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Binge drinking and the drinking age

Binge drinking is a phrase commonly tossed around when referring to social drinking. The Center for Disease Control (CDC) defines binge drinking as consuming enough alcohol to raise the blood alcohol concentration (BAC) to above 0.08%. As defined, it normally takes about five drinks for a male and four drinks for a female over two hours to reach this concentration depending on other factors such as height, weight, age, and personal elements, such as medication. More often than not, it is said by reputation that minors, or in this country people under the age of 21, seem to take part in more binge drinking than do other populations in our demographic. Although it seems the idea of binge drinking scares adults and parents, while minors embrace the concept, there is much controversy over how binge drinking affects people under the age of 21. Becky Allen, who works for Michigan State University’s Health Education Program on Alcohol, Tobacco and Other Drugs claims that negative health consequences of binge drinking underage are no less severe than binge drinking at any age, and usually the social consequences tend to be predominantly the biggest issue at all ages. Other research shows social and health factors that are connected with age. Therefore, it is important to examine the habit of binge drinking with and without age as a factor in order to understand the correlation it has with negative outcomes and its effect on the individual. From this evaluation, a conclusion can be drawn about the argument of binge drinking and the drinking age.

In many occasions, binge-drinking habits well exceed the four-to-five drinks per two-hour period description, which is why health advocates, like Allen, tend to stray away from the term. Regardless, the research done about the health effects of heavy drinking owe to the importance of moderation. These problems as studied by the CDC include intentional and unintentional injuries, sexually transmitted diseases, alcohol poisoning, liver disease, and neurological damage, to name a few. Besides health consequences, the social and psychological impact binge drinking have on a person are equally relevant in the discussion. The Institute of Alcohol Studies has done research on these consequences and has found statistically relevant data that alcohol causes accidents, decreases school/work performance, leads to sexual acts, increases violence/crime, and can cause psychological problems.

School officials have become concerned about these consequences with the apparent increase of binge drinking during college, and some argue that the drinking age being so high is the cause of the high levels of binge drinking around campuses. An article in Newsweek by Evan Thomas expresses this idea: “How to Fight Binge Drinking: Would lowering the legal age help collages curb underage drinking?” As stated in the article:

*About 150 of them [school officials]…have signed a letter pushing for "public debate" over reducing the drinking age to 18. The theory is that, combined with better education and increased supervision, lower drinking ages will get kids to drink responsibly.*

Some people who support health education and advocacy of responsible drinking, such as Allen, agree with lowering the drinking age, and using the transition as a way to provide better education in alcohol responsibility. A campaign called Choose Responsibility, headed by John McCardell who was the former president of Middlebury College, supports lowering the drinking age to 18 with a license. A focus of the suggested law change is to hold all drinkers, new and old, accountable to the rules of the license. As Allen explains, allowing someone to drink at any age is like just handing someone the keys to the car without any guidance or education, and drinking should be handled with the same seriousness.

Those who support lowering the drinking age believe it will create more responsible, young drinkers and therefore decrease binge drinking. On the other hand, research done by the Washington University School of Medicine has data that shows correlations between *raising* the drinking age and a *decrease* in binge drinking. For example, in high schools, which contain students all under the legal age, it is much more difficult for these adolescents to get alcohol because none of their peers can legally buy it for them. If the legal age was lowered to 18, this would make alcohol much more accessible to this younger age group, because the seniors in their school could purchase it.

For the same reason, this correlation of the increased drinking age and decrease in binge drinking does *not* apply to college students, because approximately one fourth of the school population has legal access to alcohol, thereby the doors are open for nearly all students to obtain it. The research done shows that binge drinking has stayed consistent among male college students while female college students’ binge drinking habits have dramatically increased. This could not be explained by a drinking age debate, but rather the role-change in females and the increased number of females attending college over the years. It seems with such compelling data surrounding high school drinking, it may make sense to cut our losses and keep the drinking age at 21. Interestingly enough, the National Institute of Health (NIAAA) funded the research done at Washington University that resulted with conclusions favoring the 21-year old drinking age. Perhaps there is something that health professionals know that we don’t about underage binge drinking that motivates them to keep the higher drinking age.

In fact, upon speaking to pharmacologists on the matter of alcohol, it may be logical to at least keep the drinking age 21, if not raise it. Dr. James Galligan of Michigan State University Pharmacology Department explains that the brain typically is done developing between the ages of 18 and 26. Moving the drinking age to 18 would hit at the minimum of this level, and risk brain destruction at a legal age. He is therefore a supporter of keeping the age at 21 years to minimize the probability of younger individuals drinking who are developmentally not ready. Both he and Allen stress the importance of alcohol as a drug substance and the concept of the “therapeutical dose” as all drugs have. The fact that alcohol does not have a dosage amount creates less of a thoughtful impact when one consumes it. It is unlikely that someone would repeatedly and recreationally overdose (according to the labels) on a substance such as cough medicine or Tylenol, so if alcohol also had a dosage label, would a different attitude about alcohol exist? While Galligan and Allen disagree on where the drinking age should be, they do agree on the fact that the mentality of alcohol needs to become more serious in realizing that this is first and foremost a drug we are dealing with.

When discussing health and binge drinking, the difficult argument exists in what is more important: short-term health consequences or long-term health consequences? The short-term consequences have been already referenced, things including injury, STDs, alcohol poisoning, and drunk driving. Long-term consequences, although potentially relevant, may be less apparent and traumatic than the immediate repercussions of drinking, including liver cirrhosis and memory loss. These sorts of medical problems can be linked with drinking, but what about cancer, heart disease, and stroke, common causes of death at middle and older ages. These are never typically connected with drinking activities done as adolescents, but should they be? The evidence that underage binge drinking could be taking years or decades off individuals’ lives is not available or convincing enough to make the argument in keeping the age 21 or raising it.

Although the research done on the health side of the debate has not come up with anything too convincing to show that the consequences of drinking underage differ from drinking legally, the statistics of heavy drinking in general are persuasive enough to make movements in preventing the occurrence of binge drinking in our society. An article found in The Independent uncover some research about brain function in older adults as related to binge drinking habits:

*The results, presented at the Alzheimer's Association International Conference in Vancouver, Canada, showed that twice-monthly binge-drinkers were 147% more likely to experience the highest levels of mental decline. They were also 149% more likely than non-binge-drinkers to suffer the greatest amount of poor memory. For once-monthly binge-drinkers, the risk for mental decline was raised by 62% and for memory by 27%.*

With this in mind, it is no wonder why health officials feel like it is important to curb binge drinking as soon as possible. The neurological effects of drinking are always of the highest concern when discussing side effects of heavy drinking, and unfortunately concrete mechanistic data about alcohol and the brain as related to age is difficult to come by. Long term studies like this done by the Alzheimer’s Association are mainly the only applicable research, while not much concrete short term evidence is available to relate age. This alone makes it difficult, especially for health professionals, to find reasons to keep the age up. Even with stark evidence such as the previous statistics, it does not provide adequate data of what age the binge drinking actually began.

It seems that even if data were uncovered that showed serious health side-effects of binge drinking at a younger age, it probably would not deter those under the age of 21 from their typical drinking habits. Pre-gaming, drinking games, and shots are all done with the same intention: to get drunk before the party enough to sustain you if there’s a chance no more alcohol will be available at a later point; in other words, get drunk and get drunk fast. This boils down to the idea of binge drinking as a social entity, and not too many understand these habit better than the officers trying to enforce the drinking age. Detective James Didion believes immature drinking will occur at 18 regardless of if it’s legal or not. He explained how the age the limit is placed at does not change the way youth regards alcohol, as he says “I’ve seen people under the age of 21 just plain drink themselves to death, but I’ve seen people over the age of 21 do the same thing.” From his observations as an officer and speaking from his own experiences as a young adult, he believes the age needs to remain where it is: at 21.

Also included in the discussion with the detective was drunk driving as an extreme concern for society and precedence it has taken in the debate of the drinking age. While lowering the age may or may not affect health, and may or may not decrease binge drinking, a lower drinking age prior to 1984 did show a rise in drunk driving and deaths by drunk driving. Mothers Against Drunk Driving (MADD) lobbied to raise the drinking age because of just this. How is binge drinking involved in this situation? Research through News Medical, and published in *Alcoholism: Clinical and Experimental Research,* state that 80% of alcohol-impaired incidents are caused by binge-drinkers. With the irresponsible reputation that new drinkers have, also being new to the road does not help their cause, and in fact, the incidents of drunk driving have decreased since the law change in 1984. This has much to do with the legal consequences being the largest threat associated with drinking.

Although minors do not seem to mind roaming the streets obliterated, they have realized that the consequences of a DUI can seriously impact their lives and avoid driving after drinking until they are 21. This is the general take most young people have regarding drinking: not getting caught. An article written by CBS quotes John McCardell, the founder of Choose Responsibility, summarizing the general feeling towards binge drinking in regards to the drinking age: “The high drinking age is impossible to enforce and is pushing the situation underground, contributing to excessive drinking.” The overwhelming majority of students asked about their number one concern when they were drinking underage claimed it was getting an MIP, a minor in possession, and both Allen and Detective Didion agree that legal consequences take priority over health when a minor is drinking. Considering that binge drinking is still on the rise, young people, especially college students, have found more creative ways to get drunk without getting caught, putting them in more dangerous situations than if they were to be publically drinking around more people, such as at the bar. Along with this, the legal pressures of underage drinking tend to make minors and their minor friends nervous about seeking medical attention while extremely intoxicated. In an article written by Becky Allen, she states:

*“When asked if students would call on behalf of a friend who had passed out from alcohol, 7 out of 10 said they would. Those who said they would not, have in the past often cited legal concerns as a reason for not calling- most specifically the fear of getting an MIP.”*

This being a major concern for parents, law enforcement, and health professionals alike, Medical Amnesty was added to Michigan’s laws in June 2012. This code allows the exemption of the underage drinking consequences to minors who seek out their own medical help and to underage friends that seek it out for their peers.

Binge drinking has woven a tangled web for everyone involved, and when discussing the drinking age, it is impossible to ignore the presence of binge drinking and its effect on every aspect of the argument, including legal, social, and health perspectives. The truth is, the drinking age probably wouldn’t be a problem if minors weren’t taking advantage of the alcohol they do get their hands on, and every focus of fighting for or against the drinking age typically rotates around preventing binge drinking and its consequences. After examining many different perspectives regarding strictly binge drinking, it seems that the health aspect has, surprisingly taken the back burner, while the social agenda is most convincing. If more young people are going to die by drunk driving or secretly binge drinking, versus dying of brain trauma and liver cirrhosis, social factors should seemingly take precedence. Then comes the other age argument: Should the age be lowered to reduce binge drinking? Or should it remain high to reduce drunk driving? There will always be a fine line dividing what is the right age and what is the wrong age to begin drinking. In the end, minors will drink. The goal of the drinking laws should always be to further educate and promote responsibility in drinking habits, while not denying individual rights and equality. To accuarately determine the drinking age, more research will need to be completed in health and social influences, as well as other legal models that work to adaquately meet this goal.

I personally believe the drinking age should remain 21. Although the licensing with the lower drinking age makes the most sense in immediately trying to create responsibility with drinking in acknowledging the current problem of hidden drinking among college kids, lowering the drinking age will only push the hidden activity to a lower age. I think over time the general attitude about alcohol needs to shift from one of acceptable recreation to one of caution, and this will not come about by showing toleration at a younger age. This shift typically comes side-by-side with health evidence, including the hard-to-come-by long-term health evidence and direct correlations to drinking underage. A very similar scenario in our history is smoking, a formerly acceptable habit, now turning taboo for younger people. We see Sugeon General warnings on cigarettes, but nothing on alcohol. The change in mentality of smoking came with the almost inevitable link to lung cancer and other respiratory diseases. I believe there may be an equally linkable consequence to binge drinking, but our attention has been constantly deflected by things like drunk driving and other serious, yet less chronic, problems. Binge drinking should not be as acceptable or prevalent as it is on college campuses, and yet science-savy students, including me, and the majority of others take part in the “college lifestyle” with complete nonchalance. I hope one day, potentially decades from now, our society can look back on this era with disbelief as we do with that of the 1950’s and their complete ignorance to smoking. No drug should be consumed so frequently and casually as alcohol is by college students, and in time the evidence will be inevitable to change this.

References Cited:

Center for Disease Control and Prevention. “Alcohol and Public Health, Fact Sheets: Binge Drinking.” Atlanta, GA. Jul 20, 2010.

Allen, Becky. Michigan State University. Health Education: Alcohol, Tobacco and Other Drugs. October 2012

Evan, Thomas. “How to Fight Binge Drinking: Would lowering the legal age help colleges curb alcohol abuse?” Newsweek, Culture. Sep 10, 2008.

Von Radowitz, John. Binge-drinks OAPs risk brain damage, warn scientists.” *The Independent*. Jul 18, 2012.

Institute of Alcohol Studies. “Binge drinking- medical and social consequences.” IAS Fact Sheet. Sep 4, 2007.

Streeter, Ruth. “The Debate on Lowering the Drinking Age.” CBS Interactive Inc. Mar 1, 2010.

Science Daily. “Higher Drinking Age Linked to Less Binge Drinking—Except in College Students.” Washington University School of Medicine, St. Louis. Jun 23, 2009.

Galligan, James. Ph.D. Michigan State University Department of Pharmacology. November 2012.

Didion, James. Detective. East Lansing Police Department. October 2012.

News Medical. “Binge Drinking and Driving.” Published in: Alcoholism: Clinical and Experimental Research. July 2008.