


Approaching Issues with Descriptive and Prescriptive Arguments

Issue: Legal Drinking Age


Descriptive Argument:

Drinking and driving in the United States, as measured by alcohol involvement in fatal crashes in the National Highway Traffic Safety Administration's (NHTSA) Fatality Analysis Reporting System (FARS), decreased substantially from 1982 to 1998. . . . This decrease was led by young drivers under the age of twenty-one. The number of young drivers in fatal crashes with a positive blood-alcohol concentration (BAC) dropped 61 percent, from 4,393 in 1982 to 1,714 in 1998. While 43 percent of young drivers in fatal crashes had a positive BAC in 1982, only 21 percent did in 1998. . . . Thirty-six states raised their minimum legal drinking age (MLDA) to twenty-one years between 1982 and 1987 so that by 1988, MLDA was in effect in all states. MLDA 21 laws clearly reduced youth drinking and driving by reducing alcohol availability and by establishing the threat of punishment for alcohol use (NHTSA, 2001). Therefore, having a  drinking age of twenty-one years saves lives by creating and maintaining a reduction in alcohol-related motor vehicle fatalities.

Prescriptive Argument:

Young men and women under twenty-one years of age are not responsible enough and do not demonstrate enough self-restraint to use alcohol responsibly. One should only use alcohol responsibly. Therefore, the drinking age should remain at twenty-one.

If a person is old enough to vote in public elections, be tried as an adult in capital crimes, or enlist in military service, he or she should be treated as a responsible adult, and responsible adults should have the right to use alcohol. Therefore, the drinking age ought to be eighteen years of age.

National Highway Traffic Safety Administration (NHTSA): Traffic Tech. (2001). *Decline in youth alcohol-related fatalities attributed to four factors*. Retrieved from <http://www.nhtsa.gov/people/outreach/traftech/TT261.htm> 

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Issue: Controlling Type 2 Diabetes

Descriptive Argument:

Type 2 diabetes occurs due to a combination of lifestyle and genetic factors. Research has shown a number of lifestyle factors such as diet and exercise to be important in the development and advancement of type 2 diabetes. In particular, obesity has been shown to contribute to over 50 percent of type 2 diabetes cases (Risérus, Willett, & Hu, 2009).

Therefore, for persons at risk for developing type 2 diabetes, maintaining a healthy body mass index (BMI) may help delay or prevent the onset of the disease (Risérus, Willett, & Hu, 2009).

Prescriptive Argument:

People suffering from type 2 diabetes are not able to handle sugary or high-fat foods, due to a metabolic disorder. If type 2 diabetics indulge in high-sugar diets, it tends to lead to compromised health, increased medical expenses, and loss of productivity due to absenteeism from work. People that do not take proper care of themselves physically do not deserve to have related medical expenses subsidized by medical insurance (Risérus, Willett, & Hu, 2009).

Therefore type 2 diabetics who do not practice strict dietary restrictions and eliminate refined sugars and high-fat foods from their diets are grossly irresponsible, and do not deserve to have medical insurance coverage for their diabetes-related illnesses (Risérus, Willett, & Hu, 2009).

Risérus, U., Willett, W. C., & Hu, F. B. (2009). Dietary fats and prevention of type 2 diabetes. *National Institutes of Health*, 48(1), 44–51. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2654180/?tool=pmcentrez>