

Vermont Department of Health
Alcohol & Drug Abuse Programs
Understanding the Minimum Legal Drinking Age (MLDA)

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HEALTH AND SOCIAL PROBLEMS

- The minimum legal drinking age is the most well studied alcohol policy in the United States.
- The Health Department mission is to protect the public health, and alcohol can be extremely damaging and harmful to an individual's health. Specifically, late adolescent drinking has personal negative consequences for the individual as well as secondary social and potential public health costs for others in the community environment.
- A review of 40 years of literature (1960 to 2000) by Wagenaar and Toomey on the effects of minimum drinking age concluded a higher legal drinking age (21) reduces alcohol consumption, and a higher legal drinking age reduce rates of traffic crashes. There are no scientific studies that show any positive effects of lowering the drinking age.
- Repeated exposure to alcohol during adolescent years may lead to deficits in cognitive abilities including learning and memory. Very high levels of consumption during late adolescence are highly predictive of downward social drift and subsequent alcohol-related problems later in life.
- Recent evidence suggests that heavy drinking during adolescence and young adulthood is associated with poorer neurocognitive functioning during the young adult years, and particularly with impairment of attention and visuospatial skills. This is important because a large portion of the young adult population drinks at potentially harmful levels.
- Brain imaging studies have shown that heavy use during adolescence and young adulthood can lead to subtle but significant abnormalities in brain structure and function. In addition, these changes in the brain may not be completely reversible even if drinking is stopped. That is, subtle, but potentially permanent damage may occur as a result of early-onset heavy drinking. These effects may not show themselves completely for several years.
- Among adolescents, 12-20 in Vermont 38% report any alcohol consumption in the past 30 days and 28% report binge drinking in the past 30 days (NSDUH, 2006). Vermont ranks number 1 in the country in underage consumption and number 2 in underage binge drinking.
- Among college students nationwide, 19% report consuming 5 or more drinks on at least 5 different occasions in the past month (NSDUH, 2006).
- Youth who begin drinking alcohol before the age of 15 are five times more likely to develop alcohol problems than those who start after age 21 (The NSDUH Report, 10/22/04).
- The Health Department has closely tracked drinking rates through the Youth Risk Behavior Survey during the decade between 1995 and 2007.
 - Alcohol use by 12th graders dropped from 63 percent in 1995 to 55 percent in 2007.
 - Alcohol use by 8th graders dropped from 40 percent in 1995 to 19 percent in 2007.
 - Older students binge drink (more than 5 drinks) more than younger students
 - 39% of 12th graders binge drink in 2007 compared to 42% in 1995.
 - 8% of 8th graders binge drink in 2007 compared to 12% in 1995.
- Lowering the drinking age may have unintended negative “trickle-down” effects on even younger adolescents. In one study when the MLDA was lowered to 18, alcohol-involved traffic significantly increased for the 18-20 year old group AND the 15-17 year old group.
- The bottom line is that a higher legal drinking age reduces alcohol consumption (Wagenaar and Toomey).

INJURY AND DEATH RATES

- Lowering the minimum legal drinking age (MLDA) back to 18 will lead to an increase in traffic-related injury and fatality rates (based on international data, see New Zealand example). In addition, non-traffic injury and death rates will also increase.
- The MLDA-21 policy, according to National Highway Traffic Safety Administration (NHTSA) estimates, has led to a 13% reduction in traffic fatalities nationwide since 1975 (over 17,000 lives).
- In 1982 60% of traffic fatalities (nationally) were alcohol related, compared to 39% in 2005 (NHTSA).
- Compared to states with MLDA-21, those states that lowered the MLDA to 18 (in the 70's and early 80's) reported significantly more alcohol-related crashes, alcohol-related motor vehicle fatalities, alcohol-related property crime in 15-20 year olds, but there was little to no increase among 21+.

INTERNATIONAL DATA

- The notion that European youths consume alcohol more responsibly because they are introduced to drinking at an early age is a myth.
- Consumption and binge rates are significantly higher in European countries where the MLDA is as low as 16. (See MLDA PowerPoint for details.)
- In 1999 New Zealand lowered the MLDA from 20 to 18, which provided the opportunity for a "natural" experiment. It allowed comparisons of relevant variables for specific age groups before and after the MLDA was lowered. The result was a large increase in alcohol-related crash injuries among 18-19 year-olds.

FEDERAL FUNDS

- State requests for Federal waivers from this requirement, if granted, would establish unequal drinking ages across states. This may result in border zones where purchase and consumption of alcohol by 18-20 year olds would likely be created. History has shown that different MLDA's in adjacent geographic areas can be very dangerous.
- While states constitutionally have the right to establish their individual MLDA's all currently comply with the Federal standard of 21.
- Based on fiscal year 2007, the penalty for Vermont to have its drinking age under 21 could result in a loss of as much as \$17.4 million in federal funds, according to the National Highway Traffic Safety Administration.