

**Legal Drinking Age  
Summary Review**

**Prepared for the AADAC Commission Board**

Darlene James and Susan Hutton  
AADAC Policy & Business Planning

**November 2005**

## LEGAL DRINKING AGE

### Summary Review

November 2005

### Issue

In spring 2004, the Legislative Assembly of Alberta supported a private member's motion to increase the LDA to age 19. This motion was put forward to prevent teenage deaths in alcohol-related traffic accidents.

This paper provides an update on research relating to the legal drinking age and AADAC's position on this issue relative to other stakeholders. It is intended to assist the members of the Commission Board in their review of AADAC's Position on the Legal Drinking Age.

### Background

The legal drinking age (LDA) is an alcohol control measure designed to restrict access to alcohol, prevent underage drinking and associated alcohol-related harm. In 1971, in keeping with a North American shift to align the LDA with age of majority, Alberta lowered the LDA from age 21 to 18. In 1976, the AADAC Commission Board approved a policy supporting a legal drinking age of 18. This was based on the lack of conclusive evidence indicating that a higher LDA was effective in reducing underage alcohol consumption and related problems.

Since the 1980s, most Canadian provinces and territories have raised the LDA to age 19 and in all American states, the minimum drinking age was raised to age 21.<sup>a</sup> Over the past three decades, arguments have been advanced periodically in the Legislature to raise the LDA in Alberta to 19 or higher.

This paper considers the most recent literature concerning the effect of raising the LDA on youth drinking and associated harm. It presents common arguments and evidence associated with the issue. The discussion section summarizes main findings. An overview of organizational positions regarding the LDA is presented in Appendix A.

---

<sup>a</sup> The *Uniform Drinking Age Act* was adopted by the federal government July 17, 1984. The US Government mandated that states must comply with the Act to receive benefits from *Federal Highway Aid Act*, and by 1988, all states had established a minimum legal drinking age of 21.

**Argument: Increasing the legal drinking age will decrease drinking and driving and alcohol-related traffic collisions among youth.**

- Impaired driving by people of all ages is a significant cause of mortality and morbidity in all provinces and territories in Canada. It continues to be an issue of public concern, despite the positive and declining trend over 20 years in the prevalence of impaired driving.<sup>1</sup>
- Alcohol-related motor-vehicle accidents are a serious problem among young drivers, and raising the LDA is seen as one mechanism to decrease the number of young people who are injured or killed in traffic collisions.<sup>2,3,4</sup>
- The perception among Canadians is that drinking and driving is common among young people. However, the Traffic Injury Research Foundation points out that teenage drivers are much less likely to have driven after drinking than other age groups. In 2004, 11.8% of drivers aged 16 to 19 reported driving within two hours of drinking compared to 27.8% of drivers aged 25-34. Teenage drivers account for about 5% of all impaired driving tips in Canada; far less than any other age group.<sup>5</sup>
- Canadian data reveals minor variations in self-reported drinking and driving behaviours among students, despite provincial differences in the legal drinking age.
  - In Alberta (2002) 16% of students (grades 7 to 12) who drank in the past year reported driving within an hour after having two or more drinks. The majority of these students (91%) were under the legal drinking age.<sup>6</sup>
  - In Ontario (2003) 14% of students (grades 10 to 12) with a driver's license reported driving within an hour of consuming two or more drinks, and 29% said they had been passengers with a driver who had been drinking.<sup>7</sup>
  - In Nova Scotia (2002) 15% of students (grades 7, 9, 10, 12) with a driver's license drove a motor vehicle within one hour of having two or more drinks, and 23% of students reported being passengers in a motor vehicle accident with an alcohol-impaired driver.<sup>8</sup>
  - In New Brunswick (2002), 9% of students (grades 7, 9, 10, 12) reported driving within an hour of consuming two or more drinks, and 26% of students said they had been a passenger in a vehicle driven by an impaired driver. Being a passenger with an impaired driver became more common as students got older.<sup>9</sup>
- Despite having the most punitive impaired driving laws in Canada, results from the Manitoba student survey (2005) show that 19% of males and 14% of females with a valid driver's licence had driven within one hour after consuming two or more drinks. In addition, 5% of students without a driver's license reported this behaviour. Close to 25% of Manitoba students reported being passengers in a vehicle driven by someone who had been drinking.<sup>10</sup>

- Data from the U.S. (where the LDA is 21) indicate high rates of impaired driving by youth. In 2002, 22% of students in grade 12 reported drinking and driving and 33% reported being a passenger in a vehicle driven by someone who had been drinking.<sup>11</sup>
- A recent Canadian study suggests the likelihood of being a passenger with an intoxicated driver is highest for individuals 15 to 29 years. In British Columbia, Quebec and Alberta, one in ten people in this age group had been passengers of a drunk driver. The study also found that those who were passengers with an impaired driver also reported engaging in other risk behaviours such as heavy drinking, smoking and having multiple sexual partners.<sup>12</sup>
- Canadian trends show that since 1995, the percentage of teen drivers with a positive blood alcohol content (BAC) involved in fatality collisions is lower than that of older drivers.
- In 2002, 44% of fatally injured drivers in Canada who were drinking or impaired were aged 20-25 years; a group that has legal access to alcohol in all provinces and territories in Canada.<sup>13</sup>
- The rate of drinking drivers aged 16 to 24 involved in casualty collisions (injury or fatality) decreased in Alberta from 1998 to 2003 (see Table 1).<sup>14</sup> This occurred despite a consistent LDA. Over time, the decrease in alcohol-related casualty collisions is most noticeable among drivers aged 18 and 19.

**Table 1: Alberta Drinking Drivers in Casualty Collisions, 1998-2003\***

	Rate per 1000 Licensed Drivers					
Age	1998	1999	2000	2001	2002	2003
16	0.8	0.5	0.8	0.7	0.4	0.5
17	1.5	1.0	1.0	0.9	1.0	0.8
18	2.3	2.4	2.2	2.1	1.5	1.5
19	2.6	2.4	1.8	1.8	1.5	1.5
20	1.9	2.5	1.5	2.1	1.8	1.4
21	2.1	1.7	1.3	2.0	1.8	1.2
22	2.0	1.6	0.9	2.0	1.8	1.5
23	1.4	1.1	1.5	1.0	1.1	1.4
24	1.5	1.2	1.3	1.0	1.0	1.0

\* Source: Alberta Transportation (most recent data is available by individual age)

- Statistics reported by Alberta Infrastructure and Transportation (2004) show that among licensed drivers, males are more likely than females to be involved in alcohol-related traffic collisions, and young adult males (18 to 24) are the most likely to have been drinking or to be impaired prior to an injury or fatality collision.<sup>15</sup>
- Legal drinking age legislation is one of the most well studied alcohol control policies in the United States. Findings from a recent and comprehensive review of the research from 1960-2000 suggests there is strong evidence that the increase in the LDA to age 21 resulted in a decrease in impaired driving and alcohol-related traffic accidents and fatalities involving young people. The review notes that the evidence is not entirely consistent, in that there are high quality studies that showed no effect from this policy change, but the preponderance of evidence is favourable.<sup>16</sup>
- Decreases in youth drinking and driving have been attributed to various factors: changes in the population age distribution (i.e., decrease in number of young people), increased enforcement of the LDA and impaired driving laws, continuing education/information campaigns, shifting social norms about impaired driving, gasoline and insurance price fluctuations, formal anti-drinking and driving efforts that affect drivers of all ages, reduced blood alcohol content (BAC) and zero tolerance BAC standards for young drivers, and graduated driver licensing programs.<sup>3, 16,17,18,19,20,21,22</sup>
- In 2002 Alberta introduced a graduated licensing system with a zero tolerance BAC for new drivers. In other jurisdictions these programs have demonstrated positive results for driver safety and reduced involvement in motor vehicle collisions.<sup>23</sup>
- An LDA policy *reinforced by* zero tolerance BAC for young drivers has been shown to be effective in reducing youth drinking and driving fatalities. However, the impact of the LDA policy and the strict enforcement on this outcome cannot be fully separated.<sup>24</sup>
- Drug-impaired driving by youth is a growing problem in Canada. Changes to the legal drinking age will not impact this behaviour.
  - In a 2004 survey of Canadian drivers, 2.1% reported that during the previous year, they had driven within two hours of using cannabis. Half of these drivers were under age 30.
  - Results from the Ontario Student Drug Use Survey (2003) showed that almost 20% of high school drivers acknowledged driving within one hour of using cannabis and 23% of students reported being a passenger in a car driven by someone using drugs.
  - In Nova Scotia (2002), more than 30% of grade 12 students with a driver's license reported driving within one hour after using cannabis.

- Among students in Manitoba, close to 20% of males and 15% of females reported driving after using cannabis.
  - In the U.S., data from 2002 and 2003 showed that 14% of youth aged 16-20 drove under the influence of illicit drugs and 8% drove under the influence of both alcohol and illicit drugs.<sup>25</sup>
- Studies in Canada and around the world have found that after alcohol, cannabis is the drug most often found in drivers involved in injury or fatality collisions. A recent analysis of data from the Atlantic student surveys (grades 10-12) found that past year prevalence of driving while under the influence of cannabis (15.3%) was higher than driving under the influence of alcohol (11.7%). Results also showed that the risk of being involved in a motor vehicle collision was almost twice as high for those students under the influence of cannabis compared to students who were not driving while under the influence of this drug.<sup>26</sup>

### **Conclusion:**

Youth drinking and driving is a serious issue but it is one that must be placed in context with overall impaired driving incidents in Alberta. In 2002 10,186 Albertans were charged with impaired driving and in 2003/04, 6,308 persons lost their license as a result of an impaired driving conviction.<sup>27,28</sup>

Alberta youth do engage in drinking and driving, albeit less frequently than older age cohorts. Trends point toward decreasing rates of impaired driving and alcohol-related casualty collisions in all age groups, including teens and young adults. Although teens are less likely to be impaired, they lack experience both with driving and with drinking alcohol. This means that when the two activities are combined, teens are at greater risk for involvement in casualty collisions.

Consistent declines in alcohol-impaired driving have occurred in Canada and Alberta over the past 20 years. These declines have been attributed to a combination of factors and a range of drinking and driving countermeasures; changes in legislation, stricter enforcement, alcohol education and shifts in social norms.<sup>29</sup>

Numerous factors influence youth behaviour, and as such, a combination of strategies will be more effective in reducing impaired driving than any single policy intervention. Alberta has taken positive steps to address youth drinking and driving with introduction of a graduated licensing system. The effectiveness of this program has yet to be demonstrated, although evaluation plans are in place.<sup>30</sup>

The relationship between drinking and driving and alcohol-control legislation is complex. Based on research from the United States, it seems that raising the LDA, in combination with other strategies, may be a way to protect youth from the acute consequences of drinking (namely injury or death resulting from an alcohol-related traffic collision). A similar comprehensive analysis is not available for Canadian data alone, but indicators of impaired driving suggest that a one-year increase in the LDA will have little if any

effect on this behaviour. There is no question that LDA legislation is important, but is only one part of a comprehensive strategy to address youth drinking and driving.

**Argument: Increasing the legal drinking age will lead to decreases in alcohol consumption, harmful drinking and other alcohol-related problems.**

- Alcohol consumption, heavy drinking and binge drinking increases with age, regardless of the established LDA.<sup>31</sup>

Consumption

- In 2002, 56% of Alberta students (grades 7-12) drank alcohol in the past year (55% in grade 7 and 91.4% in grade 12). The majority of students (98%) surveyed were under age 18.
  - Among Ontario students (2003), 66.2% reported drinking. Alcohol use increased from 39.1% in grade 7 to 82.5% in grade 12.
  - In 2002, 53.2% of students in New Brunswick (aged 11-19) reported drinking during the past year. Alcohol use increased from 14% in grade 7 to 48% in grade 9, to 70% in grade 10 and 84% in grade 12.
  - Among students in Nova Scotia (2002), 51.7% reported consuming alcohol in the past year, and for both males and females, consumption increased by grade level (from 14% in grade 7 to 83% in grade 12).
  - The majority of students (58.8%) in grades 7-12 in Manitoba (2005) reported drinking during the past year. Almost 90% of students in Manitoba who were 17 had consumed alcohol and close to 80% of students aged 15 and 16 were current drinkers despite an LDA of 18 in Manitoba. Consumption of alcohol increases by grade level (from 22.6% in grade 7 to 83.7% in grade 12). The proportion of students consuming alcohol has declined since 1995.
  - Prevalence of past year alcohol consumption in the U.S. (2002), where the legal drinking age is 21, ranges from 38.1% among students in grade 8 to 71.6% of students in grade 12, and 83.6% of students in college.
- Results from the Canadian Addiction Survey (2004) showed that prevalence of drinking is highest among young adults 18-24 years (90% in Canada, and 87% in Alberta). The percentage of young adults who report heavy and frequent drinking<sup>b</sup> (17.2% in Canada and 18.3% in Alberta) is more than double the percentage for the population as a whole.<sup>32</sup>

---

<sup>b</sup> Defined as consuming five or more drinks per occasion, one or more times per week.

### Heavy Episodic or Binge Drinking<sup>c</sup>

- Binge drinking among youth has been identified as growing population health concern, nationally and internationally.<sup>4,19,33</sup> In Canada, for example, binge drinking by Ontario students decreased in the 1980s, increased in the 1990s and was stable but elevated by 2003.
  - In 2003, 26.5% of Ontario students reported binge drinking at least once in the month before the survey. This behaviour significantly increased with age (from a low of 5.8% in grade 7 to a high of 45.2% in grade 12).
  - In Nova Scotia (2002), 28% of students reported being drunk in the week before the survey.
  - Among students in New Brunswick (2002), 69% reported being intoxicated in the past month.
  - In Manitoba (2005), 9.1% of students reported weekly binge drinking and this behaviour increased by grade level.
  - Recent surveillance findings from the U.S. show that drunkenness among students increases with age; 14% in grade 8 compared to 35% in grade 10 and 48% in grade 12.
  - The prevalence of binge drinking among students in the United States ranges from 12% of students in grade 8 to 50% of students attending college.

### Hazardous or Harmful Alcohol Consumption

- Studies show that youth who consume alcohol in a hazardous or harmful manner are more likely to experience acute consequences including hangovers, accidents, arguments, unplanned sexual activity, school absenteeism and violence.
  - Among Alberta students surveyed in 2002, 13% reported signs of alcohol abuse (0.5% in grade 7 and 24.2% grade 12).
  - In Ontario, 19% of students drank at hazardous levels, and there was an incremental increase in this behaviour each year between grade 8 (6%) and grade 11 (30%).
  - Among students in Nova Scotia (2002), 14% consumed alcohol at least once per week or more.
  - In New Brunswick (2002), 48% of students reported frequent drinking (one or more times per week).
  - More than 10% of Manitoba students drank at least weekly, 5.4% reported drinking at hazardous levels and about 12% of male students in grade 12 showed signs of alcohol dependence.

---

<sup>c</sup> Defined as a pattern of heavy, episodic drinking, or drinking to intoxication where large quantities of alcohol are consumed on a single drinking occasion. There is no universal definition of binge drinking in the research literature. This lack of consensus is particularly pronounced in relation to patterns of drinking among teens and young adults.



- Rates of alcohol abuse and dependence in the U.S. are close to 6% for youth aged 12-17.
- In European countries, where the legal drinking age varies from no set limit to age 18, public drunkenness is uncommon and socially unacceptable.
- In the United States, a comprehensive review of studies from 1960-2000 found a higher LDA resulted in an overall decrease in alcohol consumption by youth.<sup>d</sup> However, this relationship was not consistent across all studies, and the effect was not evident for college students, regardless that most were under the legal drinking age of 21 years.
- The same review cited above found less conclusive evidence of a relationship between an increased LDA and decreased alcohol-related health and social problems such as suicide, homicide, vandalism, non-traffic injuries, and disorderly conduct among youth.

### **Conclusion:**

On the surface, it appears there is a relationship between the LDA and the prevalence of alcohol consumption among youth. However, there is little conclusive evidence that this is the case. Underage drinking is common, and patterns of harmful consumption and associated risk-taking among youth remain a concern despite variations in the LDA across North American jurisdictions.

Existing research does not indicate that raising the LDA, in and of itself, is an effective health and safety initiative. Adolescents and young adults in North America are immersed in a broad social milieu where alcohol is readily available, use is widespread and consumption is often glamorized. In this context, the effectiveness of any one strategy to reduce underage consumption is limited.

Most young people do not engage in harmful drinking and it may be more constructive to target interventions to those most likely to drink harmfully and engage in risky practices. The legal drinking age is considered a 'blunt' policy instrument designed to reduce overall drinking levels in the entire population. Some observers have noted that there is little justification for setting the age at 19 or 21 as the same arguments (protection, prevention, harm reduction) could be used to raise the LDA to age 25 or even higher.<sup>34</sup>

---

<sup>d</sup> Included in this analysis were three Canadian studies deemed to be of high methodological quality. One study from Toronto reported a significant decline in self-reported alcohol consumption when the LDA was lowered in Ontario from 21 to 18 (contrary to expectations). A second study that included all 10 provinces found no change in youth consumption when the LDA was lowered. The third investigation, which was confined to Ontario, showed no change in alcohol consumption when the LDA was increased to age 19.

## **Argument: Increasing the legal drinking age will decrease youth access to alcohol.**

- While legal drinking age legislation is meant to prevent underage youth from purchasing and consuming alcohol, access remains high.<sup>35</sup>
  - Almost 87% of Alberta students (grades 7 to 12) reported access to alcohol. The majority of students surveyed (98%) were under age 18.
  - 52% of students in New Brunswick said they drank at a tavern, bar or other licensed establishment during the past year. Most students were under the LDA of 19.
  - 66% of students in Ontario reported easy access to alcohol.
  - Students in Manitoba reported that they 'get' alcohol from friends (51%) or that they 'buy' alcohol from friends (42%). However, 9% reported purchasing alcohol from a licensed outlet, such as a liquor store, bar or restaurant. About 25% reported that their parents purchased alcohol for them and 20% reported that an older sibling had purchased alcohol for them. Younger students often report stealing alcohol from home.
  - About 95% of U.S. students in grade 12 report access to alcohol despite an LDA of 21.<sup>36</sup>
- Studies from the United States suggest young people are able to obtain alcohol from a variety of commercial, non-commercial or social sources. Research shows that parties, friends, and adult purchasers are the most common sources of alcohol among adolescents. However, grocery stores and licensed outlets are also used. Purchase surveys indicate that anywhere from 30 to 90 percent of commercial outlets will sell alcohol to a minor depending on geographic location.<sup>37</sup>
- A recent report from the American Medical Association indicates underage youth have little difficulty obtaining alcohol. Nearly 50% of teens in the United States, especially girls, reported that they are able to access alcohol. Most teens reported it was easy to get alcohol from their homes without their parents' knowledge, and close to one-third reported it was easy to obtain alcohol from their own parents or from parents of a friend. The poll also indicated that close to 20% of parents with children aged 12-20 agreed that teens should be able to drink at home, and 8% of parents said they allowed their child and his/her friends to drink with supervision.<sup>38</sup>
- Despite a legal drinking age of 21 in all American States, economic analyses estimated that underage drinkers (12-20 years) accounted for 19.7% of consumer expenditures for alcohol. This is considered a conservative estimate because the survey data used in the analyses excluded high risk groups such as those not attending school, youth in the military, those who are homeless and young people living in institutions.<sup>11</sup>

- According to the Canada Safety Council, raising the legal drinking age is unlikely to result in a decrease in underage drinking. It may be safer to let young people drink in controlled environments such as restaurants, pubs and other places than at 'free for all' parties held in the bush or in private homes.
- Some evidence suggests that raising the LDA may cause underage youth to move their alcohol consumption from commercial drinking locations to more isolated and less protected settings, and that it can encourage a shift in alcohol purchases from licensed to unlicensed vendors.
- Most Canadian youth drink at home, at parties or at social events rather than in licensed venues. Drinking in unlicensed setting is widespread regardless of the LDA and raising the LDA does not appear to affect this practice.
- Youth drinking is not only influenced by alcohol control laws but also by personal characteristics, family environment, peer behaviours, social situations, and cultural norms and attitudes related to alcohol use.<sup>2,4,39,40,41</sup>
- Aside from the legal drinking age, population-based alcohol control measures proven effective in reducing youth access to alcohol include pricing strategies (e.g., higher alcohol taxes), licensing limits on the number of alcohol outlets, restrictions on the times/conditions of alcoholic beverage sales, controls over alcohol advertising, sponsorship and inducement.<sup>21,41</sup>
- Increased community-level enforcement of the both the legal drinking age and retailer compliance with alcohol licensing have been shown effective in reducing youth drinking, and in some cases binge drinking by youth.<sup>16,37</sup>
- The LDA in the majority of Canadian provinces and territories is 19. This includes Alberta's geographic neighbours. BC, Saskatchewan, and the Northwest Territories. The LDA in the U.S. is 21, including the border state of Montana. These jurisdictions have no plans to change their LDA. Although concerns exist about youth visiting Alberta to circumvent the legal drinking age, research is needed on the extent of this problem. It has been suggested that a uniform LDA across geographical boundaries would reduce this activity, but a first step would be to determine the extent of cross border purchase and consumption patterns.
- Public support for alcohol policies restricting access to alcohol is correlated with age and frequency of use; that is, younger drinkers and frequent heavy drinkers are less likely to support these restrictions.<sup>42</sup>
  - Canadian support for increasing the LDA has decreased over time (from 49.7% in 1989 to 38.3% in 1994 and 34.5% in 2004), especially among heavy drinkers, youth and people living on the prairies.<sup>43,44</sup>

- Results from the 2004 Canadian Addiction Survey found that Albertans are almost equally divided in their support for maintaining (48.7%) or increasing (45.7%) the legal drinking age.
- Research and experience from the United States indicates that increasing the LDA is only effective if accompanied by clear communication of a change in legislation and meaningful enforcement of the law.<sup>2, 16,19,21, 21,45</sup>
- Research from Manitoba suggests the use of false identification and failure of retailers to check identification may be contributing to youth access to alcohol.
- In 2002, the Alberta Gaming and Liquor Commission (AGLC) implemented the *Under 25 Initiative*, which increased enforcement to prevent minors from purchasing alcohol. Annual audits of retailer compliance showed an increase from 23% in 2002 to 67% in 2003.<sup>46</sup> To date, there has not been an evaluation of this program to assess the effects of stronger enforcement on youth access to alcohol in Alberta.

### **Conclusion:**

Restricting commercial access to alcohol by raising the LDA is not necessarily an effective means of reducing alcohol use among youth. Studies show that youth have access to alcohol, largely through informal means such as family and friends, but they also purchase alcohol in licensed venues.

The prevalence of underage drinking remains high despite variations in the LDA across North American jurisdictions. Youth drinking occurs most often in unregulated settings, and it has been suggested that increasing the LDA will cause youth to move their alcohol consumption to even less restricted or unsupervised venues.

Youth drinking is not only affected by alcohol control laws but also influenced by personal characteristics, family environment, peer associations, social situations, and cultural attitudes and norms related to alcohol use.

In Alberta, there is some public support for raising the LDA. However, those most impacted by the legislative change are the least likely to favour it. Evidence supports stronger enforcement of existing LDA policies rather than changes in legislation to reduce underage drinking.

**Argument: Raising the legal drinking age may have unintended consequences, including criminalization of a segment of the youth population and the substitution of other drug use for consumption of alcohol.**

- Experience shows that raising the LDA requires increased enforcement resources.

- Both U.S. and Canadian studies show evidence of underage students procuring false identification to purchase alcohol.<sup>16</sup>
- There does not appear to be any new evidence that suggests raising the LDA will lead to increased compensatory drug use.
- It can be argued that a consistent age of majority confers adult rights, freedoms and privileges at a uniform age. Having an LDA consistent with the age of majority reflects the definition of adult status. As individuals mature, they assume more responsibility for their actions.

**Conclusion:**

The LDA in Alberta is consistent with the age of majority in Alberta. Increasing the LDA to age 19 will penalize a segment of society that does not engage in harmful alcohol consumption or high-risk behaviours. Raising the LDA in Alberta will also require more resources to enforce and increase awareness about the new law.

**Position Statements on the Legal Drinking Age Held by Other Organizations**

The following organizations were contacted to determine their position on the legal drinking age. Further details are found in Appendix A.

**Organizations Reporting No LDA Policy or Position (alphabetical listing)**

Addictions Foundation of Manitoba  
Alberta Association of Police Chiefs  
Alberta Centre for Injury Control Research  
Alberta Federation of Police Associations  
Alberta Public Health Association  
Alberta School Boards Association  
Canadian Association of Chiefs of Police  
Canadian Centre on Substance Abuse  
Canadian Medical Association  
Centre for Addictions Research of British Columbia  
Health Sciences Association of Alberta  
Institute of Health Economics

**Organizations Supporting an Increase in the LDA (listed alphabetically)**

The Alberta Medical Association does not have a policy statement *per se* but their current position is based on activities, board and governing body resolutions over the years. They have supported various bills and initiatives to raise the LDA to 19.

The Alberta Motor Association policy supports raising the LDA to 19 (Statement of Policy 2003-2004, Policy 6.6). The original policy was adopted in 1988.

The Canadian Automobile Association policy states, "Provincial governments are urged to coordinate their legal drinking ages to reduce the practice of cross-border drinking and driving (O-91, R-01)." (CAA Statement of Policy 2003-2004, Recommendation 6.3.10, Coordination of Legal Drinking Ages).

### **Organizations Supporting Maintenance of the LDA (listed alphabetically)**

The Canada Safety Council (CSC) does not have a formal policy on this issue. In a statement of opinion, they note that raising the drinking age in Canada could cause more problems than it solves. At issue are problems of compliance with minimum age drinking laws in the United States, increases in cannabis youth among youth, zero permissible alcohol levels already in place across Canada, and the need to better understand what motivates young people to drink to excess. The CSC states; "Canada needs smart solutions that aim for long-term improvements. Based on credible research and analysis of the situation as a whole, they must take into account human psychology, cost effectiveness and potential impacts."

## **Summary**

### **Arguments for Raising the LDA**

- Decrease in alcohol-related traffic accidents among youth
- Decrease in youth alcohol consumption and alcohol-related harm
- Prevention of cross-border drinking
- Part of a comprehensive strategy to reduce youth drinking
- Decrease in youth access to alcohol

### **Arguments for Maintaining the LDA**

- Consistent with the age of majority
- Most youth do not drink harmfully
- Individuals age 18 are penalized to address the actions of a few
- Increased enforcement requires additional resources
- Raising the LDA may force more youth to drink in uncontrolled settings
- Effectiveness of existing programs such as the graduated licensing system and the AGLC youth enforcement initiative in reducing youth drinking and driving require evaluation

- Consistent with AADAC's approach, which focuses on strengthening the capacities of individuals and communities to develop healthy approaches to alcohol and drug use
- Drug-impaired driving by teens will be unaffected by a change in the legal drinking age

## Discussion

This review found no compelling justification for raising the legal drinking age in Alberta. Findings showed that the greatest effect from raising the LDA (in the United States) is related to motor vehicle accidents and fatalities among youth. However, research also shows that drinking and driving is a behaviour that is evident in a small portion of the population, and teens are the least likely to engage in impaired driving. As such, changing the legal drinking age does not appear to be the best response to the issue of youth drinking and driving. Rather, research and experience show that a comprehensive policy approach that includes alcohol control measures and targeted impaired driving countermeasures can be very effective.

A higher LDA may result in decreased underage alcohol consumption. At the same time, youth do drink and a sizeable minority consume alcohol in a manner that is harmful or hazardous. There is little evidence to demonstrate that an increase in the LDA will decrease harmful or hazardous drinking by youth, or that an increased LDA will result in fewer negative consequences related to this pattern of alcohol consumption.

The potential benefits of an increased LDA must be weighed against potential harm and considered relative to unintended consequences. For example, increasing the LDA in an attempt to reduce alcohol-related traffic accidents will punish the majority of 18 year olds who do not drink and drive. This would not be consistent with AADAC's approach to prevention and treatment, which focuses on strengthening the capacity of individuals and communities to develop healthy approaches to alcohol and other drug use.

In addition, youth drinking occurs in the larger context of alcohol consumption in the general population. Rather than an increase in the LDA, the promotion of responsible alcohol use, regardless of age, would be of benefit. As noted by Giesbrecht and Greenfield, there is "No single environmental strategy, despite its potential effectiveness, [that] can be relied on to reduce the complex and multiple problems related to alcohol use.... [instead] a combination of complementary strategies – some oriented toward reducing availability and others focused on changing the social environment of drinking – offer great promise in reducing alcohol-related problems..."

Drinking age legislation is important, but should not be seen as a simple solution to youth alcohol consumption and impaired driving. A combination of strategies, including prevention, treatment, harm reduction and enforcement are required to further reduce

underage drinking and other alcohol-related harm among youth. Effective strategies include limiting access through alcohol pricing and taxation, actively enforcing prohibition of sales to minors, implementing a restricted system of licensing for young drivers, developing school-based alcohol policies, and supporting education and public awareness to ensure alcohol control policies are understandable and acceptable within the community.



## Appendix A

### Organizations Reporting No LDA Policy or Position

Addictions Foundation of Manitoba: E-mail communication (July 19, 2004), David Patton, reported that the AFM does not have a current policy on LDA.

Alberta Association of Police Chiefs: Personal communications (Aug 17, 2004), Chief Marshall Chalmers, president of the AAPC indicated that the organization does not have a position or policy on LDA in Alberta.

Alberta Federation of Police Associations: E-mail communication (July 19, 2004), Jon Netelenbos, Executive Director AFPA, reported that the AFPA has not taken a formal position on the issue.

Alberta School Boards Association: A document found on the ASBA website indicated that the ASBA President requested a response from the Minister of Learning in 2001 to a Directive for Action (9.D.01) supporting an increase in the LDA to 19. The document indicated that Minister's response supported maintaining the LDA at 18 and that the government appeared resolute in this position. It was recommended that the Direction for Action be deleted. E-mail communication (July 16, 2004), Bobbie Garner, Association Affairs reported that the ASBA handbook does not contain any policies on LDA in Alberta.

Canadian Association of Chiefs of Police: E-mail communication (Aug 10, 2004), Peter Cuthbert reported that he was unaware of any CACP committee addressing the issue of underage drinking in Alberta or Canada and that since this is within Provincial Statute, CACP would rarely get involved.

Canadian Centre on Substance Abuse: E-mail communication (August 10, 2004), Chad Dubeau, Information Specialist, reported that the CCSA does not have an official policy or position on the LDA in Ontario or Canada.

Canadian Medical Association: E-mail communication (July 19, 2004), Kelly Guglielmin, Information Services, reported that the CMA does not have a current policy or position at this time.

Health Sciences Association of Alberta: E-mail communication (Aug 9, 2004), Doug Meggison, Policy Analyst, HSAA, indicated that the union does not have a policy on legal drinking age in Alberta.

## **Organizations Reporting Support For an Increased LDA**

Alberta Medical Association: E-mail communication (May 11, 2004), Shannon Rupnarian, Public Affairs, reported that the AMA does not have a policy statement as such but that their current status is based on activities, board and governing body resolutions over the years. They have supported various bills and initiatives to raise the LDA to 19.

Alberta Motor Association: Statement of Policy 2003-2004 (Policy 6.6) states that the AMA supports raising the LDA to 19. The policy was adopted in 1988. E-mail communication (May 15, 2004), with Kirsten Kelly, Advocacy and Community Services indicated that the AMA background document is dated and that information used to formulate policies in the 1980s may not be applicable in 2004. The e-mail explained that releasing “old” background information might give members and the public the impression that AMA is not keeping current with relevant issues.

Canadian Automobile Association: CAA Statement of Policy 2003-2004, Recommendation 6.3.10, Coordination of Legal Drinking Ages: “Provincial governments are urged to coordinate their legal drinking ages to reduce the practice of cross-border drinking and driving (O-91, R-01).”

## References

- <sup>1</sup> Sauve, J. (2005). Crime statistics in Canada, 2004 (catalogue no. 85-002-XPE). Ottawa, ON: Statistics Canada.
- <sup>2</sup> International Centre for Alcohol Policies (2004). What drives underage drinking? An international analysis. Washington, DC: Author.
- <sup>3</sup> Elder, R.W. & Shults, R.A. (2002, Dec. 6). Involvement by young drivers in fatal alcohol-related motor-vehicle crashes – United States, 1982-2001. MMWR Weekly, 51(48), 1089-1091.
- <sup>4</sup> Bennett, J. (2004). Investment in population health in five OECD countries. OECD Health Working Papers No 2. Paris, France: Organization of Economic Co-operation and Development.
- <sup>5</sup> Traffic Injury Research Foundation. (2004, December). Road safety monitor, 2004: Drinking and driving. Ottawa, ON: Author.
- <sup>6</sup> AADAC (June 2003). The Alberta Youth Experiences Survey. Edmonton, AB: Research Services.
- <sup>7</sup> Adlaf, E. M., & Paglia, A. (2003). Drug use among Ontario students 1977-2003. Ottawa, ON: Centre for Addiction and Mental Health.
- <sup>8</sup> Poulin, C. (2002). Nova Scotia student drug use survey 2002: Technical report. Halifax, NS: Nova Scotia Department of Health.
- <sup>9</sup> Liu, J., Jones, B., Grobe, C., Balam, C. & Poulin, C. (November 2002). New Brunswick student drug use survey 2002. Highlights report. Fredericton, NB: Government of New Brunswick, Provincial Epidemiology Service.
- <sup>10</sup> Patton, D., Mackay, T. & Broszeit, B. (May 2005). Alcohol and other drug use by Manitoba students. Winnipeg, MB: Addictions Foundation of Manitoba.
- <sup>11</sup> Windle, M. & Windle, R. (n.d.). Alcohol consumption and its consequences among adolescents and young adults. Birmingham, AL: University of Alabama, Centre for Advancement of Youth Health.
- <sup>12</sup> Perez, C. (March 2005). Passengers of intoxicated drivers. Health Reports, 16 (2), 35-37.
- <sup>13</sup> Canada Safety Council (n.d.). Should Canada raise the drinking age to 21? Retrieved May 25, 2005 from [www.safety-council.org/info/traffic/impaired/age.html](http://www.safety-council.org/info/traffic/impaired/age.html).
- <sup>14</sup> Alberta Infrastructure and Transportation (August 2004). Alberta drinking drivers in casualty collisions ages 16-24, 1998-2003 (custom tabulation). Edmonton, AB: Driver Safety, Research and Traffic Safety Initiative.
- <sup>15</sup> Alberta Infrastructure and Transportation (September 2005). Alberta traffic collision statistics 2004. Edmonton, AB: Driver Safety, Research and Traffic Safety Initiative.
- <sup>16</sup> Wagenaar, A.C. & Toomey, T. L. (2002). Effects of minimum drinking age: Review and analysis of the literature from 1960 to 2000. Journal of Studies on Alcohol, Vol. Suppl. 14, 206-225.
- <sup>17</sup> Hedlund, J. H., Ulmer, R. G., & Preusser, D. F. (2001). Determine why there are fewer young alcohol impaired drivers. USDOT Report No DOT HS 809 348.
- <sup>18</sup> Hughes, S. P., & Dodder, R. A. (1992). Changing the legal minimum drinking age: Results of a longitudinal study. Journal of Studies on Alcohol, 53(6).
- <sup>19</sup> World Health Organization (2001). Declaration on young people and alcohol. Retrieved from [http://www.euro.who.int/AboutWHO/Policy/20030204\\_1](http://www.euro.who.int/AboutWHO/Policy/20030204_1)
- <sup>20</sup> National Center for Injury Prevention and Control (2004). Community-based interventions to reduce motor vehicle-related injuries: Evidence of effectiveness from systematic reviews. Atlanta, GA: Centers for Disease Control and Prevention. Accessed July 28, 2004 <http://www.cdc.gov/ncipc/duip/mvsafety.htm>
- <sup>21</sup> Giesbrecht, N. & Greenfield, T. K. (2003). Preventing alcohol-related problems in the US through policy: Media campaigns, regulatory approaches and environmental interventions. The Journal of Primary Prevention, 24(1), 63-104.
- <sup>22</sup> International Centre for Alcohol Policies (April 2005). Minimum drinking and purchase age laws. Washington, DC: Author. Retrieved October 26, 2005 from [http://www.icap.org/ICAP/policy\\_issues/young\\_peoples\\_drinking/young\\_peoples\\_drinking.html](http://www.icap.org/ICAP/policy_issues/young_peoples_drinking/young_peoples_drinking.html)
- <sup>23</sup> Babor, T. Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., et al. (2003). Alcohol: No ordinary commodity. Research and public policy. New York, NY: Oxford University Press.

- 
- <sup>24</sup> Voas, R. B., Tippetts, A. S., & Fell, J. C. (2003). Assessing the effectiveness of minimum legal drinking age and zero tolerance laws in the United States. *Accident Analysis and Prevention*, 35(4), 579-587.
- <sup>25</sup> CESAR FAX (2005). One-fifth of underage youth have driven under the influence of alcohol or illicit drugs. Centre for Substance Abuse Research, University of Maryland, 14 (4).
- <sup>26</sup> Asbridge, M., Poulin, C. & Donato, A. (2005). Motor vehicle collision risk and driving under the influence of cannabis: Evidence from adolescents in Atlantic Canada. *Accident Analysis & Prevention* (in press).
- <sup>27</sup> Statistics Canada (2003). Impaired driving and other traffic offences – 2002. *Juristat*, 23, 9. Ottawa, ON: Centre for Justice Statistics.
- <sup>28</sup> Alberta Infrastructure and Transportation (2003). Alberta license suspension statistics (custom data analysis). Edmonton, AB: Author.
- <sup>29</sup> Health Canada (2005). Best practices. Treatment and rehabilitation for driving while impaired offenders. Ottawa, ON: Author.
- <sup>30</sup> Personal communication with Liz Owens of Alberta Transportation. August 5, 2004.
- <sup>31</sup> Currie, C., Hurrelmann, K., Setterobulte, W., Smith, R. & Todd, J. (Eds.). *Health and health behaviour among young people*. WHO Policy Series: Health policy for children and adolescents Issue 1. International Report. Copenhagen: World Health Organization. As quoted in ICAP. (2004). What drives underage drinking? An international analysis. Washington, DC: Author.
- <sup>32</sup> Canadian Centre on Substance Abuse (November 2004). Canadian Addiction Survey (CAS). A national survey of Canadians' use of alcohol and other drugs. Highlights. Ottawa, ON: Author.
- <sup>33</sup> Giesbrecht, N. (2003) Rising per capita alcohol consumption and drinking-related harm: Suggestions for meeting the challenge. *The Globe*, 4, 7-12.
- <sup>34</sup> Single, E. Alcohol policy issues in Canada. Presentation at the National Thematic Roundtable on Alcohol Policy (November 18-19, 2004). Ottawa, ON.
- <sup>35</sup> Center for Disease Control. (2004, June 4). Enhanced enforcement of laws to prevent alcohol sales to underage persons – New Hampshire, 1999-2004. *MMWR Weekly*, 53(21), 452-454.
- <sup>36</sup> Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2003). Monitoring the future: National results on adolescent drug use. Overview of key findings, 2003. Bethesda, MD: National Institute on Drug Abuse.
- <sup>37</sup> Dent, C.W., Grube, J.W. & Biglan, A. (2005). Community level alcohol availability and enforcement of possession laws as predictors of youth drinking. *Preventive Medicine*, 40, 355-362.
- <sup>38</sup> American Medical Association (2005, August 8). Adults most common source of alcohol for teens, according to poll of teens 13-18. Retrieved October 8, 2005 from. [www.ama-assn.org/ama/pub/category/print/15414.html](http://www.ama-assn.org/ama/pub/category/print/15414.html).
- <sup>39</sup> World Health Organization. (2002). Alcohol in developing societies: A public health approach. Geneva, Switzerland: Author.
- <sup>40</sup> Komro, K. A. & Toomey, T. L. (2002). Strategies to prevent underage drinking. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism.
- <sup>41</sup> World Health Organization. (2002). Alcohol in developing societies: A public health approach. Geneva, Switzerland: Author.
- <sup>42</sup> Richter, L., Vaughan, R.D., & Foster, S. E. (2004). Public attitudes about underage drinking policies: Results from a national survey. *Journal of Public Health Policy*, 25 (1), 58-77.
- <sup>43</sup> Giesbrecht, N. & Kavanagh, L. (1999). Public opinion and alcohol policy: Comparisons of two Canadian general population surveys. *Drug and Alcohol Review*, 18(1), 7-19.
- <sup>44</sup> Canadian Centre on Substance Abuse & Centre for Addiction and Mental Health (1999). Canadian profile. Alcohol and other drugs. Retrieved October 31, 2005 from <http://www.hc-sc.gc.ca/ahc-asc/pubs/drugs-drogués/1994->
- <sup>45</sup> Institute of Medicine. (2003, September 9). Reducing underage drinking: A collective responsibility. Washington, DC: Author.
- <sup>46</sup> Alberta Gaming and Liquor Commission (2004). The Under 25 Initiative (accessed online: [www.aglc.gov.ab.ca](http://www.aglc.gov.ab.ca).)