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## The Failure of Drinking Age Laws

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## The Failure of Drinking Age Laws

In order to accurately address whether or not drinking age laws are effective, one must first discern what the term ‘effective’ means. Effective can be used in a multitude of ways, each giving this question a uniquely different angle. For instance, does effective mean that no one under the Minimum Legal Drinking Age (MLDA) is drinking? Or does it mean that the establishment of the MLDA is lowering the percentage of underage drinkers? Perhaps effective should be interchanged with successful. But then, one must determine what the goal is in which to be successful? Is the goal to lessen underage drinking or to eradicate it all together?

Effective, by definition, is “producing a decided, decisive, or desired effect” (“Effective” 2009). For the purpose of this paper, effective will be used to determine whether the drinking age laws have had a significant impact on lowering the amount of underage drinkers. A final point of clarification is that the ‘impact on ... underage drinkers’ will include points ranging from alcohol consumption to purchases to alcohol-caused events and can be both positive and negative. With this taken into consideration, this paper aims to address how the MLDA has failed to have a major impact on lessening the amount of those who drink illegally.

When initially addressing the effectiveness of drinking age laws, many assume that in order for them to be effective, they must eradicate all underage drinking. However, we know this is not only unrealistic, it’s impossible. As long as alcohol exists, it will continue to find its way into the hands of those under the legal drinking age. Even if alcohol use for underage drinkers becomes so obscure that no one is ever caught, alcohol will still be obtained and consumed by

those minors. The discussion behind the MLDA aims to address the relevance and impact underage drinking has on our society. In order to fully understand the discussion, there are points of clarification that need to be made. For starters, *underage drinkers* refers to anyone under the MLDA of 21; however, there are two categories within underage drinkers. The term *youth* is used to describe minors under the age of 18. *Young adults* will be used to address the 18-20 age gap in which people are under the MLDA but over the age of majority. Everyone is affected in some capacity by the MLDA and it is apparent that its institution causes more harm than good for those of all ages.

The Minimum Legal Drinking Age was set at 21 after the passing of the National Minimum Drinking Age Act (NMDAA) of 1984. The NMDAA “required all states to raise their purchase and public possession of alcohol age to 21, or risk losing federal highway funds under the Federal Highway Aid Act” (Drinking 2002: 2). By 1987, all 50 states were on board and the MLDA was established. Since then, there are many reasons and statistics that pro-MLDA advocates point to as evidence that drinking age laws are successful, useful, and beneficial to society. However, for each point supporters make, there is just as much, if not more, evidence on the contrary. As with any argument, it is easy to point out only facts that support your position, but this paper aims to address both aspects of the MLDA and refute many of the claims made by pro-MLDA advocates.

One of the primary points of success of the MLDA is the decrease in alcohol-related traffic accidents (Underage Drinking: Adolescents 2006). Since the 1970s, statistics estimate that the reductions in automobile accidents resulted in over 20,000 people surviving (McMullen 2006). While it is true that there has been a decrease in alcohol-related traffic incidents since the implementation of the MLDA, the decrease is often much less than expected or explained. Many

pro-MLDA advocates just use the blanket statement that the institution of the MLDA is responsible for lowering alcohol-related traffic accidents without pausing to see that from 1987-1996, alcohol-related crashes for underage drinkers decreased by 43% while legal drinkers aged 21 and up also saw a decrease of 28% (Drinking 2002). This implies that for the decade following its institution, the MLDA wasn't the only factor acting on the reduction of alcohol-related traffic accidents. Programs such as Mothers Against Drunk Driving and alcohol education in schools were started during a similar time frame and can be attributed to decrease in traffic accidents.

Another main reason pro-MLDA supporters boast as a primary accomplishment of its institution is that the MLDA keeps alcohol out of schools and away from minors and therefore reduces and/or eliminates the temptation of alcohol to minors, as well as protects society from the harmful secondary effects (McMullen 2006). However, numerous reports highlight the error in this thinking. According to one study, "seventy-eight percent of high school students have tried alcohol" (Foster 2003: 989). As of 2003, as many as 10.7 million youth reported drinking alcohol in the past month, making it the most popular drug of choice for both youth and young adults (Institute of Medicine 2003).

Pro-MLDA supporters put stock in the MLDA for lowering the alcohol consumption by both underage drinkers and legal aged adults. In fact, many repeat statements issued by the Center for Disease Control that say "age 21 MLDA laws result in lower levels of alcohol consumption among young adults age 21 years and older as well as those less than age 21 years" (O'Malley 1991: 479). While reductions in drinking have occurred recently, these rates of reduction haven't occurred at nearly the scale one would hope. In 1979, 72.9% of those ages 12 and older reported using alcohol compared to 63.7% in 2001. That means that over a 22 year

period which saw the implementation of the MLDA, the United States only observed a nine percent decrease in alcohol use, that's less than .4% per year. These numbers are not specific to youth and young adults; instead, these rates of reduction are applicable to all persons over the age of 12. In fact, there is an increase in the proportion of children who started drinking prior to ninth grade. From 1975 to 2001, the proportion of children drinking prior to high school increased by 33%. (Foster 2003).

Additionally, those advocating the effectiveness of the MLDA point to the dangers of underage drinking as reason why drinking age laws are important and should be followed. While it is true that there are health risks associated with drinking, these dangers are much more pronounced when drinking excessively, also known as binge drinking. According to the National Institute on Alcohol Abuse and Alcoholism, binge drinking is defined as a pattern of drinking alcohol to the point that the blood alcohol concentration [BAC] is 0.08 percent or above. This pattern typically results in men consuming five or more drinks in a two hour period, or four or more drinks for women in a two hour period (Underage Drinking Research 2009). This coincides with the US Department of Agriculture (USDA) and Department of Health and Human Services (DHHS) dietary guidelines which specify that the healthy level of moderate drinking is “no more than 1 drink a day for most women and 2 drinks a day for most men” (Foster 2003: 989).

While binge drinking is considered incredibly dangerous, especially for the developing minds of youth and young adults, drinking in moderation has been shown to be positively correlated with health benefits. “Moderate drinkers tend to have better health and live longer than those who are either abstainers or heavy drinkers” (Carmargo 1997: 81). Daily moderate drinking leads to fewer acute hospitalizations, has been proven to reduce coronary heart disease, and shows that the “lowest levels of hypertension are among young adults who consumed one to

three drinks per day” (Beilin 1996: 3). The Journal of the American Medical Association published a study that found “consuming one or two drinks a day can reduce the risk of ischemic stroke by about half” which supports Stroke Prevention Guidelines by the National Stroke Association (Rodgers 1993: 1475).

The primary reasons many supporters feel like the institution of the MLDA is beneficial and successful include the lowering of alcohol-related traffic accidents, keeping alcohol out of schools, and the overall lowering of alcohol use. Advocates view potential health risks as one of the primary dangers of underage drinking and seem to think that the establishment and continuation of the MLDA will prevent those under 21 from consuming alcohol. However, as seen above, these points aren't always as clear cut as they may initially seem. Reductions in alcohol-related traffic accidents can often be attributed to other factors and the decrease in alcohol use is statistically insignificant or even increases in certain age groups. While no one is arguing that the MLDA is flawed in theory, there are some very real reasons that show that the MLDA is ineffective and unsuccessful.

One of the most prominent arguments against the effectiveness of the MLDA is the bombardment of advertising on youth and young adults. With the majority of alcohol advertisements being played on television during prime viewing times for youth and young adults, those under the MLDA have increased exposure to alcohol brands. Officially, the alcohol industry is required to have at least 70% of its intended audience be of the legal drinking age (Snyder 2006); however, when the alcohol industry spends almost 5 billion dollars per year on advertising, it's difficult to believe that those under the MLDA of 21 only account for 30% of the audience (Institute of Medicine 2003). The average American teenager will have watched over

18,000 hours of television by the time he graduates high school and, within that 18,000 hours, one year alone will have subjected him to over 2,000 alcohol based commercials (Fact 2005).

Additionally, studies have shown that there is a correlation between alcohol advertisements and underage drinking. Exposure to certain types of alcohol advertisements have been positively linked to an increase in alcohol consumption as well as an earlier onset of drinking. According to a study published in the *Pediatrics and Adolescent Medicine*, “for every additional dollar per capita spent on advertising, individuals consumed 3% more alcoholic beverages per month” (Snyder 2006: 21). Youth and young adults who had increased exposure to alcohol advertisements tended to drink more and increased their drinking levels over time more so than those who had less exposure to alcohol advertisements. Likewise, alcohol advertisements have been shown to be more memorable to youth than other common childhood characters. A study in 1996, showed that children aged nine to eleven were more familiar with Budweiser frogs than they were with the Power Rangers, Smokey the Bear, or Tony the Tiger (Leiber 1996). Additionally, when interviewed, a group of 8-12 year-olds could name more brands of beer than U.S. Presidents (Taylor 1994). Statistics like these lead one to believe that the influence of alcoholic advertisements is far too great for the MLDA to achieve its desired goal.

Another reason that the MLDA is unsuccessful or ineffective is due to the lack of consistent enforcement from state to state. While the MLDA is on record as 21 across the board, this can be very deceiving. In as many as 42 states, the consumption of alcohol by youth and young adults under 21 is not specifically illegal. For instance, the consumption of alcoholic beverages by an underage person is legal with parental consent in 29 states as long as consumed in private, non-alcoholic selling establishments such as a private home or office. In seven of

those states, parental consent is not a requirement so long as the alcohol is consumed in a private non-alcohol selling establishment.

In Louisiana, the law, in accordance with the MLDA, prohibits public possession of alcohol by anyone under the age of 21; however, exceptions to this include possession or consumption for the following: religious purposes, when accompanied by a parent or spouse of the legal drinking age, medical purposes, or in private residences (Painter 2009). Louisiana has events, such as Mardi Gras, in which open container policies and drinking age laws are, in essence, forgotten for the week. New Hampshire, on the other hand, operates under much stricter rules, making no distinction between the possession or consumption of alcohol for religious purposes or binge drinking at a party. New Hampshire laws see no differences in drinking with parental consent and underage tailgating prior to a sporting event. In fact, in New Hampshire, many stores won't even sell alcohol to those above the MLDA if they are accompanied by a minor.

While these are examples of inconsistencies between two states, there are many other states that have adopted exceptions to the MLDA or simply choose not to enforce various aspects of it. This lack of consistent enforcement from state to state means that one of two things will likely occur. The first situation is that someone will grow up in an area with strict adherence to the MLDA and will have little exposure to alcohol, until they move out, start a job, or go to school in an area with very relaxed drinking age laws. Inevitably, they will find themselves ill-prepared to handle the availability and frequency of alcohol consumption, leading to binge drinking and harmful consequences. On the other hand, one may grow up in an area with very relaxed drinking age laws and be familiar and comfortable with alcohol, having established smart drinking habits. However, upon moving, starting a new job, or going to school in an area with

more strict drinking laws, they may become frustrated and turn to illegal means of possession such as the obtaining of a fake ID. Either way presents dangers and creates potentially harmful situations. In addition to being dangerous, these inconsistencies greatly undermine the effectiveness of the MLDA as laws are changed, different things are enforced, habits are created, and public policy ignored.

The goals behind the MLDA, although impractical, are noble in thought. Few people will ever argue against the institution of something that has the potential to save lives. However, studies have shown that the amount of money spent on the enforcement of drinking age laws could be more beneficial when spent in other ways. According to a study of multiple countries in the European Union (EU), there is “an estimated benefit to cost ratio of 10 to 1 for implementation of seat-belt usage programs while the benefit to cost ratio for speeding reduction programs is 5 to 1 and drunk driving elimination programs is only 3.8 to 1” (Cost 2003). Further studies have estimated that programs that only aim to reduce speeding could have just as high a benefit to cost ratio as the elimination for drunk driving. The best way to see how much more beneficial a redistribution of funds would be is to look at the financial gain associated with the EUs approach. One Euro (€) spent on countering drunk driving is expected to return 3.80€ – whether that be in cost of accidents, injuries or lack thereof, etc. However, one Euro spent enforcing seat-belt laws are estimated to have roughly 10€ (Cost 2003).

As evidence shows, there are factors such as overwhelming exposure to alcohol advertisements that significantly hinder the effectiveness of the MLDA. Inconsistencies in state law across the country also prohibit the success of the MLDA, as it creates an unspoken confusion in youth and young adults during a crucial learning and socializing period. Although there is evidence supporting the institution of the MLDA and praising its effectiveness, there is

just as much evidence linking that success to other factors. Studies in Canada, where the MLDA is between 18 and 19 depending on the province, conclude that similar reductions in alcohol-related traffic incidents have been observed and recorded without the implementation of the 21 year old MLDA (Simpson 2005).

The overwhelming majority of information available shows that the MLDA is beneficial in theory, but its poor implementation and impossible enforcement make it unsuccessful in today's society. Many of the facts used by pro-MLDA advocates are out of context and statistically insignificant when viewed with all the information. The institution of the MLDA creates a culture that supports binge drinking; drinking in excess at any age makes the health benefits of drinking turn to health dangers. While a noble cause, the absurd amount of funds spent combating underage drinking might be better spent enforcing seat belt laws or going into alcohol education and treatment for those most vulnerable.

There are an abundance of possible options for future research that have the potential to be effective in lowering the number of underage drinkers. One such option is studying what policies were implemented in other countries like Canada where the MLDA is 18 or 19 depending on the province (Simpson 2005) or Belgium where the MLDA is 15 or France where it is 16 (Drinking 2002). Perhaps the solution is not raising the MLDA to 21; perhaps, instead, it is increasing alcohol education and awareness with a focus on teaching safe drinking habits before youth become young adults and are on their own. It is apparent that the dangers of underage drinking are more serious when binge drinking occurs. Perhaps the institution of these measures will alleviate the culture surrounding underage and binge drinking and accomplish the same goals as the MLDA.

## References

- “Alcohol and Other Drug Abuse: Facts about Youth and Alcohol.” 2009. *American Medical Association*. Retrieved September 14, 2009. (<http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/alcohol-other-drug-abuse/facts-about-youth-alcohol.shtml>).
- Beilin, L., Puddey, I., and Burke, V. “Alcohol and Hypertension - Kill or Cure?” *Journal of Hypertension*, 1996, 10, 1-5
- Camargo, C. A., *et al.* “Prospective Study of Moderate Alcohol Consumption and Mortality in US Male Physicians”. *Archives of Internal Medicine*, 1997, 157, 79-85.
- “Cost Benefit Analysis of Road Safety Improvements – Final Report.” 2003. ICF Consulting, Ltd. with Imperial College Centre for Transportation Studies. 1-63
- “Drinking Age Limits.” 2002. International Center for Alcohol Policies 4: 2-4. Retrieved September 13, 2009.
- Effective. 2009. In *Merriam-Webster Online Dictionary*. Retrieved October 15, 2009, from (<http://www.merriam-webster.com/dictionary/effective>).
- “Fact Sheet - Alcohol Advertisement and Promotion.” 2005. Alliance on Underage Drinking.
- Foster, Susan E., Vaughan, Roger D., Foster, William H., Califano, Joseph A. 2003. “Alcohol Consumption and Expenditures for Underage Drinking and Adult Excessive Drinking.” *Journal of the American Medical Association*. 289 (8): 989-995.

Hughes, S.P and Dodder, R.A. (1992). Changing the Legal Minimum Drinking Age: Results of a Longitudinal Study. *Journal of Studies on Alcohol*. 53 (6).

Institute of Medicine. 2003. "Reducing Underage Drinking – A Collective Response." National Research Council and Institute of Medicine.

Leiber, L. 1996. "Commercial and Character Slogan Recall by Children Aged 9 to 11 Years; Budweiser Frogs vs. Bugs Bunny. Berkeley." Center on Alcohol Advertisement.

Longnecker, M., and MacMahon, B. "Associations Between Alcoholic Beverage Consumption and Hospitalization, 1983 National Health Interview Survey." *American Journal of Public Health*, 1988, 78(2), 153

Manson, J. E., *et al.* The Primary Prevention of Myocardial Infraction. *The New England Journal of Medicine*, 1992, 326(21), 1406-1416.

McMullen, Judith G., 2006. "Underage Drinking: Does Current Policy Make Sense?" Taking Sides: Clashing Views in Drugs and Society. 63-79.

O'Malley PM, Wagenaar AC. 1991. "Effects of minimum drinking age laws on alcohol use, related behaviors, and traffic crash involvement among American youth: 1976–1987." *Journal of Studies on Alcohol*. 52:478–491.

Painter, Murphy, Commissioner. 2009. "2009 State Of Louisiana Alcohol and Tobacco Control Law." Office of Alcohol and Tobacco Control. Louisiana Department of Revenue.

Rodgers, H. *et al.* "A Case-Control Study of Drinking Habits Past and Present." *Stroke*, 1993. 24(10), 1473-1477.

Simpson, H.M., Mayhew, D.R., and Beirness, D.J. (1995). "The Decline in Drinking-Driving Fatalities in Canada: A Decade of Progress Comes To An End?" Traffic Injury Research Foundation. Ottawa, Canada. 508

Snyder, Leslie; Milici, Frances Fleming; Slater, Michael; Sun, Helen; Strizhakova, Yuliya. 2006. "Effects of Alcohol Advertising Exposure on Drinking Among Youth." *Archives of Pediatric And Adolescent Medicine*. Vol 160. 18-24.

Taylor, P. 1994. "Alcohol Advertisements Encourage Alcohol Abuse." *Alcoholism*. San Diego, CA: Greenhaven Press. 111–121.

"Underage Drinking Research Initiative." 2009. National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health. (also available at <http://www.niaaa.nih.gov/AboutNIAAA/NIAAASponsoredPrograms/underage.htm>)

"Underage Drinking: Why Do Adolescents Drink, What are the Risks, and How can Underage Drinking Be Prevented?" 2006. *Clashing Views: Taking Sides in Drugs and Society*. 80-94.