

Why Not 21?

The Renewed Debate Over Underage Drinking

By Stephen Wallace, M.S. Ed.



Renewed public discourse about the advisability of lowering the legal drinking age, largely fueled by former Middlebury College President John M. McCardell, Jr., has opened a different front in the war on substance use and abuse among young people. While some have tired of the now decades-old debate, a fresh round of honest discussion by informed public policy-makers and pundits can only inure to the benefit of those with the most at stake.

Among McCardell's many arguments for issuing drinking "licenses" to 18- to 20-year-olds are suggestions that the current legal age of 21 breeds disrespect for the law, deprives parents of opportunities to teach children to drink responsibly, and drives problem drinking further underground and out of sight of those who might be inclined to help.

But addressing this epidemic by enabling it would be akin to suggesting that we can solve the problem of speeding by doing away with speed limits, pointed out Dr. Robert DuPont, president of the Institute for Behavior and Health and former director of the National Institute on Drug Abuse (NIDA). As for the parents, SADD's *Teens Today* research reveals that those who allow their children to learn to drink at home actually incite significantly more drinking elsewhere. And arguing that moving the legal drinking age to 18 will magically transport alcohol use out of the shadows and into the light overlooks the fact that young people use alcohol

today much differently than they did even a decade ago. High-risk, or "binge," drinking, something McCardell cites as a relatively new phenomenon, has become more of a means to an end (getting drunk) for many youth rather than part of a larger social strategy. And that is unlikely to change with a lower drinking age.

In truth, there are many reasons that young people are drinking alcohol and drinking it in large quantities, including genetics, social environments, and such mental health triggers as stress, anxiety, and depression. Simplifying complicated etiology bypasses important issues related to healthy human development.

While some dismiss McCardell as nothing more than an annoying "gadfly," many in the medical and prevention communities are responding to his proposals by rallying behind a re-statement of the relevant facts, now branded *Why 21?*

On the why21.org website, MADD sets up and promptly rebuts five myths about underage drinking and drinking laws, addressing, for example, the "forbidden fruit" issue, the "If I am old enough to go to war I am old enough to drink" argument, and the worn (and false) "Europe doesn't have these problems" analogy.

In contrast, the testimony on the other side sometimes seems aimed more at assuaging the inconvenienced than at best serving America's youth. *The Chronicle of Higher Education* reported that, during his tenure as a college president, McCardell came to "resent" the law because it forces

administrators to “choose between policing their students [and] looking the other way.” Similarly, J. Lee Peters, vice president for student affairs at the University of Hartford, told *The Chronicle* that the law “undermines” his relationships with students.

But perhaps the undermining actually occurs when those charged with educating young people downplay a public health crisis that threatens the safety of those with whom they are trying to forge meaningful relationships in the first place.

Even some of the statistics used to bolster the argument for lowering the drinking age appear to reinforce the imperative that alcohol be restricted among less physiologically and socially mature populations. These include one cited by Indiana University Professor Ruth Eng that says 22 percent of all students under 21 years of age, compared to 18 percent of students over 21, are heavy drinkers.

According to *The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking*, alcohol use by young people is a leading contributor to death from injuries, plays a significant role in risky sexual behavior, increases the risk of assault, and is associated with academic failure and illicit drug use. Specifically, this important report highlights that:

- An estimated 1,700 college students die each year from alcohol-related injuries;
- Approximately 600,000 students are injured while under the influence of alcohol;
- Some 700,000 students are assaulted by other students who have been drinking; and

- About 100,000 students are victims of alcohol-related sexual assaults or date rapes.

Just as significant, the report points to emerging facts about the permanent damage alcohol can inflict upon the structure and function of still-developing adolescent and young adult brains.

Undoing the current minimum-age drinking laws would likely do little, if anything, to reduce problematic drinking behaviors on college campuses and most assuredly would contribute to the downward age-trending of initiation into alcohol use by legally moving it into the high school community. It is pertinent to note that, according to *Teens Today*, students in grades 6-12 ranked the drinking age as the number-one reason why they choose not to use alcohol.

No matter how inconvenienced they may be, conflicted adults are a huge part of the problem rather than even a small part of the solution. By turning a blind eye, they perpetuate the fallacy that drinking by youth is really no big deal. By contrast, U.S. Health and Human Services Secretary Michael O. Leavitt, in introducing the Surgeon General's report, stated with much-needed clarity, “Underage alcohol consumption is a major societal problem with enormous health and safety consequences.”

Given that, might we be better off asking, “Why *not* 21?”

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