

August 21, 2008

Vincent Maniaci  
Office of the President  
American International College  
1000 State Street  
Springfield, MA 01109

Dear President Maniaci:

I am writing to express my concern regarding your support for the Amethyst Initiative which seeks to revisit the debate on the legal drinking age, and encourages law makers to lower it. Lowering the drinking age would have detrimental consequences for youth and communities throughout the country and I urge you to reexamine the large body of research on this issue. The issue of whether or not to lower the drinking age should be predicated on results and research, not rhetoric.

Underage drinking, particularly on college campuses is pervasive and has major repercussions but lowering the drinking age is not the solution. In 1984 when the drinking age was still 18, only 7% of high school seniors had never used alcohol in their lifetime.<sup>i</sup> Since the drinking age was raised to 21, we have seen a dramatic *increase* in the number of high school seniors who have never used alcohol in their lifetime. The 2007 *Monitoring the Future* results reveal that now 27% of high school seniors have never used alcohol in their lifetime.<sup>ii</sup> This means that more than three times as many 18 year olds are not consuming any alcohol since the drinking age was raised to 21. Clearly this is a societal prevention success that we should not undermine by lowering the drinking age back to 18.

Given we know that prevention works, and we are achieving success, we cannot afford to return to outdated policies of lowering the drinking age. Rather we need to collectively reinforce the progress we've made to date. Research clearly shows that comprehensive, community-wide strategies involving all sectors of the community have proven effective in reducing underage drinking. Such efforts can include, but are not limited to: addressing access and availability of alcohol; changing community norms; community organizing and mobilization; environmental policy changes; heightened enforcement; media advocacy and messaging; and school-community partnerships.<sup>iii</sup>

Furthermore, 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.<sup>iv</sup> While lowering the drinking age will remove the immediate enforcement issue on college campuses and shift this responsibility to society at large, it will not alleviate the major costs and consequences associated with alcohol abuse.

Science confirms that the adolescent brain is not fully developed until the early to mid-20s.<sup>v</sup> 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.<sup>vi</sup> 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.<sup>vii</sup> 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.<sup>viii</sup>

Studies also illustrate that the decline in the use of any drug, including alcohol, is directly related to its perception of harm or risk by the user. Recently released research conducted at the University of Virginia and reported in the July-August edition of the *Journal of American College Health* found that “students are influenced by perceptions, whether right or wrong, and tend to behave according to what they perceive to be normal.”<sup>ix</sup> Lowering the drinking age sends the wrong message to America’s youth, and will further normalize behavior that has the potential to be both dangerous and addictive.

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. Now is not the time to retreat; instead, prevention efforts need to be redoubled.

Simply lowering the drinking age will not counteract the current costs and consequences associated with underage drinking, but it will undermine the progress that has been made in preventing underage alcohol use. In addition to the previously referenced comprehensive, community wide strategies that have been proven effective<sup>3</sup>, through extensive research and consultation with college presidents, a number of credible organizations, such as the National Institute on Alcoholism’s (NIAAA) Task Force on College Drinking and the Department of Education’s Higher Education Center, have developed recommendations that college presidents can implement to address the culture of drinking on their campuses.

I strongly urge you to reconsider your position on the Amethyst Initiative, and also encourage you to get involved in changing community norms and practices surrounding the problem of underage drinking by partnering with your local anti-drug coalitions.

Please feel free to contact me if you would like to discuss this further, or if you would like the contact information for your local coalition.

Sincerely,

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

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<sup>i</sup>Johnston, L. D., O'Malley, P. M., Bachman, J. G. & Schulenberg, J. E. (December 11, 2007). *Overall, illicit drug use by American teens continues gradual decline in 2007*. University of Michigan News and Information Services: Ann Arbor, MI. Available: [www.monitoringthefuture.org](http://www.monitoringthefuture.org)

<sup>ii</sup> Ibid.

<sup>iii</sup> Treno, A.J.; Gruenewald, P.J.; Lee, J.P.; et al.(2007) "The Sacramento neighborhood alcohol prevention project: outcomes from a community prevention trial." *Journal of Studies on Alcohol and Drugs*. (68)197–207. Wagenaar, A.C.; Erickson, D.J.; Harwood, E.M.; et al. (2006). "Effects of state coalitions to reduce underage drinking: A national evaluation." *American Journal of Preventive Medicine*. 31(4)307–315. Weitzman, E.R.; Nelson, T.F.; Lee, H.; and Wechsler, H.(2004). „Reducing drinking and related harms in college: Evaluation of the "A Matter of Degree" program." *American Journal of Preventive Medicine*. 27:187–196. Holder HD, Gruenewald PJ, Ponicki WR, Treno AJ, Grube JW, Saltz RF, Voas RB, Reynolds R, Davis J, Sanchez L, Gaumont G, Roeper P. (2000). "Effect of community-based interventions on high-risk drinking and alcohol-related injuries." *Journal of the American Medical Association* 284(18):2341–2347. Hingson, R.W.; Zakocs, R.C.; Heeren, T.; et al. (2005). „Effects on alcohol related fatal crashes of a community based initiative to increase substance abuse treatment and reduce alcohol availability." *Injury Prevention*. 11(2):84–90.

<sup>iv</sup> U.S. Department of Transportation, National Highway Traffic Safety Administration. (2007). *Traffic safety facts 2006: A compilation of motor vehicle crash data from the fatality analysis reporting system and the general estimates system*. Washington: DC. Available: <http://www-nrd.nhtsa.dot.gov/Pubs/TSF2006FE.PDF>

<sup>v</sup> Winters, Ken. (2008). *Adolescent brain development and drug abuse: Research indicates that brain development is still in progress during adolescence; immature brain regions may place teenagers at elevated risk to effects of drugs*. Philadelphia: PA. Available: [http://www.tresearch.org/headlines/2008Jan\\_TeenBrain.pdf](http://www.tresearch.org/headlines/2008Jan_TeenBrain.pdf)

<sup>vi</sup> Hingson, R.; Heeren, T; Winter, M. (2006) "Age at drinking onset and alcohol dependence. Age at onset, duration, and severity." *Archives of Pediatrics and Adolescent Medicine*. (160)739-746. Available: <http://archpedi.ama-assn.org/cgi/content/full/160/7/739>.

<sup>vii</sup> National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. (2008). *Alcohol and the developing adolescent brain*. Bethesda: MD. Available: [http://www.niaaa.nih.gov/NR/rdonlyres/87033E59-822F-4491-B0B5-F08C7C955588/0/NIAAA\\_Brain\\_Fact\\_Sheet\\_508.pdf](http://www.niaaa.nih.gov/NR/rdonlyres/87033E59-822F-4491-B0B5-F08C7C955588/0/NIAAA_Brain_Fact_Sheet_508.pdf).

<sup>viii</sup> Grant, B. F. (1998). *Alcohol Health and Research World*. "The impact of a family history of alcoholism on the relationship between age at onset of alcohol use and DSM-IV alcohol dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey." Volume 22, Issue 2. Bethesda: MD.

<sup>ix</sup> UVA Today. (2008) *New study shows reductions in serious alcohol-related consequences among college students*. Charlottesville: VA. Available: <http://www.virginia.edu/uvatoday/newsRelease.php?id=6014>.