



## Minimum Legal Drinking Age Laws

Minimum legal drinking age (MLDA) laws specify an age below which the purchase, possession, and/or consumption of alcoholic beverages is illegal. The restriction of access to alcohol is designed to curb underage drinking and, subsequently, reduce drinking and driving among those under 21 years of age as well as other alcohol-related harms.

In 1984, the U.S. Federal government enacted the National Minimum Drinking Age Act [23 U.S.C. § 158], thereby reducing Federal transportation funds for states that failed to prohibit persons under 21 years of age from purchasing or publicly possessing alcohol. By 1988, all states were in compliance. In addition to lowering the MLDA, states have enacted a variety of other policies to limit access to alcohol and prevent underage consumption. These include: underage possession, consumption, and/or internal possession of alcohol; furnishing alcohol to minors; social host laws; purchase/attempt to purchase alcohol by minors; using false identification for the purpose of obtaining alcohol, etc.

The penalties for violating the MLDA vary by state. Common sanctions include fines, community service, driver license suspension, and assessment/treatment. The latter is especially important as underage drinking offenses are often written off as a rite of passage and are not viewed as a serious infraction when in reality, instances of underage consumption could be indicative of substance use issues. The quick justice approach to processing and adjudicating these cases (typically in the form of fines and community service in exchange for charge dismissal), misses a valuable opportunity to identify youth who may have issues that require intervention. While not every teenager who consumes alcohol has a drinking problem, every citation, detention, and arrest for underage drinking should trigger the process of screening and assessment to determine whether there are risk factors that should be addressed.

Failure to identify substance abuse or other problems in a young person's life can lead to future alcohol-related offenses and further contact with the criminal justice system. Moreover, there is a significant body of research that indicates that early age of first drink is consistently associated with elevated rates of alcohol dependence later in life (DeWitt et al., 2000; Grant & Dawson, 1997; Hingson et al. 2006; McGue et al., 2001). For example, research from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) found that the lifetime prevalence of alcohol dependence was 47% among individuals who began consuming alcohol at age 14 or younger (Hingson et al., 2006) compared to only 9% among individuals who began drinking at the legal age of 21. Therefore, early intervention is important not only to address potential escalation in criminal behavior but also to address potential substance use issues that manifest later in life.

Over the years there have been attempts to repeal the minimum legal drinking age in several states. As the effectiveness of the 21 MLDA is supported by numerous studies, bills proposing lowering the legal age to 18 have been met with wide opposition and subsequent defeat.



## **Research Highlights:**

- Motor vehicle crashes remain a leading cause of death among teenagers. In 2018, 24% of young drivers between 15 and 20 who were killed in crashes had blood alcohol concentrations (BACs) of .01 or greater (NHTSA, 2019).
- NHTSA estimates that MLDA laws have saved 31,959 lives from 1975 to 2017 (NHTSA, 2019).
- Voas et al. (2003) conducted an analysis of data on all drivers younger than 21 who were involved in fatal crashes in the United States from 1982 to 1997. The researchers found that raising the MLDA to 21 years of age and establishing a zero tolerance BAC law for young drivers resulted in substantial reductions in alcohol-positive involvement in fatal crashes.
- Hedlund et al. (2001) found that between 1982 and 1998, MLDA laws were a key factor in a 59% reduction in the rate of young alcohol-impaired drivers involved in fatal crashes, along with demographic shifts, .02 BAC laws for drivers under 21, and other general anti-drunk driving efforts. The researchers posited that MLDA laws have been effective because they reduced underage alcohol consumption and encouraged youth to separate drinking and driving.
- In their review of the MLDA and public health effects, Carpenter and Dobkin (2011) concluded that an MLDA of 21 resulted in less alcohol consumption and related harms compared to a MLDA at lower ages.
- An extensive review of MDLA literature published between 1960 and 2000 was undertaken by Wagenaar and Toomey (2002). The authors identified 33 studies on MLDA and alcohol consumption and 79 studies on MLDA and traffic crashes that met their criteria for quality of methodology. Of the studies that dealt with the relationship between MLDA and alcohol consumption, 33% found a reduction in youth alcohol consumption associated with a higher MLDA. Similarly, 58% of the studies found a decrease in traffic crashes associated with a higher MLDA. This suggests that there is an inverse relationship between MLDA laws and youth alcohol consumption and youth traffic crashes.
- In their review of the literature, Shults et al. (2001) found that modification to MLDA laws results in changes of roughly 10-16% in alcohol-related crashes. When the MLDA is increased, crashes decrease and the inverse is true when the MLDA is decreased. McCartt et al. (2010) reported similar findings.

## **Prevalence:**

As of 1988, all fifty states enacted the minimum legal drinking age of 21.

## **Responsibility.org Position:**

Responsibility.org supports the minimum legal drinking age law of 21 years of age as well as laws that enforce it, including penalties (e.g., mandatory fines, community service, license suspension) for illegal possession, consumption, purchase, and attempts to purchase alcohol by people under age 21. Responsibility.org encourages the use of mandatory screening and assessment among underage drinking offenders to determine whether they would benefit from treatment interventions.

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