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Fake Identification Usage on College Campuses and their Effects on Underage Drinking

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Abstract On July 17, 1984 President Ronald Reagan signed the National Minimum Drinking Age Act creating a nationwide minimum drinking age to 21 years of age. All 50 states rose their alcohol purchase age to 21 by mid 1988. There are some federal exceptions to the minimum age of 21 for underage consumption of alcohol including exceptions for religious or medical reasons. Under age drinking remains a pervasive problem on the US college campuses. Under age drinking has been related to poor academic performance, motor vehicle crashes, risky sexual behaviors, sex violence and alcohol related health problems including future alcohol dependency. Laws vary from state to state on the use of fake identification (Fake ID's) and the potential penalties if caught with a Fake ID's. We conducted a study at three large state universities in Florida to evaluate the use of False Identification (Fake ID) to subterfuge the underage drinking laws. 688 of these surveys were used for the analysis since 128 respondents did not met the age criteria of being 18 or older but under age 21. Of the 688 respondents, 273 (33.5%) had a fake ID and the vast majority of these students used fake IDs to purchase alcohol (83.1%) and/or enter a bar to drink alcohol (85.9%). Despite national and state efforts to decrease underage drinking, there is still a high percentage of college students who participate in underage drinking. In our study almost 40% of underage students have fake ID's.

Keywords: Fake identification, Fake ID, Underage Alcohol Usage

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1. Background

On July 17, 1984 President Ronald Reagan signed the National Minimum Drinking Age Act creating a nationwide minimum drinking age to 21 years of age.

This law was based on the finding of the Presidential Commission Against Drunk Driving, which has been established two years before in 1982. The commission had made 39 recommendations, but the majority of the attention was given to the recommendation to rise the minimum drinking age to 21, with the states risking loss of federal highway funds for not complying.

All 50 states rose their alcohol purchase age to 21 by mid 1988. There are some federal exceptions to the minimum age of 21 for underage consumption of alcohol including exceptions for religious or medical reasons. Other limited exceptions include having a parent or guardian present or private club possession. Some state laws on alcohol consumption and possession maybe more strict than Federal laws. [2]

Under age drinking remains a pervasive problem on the US college campuses [3,4].

Increasing the minimum legal drinking age (MLDA) to 21 years did not stop under age drinking. Extensive

research suggests that raising the MLDA reduces minors' access to alcohol, as evidenced by reductions in consumption, alcohol related traffic fatalities and other alcohol related problems. [4,5,6]

Some studies reported that people in the ages 12-20 years drink 11% of all alcohol consumed in the United States, and more than 90% of all alcohol is consumed in the form of binge drinking in this age group [7].

Under age drinking has been related to poor academic performance, motor vehicle crashes, risky sexual behaviors, sex violence and alcohol related health problems including future alcohol dependency [3,7].

Laws vary from state to state on the use of fake identification (Fake ID's) and the potential penalties if caught with a Fake ID's. Fake ID's are identification cards which are forged, counterfeit or altered with false information, especially date of birth, or an identification with a picture of another person on it. These are usually "government issued" identification cards. Laws may also vary depending on what type of Fake ID the person has. In general, penalties for use of these Fake ID's is a misdemeanor charge unless it is used to purchase firearms or the Fake ID is a driver's license, and then the use of a Fake ID can be a felony. Penalties include cessation of the use of the Fake ID and may include financial penalties, driver's license suspension or revocation, community service, and possible jail time.

In addition to increasing the legal age to 21 years for alcohol consumption, several states have introduced other modalities to decrease the problem of underage drinking. Some of the modalities include laws that provide incentives to retailers and bar owners to use electronic scanners to ensure that the customer is 21 years or older. These electronic scanners read birthdate and other information digitally encoded on identification cards.

The United States have made significant security upgrades to their drivers license to avoid identification fraud. In Florida, the new ID Cards started August 17, 2017 with a myriad of new features for stronger fraud precaution ⁽⁸⁾New anti-fraud measures include ultraviolet ink, a Gold look through element, optically variable images, 2-D barcode and more.

Currently one can obtain infographic information on how to spot a fake ID online. All these security upgrades are accessible on line and can be used or reproduced by fake ID makers. There are even sites with instructions on how to make a fake ID or where to purchase a fake ID including overseas purchases.

We conducted a study at three large state universities in Florida to evaluate the use of False Identification (Fake ID) to subterfuge the underage drinking laws.

2. Method

The study was performed at the University of Florida, Florida State University and the University of North Florida on students under 21 years of age over a period of one day at each of the institutions during the Spring term of 2017. A table was set up outside, in an area of high traffic of freshman and sophomore students. A donut or slice of pizza was given as an incentive to complete the survey.

Volunteer students that were approximately the same age as the group being studied conducted the survey. Subjects were randomly selected to complete an anonymous survey on iPads. The subjects were assured of the privacy of the participants. The first question of the survey asked if they were at least 18 and under 21 years of age. If they were not in this age range, the survey was ended. The remaining questions asked if they had a fake ID, if so, how did they obtain it and if they used it to purchase alcohol or drink at a bar. The remaining questions were asked of all participants including questions regarding their drinking behaviors and if they belonged to a fraternity or sorority.

We used the chi-square test to compare responses from those students with a fake ID to those without a fake ID. We also used the chi-square test to examine the responses by the university that the student attended.

3. Results

A total of 816 surveys were completed across all three universities; however, only 688 of these surveys were used for the analysis since 128 respondents did not met the age criteria of being 18 or older but under age 21. Of the 688 respondents, 273 (33.5%) had a fake ID and the vast majority of these students used fake IDs to purchase alcohol (83.1%) and/or enter a bar to drink alcohol (85.9%).

The differences in drinking behavior, alcohol related

problems and belonging to a fraternity or sorority were examined for the fake ID group and the non-ID group (Table 1). The fake ID group had a much higher membership in a fraternity or sorority than the no-ID group (76.2% vs. 32.5%). Forty four percent of the fake ID group reported that they drank more than 10 drinks per week as compared to the non-ID group who only had 9.6% report more than 10 drinks per week. With regards to alcohol related problems, 87.9% of the fake ID group experienced a hangover in the last 12 months as compared to 50.4% for the non-ID group. The fake ID group reported that 56.0% had passed out due to alcohol in the last 12 months as compared to only 18.2% of the non-ID group. The fake ID group also reported a much higher percentage of driving when drinking in the last 30 days than the non-ID group (30.5% and 13.7% respectively). The chi-square test for these results were significant with p's<.001 for all categories except drinking 3-5 drinks per week.

Table 1. Survey results by fake ID status

	Fake ID (n=273)	No Fake ID (n=415)	P value
Belonged to fraternity or sorority	202 (76.2%)	135 (32.5%)	P=<.001
Drinking behavior during past			
week			
I don't drink	3 (1.1%)	99 (23.7%)	p=<.001
Zero/none	7 (2.5%)	81 (19.4%)	p=<.001
1-2 drinks	13 (4.76%)	85 (20.4%)	p=<.001
3-5 drinks	52 (19.1%)	63 (15.1%)	p=0.174
6-10 drinks	77 (28.2%)	49 (11.8%)	p=<.001
More than 10 drinks	121 (44.3%)	40 (9.6%)	p=<.001
Alcohol related problems Hangover in past 12 months	240 (87.9%)	210 (50.4%)	p=<.001
Passed out from alcohol past 12 months	153 (56.0%)	76 (18.2%)	p=<.001
Driving when drinking past 30 days	84 (30.8%)	57 (13.7%)	p=<.001

An analysis by participating university was performed and there appears to be significant differences in students drinking behavior (Table 2). University A had the highest percentage of students that reported having a fake ID (60.5%), followed by University C (41.3%) and University B (10.4%). University A also had the highest membership in a sorority or fraternity (70.5%) as compared to University B (24.2%) and University C (44.9%). As expected, University A also had the highest percentage of students reporting drinking 6-10 drinks per week (27.4%) or more (39.1%), as compared to University B at 7.1% and 2.4% respectively, and University C at 17.4% 23.5% respectively. With regards to alcohol related problems, 79.7% of the respondents from University A reported that they have experienced a hangover in the last 12 months as compared to 49.3% at University B and 61.7% at University C. The respondents from University A reported that 42.7% had passed out due to alcohol in the last 12 months as compared to 13.7% of the respondents from University B and 40.3% from University C. The respondents from University C reported a higher percentage of driving when drinking in the last 30 days than respondents from University A and B. (27.5%, 25.6% and 6.6% respectively). The chi-square test for these results were significant with p's<.001 for all categories except drinking 3-5 drinks per week.

P value University A (n=281) University B (n=211) University C (n=196) Have fake ID 170 (60.5%) 22 (10.4%) 81(41.3%) p=<.001 51(24.2%) Belonged to fraternity or sorority 198 (70.5%) 88 (44.9%) p=<.001 Drinking behavior during past week I don't drink 23 (8.2%) 48 (22.7%) 31 (15.8%) p = <.001Zero/none 16 (5.7%) 50 (23.7%) 22 (11.2%) p = <.0011-2 drinks 15 (5.3%) 57 (27.0%) 24 (12.2%) p=<.001 3-5 drinks 40 (14.2%) 36 (17.1%) 39 (19.9%) p=0.261 6-10 drinks 77 (27.4%) 15 (7.1%) 34 (17.4%) p=<.001 More than 10 drinks 5 (2.4%) 46 (23.5%) 110 (39.1%) p = <.001

Table 2. Survey results by University

224 (79.7%)

120 (42.7%)

72 (25.6%)

The study results found a significantly higher percentage of participants driving when drinking at University C. This was thought to be related to University C having less dorms, less on campus housing and less residential fraternities and sorority housing on campus.

4. Conclusion

Alcohol related problems Hangover in past 12 months

Passed out from alcohol past 12 months

Driving when drinking past 30 days

Despite national and state efforts to decrease underage drinking, there is still a high percentage of college students who participate in underage drinking. In our study almost 40% of underage students have fake ID`s.

Attempts are being taken by states to make government identification cards more difficult to forge, but fake ID's makers are keeping pace to overcome those measures with websites available with step by step instructions. Fake ID's are obtained in a variety of ways including borrowing ID's from others to having fake ID's made.

Greek life, belonging to a fraternity or sorority, appears to increase the likelihood of underage drinking. These results are similar to previous studies that showed that membership to a fraternity or sorority were strongly related to having a fake ID. [3]

The majority of students admit drinking alcohol over the previous 12 months to a point of causing a hangover (65%) and 33% to a point of passing out from alcohol. 20% admit drinking and driving. 41 % of participants in our survey admit to drinking more than 6 drinks per week with 23 % admitting to more than 10 drinks per week

121 (61.7%)

79 (40.3%)

54 (27.5%)

p = <.001

p = <.001

p = <.001

Underage drinking continues to be prevalent on college campuses even though the legal minimum age has changed and is a major public health issue that continues to plague our college campuses.

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104 (49.3%)

29 (13.7%)

14 (6.6%)

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