



# Das STAN Programm

## Stockholm's Tabak, Alkohol & Narkotika Programm

Anders Eriksson, Entwicklungsmanager  
Preventionszentrum Stockholm, Schweden

# Stockholm

- the City on the Water

- The Capital of Sweden
- Approx. 810,000 city inhabitants and 1.9 million habitants in the region
- Built on 14 islands, where the lake Mälaren opens up into the Baltic Sea
- The capital's service organisation employes approx. 42,000 people



# Stockholm's 14 city districts



# Preventionsentrum Stockholm: Who we are & what we do

## **Our goals/commissions:**

- Enhance/support the preventive work mainly in the city districts
- Main areas: Alcohol, drugs and crime
- Prevention and promotion
- Being a resource center for all levels
- Knowledge/evidence based work



# Examples of our activities:

Media

Surveys

The Stockholm Survey

Programs

**The S.T.A.N program**  
Crime Prevention Program  
Program on Domestic Violence

Methods

**KOMET**

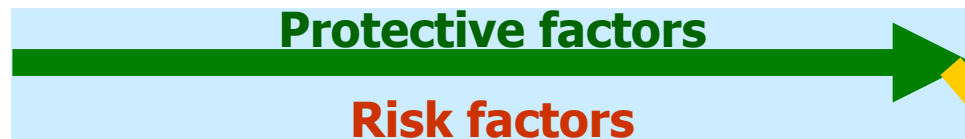
**ÖPP - Örebro**  
Prevention Program

Research



# Prevention

Promotion



Secondary  
= early intervention

Primary prevention  
= before onset

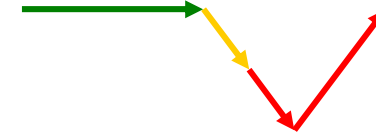
Universal  
Selective  
Individual

Tertiary  
= treatment, rehabilitation



## Key Concepts in Prevention:

- Drug situation
- Many levels of prevention + promotion needed
- Work on both supply and demand
- Risk groups – population strategies
- Risk- and protective factors
- Cooperation – partnership
- Putting it together



**Thank You for Your attention!**



Navigation icons: Back, Forward, Stop, Refresh, Home, Print, Sida, and a search box with "Live Search" text.



Luften » 18°  
S 4m/s

- Arbete
- Bygg & Bo
- Familj & Omsorg
- Förskola & Skola
- Klimat & Miljö
- Kultur & Fritid
- Trafik & Stadsplanering
- Om Stockholm

Startsidan / Preventionscentrum Stockholm

- Uttlysning av FoU-medel
- Kalendarium
- ▶ Kunskapsbaserad prevention
- Preventionsarbete i din stadsdel
- ▶ Brottsförebyggande arbete
- ▶ Drogförebyggande arbete
- ▶ Kvinnofrid
- ▶ Insatser för föräldrar
- ▶ Prevention i skolan
- Ungdomstjänst
- ▶ Om Precens
- In English
- ▶ Baltic Cities Prevention Network - BCPN

## Välkommen till Preventionscentrum Stockholm

Kontakt

Lyssna RSS

Utvecklingen av det centrala drog- och brottsförebyggande arbetet i staden finns samlad i Preventionscentrum Stockholm, som är en enhet inom socialtjänst- och arbetsmarknadsförvaltningen. Vår huvudsakliga uppgift är att stödja stadsdelarna i deras förebyggande arbete. Det gör vi genom att kartlägga och analysera, sprida kunskap om resultaten och att utveckla metoder för förebyggande arbete. Vi bedriver också FoU-verksamhet. Läs mer om våra verksamheter i länkarna till vänster.

### Detta händer på Preventionscentrum Stockholm

- Möte med preventionssamordnare & kontaktpersoner » 2009-06-17
- Storstadens hjärta & smärta: Ungdomar är en resurs - vad är då problemet? » 2009-10-04

Skicka till

### Uttlysning av FoU-medel

2009-05-20  
Preventionscentrum Stockholm lyser ut 4 miljoner kronor för forskning om insatser för barn som far illa eller barn som riskerar att fara illa. Stockholms stads FoU-verksamhet är ett komplement till statliga myndigheters forskning, den ska ha ett tydligt stockholmsperspektiv och de forskningsprojekt som beviljas medel från vårt FoU-anslag ska svara mot de behov som finns i staden. Sista datum för ansökan är den 20 augusti 2009. [Läs mer »](#)

### Köp inte ut till ungdomar

Vet du hur lätt ditt barn får tag på sprit? Fulla ungdomar kan råka väldigt illa ut.

**End**

## Universal prevention

= Target a broad or universal population. The aim is promoting health and strenghts of this population and preventing the onset of substance abuse.

**Selective prevention** = Selecting particular groups or populations for more intensive programming. Aims to generally reduce the influence of risks and prevent or reduce substance abuse.

**Indicated prevention** = Characterized by heightened intensity of effort and an outreach component to identify, engage and work with the individuals to minimize the harms associated with their life style and support in managing their multiple needs.



# Risk- and protective factors

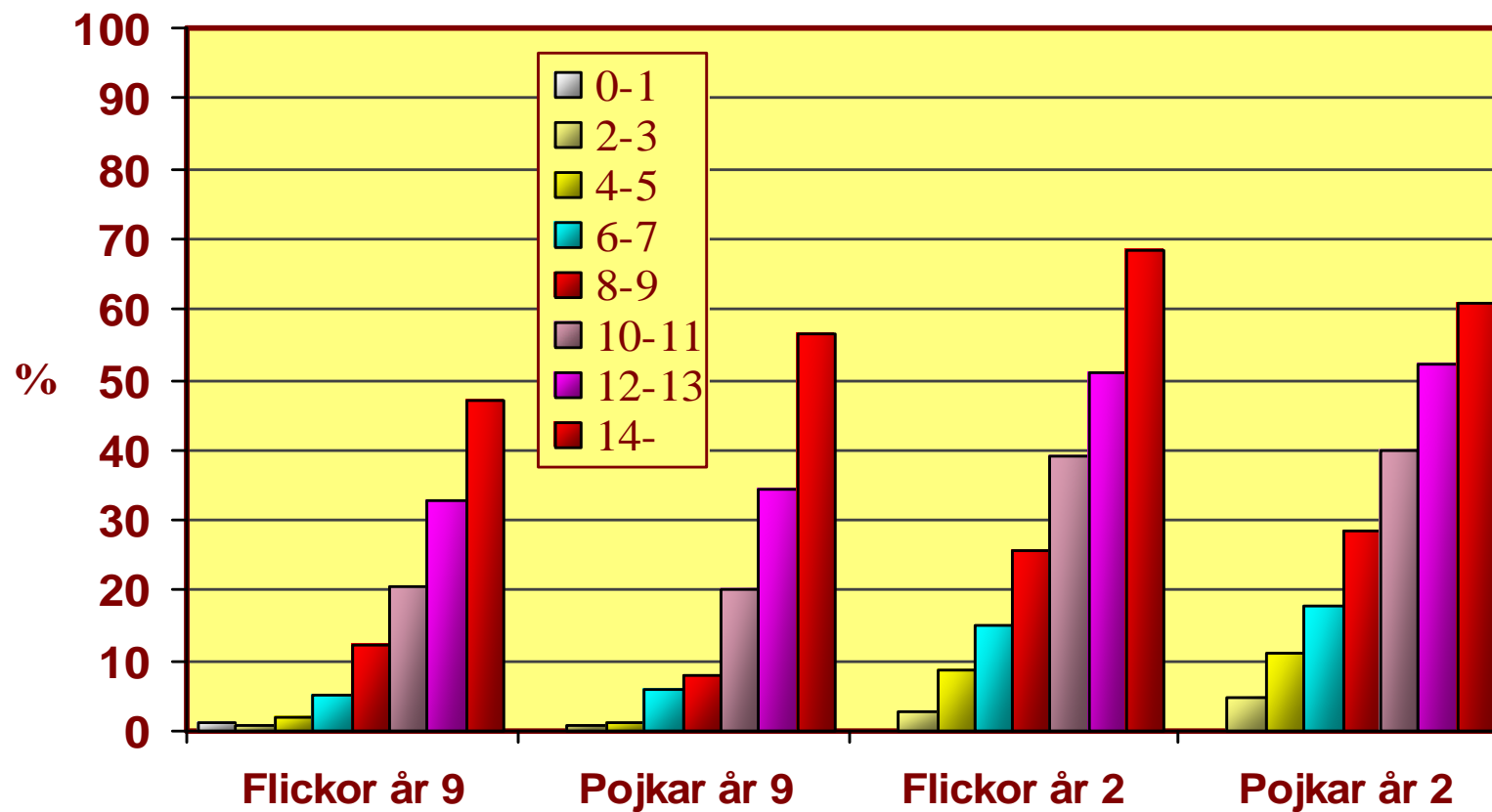
**Risk factors** increase the probability of problem behaviours

**Protective factors** decrease the probability of problem behaviours

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



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



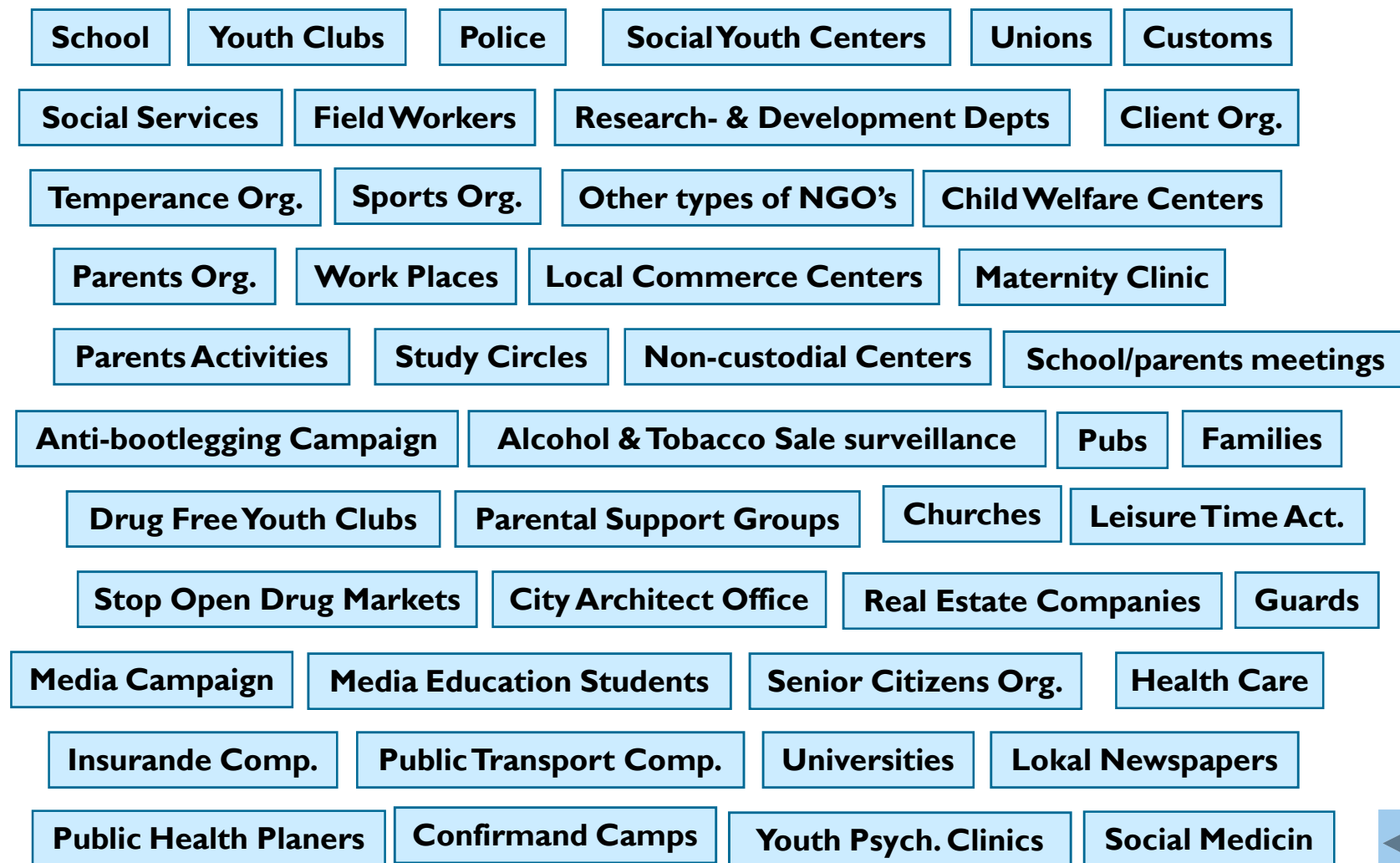
## A broad perspective:

- include promotion!

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



# Who does prevention/promotion?



- **Supply...**
  - ...and **demand**
- Availability
  - Request for drugs
    - Many actors needed!



# Monitoring the drug situation

- The ESPAD Survey
- The Stockholm Survey





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.

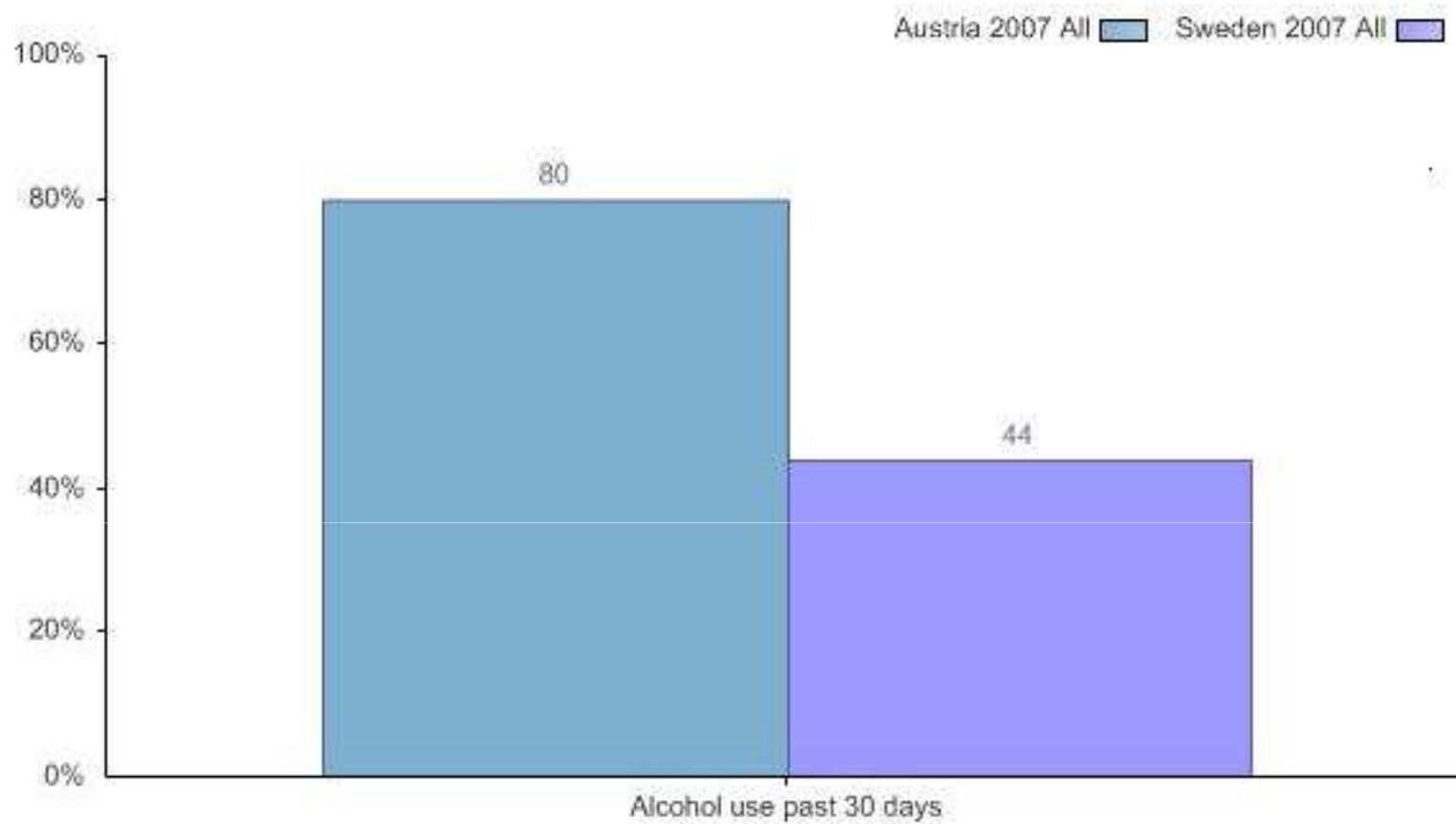
During 2008 an extra data collection was carried out in five countries, which may join in the next regular data collection wave. Results from the 2008 data collection will be published during 2009.

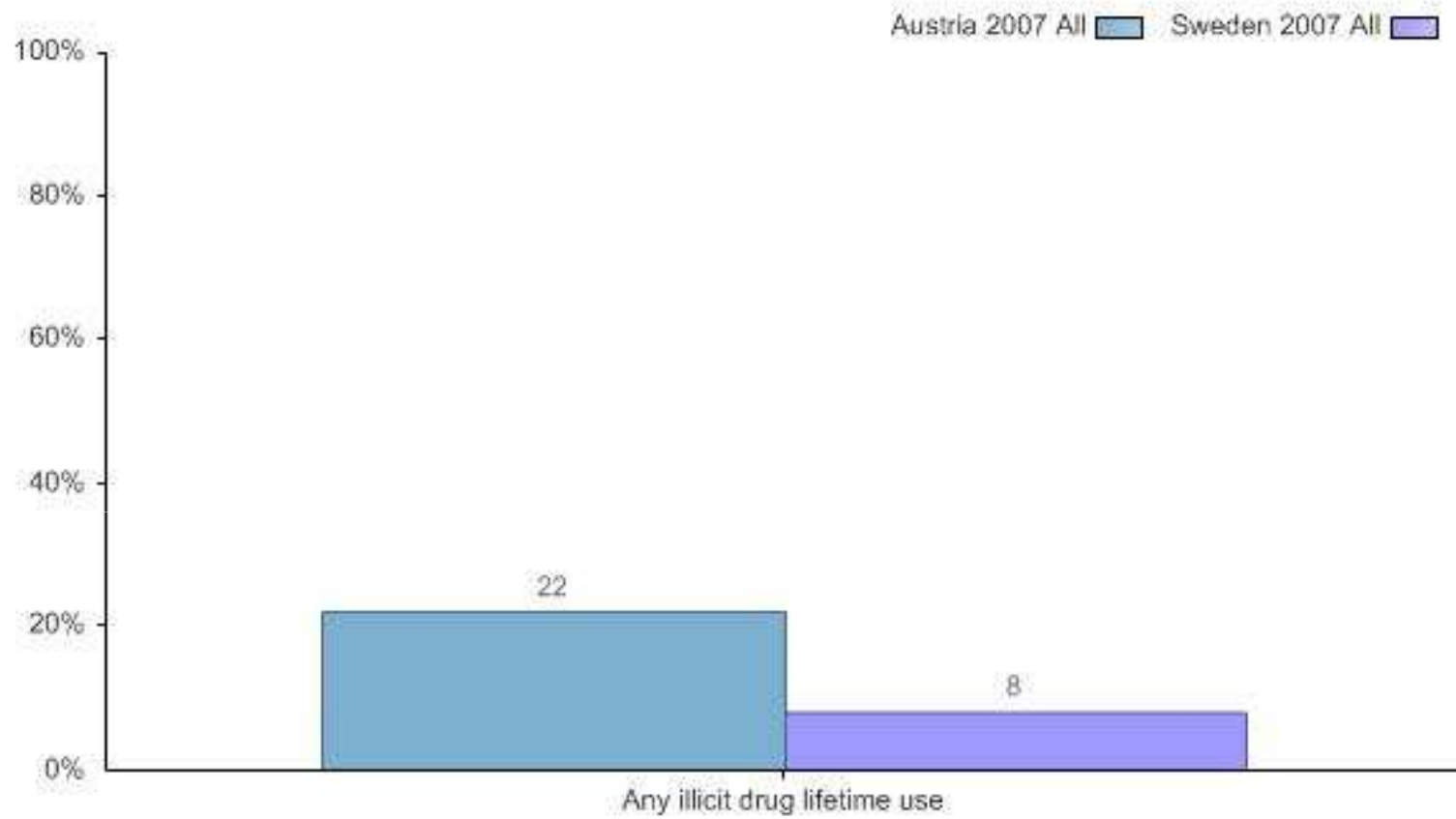
The Swedish Council for Information on Alcohol and Other Drugs (CAN) initiated the project in 1993. Support has been provided by the Pompidou Group at the Council of Europe, the Swedish Ministry of Health and Social Affairs, the The Swedish National Institute of Public Health and the European Monitoring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

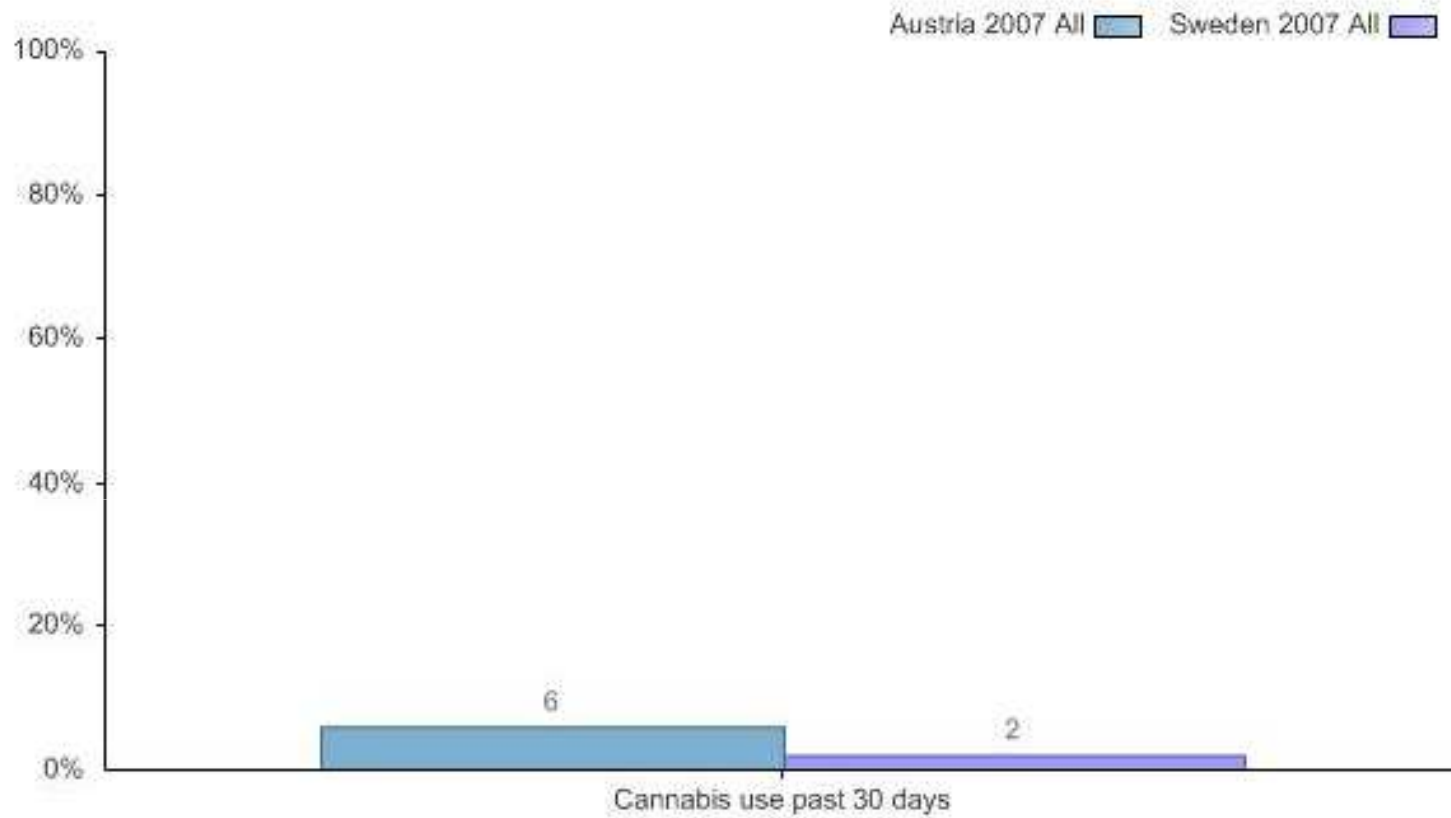


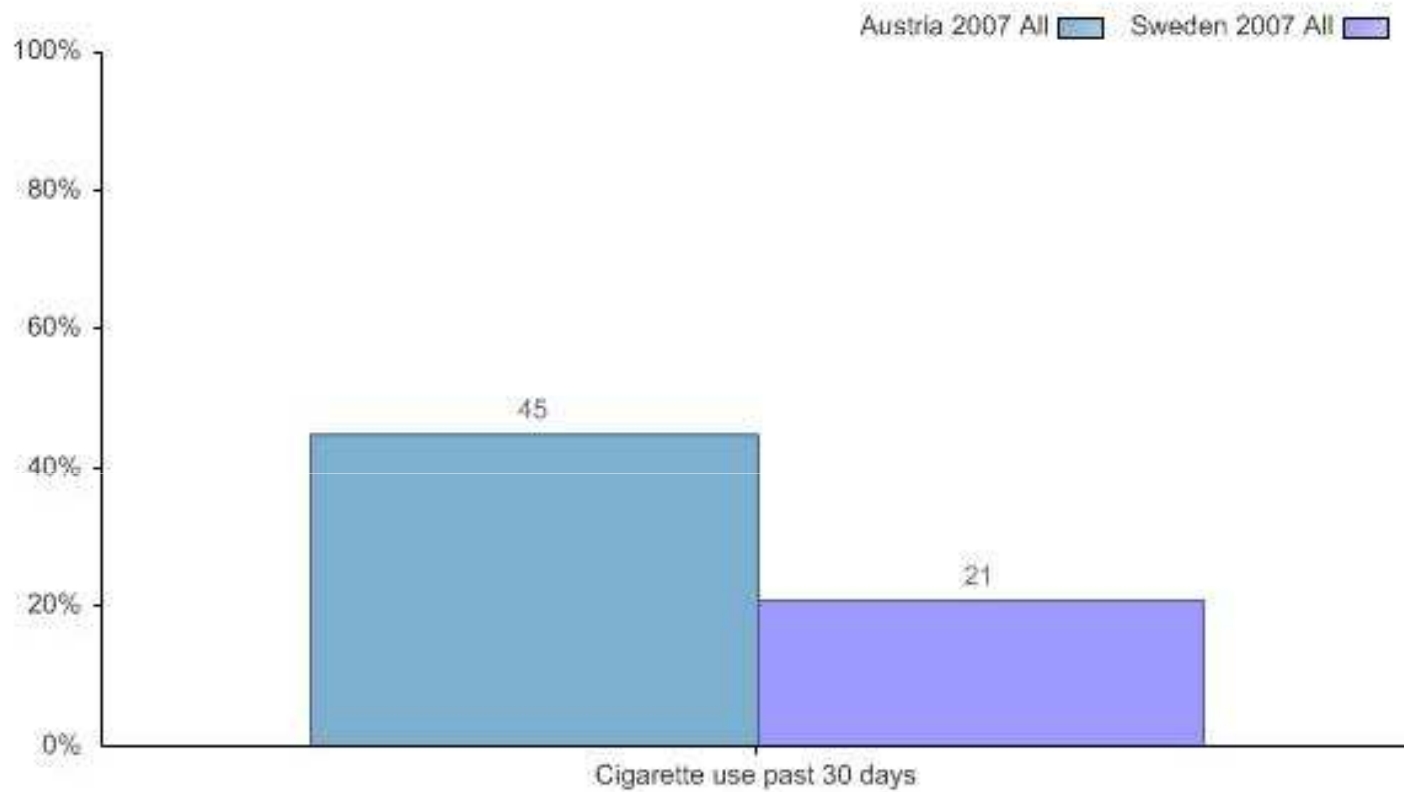
Click on a country for further information

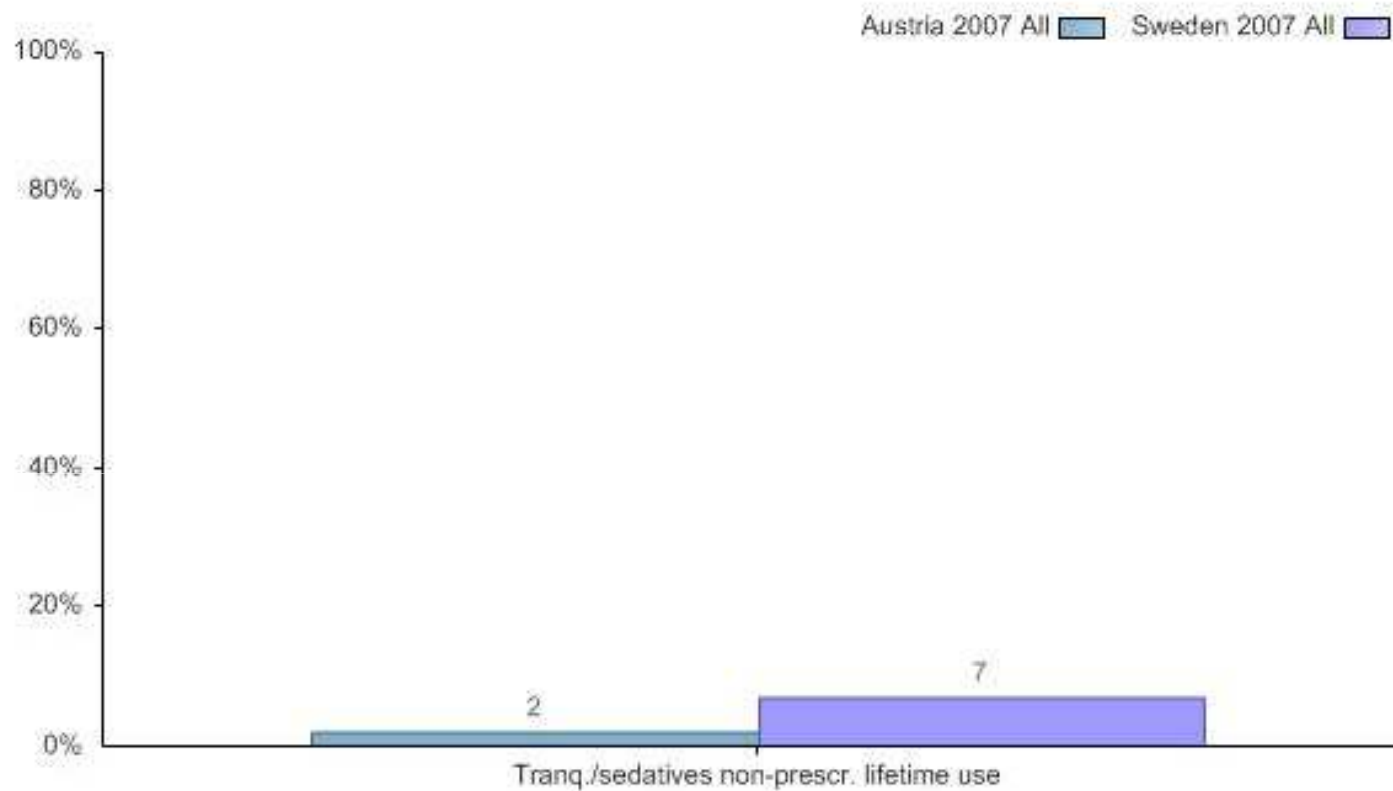












# The Stockholm Survey

- 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.



# Why conduct a drughabit survey?

- 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.

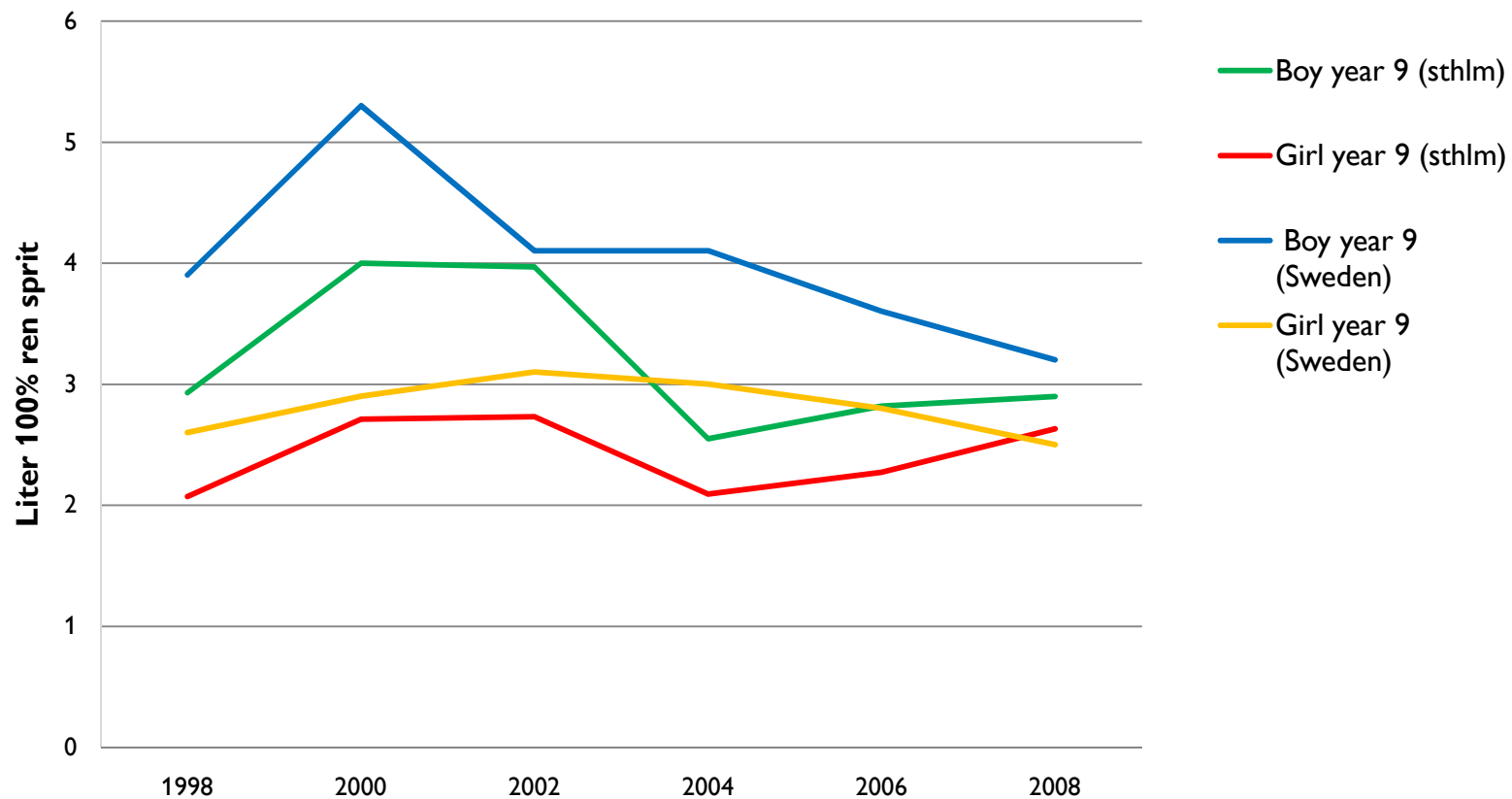


# Presentation of results in three steps

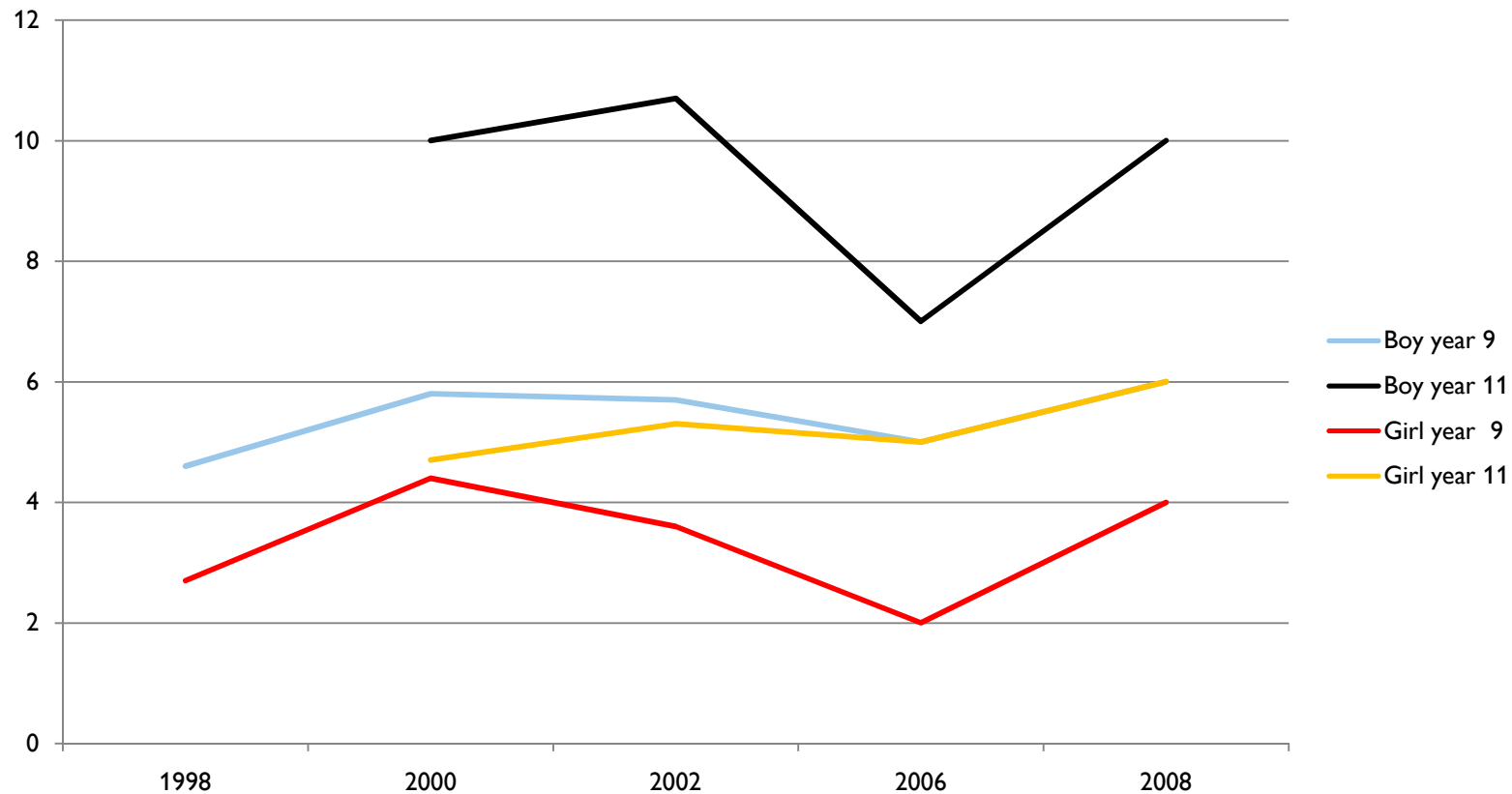
- Press conference with city-results
- Powerpoints with selection of results to district administrations (concerning youth living in the district)
- Powerpoints with selection of results to schools (concerning youth in that school, regardless of where they live)



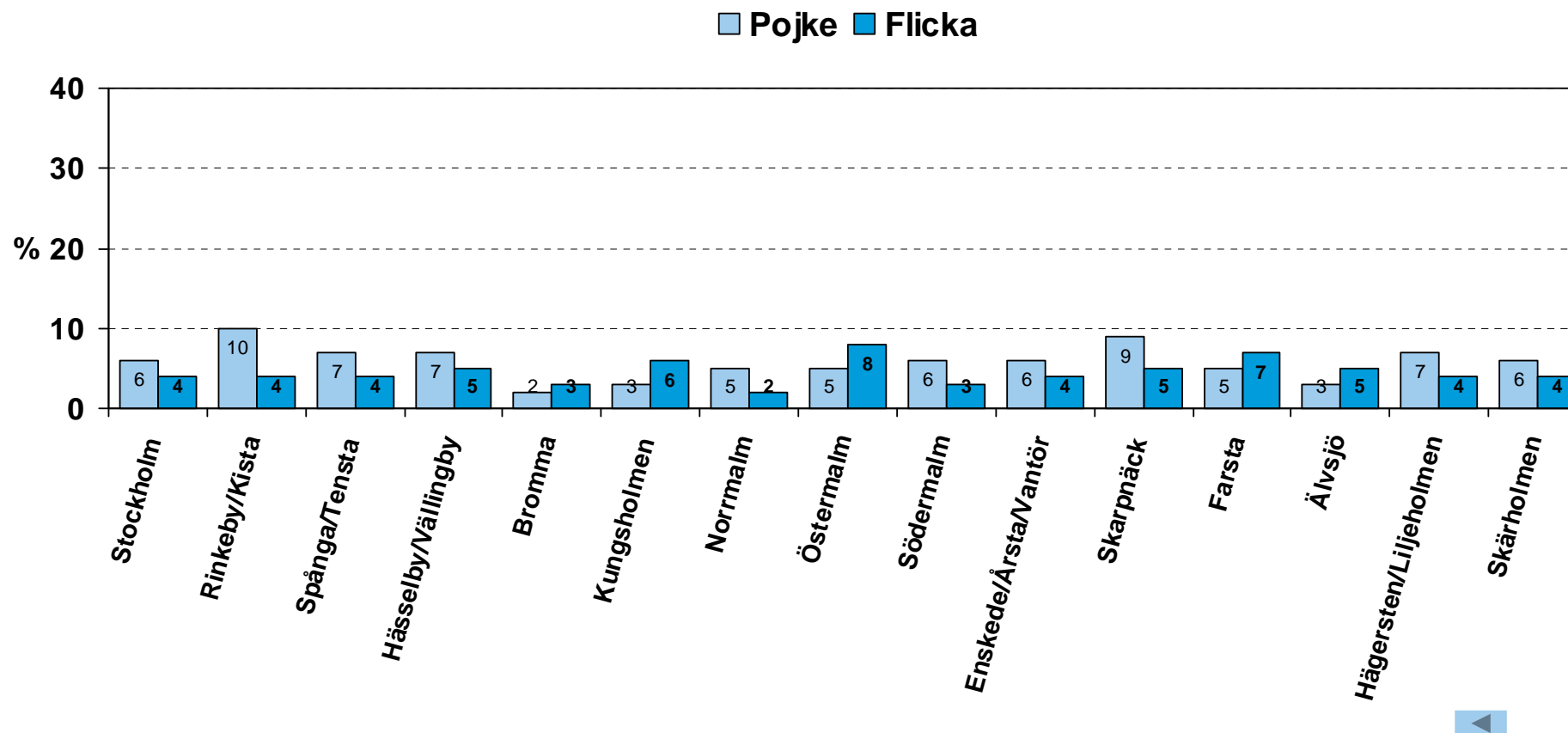
# Yearly consumption of 100% alcohol in litres.



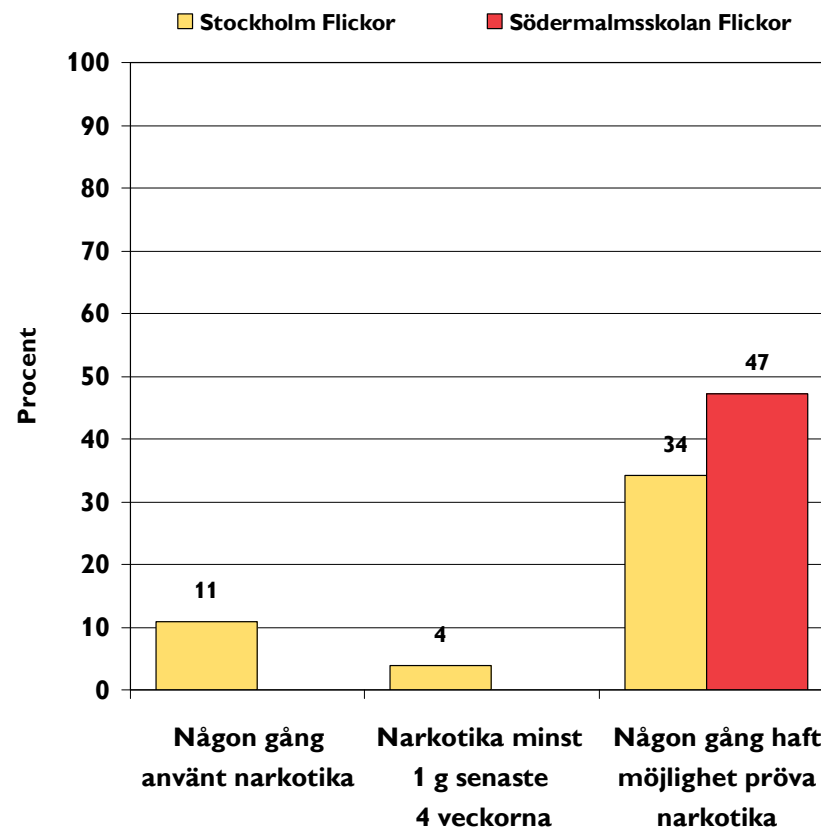
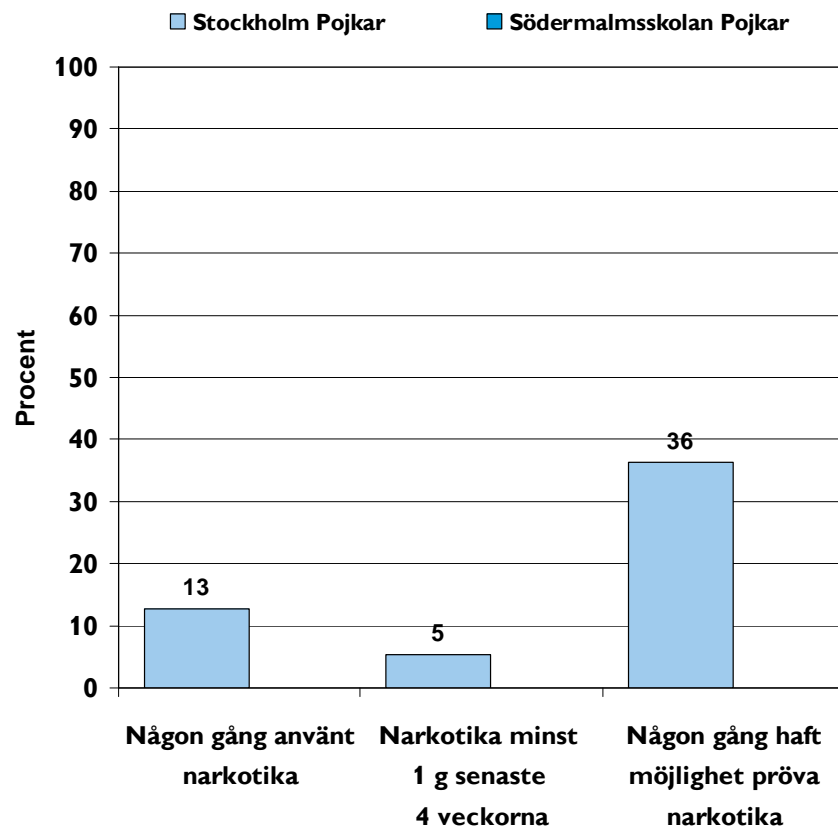
# Percentage, used narcotics sometime the last 4 weeks

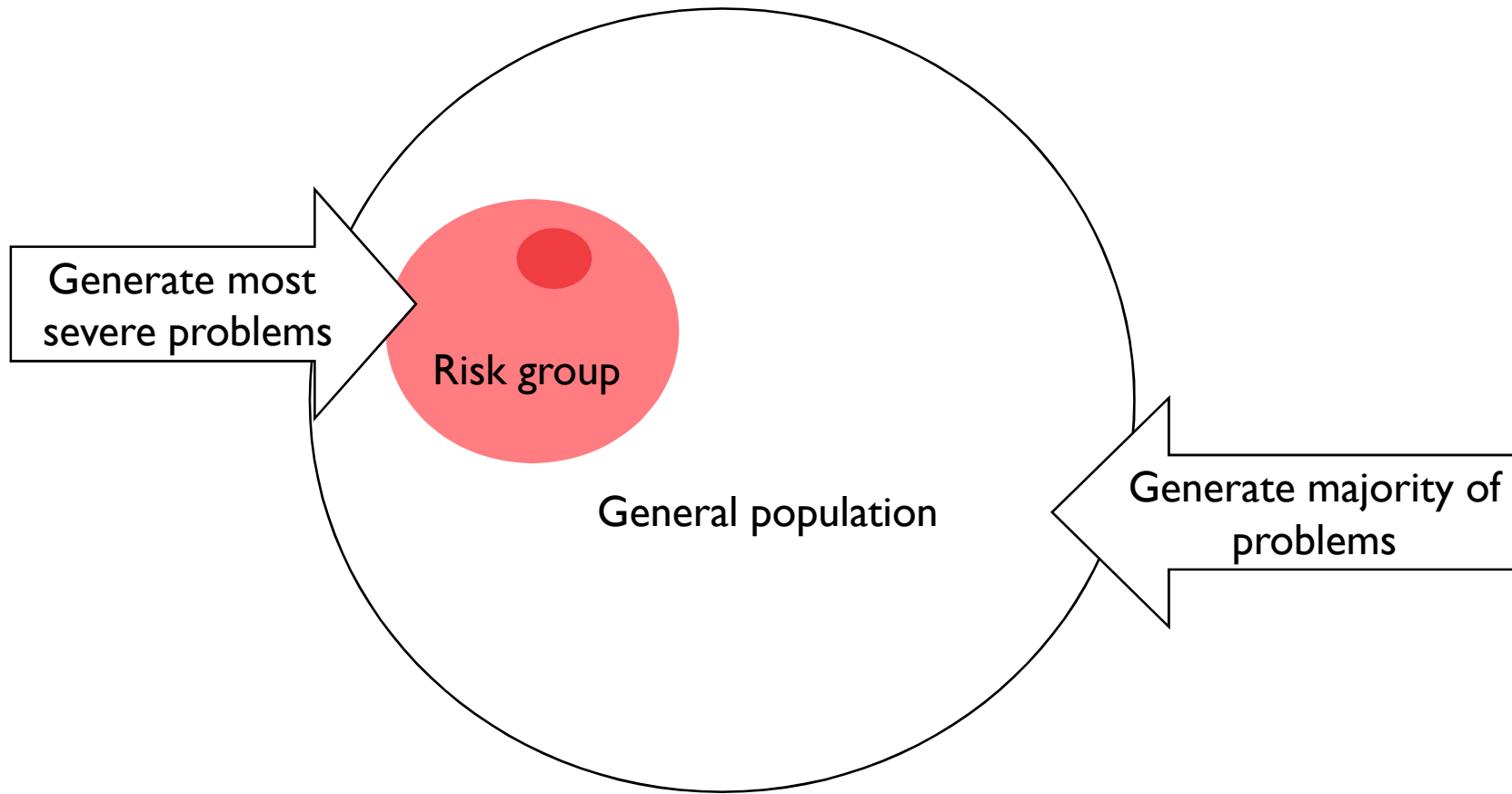


# Used narcotics sometime the last 4 weeks in the district presentation. (year 9)



# Used narcotics sometime the last 4 weeks in school presentation.





# 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.

