

# Mental Health Matters

Counseling and Psychological Services (CAPS)

Fall 2008-2

## Hot Topic: Minimum Legal Drinking Age

Once again under discussion is the topic of the minimum legal drinking age (MLDA), also referred to as the age 21 laws. Campus and community leaders are examining all sides to this issue, reviewing reputable research and discussing how the drinking age plays out practically on campus.

The MLDA discussion involves several issues. On one hand, some campus and community leaders celebrate the raising of the legal drinking age to 21 as the soundest public health policy ever passed, citing multiple research studies.

Prevention professionals also worry about the effect of alcohol use on the teenage brain and the "trickle-down effect" of giving legal access to alcohol to teenagers who might then pass it on to even younger friends. On the other hand, some campus and community leaders propose changing the drinking age to 18 to match other rights and responsibilities given at that age. They also claim that teenagers can be taught to drink responsibly, reducing harm caused to themselves and others.

As is the case with all public health debates, one must look beyond the rhetoric to examine the real questions and underlying issues being raised. The current debate can be informed by more than 20 years of reliable research and practices that have been tested and proven in the alcohol abuse prevention field. Careful review of the data is a necessary step toward forming an opinion on any public health issue and especially this one, where instructive data are abundantly available (*Higher Education Center for AOD Abuse and Violence Prevention, 2008*).

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The tradition of drinking has developed into a kind of culture—beliefs and customs—entrenched in every level of college students' environments.

Students derive their expectations of alcohol from their environment and from each other, as they face the insecurity of establishing themselves in a new social milieu. Environmental and peer influences combine to create a culture of drinking. This culture actively promotes drinking, or passively promotes it, through tolerance, or even tacit approval, of college drinking as a rite of passage.

(Historical document: NIAAA College Drinking – Changing the Culture, 2005)

## Know the risks: Energy drinks

Energy drinks are sold as dietary supplements, and the FDA doesn't regulate their caffeine levels or require warnings. Americans spent about \$5.4 billion on energy drinks in 2006, an amount growing about 47 percent a year.

Caffeine intoxication can lead to nervousness, anxiety, restlessness, insomnia, gastrointestinal upset, tremors, rapid heartbeat and overdose.

(Roland Griffiths, John Hopkins University)

## Did you know?

### Caffeine content/drink:

Coca-Cola Classic: 35mg

Red Bull: 80 mg

Rockstar: 160 mg

No Fear: 174 mg

Wired X505: 505 mg

Fixx: 500 mg

## Minimum Legal Drinking Age (MLDA)/Age 21

### Frequently Asked Questions

**Question:**

Youth in other countries are exposed to alcohol at earlier ages and engage in less alcohol abuse and have healthier attitudes toward alcohol. Don't those countries have fewer alcohol-related problems than we do?

**Answer:**

Actually, that is a myth. Despite anecdotal reports of adults teaching youth to drink in moderation, survey data provide no evidence that European youth are more responsible about alcohol consumption than American youth. A recent study compared rates of alcohol consumption and alcohol-related problems in the United States with those in Europe and found that both rates and frequency of drinking among European youth are higher than in the United States. Additionally, about half of the European countries surveyed had higher rates of intoxication among their youth.

Further, "...a greater percentage of young people from nearly all European countries in the survey report drinking in the past 30 days. For a majority of these European countries, a greater percentage of young people report having five or more drinks in a row. Additionally, per capita consumption of alcohol and cirrhosis death rates are both higher in France and Italy, two countries with a lower legal drinking age." Reports of fewer alcohol-related crashes among European youth are likely due to youth driving "...less frequently in Europe than in the United States. Compared with the United States, Europeans have higher legal driving ages, more expensive automobiles and greater access to public transportation. Looking beyond traffic crashes, however, European countries have similar or higher rates of other alcohol-related problems compared with the United States."

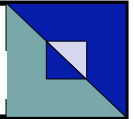
**Question:**

Has the minimum legal drinking age been lowered before? What were the results of that "natural experiment"?

**Answer:**

"Between 1970 and 1975, 29 states lowered their minimum drinking ages. Meanwhile, 13 states kept the legal age at 21." Researchers found a marked increase in alcohol-related teen car crashes in the states with reductions. "Once the 21 age was restored...alcohol-involved highway crashes immediately declined in this age group."

New Zealand lowered its minimum purchase age for alcohol from 20 to 18 in 1999. Researchers noted in 2006 that "...significantly more alcohol-involved crashes occurred among 15- to 19-year-olds than would have occurred had the purchase age not been reduced to 18 years. The effect size for 18- to 19-year-olds is remarkable given the legal exceptions to the pre-1999 law and its poor enforcement." After the minimum age was lowered, New Zealand researchers found that this change in the minimum drinking age "...has resulted in increased presentations to the [central city emergency department] of intoxicated eighteen and nineteen year olds. A similar trend was seen in the 15-17 year olds." Rates of drunk driving and disorderly conduct have also increased.

**Question:**

What are the long-term effects of alcohol use on a developing brain?

**Answer:**

Studies suggest that the adolescent brain goes through a series of structural and functional changes that may make it more susceptible to long-term impairments due to alcohol use. These dynamic changes affect the planning, decision-making, impulse control, voluntary movement, and speech-production processes.

Specifically, the American Medical Association reports that "...frontal lobe development and the refinement of pathways and connections continue until age 16, and a high rate of energy is used as the brain matures until age 20."

"The hippocampus handles many types of memory and learning and suffers from the worst alcohol-related brain damage in teens. Those who had been drinking more and for longer had significantly smaller hippocampi (10 percent)."

**Question:**

Many youth under age 21 still drink, despite the current legal drinking age. Doesn't that prove that this policy is ineffective?

**Answer:**

While some youth may choose to consume alcohol before age 21, studies show that they consume less and suffer fewer secondary effects such as alcohol-related injuries when the drinking age is 21.

Studies also indicate that delaying onset of drinking will substantially reduce the risk of alcohol problems and dependence later on in life. Further, when the legal drinking age is 21, those under age drink less than when the drinking age is lower, and they continue to drink less through their 20s.

"There is also some 'trickle-down' effect in that when youth get alcohol they often give it to even younger teens." "When the legal age is 21, 19- and 20-year-olds can often obtain alcohol from their friends. When the drinking age was 18 and 19, 17- and even 16-year-olds were often able to get alcohol from their friends. If the drinking age is lower, more alcohol will be available to younger high school students and perhaps even middle school students."

**Question:**

Should we reduce the Minimum Legal Drinking Age to 18?

**Answer:**

The National Highway Traffic Safety Administration (NHTSA) estimates that through 2002, the increase in the minimum legal drinking age has saved 21,887 lives in the 50 states. NHTSA estimates that the current MLDA will continue to save 1,000 lives each year. While alcohol was involved in 60 percent of U.S. vehicular fatalities in 1982, the rate in 2005 stood at 39 percent.

**Question:**

What does the research say about the effects of the MLDA?

**Answer:**

There are dozens of published studies examining all aspects of the MLDA. It is important to review the body of available research before deciding on any public health issue. What follows are a selection of the seminal works related to the effects of the MLDA from the last several years:

Wagenaar, A.C., & Toomey, T.L. (2002). Effects of minimum drinking age laws: Review and analyses of the literature from 1960 to 2000. *Journal of Studies on Alcohol, Supplement 14*, 206-225.

Fell, J.C., Fisher, D.A., Voas, R.B., Blackman, K., & Tippetts, A.S. (2008). The relationship of underage drinking laws to reductions in drinking drivers in fatal crashes in the United States. *Accident Analysis & Prevention, 40*(4), 1430-1440.

Grube, J.W. (2005). Youth drinking rates and problems: A comparison of European countries and the United States. Calverton, MD: Pacific Institute for Research and Evaluation, Office of Juvenile Justice Enforcing the Underage Drinking Laws Program.

Kindelberger, J. (2005). Calculating lives saved due to minimum drinking age laws. *Traffic Safety Facts: Research Notes*.

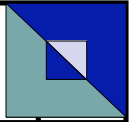
Kypri, K., Voas, R., Langley, J., Stephenson, B., Begg, D., Tippetts, S., & Davie, G. (2006). Minimum purchasing age for alcohol and traffic crash injuries among 15- to 19-year-olds in New Zealand. *American Journal of Public Health, 96*(1), 126-131.

LaBrie, J.W., Rodrigues, A., Schiffman, J., Tawalbeh, S. (2007). Early alcohol initiation increases risk related to drinking among college students. *Journal of Child & Adolescent Substance Abuse, 17*(2), 125-141.

Ponicki, W. R., Gruenewald, P. J., & LaScala, E. A. (2007). *Joint Impacts of Minimum Legal Drinking Age and Beer Taxes on US Youth Traffic Fatalities, 1975 to 2001. Alcoholism: Clinical and Experimental Research, 31*(5), 804-813.

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*, 579-587.

(Resource: Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention. [Frequently Asked Questions: Age 21/MLDA](#), 2007).



### Some Key Findings from IUPUI Students who participated in the Core Alcohol and Drug Survey 2008

#### On the use of alcohol

84.4% of the students consumed alcohol in the past year.  
64.2% of the students consumed alcohol in the past 30 days.  
44.4% of underage students (younger than 21) consumed alcohol in the previous 30 days.  
30.5% of students reported binge drinking in the previous two weeks (of the survey).  
A binge is defined as consuming 5 or more drinks in one sitting.

#### On the perceived effects of alcohol

72.9% say it breaks the ice  
68.1% say it enhances social activity  
39.0% say it makes it easier to deal with stress

56.0% say it facilitates a connection with peers  
59.6% say it gives people something to talk about

49.3% say it facilitates male bonding  
37.9% say it facilitates female bonding

53.5% say it allows people to have more fun  
68.4% say it gives people something to do  
14.5% say it makes food taste better

16.1% say it makes women sexier  
12.4% say it makes men sexier  
12.1% say it makes me sexier  
41.6% say it facilitates sexual opportunity

#### On problematic experiences resulting from the use of alcohol

12.7% performed poorly on a test or important project  
26.2% did something they later regretted  
13.3% missed a class  
21.2% had a memory loss  
19.8% drove a car while under the influence  
21.2% got into an argument or fight  
1.4% tried to commit suicide  
4.2% seriously thought about suicide  
9.4% were hurt or injured

**Please consider offering e-CHUG as a class assignment!**

The e-CHUG is an evidence-based, dynamic, on-line alcohol *intervention* and personalized *feedback* tool developed by counselors and psychologists at San Diego State University.

Drawing on *Motivational Interviewing* (Miller & Rollnick, 2002) and *Social Norms* feedback theories (Haines & Spear, 1996), the e-CHUG is designed to motivate individuals to reduce their consumption using personalized information about their own drinking and risk factors. The e-CHUG was designed, and is updated with the most current and reliable research available.

This link <https://interwork.sdsu.edu/echug2/?id=IUPUI&hfs=true>

will take students directly to e-CHUG at IUPUI

A link is also available at the CAPS home page <http://life.iupui.edu/caps>

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