

Underage drinking... **MYTH** vs. **REALITY**

Myth: "If we changed the minimum drinking age back to 18 instead of 21, it would reduce problems with underage drinking."

REALITY: Researchers consider the 21 minimum drinking age to be one of the most successful public safety & public health policies in United States history.¹ Since the minimum drinking age was changed to 21 in 1984, deaths from drinking and driving accidents have decreased by thousands, saving an estimated 20,000 lives.²

Myth: "Cracking down on underage drinking will only make kids want to drink more."

REALITY: Even though we tend to think of young people as naturally rebellious, research shows that the great majority of kids respond best to clear rules—both from their parents and society at large. For example, studies show that underage youth are significantly less likely to drink alcohol when they believe they'll be caught by police.^{3 4} They're even less likely to drink alcohol when they believe their parents think it would be "very wrong" for them to do so.⁵

Myth: "In Europe, youth drink more responsibly than in the US."

REALITY: According to data collected from 15- and 16-year-olds in 35 European countries, European kids actually drink more often, drink more heavily and get drunk more often than American teens. Only in Turkey are teen drinking rates lower than in the U.S.⁶

Myth: "At least alcohol is safer than other drugs."

REALITY: Alcohol kills 6.5 times more youth than all other illegal drugs combined.^{7 8}

Myth: "It's okay as long as they don't drive. Most teen alcohol-related deaths are from drinking & driving."

REALITY: Only one-third of underage drinking deaths involve auto crashes. The remaining two-thirds involve alcohol poisoning, homicides, suicides, and unintentional injuries such as burns, drowning and falls.⁹ Taking away the car keys doesn't make underage drinking safe.

Myth: "If we just educate kids about the dangers, they won't drink."

REALITY: Research shows that scare tactics just don't work, at least not for most people¹⁰. That's because we all have a natural tendency to think, "That won't happen to me." In addition, research suggests that using scare tactics can actually do more harm than good, because they can normalize or glamorize the risky behavior.¹¹

Myth: "If we just give kids more things to do, they won't drink."

REALITY: Providing youth with positive and fun alternatives can be an important part of a community's strategy to prevent underage drinking—but it's not a cure-all. Research shows that positive community involvement serves as a strong protective factor against substance abuse. But this does not necessarily mean "having more stuff to do." Data shows that kids in urban areas drink just as much as kids in rural areas. And even in the most remote and isolated communities, there are many kids who don't drink at all.¹²

Myth: "Kids are going to drink anyway – It's a rite of passage."

REALITY: Contrary to popular belief, most kids *don't* drink. In Maine, anonymous student surveys show that the majority of teens—including 60% of 10th graders and 51% of 12th graders—have not consumed alcohol during the past 30 days.¹³ Research shows that misperceptions that “everybody’s doing it” actually make young people more likely to drink alcohol. On the other hand, when these misperceptions are corrected, and kids realize that “NOT everybody’s doing it,” they are less likely to drink alcohol.¹⁴

Myth: "It's better for kids to start drinking young, so that they can learn how to handle it."

REALITY: Alcohol impacts a teenager differently than an adult because the adolescent brain is still developing—especially the part of the brain that deals with decision-making.¹⁵ Drinking before the age of 21 places kids at higher risk for academic failure, depression, suicide, and sexual assault.^{16 17} It also increases their risk for alcohol dependence: Young people who begin drinking before age 17 are twice as likely to develop alcohol dependence than those who begin drinking at age 21. Those who begin by age 15 are more than four times more likely to develop dependence.¹⁸



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¹ Wagenaar, A.C. and 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. Suppl.* (14):206-275.

² www.madd.org

³ Maine Office of Substance Abuse (2005). *Developing a Comprehensive Underage Drinking Strategy: A Story of Proactive Enforcement and Extraordinary Success.*

⁴ Dent et al, 2005. Community level alcohol availability and enforcement of possession laws as predictors of youth drinking. *Preventive Medicine.* 40: 355-362.

⁵ Maine Youth Drug and Alcohol Use Survey, 2004.

⁶ Pacific Institute for Research and Evaluation, 2005. *Youth Drinking Rates and Problems: A Comparison of European Countries and the United States.*

⁷ *Ninth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services.* June 1997.

⁸ Gruenebaum, J.A. *Morbidity and Mortality Weekly Report*, 2002.

⁹ Hingson & Kenkel, 2004. *Social, health, and economic consequences of underage drinking.* In *Reducing Underage Drinking: A Collective Responsibility, Background Papers.*

¹⁰ Tobler, N., & Stratton, H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of the research. *Journal of Primary Prevention*, 17(3).

¹¹ Rossier, J. & Jones, S. (2004). Fear appeals in social marketing: Strategic and ethical reasons for concern *Psychology and Marketing.* 20 (11): 961 - 986

¹² For Maine Youth Drug and Alcohol Use Survey data, visit www.maineosa.org.

¹³ *Ibid.*

¹⁴ Hansen, W.B., 1993. School-based alcohol prevention programs. *Alcohol Health and Research World* 17 (1): 54-60.

¹⁵ M.A.D.D. website article *Brain 101*, by Scott Swartzwelder, Ph.D reprinted from DRIVEN magazine, Fall 1998

¹⁶ From “Interviews with the Experts. Former Surgeon General David Satcher, MD, PhD, on Binge Drinking.” www.ncadd.org/programs/awareness/satcher.html

¹⁷ Substance Abuse and Mental Health Services Administration. 1999. *The Relationship Between Mental Health and Substance Abuse Among Adolescents.*

¹⁸ National Institute on Alcohol Abuse and Alcoholism, 1992 *National Longitudinal Alcohol Epidemiological Survey.*