

Monograph: 21 Minimum Bar Entry Age

Illinois Higher Education Center
for Alcohol, Other Drug and Violence Prevention

June, 2005

Introduction

The issue of underage drinking is one that has been discussed extensively. Some have argued that the 21 Minimum Legal Drinking Age (21 MLDA) is an arbitrary age that does not correlate with other responsibilities placed on a minor, i.e. voting, joining the armed services, etc. However, the MLDA is set at 21 because as the Louisiana State Supreme Court stated, “statutes establishing the minimum drinking age at a higher level than the age of majority are not arbitrary because they substantially further the appropriate governmental purpose of improving highway safety, and thus are constitutional (“Addressing the Minimum Legal Drinking Age in College Communities,” 2003).”

Regarding traffic safety, research has shown that the rate of alcohol-related traffic crashes is greater for drivers ages 16 to 20 than for drivers age 21 and older (“NIAAA-Alcohol Alert,” 2003.). The rate of fatal crashes among alcohol-involved drivers between 16 and 20 years old is more than twice the rate for alcohol-involved drivers 21 and older (“NIAAA-Alcohol Alert” 2003).

While traffic safety is an area where underage drinking has been highlighted, underage drinking has other negative effects. For example, adolescents also are vulnerable to alcohol-induced brain damage, which could contribute to poor performance at school or work. In addition, youthful drinking is associated with an increased likelihood of developing alcohol abuse or alcohol dependence later in life (“NIAAA-Alcohol Alert,” 2003). In a study related to alcohol use and suicide, Windle (1992) found that 37 percent of eighth grade females who drank heavily reported attempting suicide, compared with 11 percent that did not drink (“NIAAA-Alcohol Alert,” 2003). Grunbaum (2001) found that adolescent alcohol use is associated with high-risk sex. Further, the consequences of high-risk sex, such as unwanted pregnancy and contracting sexually transmitted diseases, including HIV/AIDS, are common among adolescents engaging in alcohol use and high-risk sex (“NIAAA-Alcohol Alert,” 2003).

Because research has shown that the 21 Minimum Legal Drinking Age is not an arbitrarily chosen number but rather the age in which most individuals are better equipped to handle the effects of alcohol, it is necessary that the 21 Minimum Legal Drinking Age be strengthened through other legislation. The following will highlight the successes of the 21 Minimum Legal Drinking Age and one policy area in which legislation must be changed so that the 21 MLDA can further its effectiveness.

Previous attempts to curb the negative effects of minors consuming alcohol

During the 1970s, numerous scholars (Cucchiario et al, 1974; Douglas et al, 1974; Wagenaar, 1983, 1993; Whitehead, 1977; Whitehead et al, 1975; Williams et al, 1974) found that motor vehicle crashes increased when the minimum legal drinking age was lowered (*American Medical Association*, 2004). As a result, President Ronald Reagan appointed a Presidential Commission on Drunk Driving. The top recommendation from this committee was to pass federal legislation requiring all states to adopt the age of 21 as the minimum legal drinking age (MLDA). Adopted nationwide on July 1, 1998, the 21 Minimum Legal Drinking Age has been considered highly effective in decreasing the

amount of alcohol-related accidents. Researchers have found the following positive effects of the 21 MLDA:

- The 21 MLDA has been credited with reducing traffic fatalities involving drivers between the ages of 18-20 years old by an estimated 13 percent since 1975 (“Addressing the Minimum Legal Drinking Age (MLDA) in College Communities” 2003).

- Fewer college students reported drinking in the past month in 2000 (67.4%) than in 1980 (82%) (“Addressing the Minimum...,” 2003).

- A higher minimum legal drinking age is effective in preventing alcohol-related deaths and injuries among youth. When the MLDA has been lowered, injury and death rates increase, and when the MLDA is increased, death and injury rates decline (Wagenaar, 1993).

- A higher MLDA results in fewer alcohol-related problems among youth, and the 21 MLDA saves the lives of well over 1,000 youth each year (Jones et al, 1992; NHTSA, 1989). Conversely, when the MLDA is lowered, motor vehicle crashes and deaths among youth increase. At least 50 studies have evaluated this correlation (Wagenaar, 1993).

- A common argument among opponents of a higher MLDA is that because many minors still drink and purchase alcohol, the policy does not work. The evidence shows, however, that although some youth still consume alcohol, they drink less and experience fewer alcohol-related injuries and deaths (Wagenaar, 1993).

- Research shows that when the MLDA is 21, people under age 21 drink less overall and continue to do so through their early twenties (O’Malley and Wagennar, 1991).

Clearly, the 21 Minimum Legal Drinking Age has proven to be highly effective in reducing the number of negative effects stemming from alcohol use. However, the positive effects of the 21 MLDA are threatened by the lack of other laws. One needed law concerns the minimum bar entry age in Illinois. Currently, in the state of Illinois, there is no law that requires a 21 Minimum Bar Entry Age (one must be at least 21 to enter a bar). As a result, there are significant inconsistencies in the minimum bar entry age throughout Illinois.

Inconsistency throughout the state of Illinois in minimum bar entry age (MBEA)

An analysis of 79 municipalities in the state of Illinois, almost all containing some form of higher education, found that 65 of the 78 municipalities were either “dry,” had no

bars, or had a 21 MBEA¹. The thirteen municipalities that do not have a 21 MBEA are the following (MBEA in parentheses): Belleville (19), Carbondale (19), Carlinville (18), Centralia (0), Champaign (19), Des Plaines (0), Edwardsville (0), Lebanon (18), Macomb (20), Quincy (0), Robinson (0), Rock Island (0), and Urbana (18). Though the number of municipalities with an under-21 MBEA is in the minority, some of these municipalities contain the highest population of “potential underage drinkers²” in the state of Illinois. For instance, Carbondale, home to Southern Illinois University, has a bar entry age of 19. Southern Illinois University-Carbondale has an undergraduate student body of 15,937. Macomb, home to Western Illinois University, has a bar entry age of 20. Western Illinois University has an undergraduate student body consisting of 10,327. Another example is Champaign/Urbana, home to the University of Illinois. Champaign has a minimum bar entry age of 19, while Urbana has a minimum bar entry age of 18. The University of Illinois at Urbana-Champaign has the largest undergraduate student population in Illinois at 28,589. According to the American Medical Association (AMA), more than 59 percent of college undergraduates are underage (“Addressing the Minimum...,” 2003). Combined, these three institutions have a total undergraduate population of 54,853. Using the 59 percent benchmark provided by the AMA, these three institutions (in four municipalities) have a student body consisting of 32,354 students that are under the age of 21.

Though Carbondale, Macomb, Urbana, and Champaign are highlighted, the problem of underage drinking and a minor’s ability to access alcohol because of a bar entry age below 21 is present in many Illinois municipalities. Belleville (MBEA 19), Carlinville (18), Centralia (0), Des Plaines (0), Edwardsville (0), Lebanon (18), Lincoln (18), Quincy (0), Robinson (0), and Rock Island (0) all contain institutions of higher education and have a MBEA below 21.

Why this is a problem

These four towns, containing a significant amount of potential underage drinkers, are the few towns that have a minimum bar entry age less than 21. Further, not only do these municipalities have tremendously large potential underage drinking populations, these campuses receive massive influxes of people on weekends. Friends and family that visit students of these institutions increase the size of the underage population. It is likely that many of these underage visitors are frequenting the Urbana, Champaign, Macomb, and Carbondale bars. Such behavior can have vast consequences. For example, in Charleston, home to Eastern Illinois University, there was a 19 bar entry age prior to 1994. According to Charleston Mayor Dan Cougill³, the 19 bar entry age brought minors from surrounding municipalities to Charleston. Further, the Mayor stated that aside from contributing to underage drinking, these “non-Charleston” minors who had come to Charleston to drink at the bars were the cause of many fights and noise-violations, and were arrested for DUIs.

¹ This analysis was conducted through a survey sent to 79 Illinois municipalities that contained some form of higher education (see Appendix 1 for the survey).

² “Potential underage drinkers” are defined by the author as anyone under the age of 21.

³ Per author’s conversations with Mayor Cougill in September 2004 and February 2005.

The fact that minors are consuming/accepting/purchasing alcohol while frequenting establishments is evidenced through crime data provided by Macomb, Champaign, and Urbana. Presently, Carbondale was not able to provide data for arrests/tickets issued to minors inside a liquor establishment. In Urbana, where only one bar is near the University of Illinois campus (according to Urbana Police Officials), from 1999 through October 21, 2004, 293 individuals were charged with possession/consumption by a minor. A joint police operation between the Urbana and Champaign police forces from January 1, 2005, through March 17, 2005, charged 301 minors with possession/consumption by a minor and/or false/fraudulent ID use (“Champaign Police Department Alcohol Enforcement Unit,” 2005). In Macomb, from September 16, 2002, through September 30, 2004, 258 individuals were charged with possession/consumption by a minor or purchase/acceptance by a minor.

As the data provided by Macomb, Champaign, and Urbana reveal, municipalities with a minimum bar entry age less than 21 afford minors the opportunity to access alcohol in a liquor establishment. While minors themselves are not able to purchase the alcohol in the bar, they use alternative methods to obtain the alcohol. One popular method invoked by minors to obtain alcohol in a bar setting is to have an individual 21 years or older purchase the alcohol to pass on to the minor.

According to Dr. Richard Scribner of Louisiana State University, a bar entry age below 21 creates an environment where the 21 minimum legal drinking age is “unenforceable” (*Campus Alcohol and Traffic Safety Conference*, 2004). While many municipality officials claim that a bar setting provides a “controlled environment” where minors are unable to access alcohol, the information provided by Macomb, Champaign, and Urbana suggest the contrary. Evidently, the assessment by Dr. Scribner that the 21 minimum legal drinking age is unenforceable in a bar setting is an accurate depiction of the inability of bar owners and employees to ensure that only those 21 and over are consuming alcohol.

Efforts to create state-wide 21 minimum bar entry age (21 MBEA)

Interestingly, while many health organizations, such as the American Medical Association (AMA), have identified the 21 minimum bar entry age as an effective way to combat underage consumption, there is no scholarly research that studies the potential effects of a 21 MBEA. One reason for this “hole” in health research is likely the difficulty in correlating an under 21 MBEA with any form of arrest. While it is most likely that some minors who have frequented a bar and consumed alcohol have received a DUI, there is no recorded evidence to connect the two acts (frequenting a bar and receiving DUI) with one another.

Another difficulty in correlating the effects of minors frequenting bars is the limitation of data. For example, much of the data desired, such as crime reports that relate to alcohol use, may not be available. In studying the case of Charleston and the effects of its change in bar entry age in 1994, the city was not able to provide data from the early 1990s--data that is necessary to understand the effects of the change in Charleston’s bar entry age. Further, in some cases it is extremely difficult to obtain information, such as hospital data.

One piece of evidence obtained that directly correlates an under 21 MBEA and minors consuming alcohol is the data provided by the Urbana, Macomb, and Illinois State Police concerning the covert operations conducted by the police in bars. These covert operations revealed a great number of minors are not only frequenting bars; they are consuming alcohol when they are inside the establishment. While it may be difficult to correlate a minor drinking in a bar with the city's crime rate, it is indisputable that these minors are breaking the law--the 21 minimum legal drinking age. Municipalities that allow minors to frequent bars are creating an environment that affords minors the opportunity to consume alcohol.

Difficulties with Passing Minimum Bar Entry Age legislation

Illinois State Representative Paul Froehlich (R-56th District) sponsored a bill addressing the minimum bar entry age in the 2004 and 2005 legislative sessions. One of the most disheartening aspects of moving this legislation is the inability to hold a public hearing on this important issue. Representative Froehlich attributes this obstacle to the liquor industry and the clout the liquor industry has in politics. Clearly, advocates of a uniform 21 MBEA law have their work cut out for them if they are to move this important public policy through the General Assembly.

The following was submitted by Sara Moscato, Associate Director of the Illinois Alcoholism and Drug Dependence Association (IADDA):

For the past few years, several advocate groups have worked to enact Minimum Bar Entry Age legislation. Passing any statewide legislation is historically a difficult process. However, the MBEA legislation possesses some unique elements that make passage of this legislation challenging. Until recently, underage drinking had not been viewed by policymakers and community leaders as a significant problem in Illinois communities. With the release of the Institute of Medicine's 2003 report "Reducing Underage Drinking: A Collective Responsibility," legislators have begun to seriously consider the issue of underage drinkers in Illinois communities. While this is an important step in the fight to reduce underage drinking, much more education is needed to convince policymakers that a Minimum Bar Entry Age of 21 years directly correlates to underage alcohol consumption and related consequences and costs.

As a legislator considers voting on a particular bill, s/he must take into account the will of his/her constituents. Unfortunately, oftentimes this puts our efforts in a direct conflict with small business owners. Legislators are very aware of the regulations that are already placed upon small business owners – a large portion of constituents in a majority of Illinois communities. Additionally, small business owners are historically a very vocal group of advocates. Local bar and tavern owners in college communities are often opposed to this legislation, as several owners claim they stand to lose almost ¼ of their business if the MBEA were raised to 21 statewide! This very active and vocal group of constituents can provide the "tipping point" for a legislator's decision to vote for or against an MBEA bill. To remedy this effect, it is important that advocates for MBEA

legislation attempt to work in concert with bar and tavern owners to educate them on the dangerous consequences and costs of serving alcohol to minors.

A unique challenge that has been presented is the role of University officials and University police officers. As discussed earlier, some University administration and police officers claim that minors entering a liquor establishment will be in a “more controlled environment” than if they were on campus, in fraternities or other housing options. Police officers claim that they can control the area around the bar better than if students were spread out at parties around campus. While this logic may, at first glance, seem reasonable, multiple studies have shown that increased access to alcohol increases underage drinking. Not all administration officials and police officers are in agreement in the “controlled environment” logic. Several University staff and police have joined the Illinois Prevention Alliance for Higher Education and are working closely to change the attitude of their colleagues. University administration and police officers are key to helping change attitudes on campus regarding underage drinking. Future efforts should focus on reaching out to University administration and police officers to garner support for this effort.

Finally, advocates must begin reaching out to other community groups such as educators, parent organizations and medical associations who can be partners in this effort. Local community coalitions also are important partners that often have positive relationships with their local legislators. Everyone’s efforts are needed to make an impact on this issue. As the old saying goes, “The squeaky wheel gets the grease.” Advocates should continue to dialogue with their local legislators and push for a MBEA of 21.

Sara Moscato, MS, CHES, CPPE
Associate Director
Illinois Alcoholism & Drug Dependence Association (IADDA)
217.528.7335 x 11 - office
217.528.7340 - fax
smoscato@iadda.org
www.iadda.org

Conclusion

The 21 Minimum Legal Drinking Age has been highly effective in decreasing the negative effects of alcohol use among minors. However, further positive effects of the 21 MLDA are threatened by the absence of other laws. One absent law concerns the minimum age in which one can legally enter a bar. Currently, there is no law in the State of Illinois that restricts the age in which one can legally enter a bar. As highlighted, this has resulted in numerous minimum bar entry ages throughout Illinois. Though some officials hold that minors are in a controlled environment when they are in a liquor establishment, the evidence provided by Urbana, Macomb, and Illinois State Police suggest otherwise. This evidence confirms that when allowed to frequent a liquor establishment, minors will consume alcohol.

For this reason, it is understood why organizations throughout the United States have attempted to pass a 21 minimum bar entry age. Because the minimum legal drinking age is 21, it is only sensible that the minimum bar entry age be 21. However, as

discussed by Representative Paul Froelich and IADDA Associate Director Sara Moscato, passing legislation concerning the 21 minimum bar entry age will require extensive efforts by advocates who support the 21 MBEA. As Moscato discussed, one concern regarding the minimum bar entry age is the possible negative financial effects it will have on liquor establishments. This possible decrease in revenue for the liquor establishment would subsequently lead to a decrease in the revenue for the city. However, it should be noted that revenue for the City of Carbondale and the City of Charleston did not decrease when these two municipalities changed their bar entry age to 21⁴.

Overall, the absence of the 21 Minimum Bar Entry Age law is threatening the effectiveness of the 21 Minimum Legal Drinking Age law. The 21 MLDA has proven to be highly successful in combating the negative effects of alcohol use by minors. The opportunity for minors to frequent a liquor establishment has not led to the “controlled environment” described by some police and university officials. Instead, as the evidence from Macomb, Urbana, and Illinois State Police illustrates, the ability for a minor to frequent a liquor establishment affords the minor the opportunity to illegally consume alcohol. It is imperative that the State of Illinois establish a 21 Minimum Bar Entry Age to further maximize the effects of the 21 Minimum Legal Drinking Age law--a law that has proven to be highly effective in decreasing the negative effects of alcohol use by minors.

⁴ See Appendix 2 for Charleston and Carbondale revenue.

References

- “Addressing the Minimum Legal Drinking Age in College Communities.” *Alcohol Policy Solutions-American Medical Association*, 2003.
http://www.alcoholpolicysolutions.net/sb_addressing.htm.
- “Alcohol Alert.” *National Institute on Alcohol Abuse and Alcoholism*, 2003: 59.
<http://www.niaaa.nih.gov/publications/aa59.htm>.
- Campus Alcohol and Traffic Safety Conference*, 2004. Springfield, IL: February 22-24
- “Champaign Police Department Alcohol Enforcement Unit.” Press Release: April 8, 2005.
- Jones NE, Pieper CF, and Robertson LS. 1992. “The effect of legal drinking age on fatal injuries of adolescents and young adults.” *American Journal of Public Health*, 82:112-115.
- “Minimum Legal Drinking Age.” *American Medical Association*, 2004: December.
<http://www.ama-assn.org/ama/pub/category/13246.html>.
- National Highway Traffic Safety Administration (NHTSA). 1989. *The Impact of Minimum Drinking Age Laws on Fatal Crash Involvements: An Update of the NHTSA Analyses*. NHTSA Technical Report No. DOT HS 807 349. Washington, DC: NHTSA.
- O'Malley PM, and Wagenaar AC. 1991. “Effects of minimum drinking age laws on alcohol use, related behaviors and traffic crash involvement among American youth: 1976-1987.” *Journal of Studies on Alcohol*, 52: 478-491.
- Wagenaar AC. 1993. “Minimum drinking age and alcohol availability to youth: Issues and research needs.” In: Hilton ME, Bloss G, eds. *Economics and the Prevention of Alcohol-Related Problems*. National Institute on Alcohol Abuse and Alcoholism (NIAAA) Research Monograph No. 25, NIH Pub. No. 93-3513. Bethesda, MD: NIAAA:175-200.

Appendix 1

To the Liquor Commissioner:

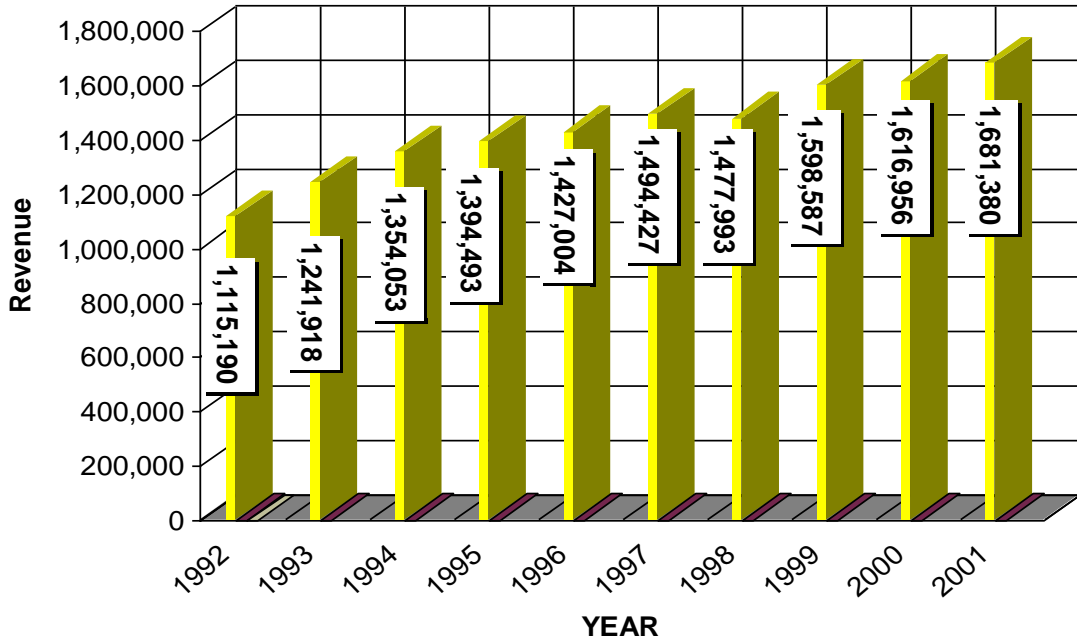
My name is Chris Micks and I am a graduate student at Eastern Illinois University. As part of my research, I am looking at municipalities and their policies towards alcohol. I am asking that you please respond to the following questions and return this questionnaire by December 14, 2004, using the enclosed envelope or by faxing the questionnaire to 217.581.6621. Included is a response sheet that I ask you to please use for your responses. If you have any questions, please contact me at 217.581.2019 or by email at cuckm3@eiu.edu. If this is a “dry” community, I ask that you still respond. If dry, simply circle “dry” on the response sheet.

1. How old does an individual have to be to enter a liquor establishment?
Specifically, what is the minimum age a person, who is by him or herself (not with parent, guardian, etc.), have to be to enter a “bar”/ “tavern”-like establishment?
2. Does this municipality have keg registration/tracking? Keg registration/tracking is a system in which kegs have a form of identification on the barrel, and the seller has the corresponding information that pertains to the purchaser. This allows the keg to be directly connected to the purchase, eliminating any questions as to who purchased the keg.
3. What is the minimum age to be a server (in a liquor establishment similar to that in question 1)?
4. What is the minimum age to be a bartender?
5. What is the minimum age to be a doorperson (in a liquor establishment similar to that in question 1)?
6. What are the legal operating hours for a liquor establishment (similar to that in question 1)?
7. Is it standard procedure for alcohol establishments to confiscate fake or fraudulent IDs? If it is, who in the municipality does the establishment turn confiscated IDs over to? Are the confiscated IDs turned over to the Secretary of State?

Appendix 2

CHARLESTON, IL TOTAL SALES TAX CHART

*INFORMATION PROVIDED BY THE CITY OF CHARLESTON



CARBONDALE, IL TOTAL SALES TAX CHART

*INFORMATION PROVIDED BY THE CITY OF CARBONDALE

