Europe has lower drinking ages than the US — and worse teen drinking problems

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One of the most common arguments against America's legal drinking age is that Europe has a supposedly safer drinking culture despite its lower drinking ages. After I wrote an argument for keeping the US drinking age at 21, it's a question that readers raised in emails again and again: If a lower drinking age is so bad, why is Europe doing fine?

The answer, it seems, is that Europe is not doing fine. If you look at the data, there's no evidence to support the idea that Europe, in general, has a safer drinking culture than the US.

According to international data from the World Health Organization, European teens ages 15 to 19 tend to report greater levels of binge drinking than American teens.

This continues into adulthood. Total alcohol consumption per person is much higher in most of Europe. Drinkers in several European countries — including the UK, France, Belgium, Denmark, Sweden, and Iceland — are also more likely to report binge drinking than their US counterparts.

Younger teens in Europe appear to drink more, as well. David Jernigan, an alcohol policy expert at Johns Hopkins University, studied survey data, finding that 15- and 16-year-old Americans are

less likely to report drinking and getting drunk in the past month than their counterparts in most European countries.

But perhaps most tellingly, liver cirrhosis death rates in 2012 were significantly higher in several European countries than in America: The US's age-adjusted rate for men 15 and older was 14.9 per 100,000 people, while the UK's rate was 16, France's was 16.4, Germany's was 18.8, and Denmark's was 20.2. This is likely a result of excessive drinking in youth and adulthood.

"If you look at youth drinking, the US ends up with a much healthier drinking culture simply because our young people start drinking later," Jernigan told me.

Jernigan cautioned that America's higher legal drinking age likely doesn't explain the entire difference between Europe and the US, with other policies and cultural factors likely contributing as well. But the empirical evidence suggests that the drinking age does play at least *some* role in reducing teen drinking and its harms.

None of this is to suggest that America's alcohol policy or culture is perfect. Rather, the general point is there's no evidence that, whether as a result of culture or policy, European countries fare better than America when it comes to alcohol harms.

Stricter alcohol policies, including a higher drinking age, prevent deaths

The basic conclusion from looking at all these countries' experiences: Stricter alcohol policies can reduce deaths. This is true when looking at the drinking age, alcohol taxes, how alcohol is distributed, and so on. These policies won't *eliminate* alcohol deaths, but they will *reduce* them.

Still, reducing the deaths could have a major public health impact: 88,000 Americans died on average each year from alcohol-related causes from 2006 to 2010, according to the Centers for Disease Control and Prevention. And that estimate doesn't account for the rise in alcohol-related deaths over the past several years from direct health consequences, or the alcohol-linked crimes and millions of emergency room visits each year that don't result in deaths.

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The research shows, for instance, that a higher drinking age saves lives. A 2014 review of the research published in the *Journal of Studies on Alcohol and Drugs* found that after the drinking age was raised nationally to 21 in the 1980s, the number of fatally injured drivers with a positive blood alcohol concentration decreased by 57 percent among ages 16 to 20, compared with a 39 percent decrease for those 21 to 24 and 9 percent for those 25 and older. Other studies had similar positive findings.

By contrast, New Zealand, which reduced its drinking age from 20 to 18 in 1999, saw significant increases in drinking among ages 18 to 19, bigger increases among those 16 to 17 years old, and a rise in alcohol-related crashes among 15- to 19-year-olds.

The review also found no evidence of the claim that higher drinking ages lead to binge drinking as people stash booze to secretly consume all at once.

Other studies have also found benefits from a higher alcohol tax. A 2015 review of the research from David Roodman, senior adviser for the Open Philanthropy Project, made the case:

[H]igher prices do correlate with less drinking and lower incidence of problems such as cirrhosis deaths. And I see little reason to doubt the obvious explanation: higher prices *cause* less drinking. A rough rule of thumb is that each 1 percent increase in alcohol price reduces drinking by 0.5 percent. Extrapolating from some of the most powerful studies, I estimate an even larger impact on the death rate from alcohol-caused diseases: 1-3 percent within months. By extension, a 10 percent price increase would cut the death rate 9-25 percent. For the US in 2010, this represents 2,000-6,000 averted deaths/year.

This wasn't the first positive finding in favor of raising the alcohol tax, but it was one of the most convincing. Roodman found not just that high-quality research supports a higher alcohol tax, but that the effects seem to grow stronger the higher the tax is.

So for the US, boosting alcohol prices 10 percent could save as many as 6,000 lives each year. To put that in context, paying about 50 cents more for a six-pack of Bud Light could save thousands of lives. And this is a conservative estimate, since it only counts alcohol-related liver cirrhosis deaths — the number of lives saved would be higher if it accounted for deaths due to alcohol-related violence and car crashes.

Aside from raising taxes, a 2014 report from the RAND Drug Policy Research Center suggested state-run shops (like those in Ohio and Virginia) kept prices higher, cut access to youth, and reduced overall levels of use.

A 2009 review of the evidence published in the *American Journal of Preventive Medicine* also found that simply limiting the number of alcohol outlets in an area can similarly limit problematic drinking and its dangers, including medical harms, injuries, crime, and violence.

Still, the review found that reducing access too much can lead to more car crashes as people take long drives to outlets and possibly drink before returning home, although the crashes don't appear to outweigh the public health gains from reduced access.

"Alcohol pricing, how available alcohol is, how many places you can buy it, what hours you can buy it," Jernigan said, referring to what alcohol policies and regulations can do. "Those things will condition how much people can drink."

Again, none of these policies will completely eliminate alcohol-related problems. But they'll achieve the primary role of public health policy: mitigating deaths and harms.