



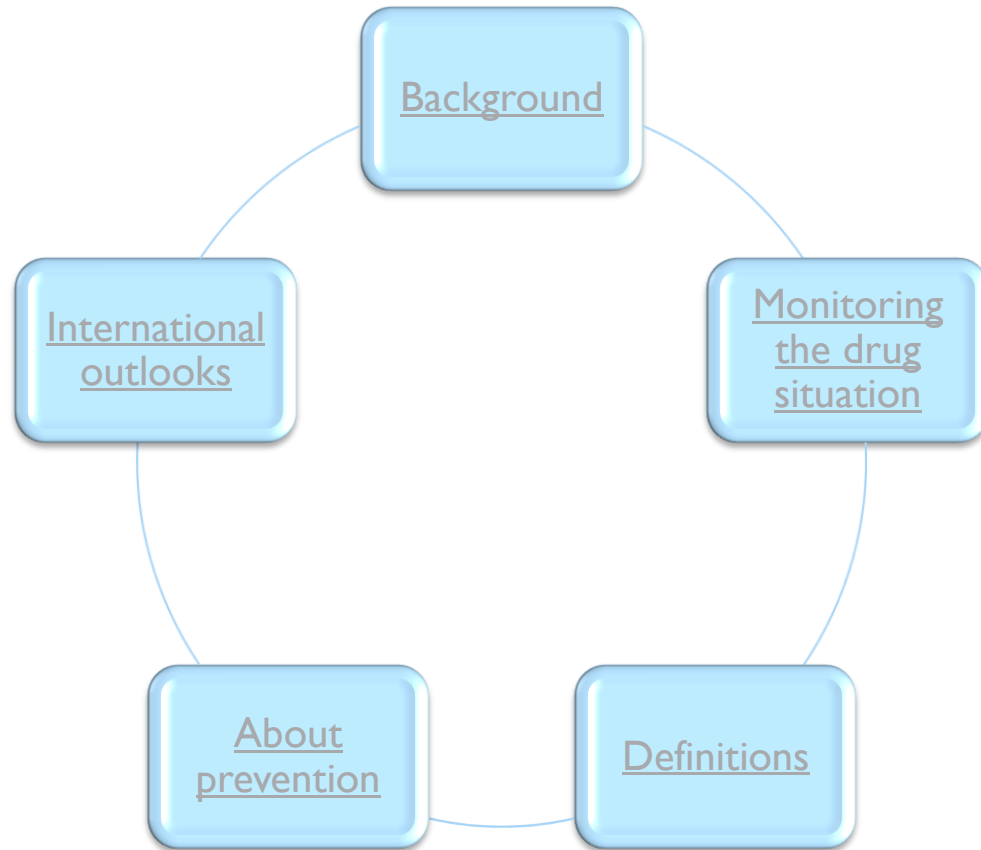
Perspectives on prevention International outlooks

Anders ERIKSSON

ECAD seminar, October 16, 2011

Hotel Feldberg, Riccione, Italy

Today:



Anders Eriksson

Development Unit
Swedenborgsgatan 20
SE-106 64 Stockholm, Sweden

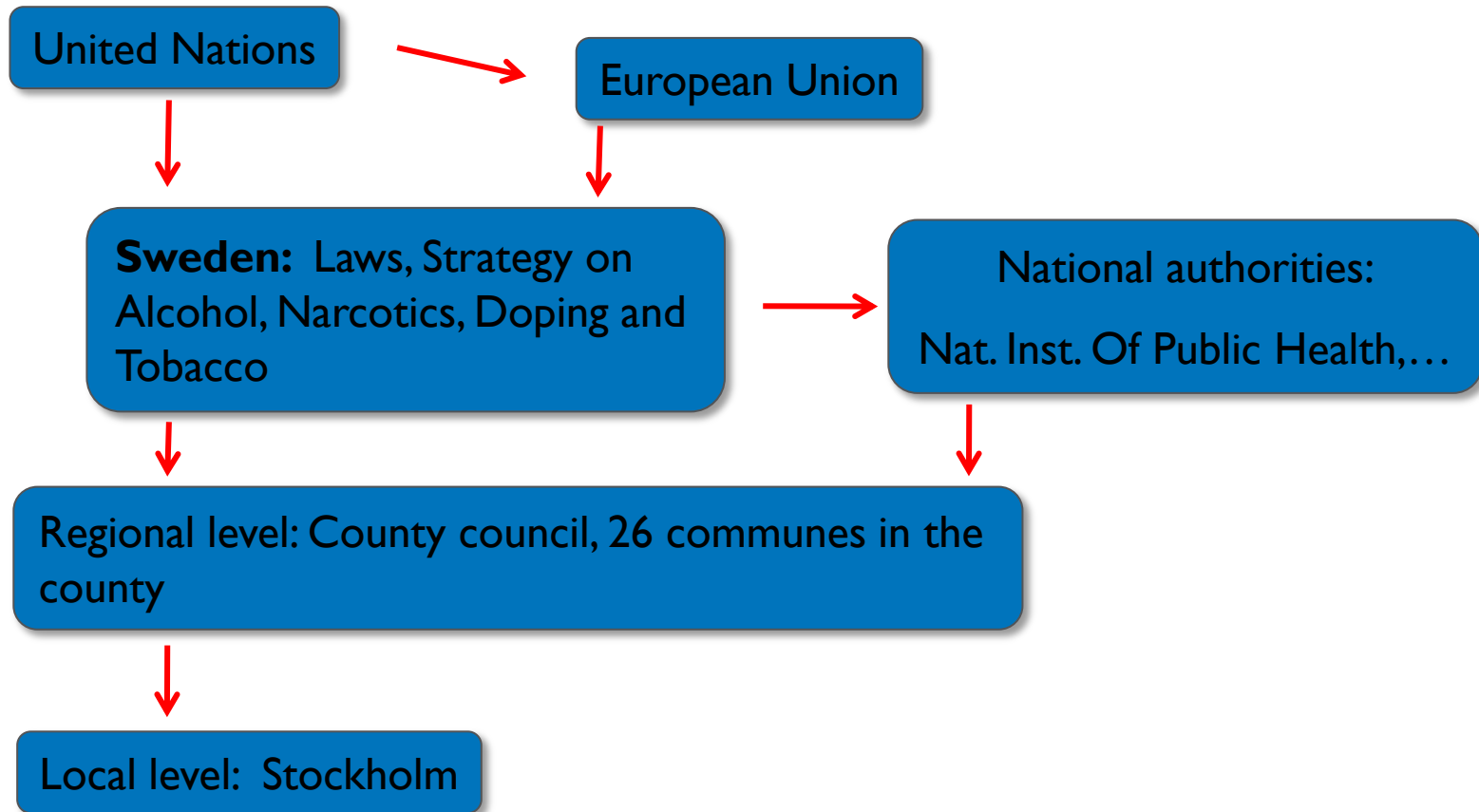
Telephone: +46 8 508 430 22

anders.l.eriksson@stockholm.se



Thank You!

Background to drug preventive work in Sweden and Stockholm



Stockholm

- The City on the Water

- Capital of Sweden
- + 840 000 inhabitants in the city and approx 2 millions in the county
- Built on 14 islands where lake Mälaren meets the Baltic sea
- The city has approx. 46 000 employees and approx. 250 schools
- The city is divided into 14 District Administrations



The 14 District Administrations of Stockholm

1. Bromma
2. Enskede-Årsta-Vantör
3. Farsta
4. Hägersten-Liljeholmen
5. Hässelby-Vällingby
6. Kungsholmen
7. Norrmalm
8. Rinkeby-Kista
9. Skarpnäck
10. Skärholmen
11. Spånga-Tensta
12. Södermalm
13. Älvsjö
14. Östermalm



Development Unit, Social Services Administration



Creating an infra-structure for prevention

Steering documents: *Budget*, STAN, Crime Prevention-programme

Staffing: Development Unit, local coordinators in the districts

Monitoring the situation: Stockholm Survey, Safety Audit

Action: Everyday work in the districts/schools

Follow up: Web-based report system, indicators



Examples of our activities:

Media

Surveys

The Stockholm Survey
Reports

Programs

The S.T.A.N Programme
Crime Prevention Programme

Methods

Cooperation

Schools

Social
Services



Police

Parents

Research



Monitoring the drug situation

- Highlight preventive matters and create engagement in preventive work.
 - Facilitate decisionmaking (political) and planning of preventive interventions (subgroups, phenomenon, geographic areas...).
 - Avoid common misunderstandings of the extent and development of different problem behaviours.
 - Evaluate and follow up preventive interventions.
 - Makes research and knowledge development possible.
 - Create indicators for preventive work in the city management system.
-
- The ESPAD Survey 
 - The Stockholm Survey 



THE EUROPEAN SCHOOL SURVEY PROJECT
ON ALCOHOL AND OTHER DRUGS

SEARCH

BACKGROUND

PURPOSE

METHODOLOGY

PARTICIPATING COUNTRIES

KEYRESULT GENERATOR

ESPAD REPORTS

REFERENCES & LITERATURE

DOCUMENTS

ORGANISATION & CONTACT

Espad Member Login

USERNAME

PASSWORD



Welcome to ESPAD's website

This is the home page of ESPAD – the European School Survey Project on Alcohol and Other Drugs. ESPAD is a collaborative effort of independent research teams in about forty European countries and the largest cross-national research project on adolescent substance use in the world.

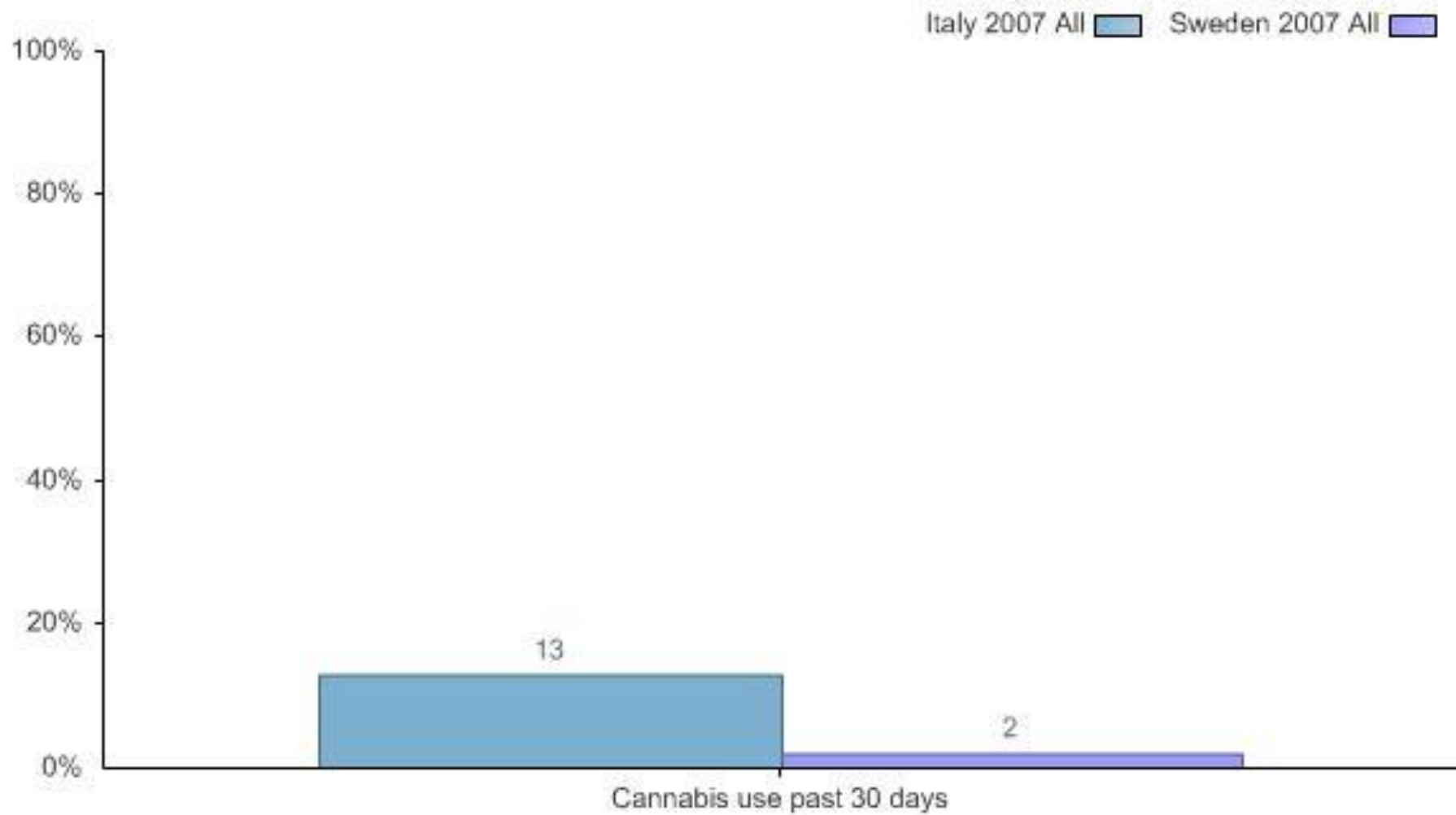
Data are collected every fourth year with 1995 as the starting point. The fourth data collection was carried out in 35 countries during the spring of 2007 and the results were published March 26, 2009.

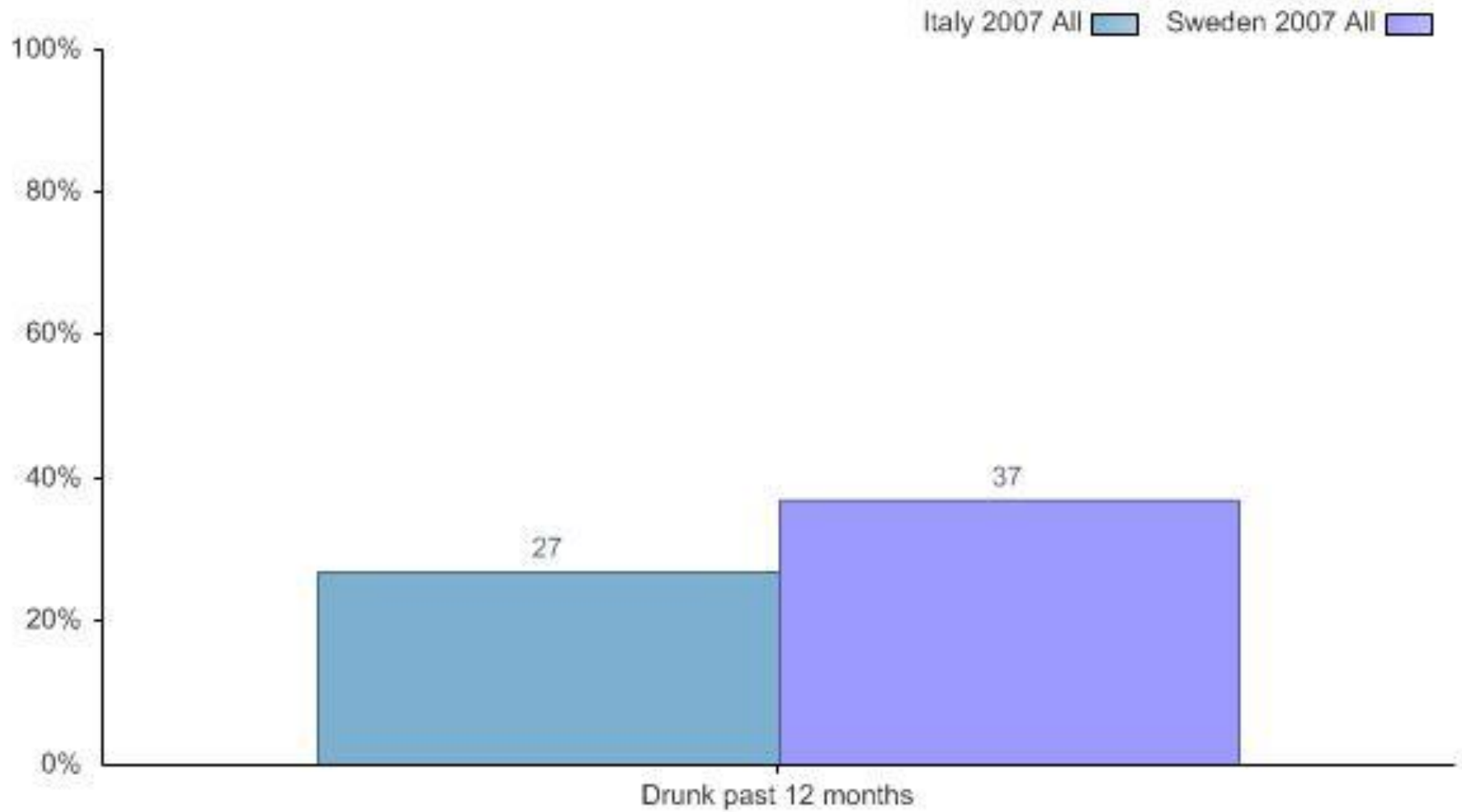
During 2008 an extra data collection was carried out in five countries, which may join in the next regular data collection wave. Results from the 2008 data collection will be published during 2009.

The Swedish Council for Information on Alcohol and Other Drugs (CAN) initiated the project in 1993. Support has been provided by the Pompidou Group at the Council of Europe, the Swedish Ministry of Health and Social Affairs, the The Swedish National Institute of Public Health and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The data collections in the individual countries are funded by national sources.



Click on a country for further inform.

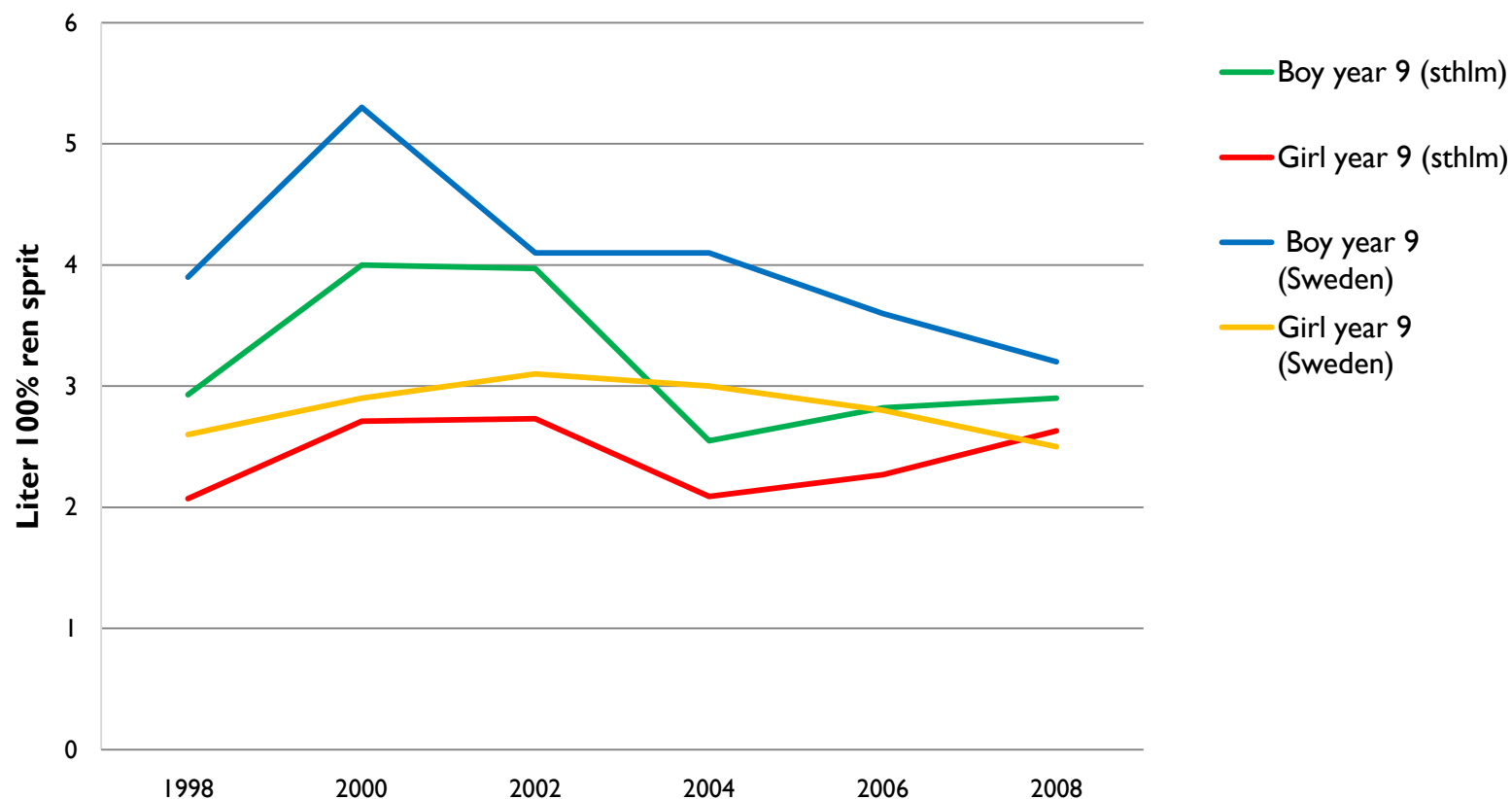




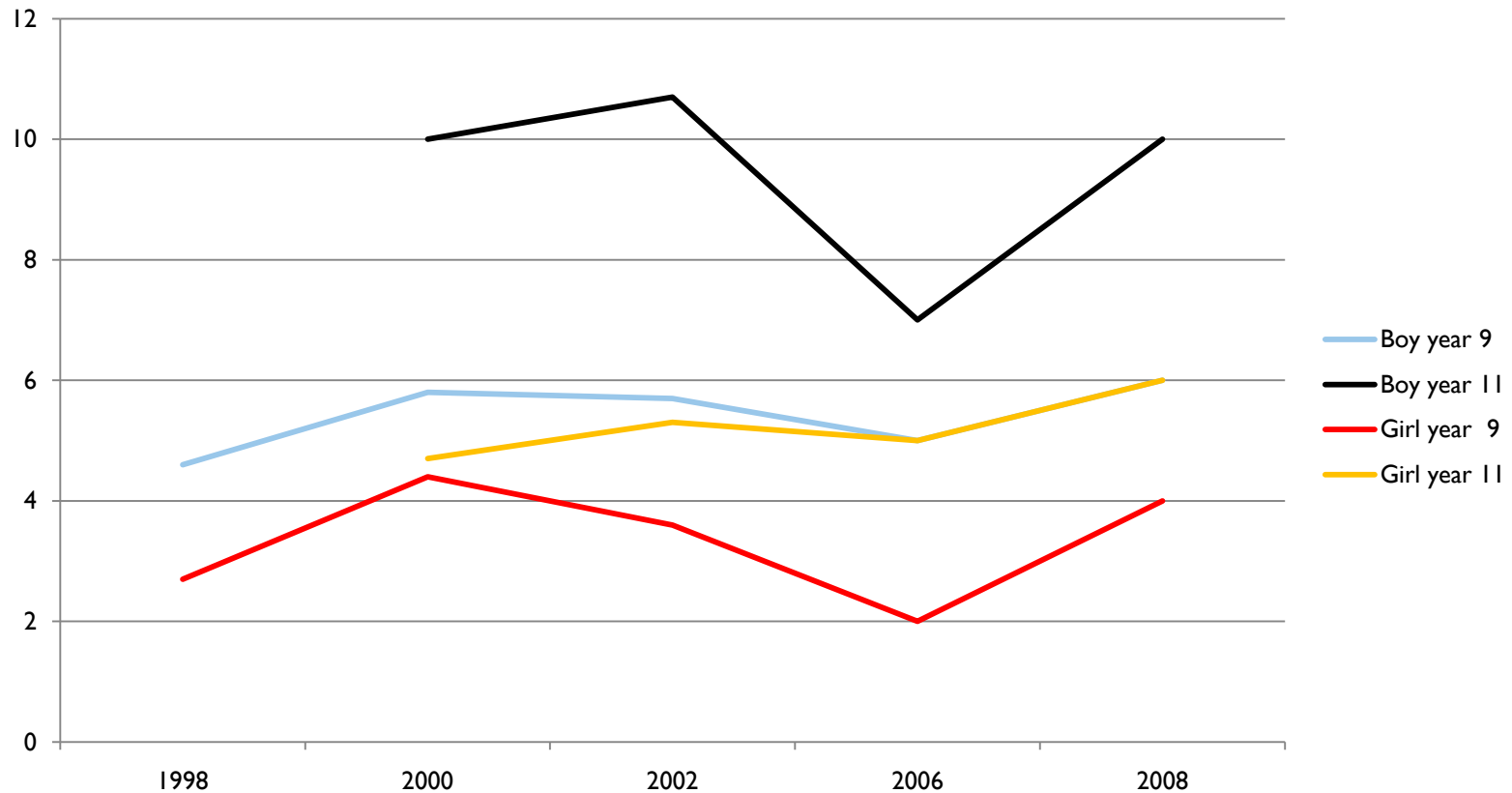
The Stockholm Survey

- Measures deviant behaviour, drug use and risk & protective factors among adolescents in Stockholm.
- Paper survey in schools year 9 (about 15 year old) and year 11 (about 17 years old).
- Done every second year in the spring.
- All public schools are obliged to participate, private schools participate voluntarily and in an increasing numbers.

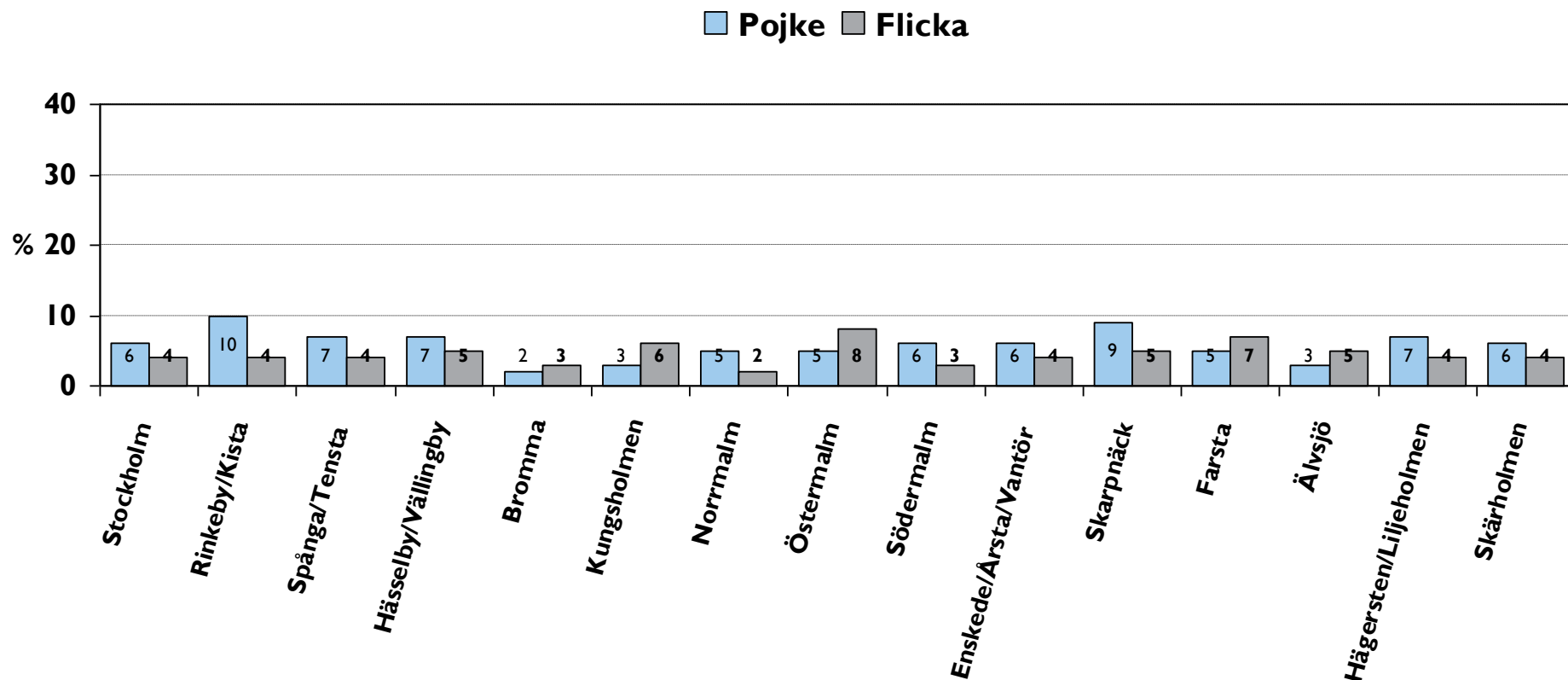
Yearly consumption of 100% alcohol in litres.



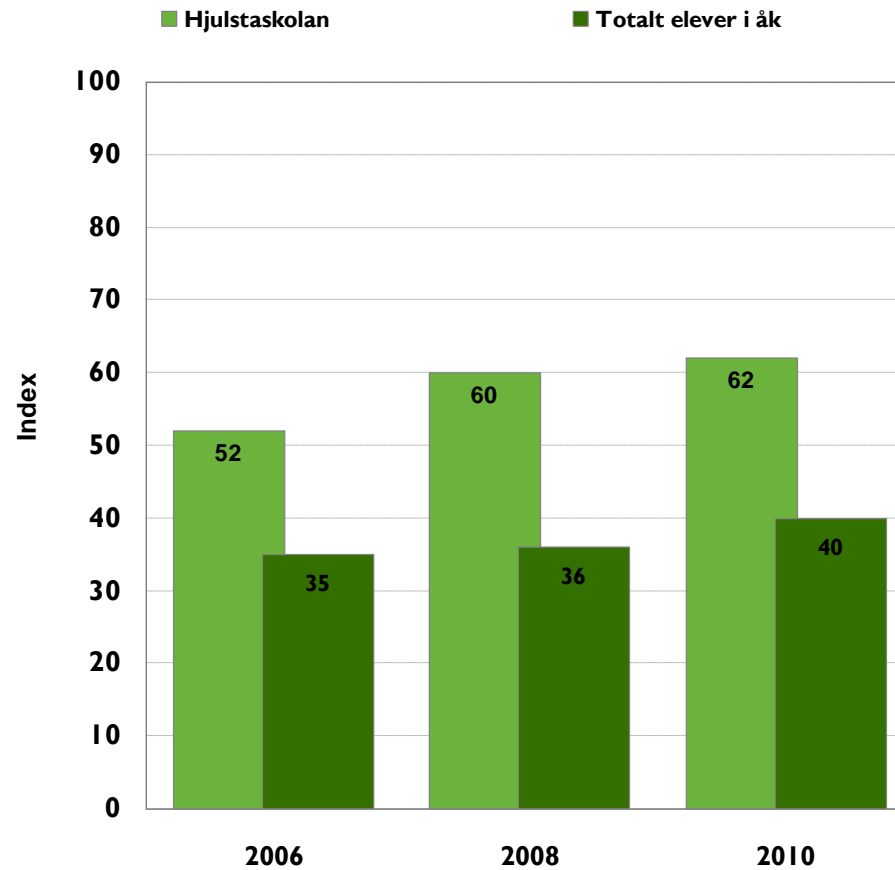
Percentage, used narcotics sometime the last 4 weeks



Used narcotics sometime the last 4 weeks in the district presentation. (year 9)

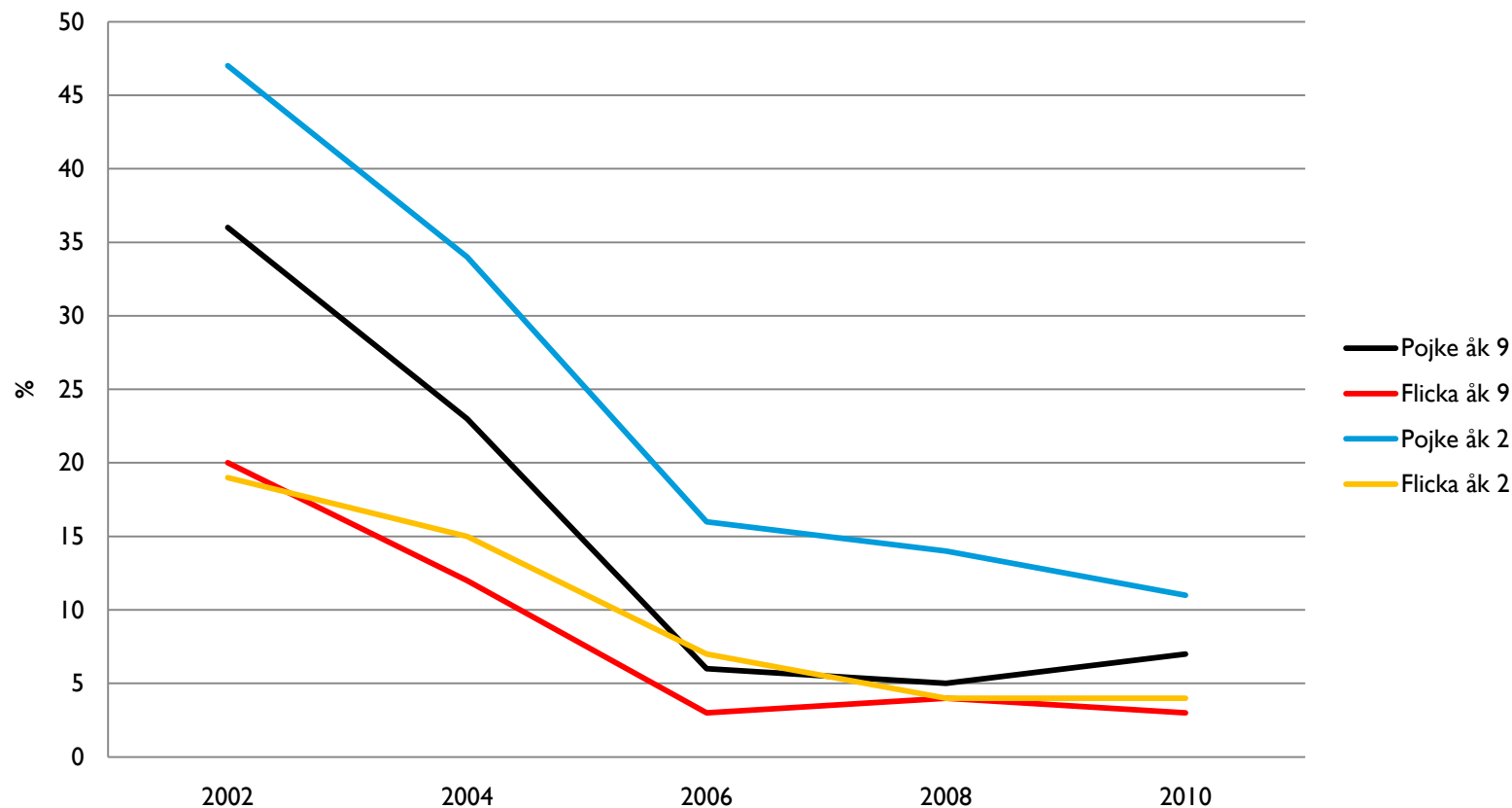


Example of time series on school level: Students who do not drink alcohol (year 9)



Example of Stockholm Survey as concrete tool for follow-up

Share of students buying medium strenght beer (of those who drink and are < 18 years old)



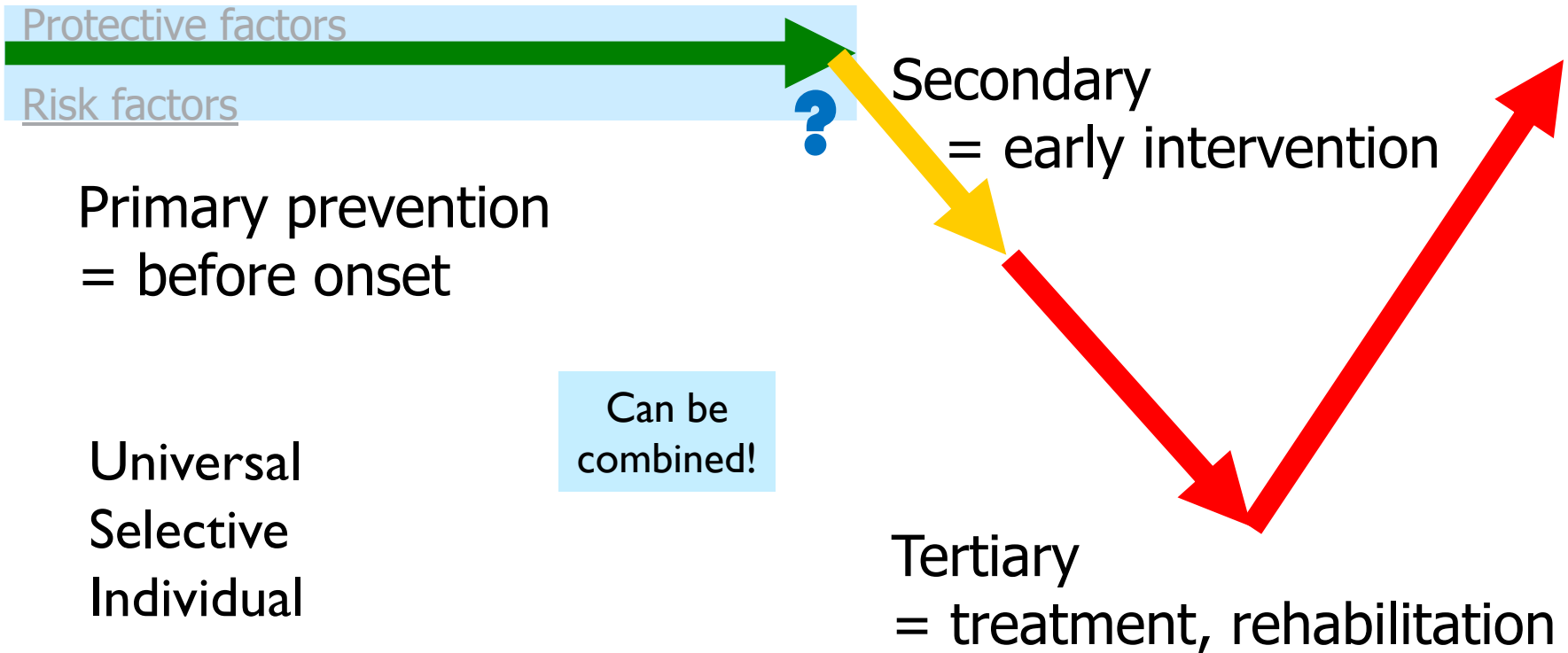
Concepts & definitions:

Prevention:

Primary
Secondary
Tertiary
Quarternary
Universal
Selective
Indicative
Promotion
Pro active
Individual
Structural
General
Social
Situational
Inverted
Preventive complementarity

Prevention

...and promotion



Risk- and protective factors

Risk factors increase the probability of problem behaviours

Protective factors decrease the probability of problem behaviours

These factors occur at all levels (individual-, family-, group-, neighborhood-, society-)

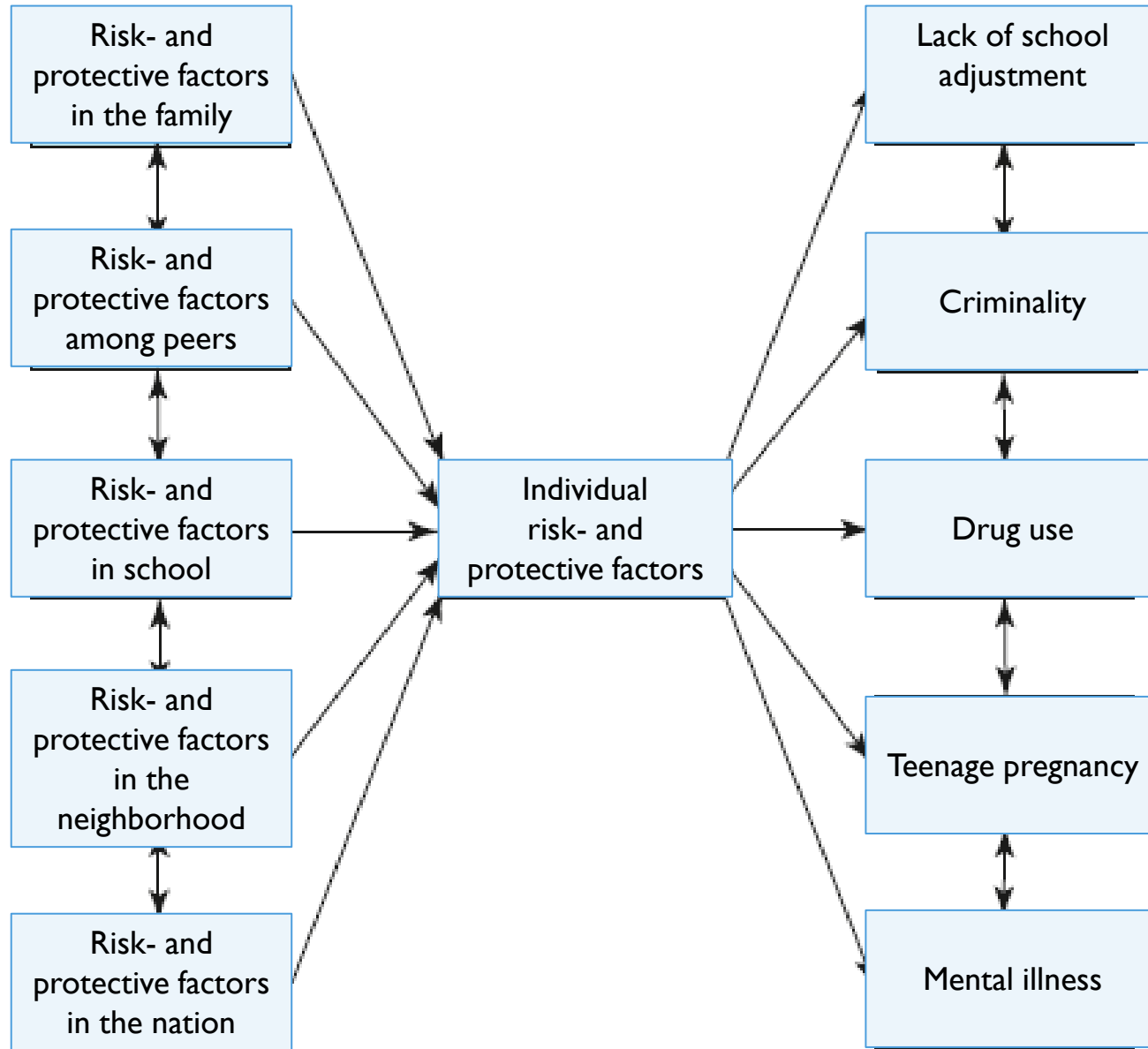
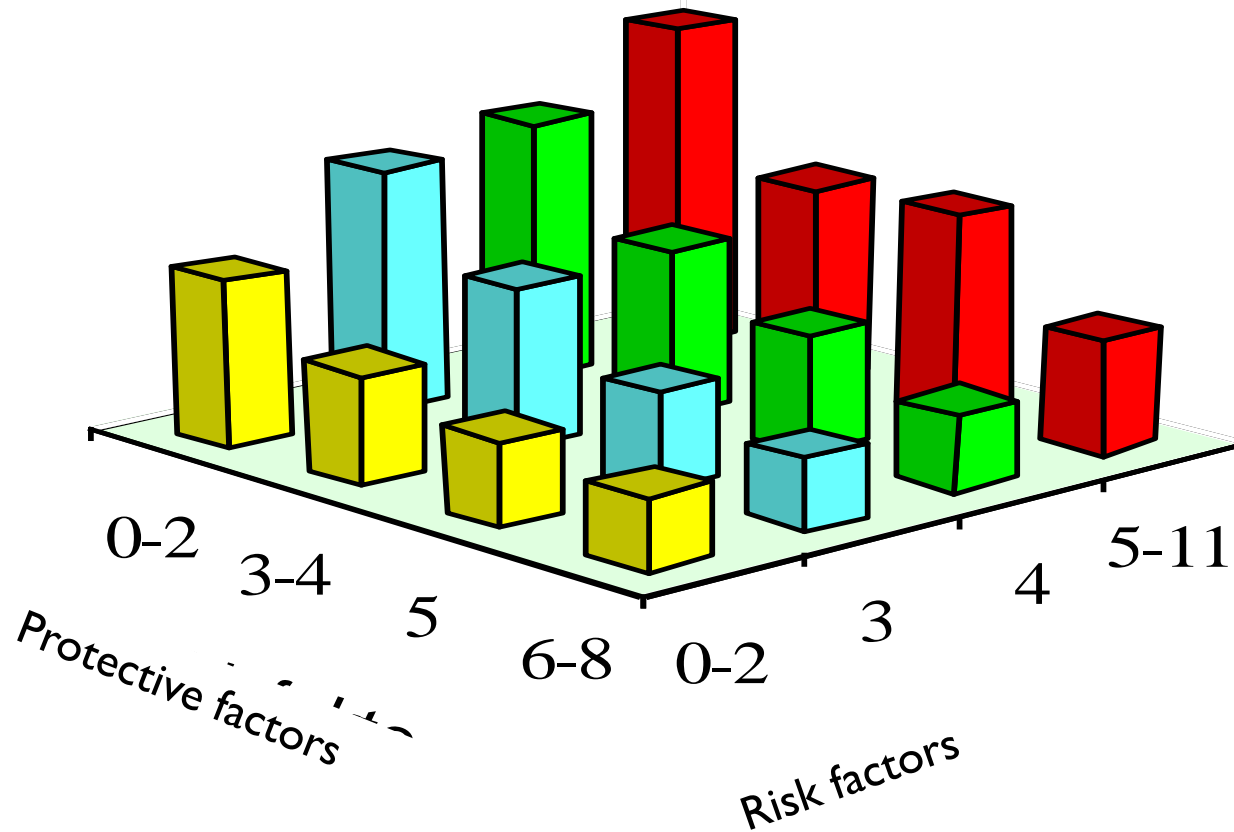
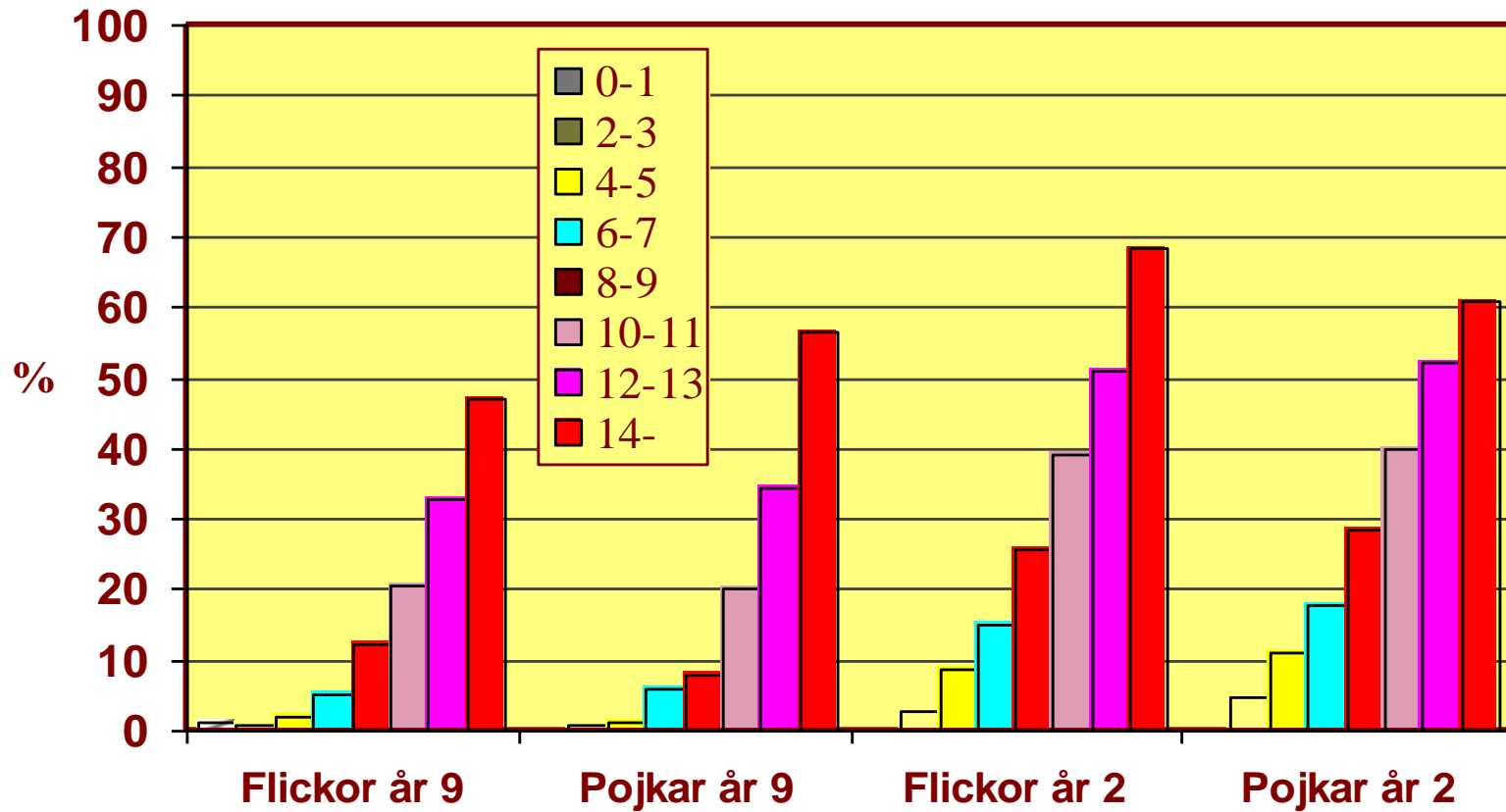


Figure 2. Interlinked influencing factors (Brounstein, Zweig & Gardner 2001)

Number of pupils who ever used drugs



Number of risk factors and proportion of students who have used drugs some time (El-Khoury et al., 2005; presentation by Knut Sundell)



EMCDDA:

Universal prevention

Universal prevention strategies **address the entire population** (local community, pupils, neighborhood). The aim of universal prevention is to deter or to delay the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem.

Selective prevention

Selective prevention serves **specific sub-populations** whose risk of a disorder is significantly higher than average, either imminently or over a lifetime. This responds to the growing importance of identifiable risk factors for understanding the initiation and progression of substance abuse, particularly among young people.



EMCDDA (cont):

Indicated prevention

Indicated prevention aims to identify individuals who are exhibiting indicators that are highly correlated with an individual risk of developing substance abuse later in their life (such as psychiatric disorder, school failure, dissocial behaviour etc.) or additionally early signs of problematic substance use (but not clinical criteria for dependence) and to target them with special interventions. Identifiers for increased individual risk can be falling grades, conduct disorders, and alienation from parents, school, and positive peer groups. **The aim of indicated prevention efforts is not necessarily to prevent the initiation of use nor the use of substances but to prevent the (fast) development of a dependence, to diminish the frequency and to prevent “dangerous” substance use (e.g. moderate instead of binge-drinking).**



A broad perspective:

- include promotion!

	Universal (Society)	Selective (Group)	Indicative (Individual)
Primary "Before"	Media		
Secondary "Early"			
Tertiary "Treatment"			Rehabilitation

Health promotion

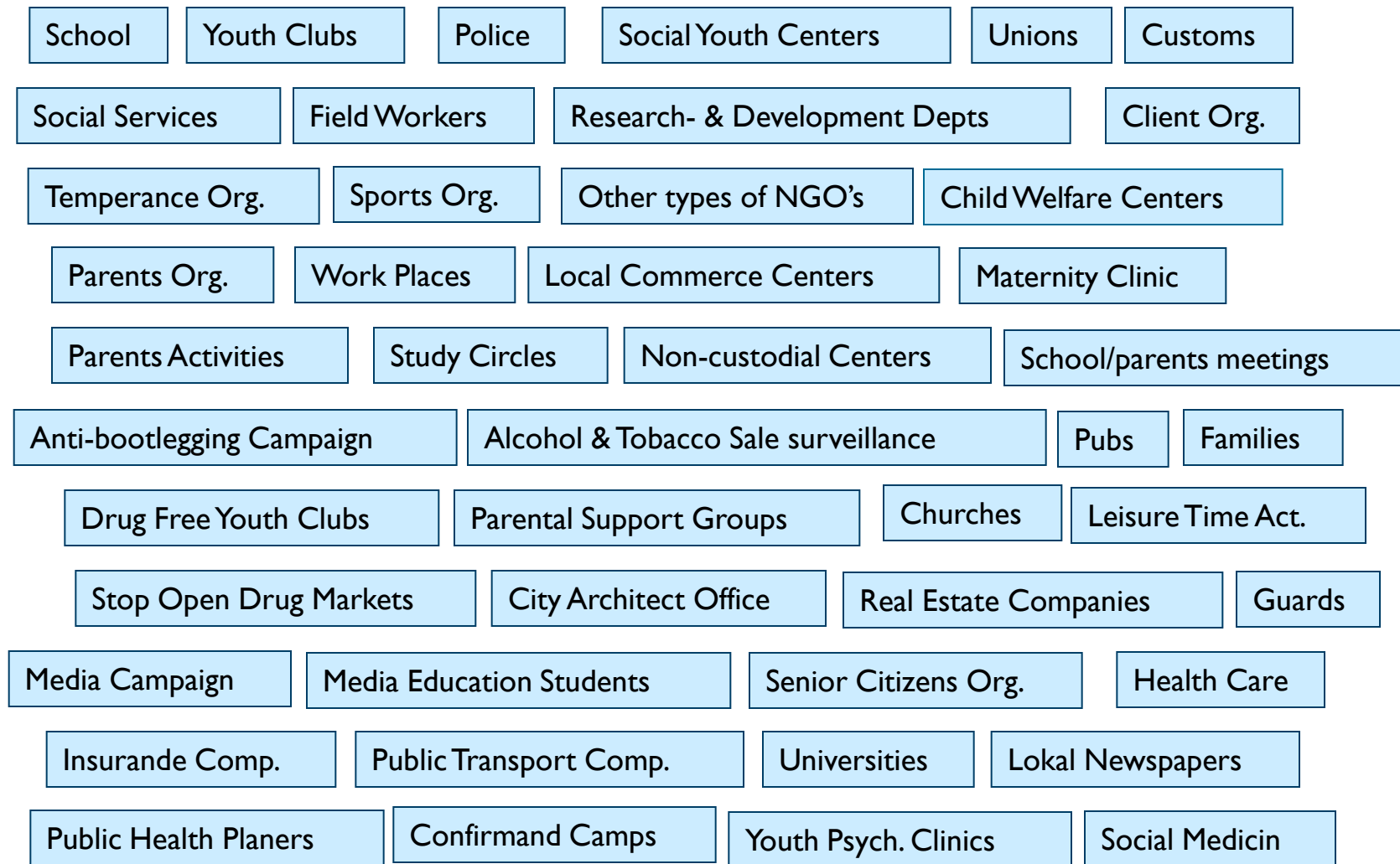
Ottawa Charter 1986;
developed by Rootman et al. 2001.

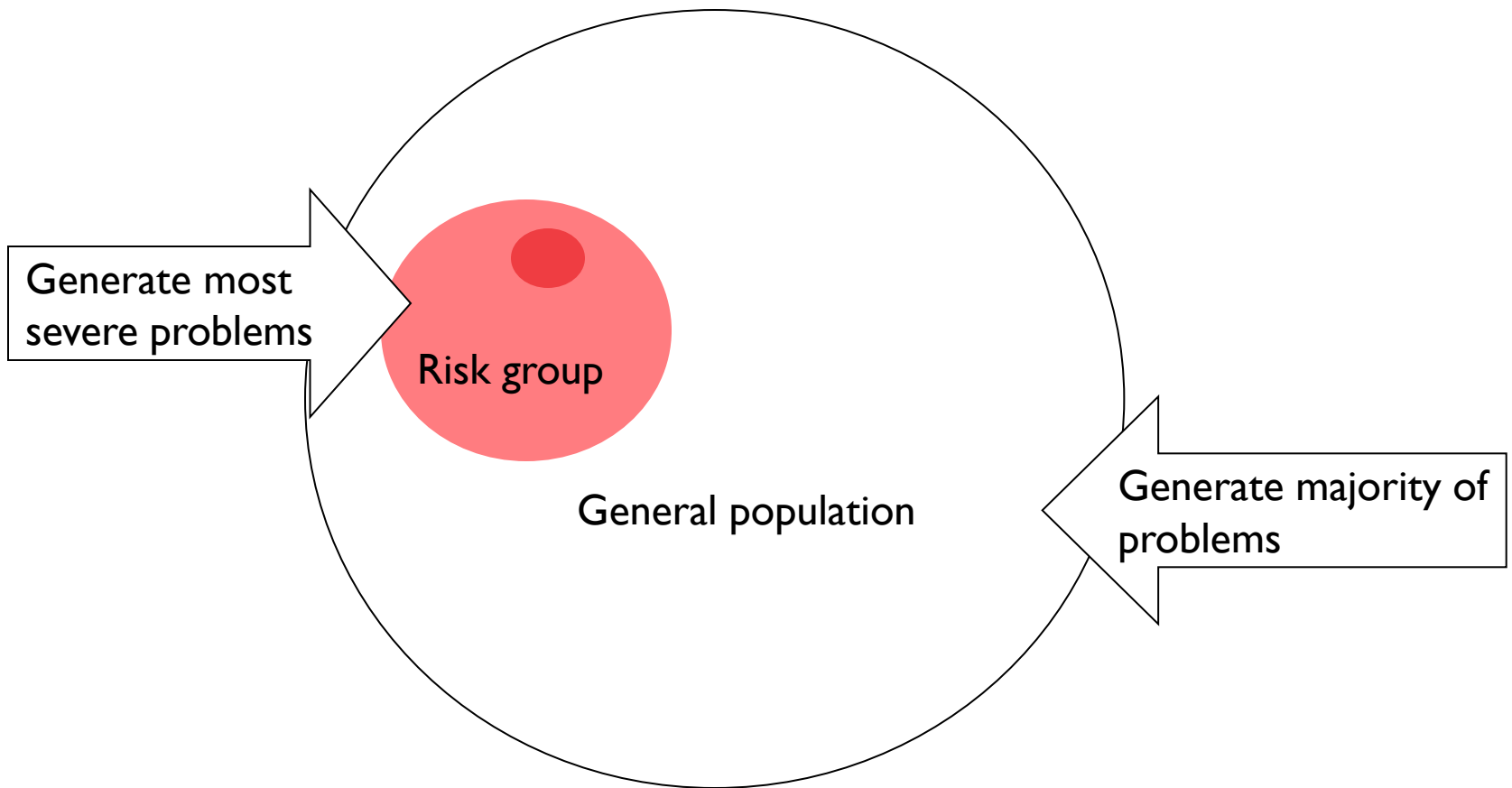
- **Empowerment;** power over personal, socioeconomical and environmental factors affecting health.
- **Participatory;** Those affected shall be involved in all steps of planning, implementation and evaluation.
- **Holistic;** Health shall be seen holistic and a development of physical, mental, social and spritual health shall be strived for.
- **Intersectoral;** Relevant sectors and scopes of practice shall cooperate.
- **Equality/Equity;** Social equality and justice shall be strived for.
- **Sustainable;** Changes in individuals and communes shall be lasting and last after support has ceased.
- **Multistrategy;** Different means shall be used in health promotion work, such as policy development, organizational changes, society developments, laws, education and communication whereas focus is on health.

Successful local prevention:

- Basis in research (Evidence based practice)
- **Mobilises many local actors**
- Includes both demand and supply
- Focus on policy
- Support from city management
- Local media
- Enough time and resources
- Understanding the complexity of the task

Who does prevention/promotion?





Steering documents...

Vision
Strategies
Budget
Policys
Plans
Regluations
Programmes
Rules

Other steering signals...

Laws
Needs of target groups
Population changes
Economic situation



When you do prevention:

- Right programme (quality + quantity)
- Right receiver/target group
- Right sender
- Right implementation
- Right follow-up
- Multistrategic/holistic approach – many levels

International outlooks

- **ECAD** systematic sharing
- **EU** networks
- **EDPQS**
European Drug Prevention Quality Standards
- published soon at the EMCDDA home page