

# **The Minimum Legal Drinking Age: Facts and Fallacies**

## **Brief History of the MLDA**

After Prohibition, nearly all states restricting youth access to alcohol designated 21 as the minimum legal drinking age (MLDA). Between 1970 and 1975, however, 29 states lowered the MLDA to 18, 19, or 20. These changes occurred when the minimum age for other activities, such as voting, also were being lowered (Wechsler & Sands, 1980). Scientists began studying the effects of the lowered MLDA, focusing particularly on the incidence of motor vehicle crashes, the leading cause of death among teenagers. Several studies in the 1970s found that motor vehicle crashes increased significantly among teens when the MLDA was lowered (Cucchiaro et al, 1974; Douglas et al, 1974; Wagenaar, 1983, 1993; Whitehead, 1977; Whitehead et al, 1975; Williams et al, 1974).

With evidence that a lower drinking age resulted in more traffic injuries and fatalities among youth, citizen advocacy groups pressured states to restore the MLDA to 21. Because of such advocacy campaigns, 16 states increased their MLDAs between September 1976 and January 1983. Resistance from other states, and concern that minors would travel across state lines to purchase and consume alcohol, prompted the federal government in 1984 to enact the Uniform Drinking Age Act, which mandated reduced federal transportation funds to those states that did not raise the MLDA to 21. Among alcohol control policies, the MLDA has been the most studied: since the 1970s, at least 70 studies have examined the effects of either increasing or decreasing the MLDA.

## **Research Findings**

- A higher minimum legal drinking age is effective in preventing alcohol-related deaths and injuries among youth. When the MLDA has been lowered, injury and death rates increase, and when the MLDA is increased, death and injury rates decline (Wagenaar, 1993).
- A higher MLDA results in fewer alcohol-related problems among youth, and the 21-year-old MLDA saves the lives of well over 1,000 youth each year (Jones et al, 1992; NHTSA, 1989). Conversely, when the MLDA is lowered, motor vehicle crashes and deaths among youth increase. At least 50 studies have evaluated this correlation (Wagenaar, 1993).
- A common argument among opponents of a higher MLDA is that because many minors still drink and purchase alcohol, the policy doesn't work. The evidence shows, however, that although many youth still consume alcohol, they drink less and experience fewer alcohol-related injuries and deaths (Wagenaar, 1993).
- Research shows that when the MLDA is 21, people under age 21 drink less overall and continue to do so through their early twenties (O'Malley & Wagenaar, 1991).
- The effect of the higher MLDA occurs with little or no enforcement. Historically, enforcement has focused primarily on penalizing underage drinkers for illegal alcohol

possession and/or consumption. For every 1,000 minors arrested for alcohol possession, only 130 merchants have actions taken against them, and only 88 adults who supply alcohol to minors face criminal penalties (Wagenaar & Wolfson, 1995).

- Researchers conducted an in-depth review of enforcement actions in 295 counties in Kentucky, Michigan, Montana, and Oregon. The review showed that in a three-year period, 27 percent of the counties took no action against licensed establishments that sold alcohol to minors, and 41 percent of those counties made no arrests of adults who supplied alcohol to minors. Although the majority of the counties took at least one action against alcohol establishments and/or adults who provided alcohol to minors, many did not take such actions frequently (Wagenaar & Wolfson, 1995).
- Regarding Europeans and alcohol use among youth, research confirms that Europeans have rates of alcohol-related diseases (such as cirrhosis of the liver) similar to or higher than those in the U.S. population (Single, 1984). However, drinking and driving among youth may not be as great a problem in Europe as in the U.S. Compared to their American counterparts, European youth must be older to obtain their drivers' licenses, are less likely to have a car, and are more inclined to use public transportation (Wagenaar, 1993).

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