The Policy

After Prohibition, nearly every state designated 21 as the minimum legal drinking age (MLDA). In the 1970s, 29 states lowered their drinking age to 18, 19 or 20, which led to increases in alcohol sales and consumption, as well as alcohol-related traffic injuries and fatalities, among youth. By 1983, 16 states raised their MLDA back to 21 to address the increased drinking and driving traffic fatalities among youth.

In 1984, the federal government enacted the Uniform Drinking Age Act, which reduced federal transportation funds for those states that did not raise their MLDA to 21. By 1988, all states had set the minimum legal drinking age at 21. The goal of the MLDA is to curb youth drinking and reduce its related problems, especially traffic injuries and deaths.

- Alcohol is the number one drug of choice among America's youth. Every day in the U.S., 7,000 youth under age 16 have their first drink of alcohol.
- More than 4,300 youth under age 21 in the U.S. die each year as a result of alcohol-related injuries, shortening their lives by an average of 60 years; 38% of those deaths involve car accidents, 32% result from homicides, and about 6% (300 deaths) are suicides.
- The highest prevalence of alcohol dependence among U.S. drinkers is people 18-20 years old.
- Nearly 2,500 young people 12-14 years old initiated alcohol use each day in 2010.
- A stunning 25.9% of underage drinkers meet the clinical criteria for alcohol abuse or dependence, compared to 9.6% of adult drinkers.
- Countries with lower MLDA have binge drinking rates for youth 15-16 years more than double the U.S. rate.
- A review of 49 studies found that when the MLDA was lowered from 21 to 18, fatalities increased by 10%. When the MLDA was increased to 21, fatalities decreased by 16%.
- Increasing the MLDA by 3 years was associated with decreases in per capita total alcohol consumption, as well as reductions in beer and spirits consumption.
- There is no evidence that a lower minimum legal drinking age is associated with fewer traffic crashes.
- A review of 132 studies published over a 40-year period found strong evidence that changes in minimum drinking age laws had substantial effects on youth drinking and alcohol-related harm, particularly road traffic accidents, often for years after young people reach the legal drinking age.
- Establishing 21 as the minimum legal drinking age has:
  - saved 1,000 lives per year; specifically, more than 800 lives among youth under 21 each year;
  - led to decreases in the number of teen DWI arrests, marijuana use, vandalism, crime, and alcohol consumption among youth;
  - reduced the likelihood that students will binge drink at colleges where the 21 MLDA laws were strongly enforced;
  - decreased traffic crashes, traffic fatalities, suicide, and consumption by those under age 21;
  - reduced alcohol-related traffic deaths by 59% among youth ages 15-20 in 2000;
  - decreased the number of alcohol-related traffic deaths among 16-20 year-olds from 5,244 in 1982 to 2,115 in 2004;
  - prevented up to 600 suicides and 600 homicides of women annually; and
  - decreased instances of low-birth weight and binge drinking among African-American women.

- Maintaining the MLDA at 21, as well as strengthening enforcement and developing policies that enhance it, are effective measures to lower alcohol consumption and related harm among young people.
Supporters of the 21-MLDA include: National Institute on Alcohol Abuse and Alcoholism, National Highway Traffic Safety Administration, Substance Abuse and Mental Health Services Administration, National Research Council and Institute of Medicine of the National Academies, Centers for Disease Control and Prevention, Office of the U.S. Surgeon General, Governors Highway Safety Association, and American Public Health Association.  

**Bottom Line**

It’s difficult to find a more successful (or more widely studied) public health intervention than keeping the minimum drinking age at 21. Anyone who argues to the contrary ignores the overwhelming scientific evidence.

**References**


