European prevention researchers critical about hype on the Icelandic model for youth alcohol use reduction

Prevention decisionmakers, influencers and policymakers are enthusiastic about the alcohol and other drug use reduction strategy showing high success rates for youth in communities in Iceland. The Icelandic model has been broadly and commercially marketed and disseminated. Although it is a promising model, The European Society for Prevention Research (EUSPR) does not recommend to copy-paste, but to use it wisely, just like other scarce prevention resources. You cannot implant this model in communities that do not have Iceland’s particular and specific characteristics. And, you have to be cautious with broad and commercial dissemination of a model tested in one single country.

The Icelandic model is an environmental approach, in which parents and organised leisure time activities, together with increasing normative pressure, play a central role in reducing alcohol and drug consumption among young people. The innovative aspect of the Icelandic model lies in bringing together the consistent and consequent application of these evidence-based principles.

The model contains these strong elements:

- targeting multiple groups like parents, youth, youth workers and policymakers
- substantial increase of supervised and attractive leisure activities
- a bottom-up approach where the concerned community members are involved in the design
- making use of recent and nearby data on alcohol use, leisure time and parent’s influence
- making use of proven effective mechanisms like family dinners, parental monitoring and media strategies
- decreasing exposure to risk for minors by establishing a time limit or curfew hour at 22:00

EUSPR detects a difficulty in the wide dissemination of the Icelandic model from a legislative perspective: establishing a curfew hour is not obvious. Furthermore, the population density and other contextual differences like social network support and a bottom up approach are highly linked to the particular Iceland situation and not transferable to other countries or communities.
Although the success of the application of the approach in Iceland is obvious, scrutinized reading of the report does not clear out to which extent the decrease in Iceland is different from a declining prevalence of alcohol use across Europe. The studies do not explain which mechanisms have been changed by the different elements of the model. The communication on the Icelandic model focuses on the unique character, implying a mandatory set of commercial research and implementation instruments. Yet the innovative part of the model is bringing existing components together, not the components as such, which are used with open source instruments.

The Icelandic model seems promising, but when implementing it in other communities a critical review of the components is warranted. EUSPR invites the developers of the Icelandic model to engage in a scientific debate and present their strategy and findings to the European prevention research community.