



VIA FACSIMILE

(202) 226-2269

August 25, 2010

The Honorable Jack Kingston
United States House of Representatives
2368 Rayburn House Building
Washington, DC 20515

Dear Congressman Kingston:

On behalf of Community Anti-Drug Coalitions of America (CADCA) and our more than 5,000 coalition members throughout the country, 22 of which are in your district, I am writing to register my concern about H.R. Bill 5958, which would allow military personnel who are 18 and on active duty to purchase and drink beer and wine at certain locations on military installations. Lowering the drinking age on military installations would have detrimental consequences and I urge you to reexamine the large body of research on this issue.

The preponderance of evidence indicates that the 21 minimum legal drinking age has improved public health and safety. Approximately 25,000 lives have been saved since the implementation of the 21 year old drinking age. While lowering the drinking age will remove the immediate enforcement issue on military installations, it will not alleviate the major costs and consequences associated with alcohol abuse.

The 2002 Department of Defense Survey of Health-Related Behaviors Among Military Personnel found that the highest levels of negative effects— productivity loss, dependence symptoms and other serious consequences (e.g., missing a week or more of duty because of a drinking-related illness, being arrested for driving while impaired, not being promoted, receiving a low performance rating, being arrested for another alcohol-related reason, being involved in a traffic crash resulting in injury or property damage, and fighting while drinking) occurred among military personnel in the lowest pay grades (i.e., E1 to E3). These pay grades generally correspond to the youngest enlisted service members, who typically lack a college education. During 2002, 20.2 percent of junior enlisted personnel reported serious alcohol-related consequences, 27.2 percent reported lost productivity, and 22.6 percent reported symptoms of dependence.

Binge drinking is common among active-duty military personnel and is strongly associated with many health and social problems, including problems with job performance and alcohol-impaired driving, according to a recently released study, titled *Binge Drinking Among U.S. Active-Duty Military Personnel*, that was conducted by the University of Minnesota and the Centers for Disease Control and Prevention (CDC). Binge drinking was reported by 43 percent of active-duty personnel during the past-month, resulting in a total of approximately 30 million episodes of binge drinking or roughly 30 episodes per person per year. About two-thirds of these episodes were reported by active-duty personnel who were 17 to 25 years of age at the time of the survey, including 5 million episodes that were reported by active-duty personnel who were under 21 years of age. Binge drinkers were more than six times more likely to report job

performance problems and about five times more likely to report driving after having too much to drink.

Mandy Stahre, Alcohol and Tobacco Epidemiologist and author of the study states, "Our study clearly shows that binge drinking is a significant public health problem in the military, which is dangerous to both the drinkers and to those around them. It also underscores the importance of implementing effective strategies to prevent underage and binge drinking, such as maintaining and enforcing the age 21 minimum legal drinking age and increasing alcohol excise taxes."

Science confirms that the adolescent brain is not fully developed until the early to mid-20s. As a result, alcohol use prior to age 21 can hamper brain development and function. The effects of repeated alcohol consumption during adolescence may be long-lasting. The National Epidemiological Survey on Alcohol Related Conditions (NESARC) indicates that of the people diagnosed with alcohol dependence ever in their lives, 47 percent met the criteria before age 21. Studies also have detected cognitive impairments in adolescent alcohol users weeks after they stopped drinking, and a different pattern of brain response to memory tests than among non-abusers. It is in the best interest of our youth to ensure that the age of onset for alcohol use is delayed as long as possible. This is evidenced by the fact that youth who begin drinking before the age of 15 are four times more likely to develop alcohol dependence as an adult than those who wait until age 21.

There is no research indicating that lowering the drinking age will lead to decreases in alcohol use and abuse rates. Rather it will almost certainly further normalize alcohol use among youth, and exacerbate problems that already exist. The prevention field has made major strides in reducing underage drinking in recent years and this legislation severely undermines the efforts of the many community anti-drug coalitions throughout the country and their message that underage drinking has a host of negative consequences associated with it, including impaired brain functioning and can have long lasting effects on those under the age of 21 whose brains are not yet fully developed. Lowering the drinking age on military bases would also exacerbate problems associated with underage drinking that are already occurring.

On behalf of CADCA and its more than 5,000 coalition members throughout the country, I respectfully request that you reconsider moving H.R. 5958 any further through the legislative process. Thank you for considering my views.

Sincerely,



Arthur T. Dean
Major General, U.S. Army, Retired
Chairman and CEO