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Alcohol Conference Debate Changes Minds About Minimum Drinking Age

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ARLINGTON, Va., Oct. 30 /PRNewswire/ -- Health Communications, Inc. (HCI), provider of the TIPS program and host of the Alcohol Responsibility Conference 2009 (ARC 2009), posted the pre- and post-survey results from one of the conference sessions, a debate entitled *Should the Minimum Legal Drinking Age Remain 21?* Dr. John McCardell, founder and president of Choose Responsibility and former President of Middlebury College, presented the case in favor of reducing the minimum drinking age. Mr. James Fell, Senior Program Director at the Pacific Institute for Research and Evaluation (PIRE), presented the case for continuation of the minimum drinking age of 21. Observed by 75 conference attendees, the debate took place on October 1, 2009. Conference attendees represented a cross section of people from diverse sectors of the community, including law enforcement, community coalition groups, alcohol retailers, university and college administrators, and independent consultants.

Debate observers were asked to complete a survey prior to the debate and another survey immediately following the debate. All attendees completed the surveys. "The most resounding result was that 31% of the attendees claimed that the debate changed their opinions about the current drinking age of 21," said Trevor Estelle, debate moderator and Vice President of Health Communications, Inc. "I was shocked that a 90-minute debate could have that kind of sway."

The survey results indicated that the debate triggered a change in attitudes and opinions regarding the issues that were discussed. In every case, the percentage of observers who were not sure of their position about an issue was smaller after the debate than before. Hearing both sides present their cases apparently allowed individuals to form more informed opinions about the age at which persons should be allowed to drink and about the effects that the current drinking age has had on behavior as it relates to alcohol consumption in this country.

Some of the results suggested that attendees were more influenced by Dr. McCardell's arguments. When attendees were asked if they thought the minimum drinking age should be lowered to 18 in the U.S., 16% of the pre-survey respondents checked "yes," compared to 29% of the post-survey respondents. When asked if they thought 21 was an appropriate minimum drinking age, 64% of the pre-survey respondents checked "yes" as opposed to 55% for the post-survey respondents. In addition, the pre-survey indicated that 33% were in favor of a drinking age lower than 21, while 44% of the post-survey attendees favored lowering the drinking age.

Other results suggested that Mr. Fell had a greater impact. When attendees were asked if they thought the minimum drinking age of 21 has reduced high-risk binge drinking by underage youth, 28% of the pre-survey respondents answered "yes" as opposed to 31% of the post-survey respondents. When asked if they thought

that the lower minimum drinking age in European countries was the reason for the lower incidence of alcohol-related problems among European youth, 47% of the pre-survey respondents answered "no" compared to 65% of the post-survey respondents. Mr. Fell commented, "While a small minority of ARC 2009 attendees changed their minds about the drinking age, still only 29% were in favor of lowering it. The majority of the audience still thought 21 was the appropriate drinking age (55%). Apparently the life-saving effects and common sense of the 21 drinking age still resonates with the public."

If nothing else, the survey results confirm that a national discussion on the legal drinking age is desired. As one attendee commented, "This debate is really needed. I am definitely open to more information."

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