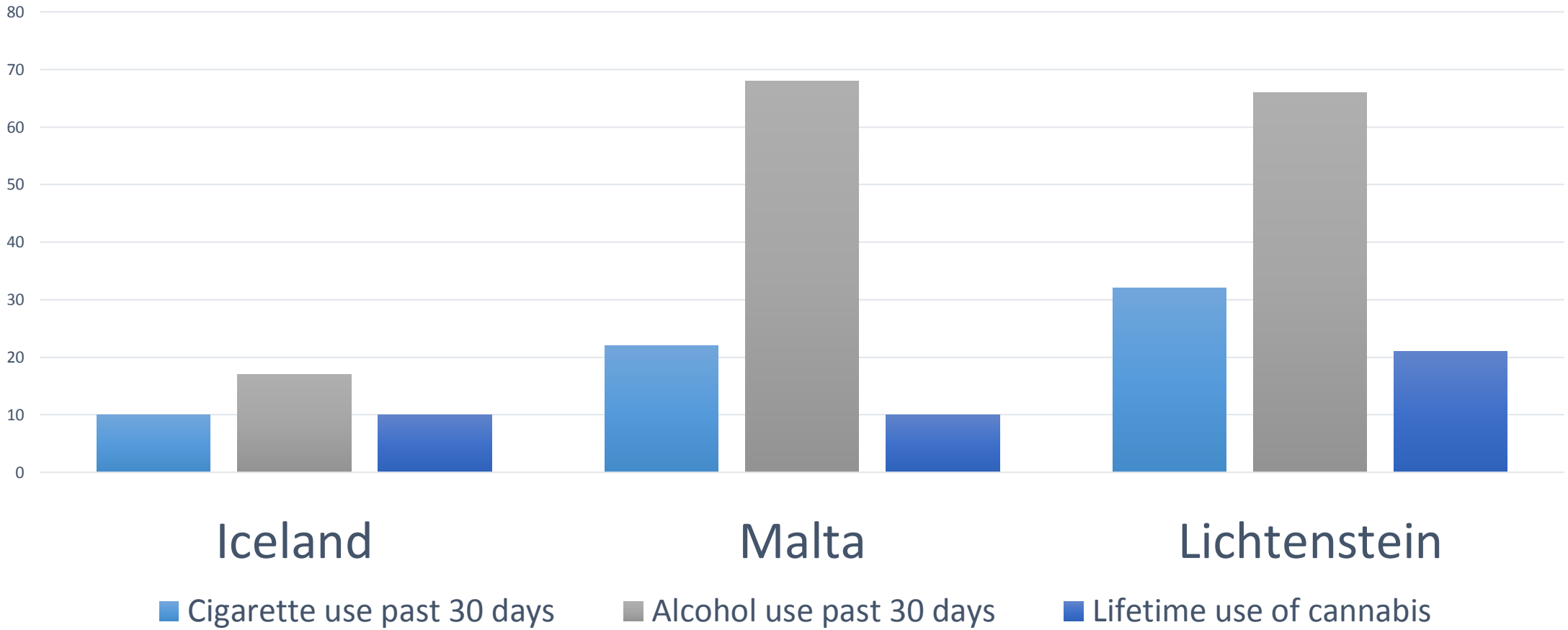
Substance Use Amongst European Youth

(ESPAD, 2011)



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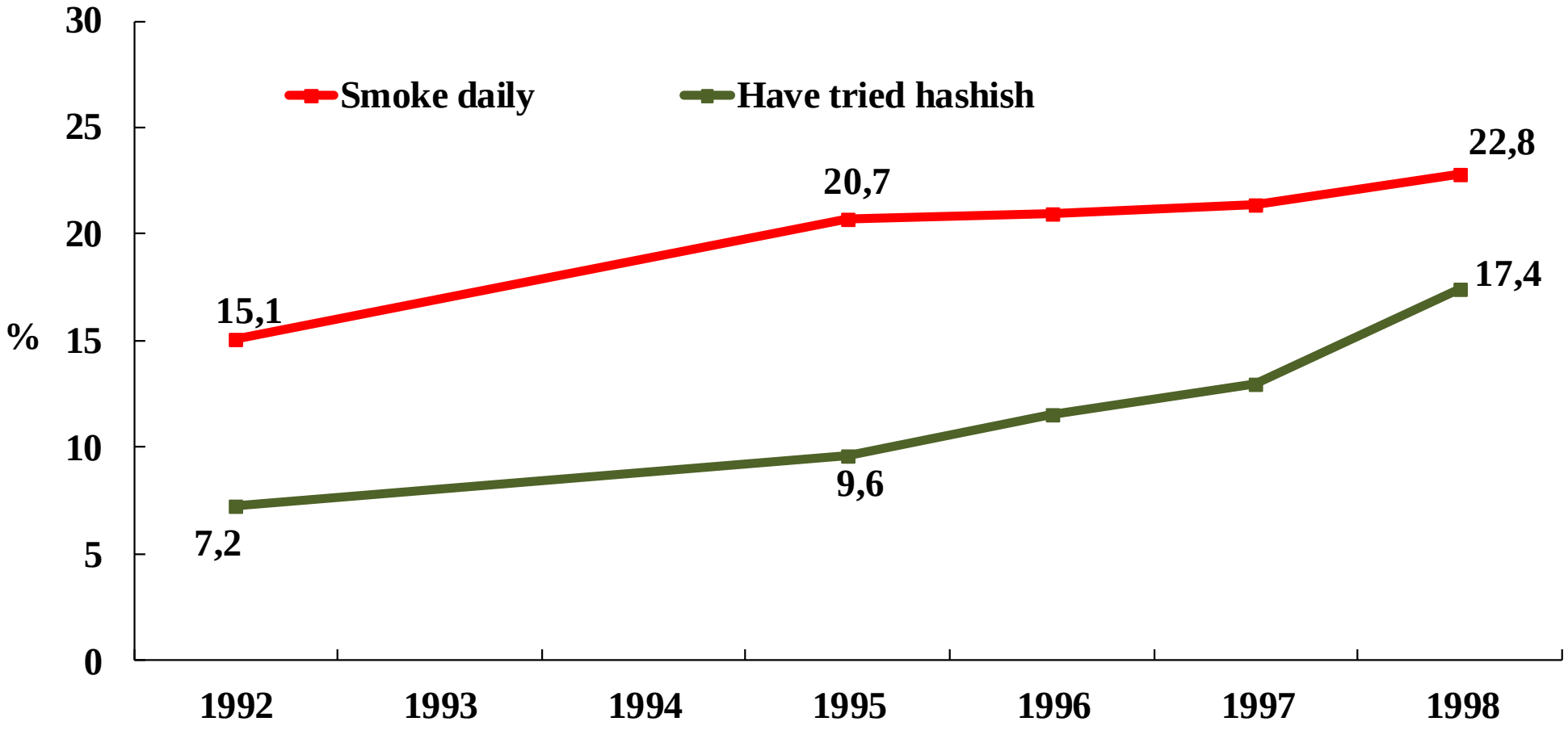
EVIDENCE-BASED DRUG PREVENTION


Johomaps 06-11
ICELAND
Rekjavik
Faroe Is. (Denmark)
Shetland Is. (UK)
NORWAY
SWEDEN
FINLAND
Trondheim
Gulf of Bothnia
Lillehammer
Uppsala
Turku
Tallinn
Stockholm
Kristiansand
Hebrides
(North) Atlantic Ocean
North Sea
Scotland
N. Ireland
Edinburgh
Belfast
Glasgow
UNITED KINGDOM
IRELAND
Isle of Man
Dublin
Cork
Manchester
Irish Sea
England
Norwich
Wales
Cardiff
Birmingham
Amsterdam
The Hague
London
Rotterdam
Plymouth
Portsmouth
English Channel
Channel Is.
Brussels
Antwerp
BELGIUM
Luxembourg
LUX
Brest
Caen
Seine
Paris
Nantes
Angers
Orleans
Strasbourg
Stuttgart
Frankfurt am Main
Dortmund
Dusseldorf
Leipzig
Cologne
Bremen
Hamburg
NETHER-LANDS
DENMARK
Esbjerg
Malmo
Copenhagen
Baltic Sea
Rostock
Szczecin
Berlin
GERMANY
Elbe
Vistula
POLAND
Dresden
Wroclaw
Prague
CZECH REP.
Brno
Krakow
Lviv
SLOVAKIA
Bratislava
Vienna
Budapest
HUNGARY
AUSTRIA
Salzburg
Munich
Zurich
Basel
Bern
SWITZ.
Geneva
Lyon
Bay of Biscay
La Rochelle
Limoges
Bordeaux
FRANCE
A Caruna
Bilbao
Toulouse
Montpellier
Marseille
Milan
Turin
Venice
Po
Florence
Ljubljana
SLOVENIA
Zagreb
CRO.
BOSNIA & HERZEGOVINA
Belgrade
Sarajevo
Ancona
S. MAR
MON.
Nice
Andorra la Vella
ANDORRA
Ebro
Salamanca
Lisbon
PORTUGAL
Tagus
Madrid
Barcelona
SPAIN
Toledo
Faro
Seville
Cordova
Alicante
Malaga
Menorca
Corsica
Sardinia
Sea
Cagliari
VATICAN
Rome
ITALY
Naples
Palermo
Catanzaro
Ionian Sea
Adriatic Sea
MONTENEGRO
FYR MACEDONIA
Skopje
Tirana
ALBANIA
Thessaloniki
Aegean Sea
Danube
BULGARIA
Sofia
Varna
ROMANIA
Chisinau
MOLDOVA
Odessa
Kherson
Sea of Azov
Black Sea
Sevastopol
Novorossiysk
Sochi
Grozny
GEORGIA
Tbilisi
AM
Erevan
Samsun
Ankara
Eskişehir
TURKEY
Izmir
Konya
Mersin
Antalya
Van
Kazakhstan
Rybinsk
Kazan
Nizhny Novgorod
RUSSIA
Moscow
Samara
Minsk
BELARUS
Chernihiv
Kiev
Belgorod
Kharkiv
Volgograd
Dnipropetrovsk
Rostov-on-Don
Don
Dniester
UKRAINE
Chernivtsi
Galati
Volga

Trend in Iceland 1992-1998



Research 1992-1998

- Evidence through regular mapping of:
  - Lives
  - Social factors
  - Living conditions
  - Behaviour of young people
  - A very thorough annual process

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…

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First Evidence in 1998

We detected the most influential Risk and Preventive factors – towards and away from initiating substance use.

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Continued Mapping

Continued developing the database and now have 23 years of consecutive data about children and adolescents

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AND WE ARE USING IT

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Scientific vs Practical

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The Science

- In depth analysis of the data
- Lots of peer reviewed papers
- Science forms the platform for practice

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The Practice

- Youth data collections / mappings every year
- Practical descriptive reports within 2-3 months of each data collection to municipalities and prevention workers.
- Evidence is used to evaluate actions every year

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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.

Local information – local evidence,
to all levels of prevention work is the key issue

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AND TO THE FIRST EVIDENCE

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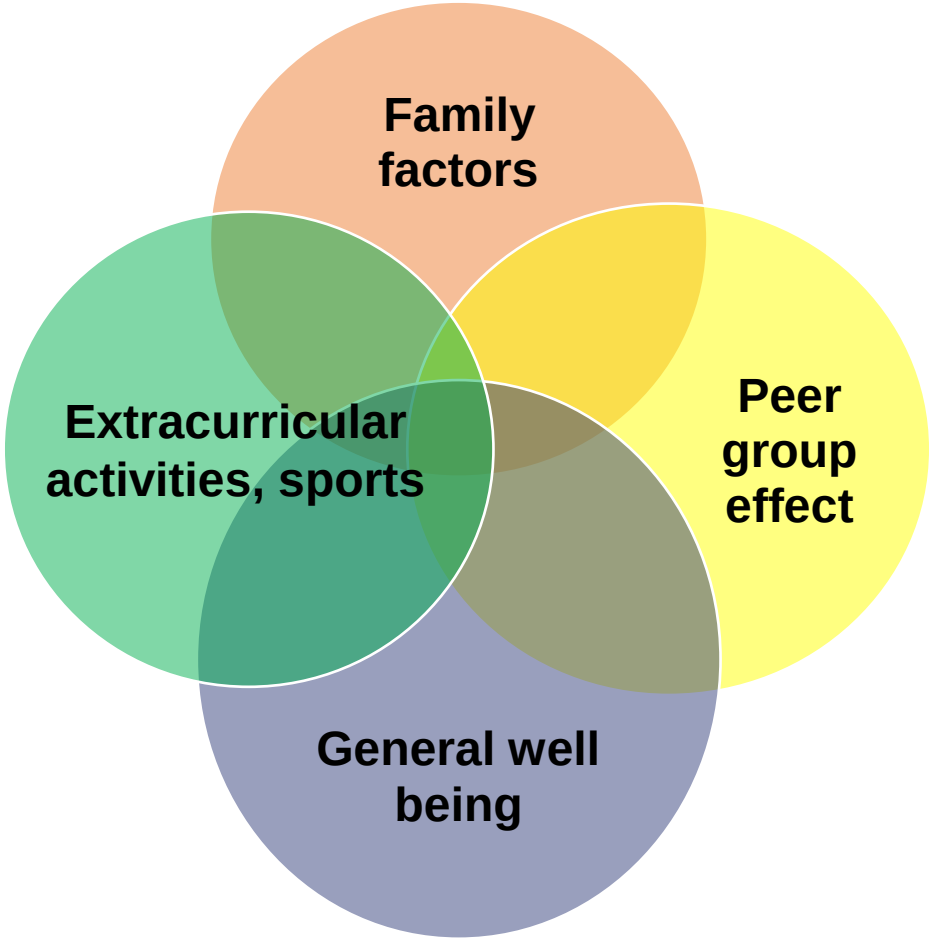
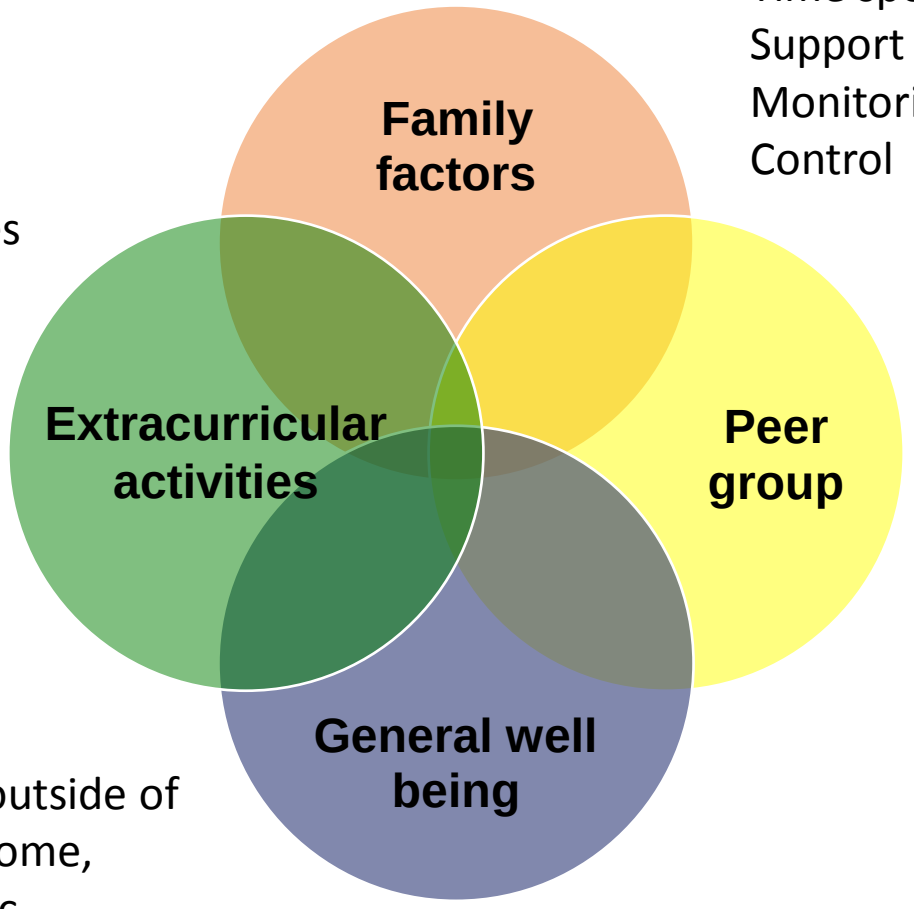
EVIDENCE-BASED DRUG PREVENTION

The Four Main Risk and Protective Factors



And Analysing Deeper



Time spent with parents
Support
Monitoring
Control

Organized activities
vs.
unorganized

Positive and negative effects.
Staying outside late
Hanging out in malls

Inside and outside of school, at home, bullying e.t.c.

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Our Focus is on 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

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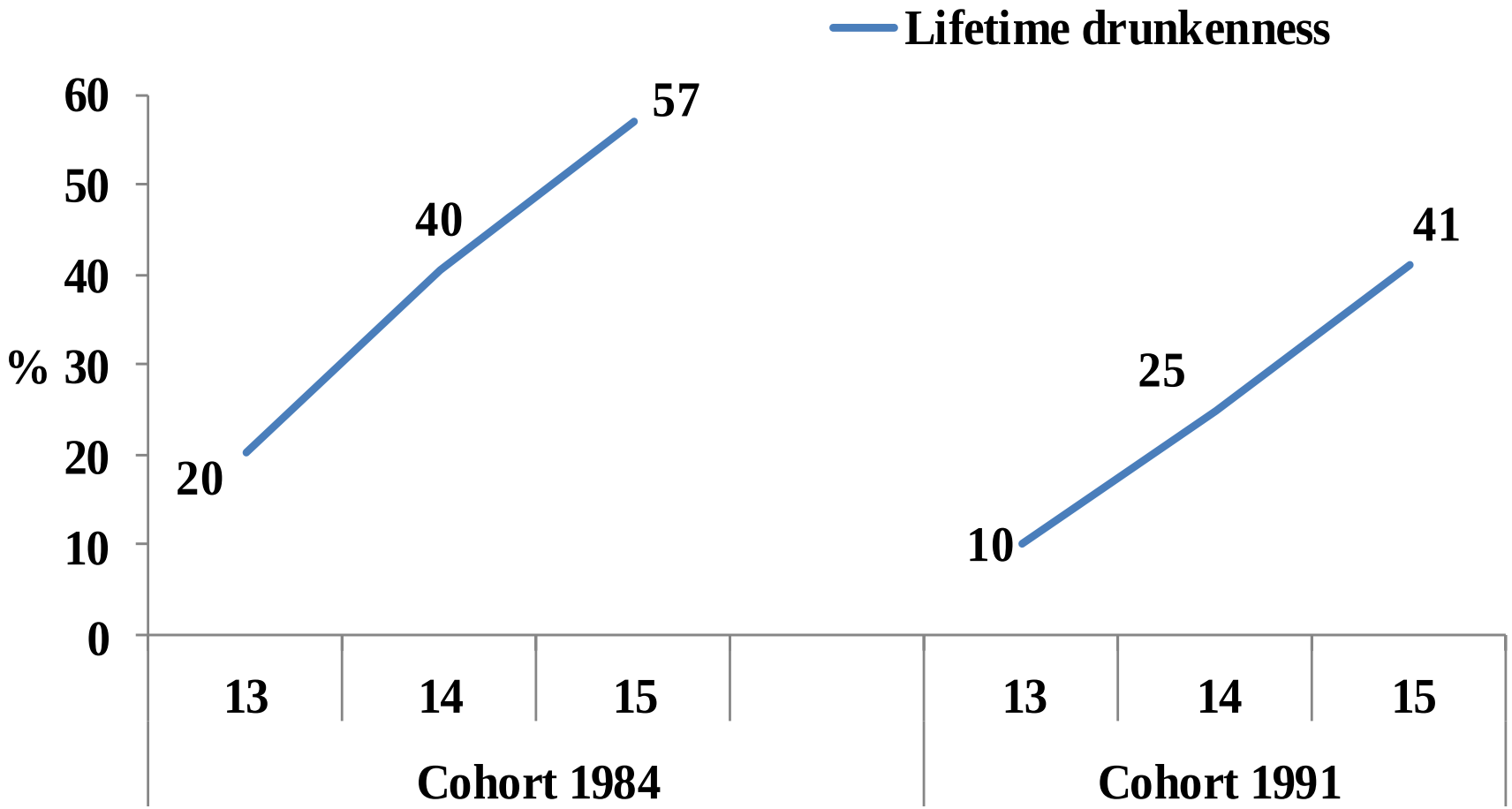
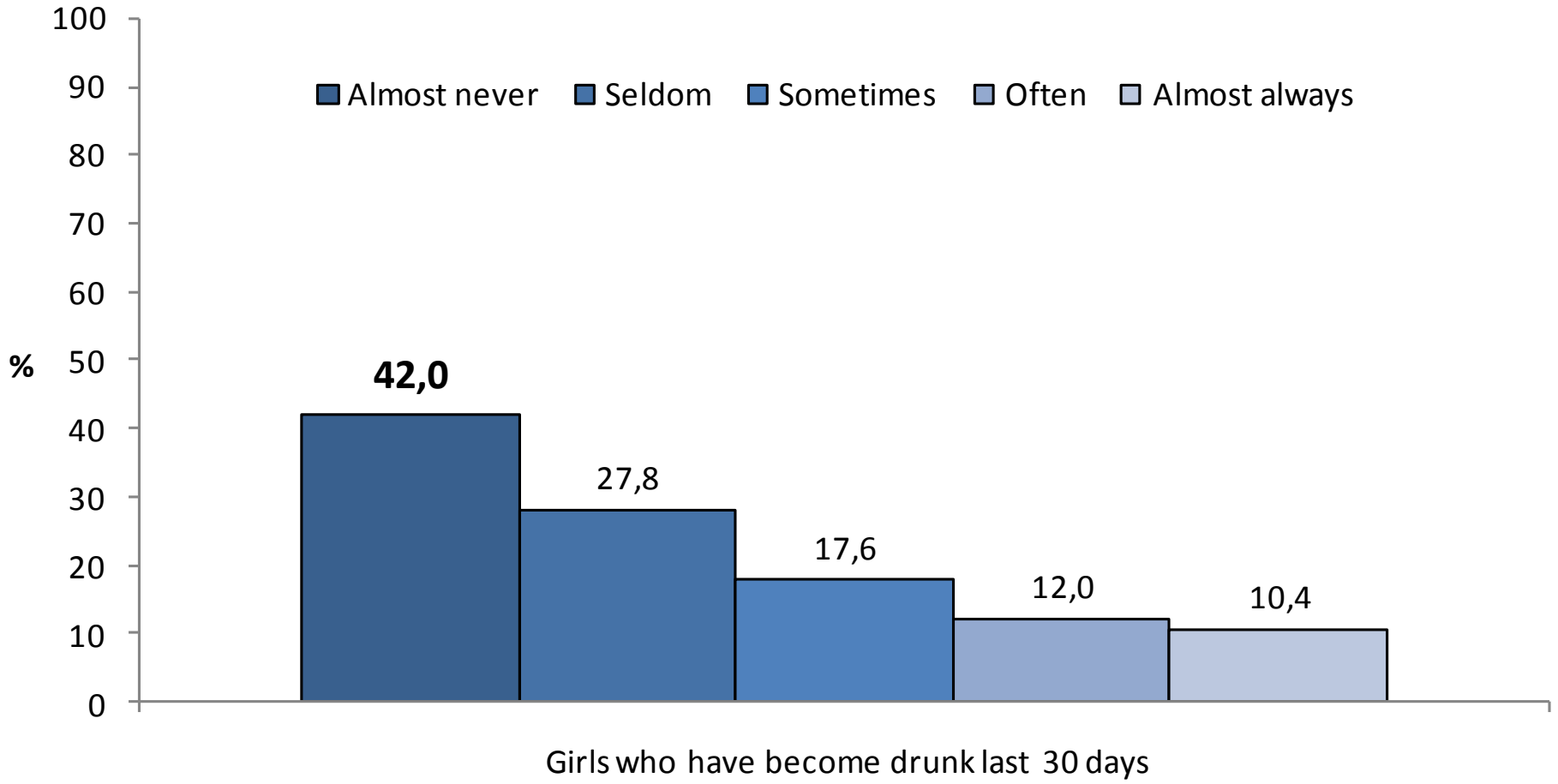
Substance Use Follows Cohorts

Sigfusdottir *et al.,* 2011, Global Health Promotion



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



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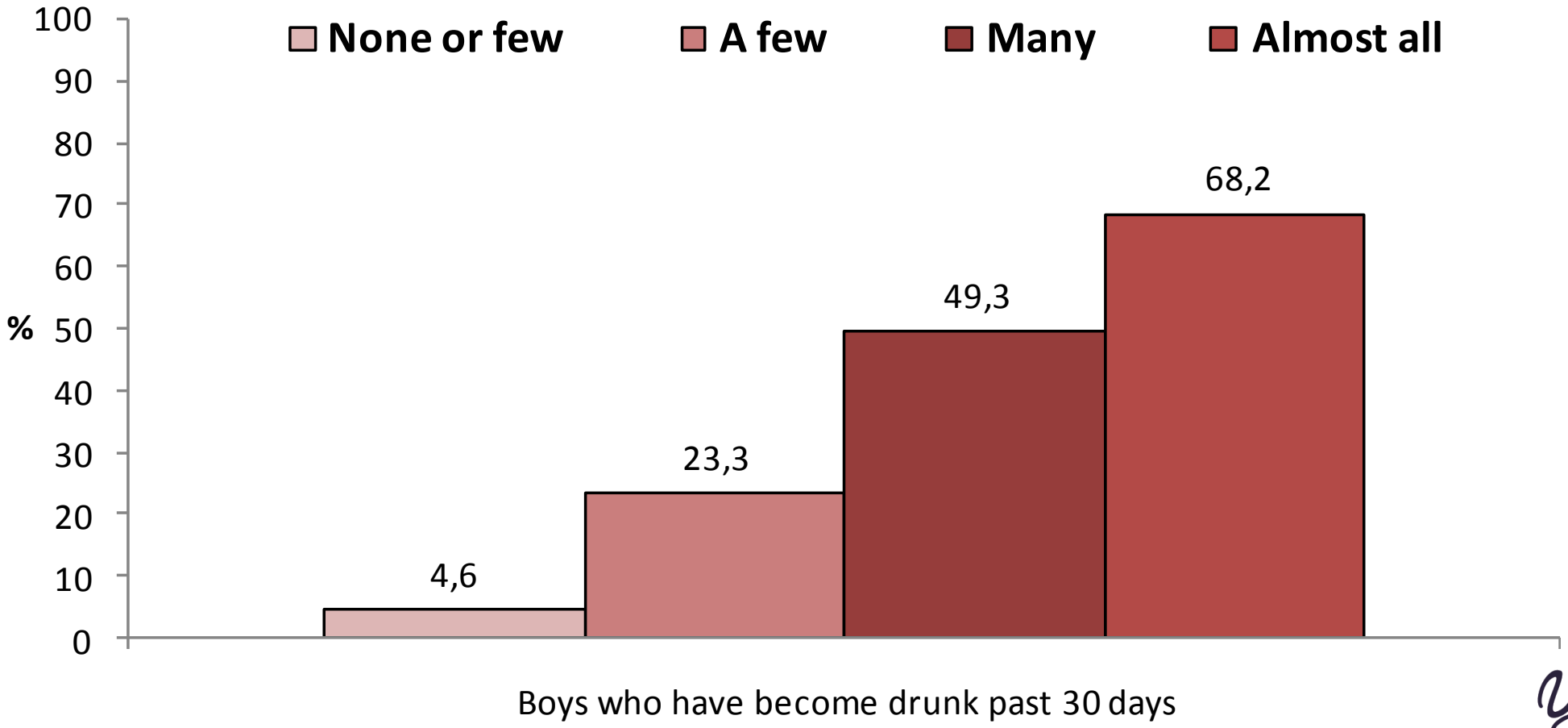
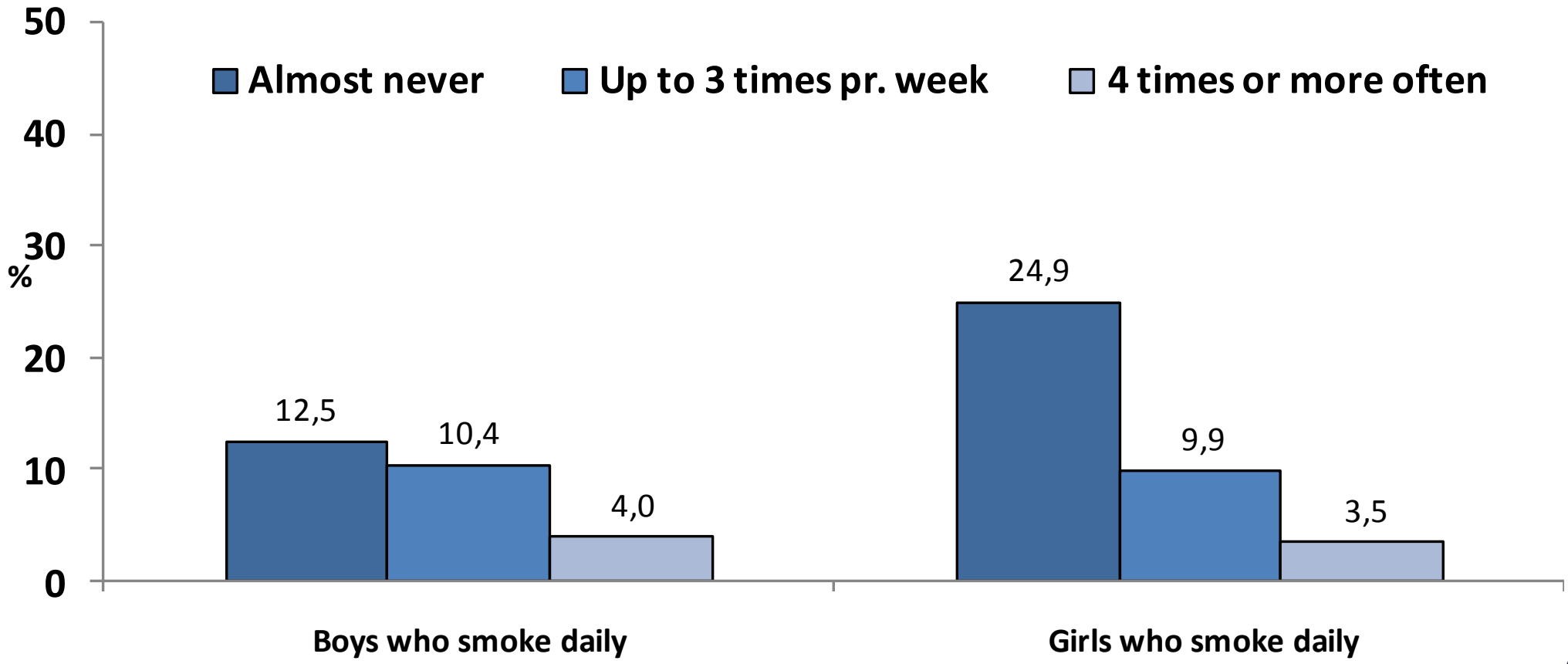
Percentage of Students in 9th and 10th grade who have become drunk in the last 30 days depending on if their friends become drunk one pr. month.



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



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ACTIONS BASED ON THIS LOCAL EVIDENCE

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For the past 15 years we have been...

- Strengthening the protective factors
- Weakening the risk factors

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A few Local Actions

1. Research as a basis in policy-making and actions
2. Strengthen parent organizations and co-operation
3. Support extracurricular activities / sports
4. Support active NGOs
5. Support young people at risk inside schools
6. Form co-operative work groups against drugs
7. Anti smoking / drinking campaigns
8. Strengthen social capital

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A few National Actions

1. Legal age of adulthood raised from 16 to 18
2. Age limits to buy tobacco and alcohol (18 and 20)
3. Strict regulations for sellers of tobacco
4. A total advertising ban of tobacco and alcohol
5. Restricted access to buying alcohol and tobacco
6. Total visibility ban of tobacco and alcohol
7. Rules on outside hours for adolescents

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LOCAL EVIDENCE – WHY?

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- How ever could an average figure on alcohol use amongst adolescents in Malmö help prevention workers in Umeå?

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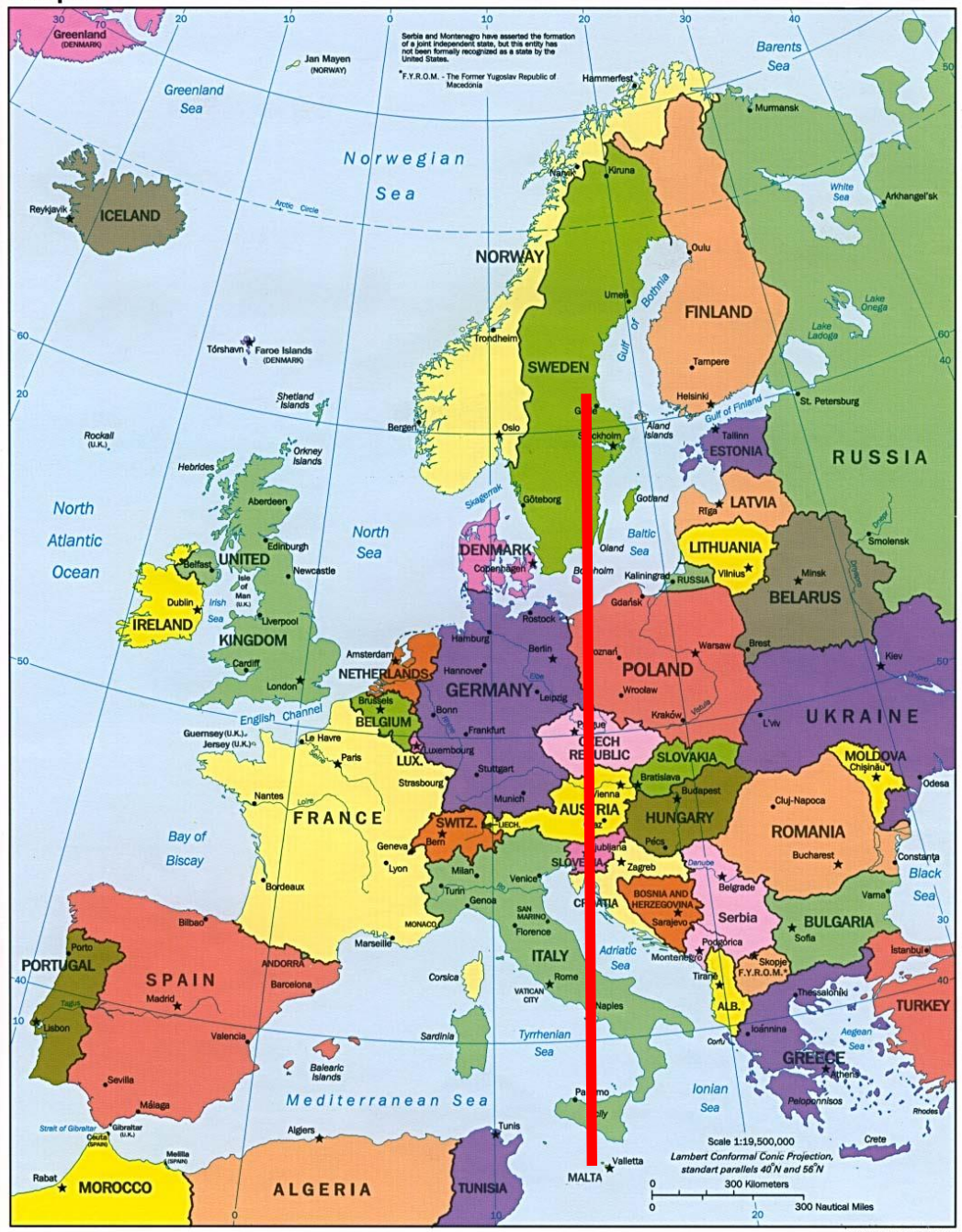
- How could anyone “assume” that the same risk and protective factors apply in Malta and Sweden?

Europe


Greenland (DENMARK)
Jan Mayen (NORWAY)
Serbia and Montenegro have asserted the formation of a joint independent state, but this entity has not been formally recognized as a state by the United States.
*F.Y.R.O.M. - The Former Yugoslav Republic of Macedonia
Hammerfest
Murmansk
Barents Sea
Greenland Sea
Norwegian Sea
Arctic Circle
White Sea
Arkhangel'sk
Reykjavik
ICELAND
Kiruna
NORWAY
Oulu
Umeå
Gulf of Bothnia
FINLAND
Lake Onega
Lake Ladoga
Tórshavn
Faroe Islands (DENMARK)
Trondheim
SWEDEN
Tampere
Helsinki
St. Petersburg
Gulf of Finland
Shetland Islands
Bergen
Oslo
Stockholm
Aland Islands
Tallinn
ESTONIA
RUSSIA
Rockall (U.K.)
Hebrides
Orkney Islands
Skagerrak
Göteborg
Gotland
Riga
LATVIA
North Atlantic Ocean
Aberdeen
North Sea
Baltic Sea
Oland
DENMARK
Copenhagen
LITHUANIA
Smolensk
Belfast
Edinburgh
UNITED
Newcastle
Kaliningrad
RUSSIA
Vilnius
Minsk
BELARUS
Isle of Man (U.K.)
Dublin
Irish Sea
Liverpool
IRELAND
KINGDOM
Cardiff
Rostock
Gdańsk
Hamburg
Berlin
Warsaw
Brest
Kiev
Amsterdam
NETHERLANDS
Hannover
GERMANY
Poznań
POLAND
Wrocław
London
Elbe
Brussels
Bonn
Leipzig
English Channel
Kraków
Vistula
L'viv
UKRAINE
BELGIUM
Guernsey (U.K.)
Jersey (U.K.)
Le Havre
Frankfurt
Luxembourg
Paris
LUX.
Stuttgart
CZECH REPUBLIC
SLOVAKIA
Bratislava
MOLDOVA
Chişinău
Odesa
Strasbourg
Nantes
Loire
Munich
Vienna
AUSTRIA
Budapest
HUNGARY
Cluj-Napoca
FRANCE
SWITZ.
Bern
Geneva
Pécs
ROMANIA
Bucharest
Bay of Biscay
Lyon
Ljubljana
Zagreb
Danube
Constanța
Black Sea
Milan
Venice
Bordeaux
Turin
Belgrade
Varna
Genoa
BOSNIA AND HERZEGOVINA
Sarajevo
Serbia
BULGARIA
SAN MARINO
MONACO
Florence
Sofia
Bilbao
Marseille
Podgorica
Adriatic Sea
Montenegro
Skopje F.Y.R.O.M.*
İstanbul
Porto
PORTUGAL
ANDORRA
ITALY
Tirana
Thessaloniki
SPAIN
Corsica
Barcelona
Rome
VATICAN CITY
ALB.
TURKEY
Madrid
Tagus
Naples
Lisbon
Valencia
Sardinia
Tyrrhenian Sea
Ionian Sea
Aegean Sea
Ioannina
Corfu
GREECE
Athens
Balearic Islands
Seville
Mediterranean Sea
Peloponnisos
Rhodes
Málaga
Strait of Gibraltar
Gibraltar (U.K.)
Algiers
Tunis
Ceuta (SPAIN)
Melilla (SPAIN)
Crete
Rabat
MOROCCO
ALGERIA
TUNISIA
MALTA
Valletta
Scale 1:19,500,000
Lambert Conformal Conic Projection, standart parallels 40°N and 56°N
0 300 Kilometers
0 300 Nautical Miles
802377 (R01083) 5-95

Local Evidence 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

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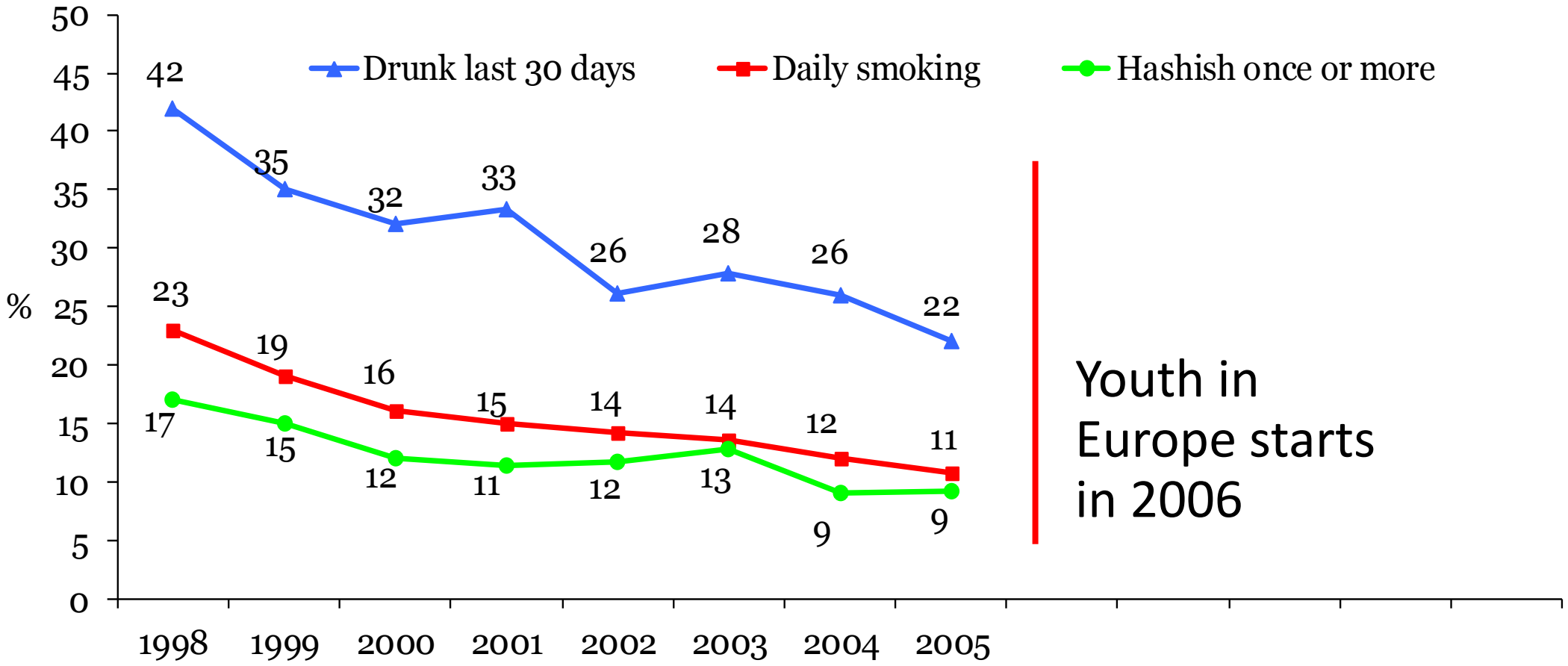
Youth
IN EUROPE
EVIDENCE-BASED DRUG PREVENTION

Substance Use Down by 50% in 8 Years in Iceland



Youth in Europe 2006

Easily Transferable

The Model can be implemented in any community

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Youth in Europe until 2015

New Participants in 2015

1. Victoria, Malta / Gozo
2. Istanbul, Turkey
3. Vaison la Romaine, France
4. Santa Maria da Feira, Portugal
5. Tarragona, Spain
6. Dobele, Latvia
7. Santa Severina, Italy
8. Thessaloniki, Greece

Youth IN EUROPE
EVIDENCE-BASED DRUG PREVENTION

The Youth in Europe Programme Provides

- Seminars and Training
- Methodology and Processes
- Material for Local Mapping
- Data Analysis and Processing
- Practical Local Reports - Tools
- Follow-up and Guidance

Yearly Cost of the Full Programme

Between €8,000 and €16,000 depending on city population

High return on investment

The Real Benefit

- Less health problems
- Less crime / imprisonments
- Less social benefits cost
- Less unemployment
- Less rehabilitation cost
- Less broken families
- …and more

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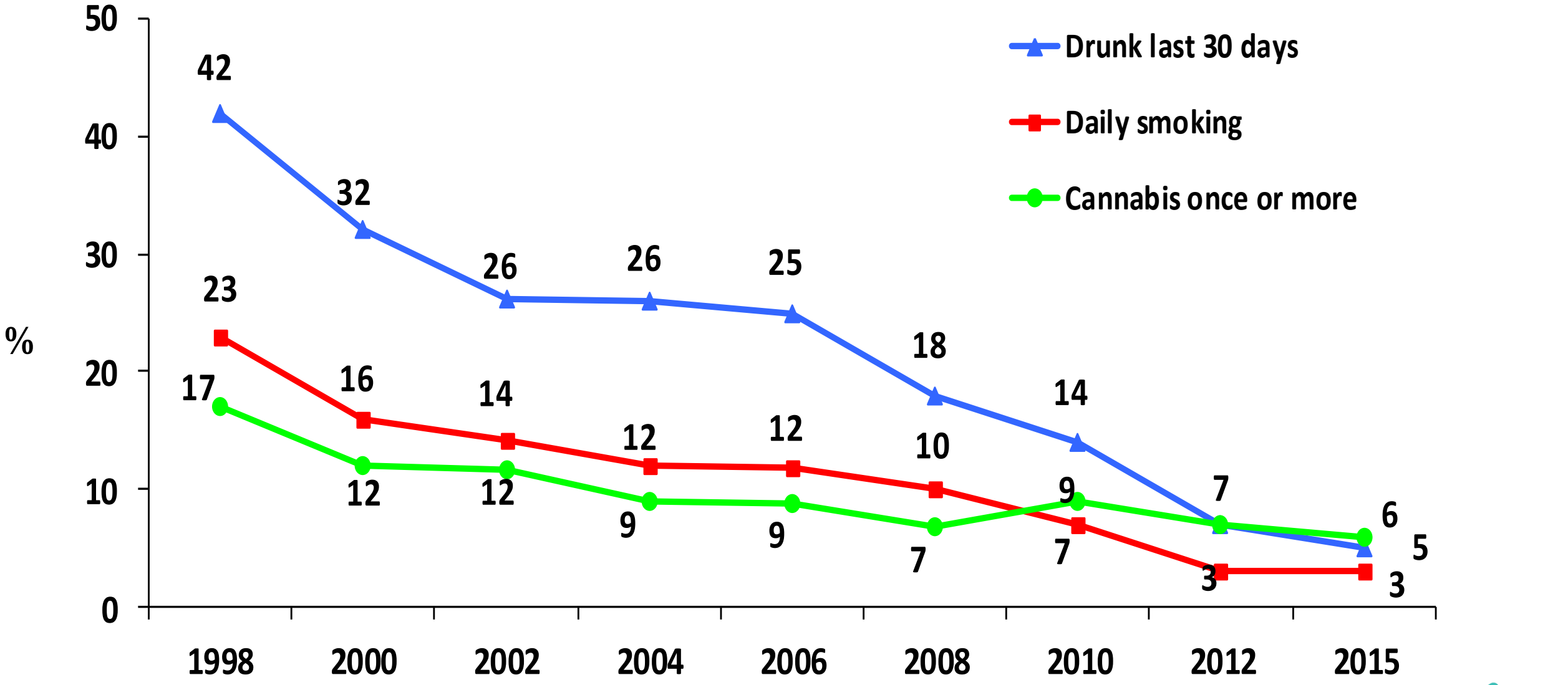
EVIDENCE-BASED DRUG PREVENTION


50
40
30
20
10
0
%
Drunk last 30 days
Daily smoking
Cannabis once or more
42
32
26
26
25
18
14
5
23
16
14
12
12
10
7
3
3
17
12
12
9
9
7
9
7
6
1998
2000
2002
2004
2006
2008
2010
2012
2015

You can change the situation in your home town or city.

Why not start there?

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Youth
IN EUROPE
EVIDENCE-BASED DRUG PREVENTION