

SESSION 2

THE SURGEON GENERAL'S WORKSHOP ON DRUNK DRIVING—TWO YEARS LATER

INTRODUCTION

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Two years have now gone by since former Surgeon General C. Everett Koop convened his controversial and historic Workshop on Drunk Driving. Dr. Koop brought together more than 100 traffic safety officials, public health professionals, citizen activists, and researchers to develop a national response to the crisis of impaired driving.

The workshop was historic because unlike previous workshops and conferences on this problem, it considered all policies and programs that could reduce the impaired driving problem—including those that were opposed by the alcoholic-beverage, advertising, and broadcasting industries. The workshop was controversial because it went ahead despite the efforts of the opposition to cancel or delay it.

Two years are not all that have gone since the workshop. More than 45,000 Americans have also gone—victims of the drunk driver. This session will discuss the recommendations that came from the workshop and the progress that has been made to implement them.

GOVERNMENT IMPLEMENTATION OF THE WORKSHOP RECOMMENDATIONS

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In December 1988, then surgeon General C. Everett Koop convened a Surgeon General's Workshop on Drunk Driving to focus national attention on the problem of alcohol-impaired driving. The workshop, which was the last in a series of 11 such meetings held during Koop's term, was attended by 120 professionals who served on 11 expert panels that made more than 200 recommendations.

The recommendations addressed alcohol pricing and availability, advertising and marketing, epidemiology and data management, education, judicial and administrative processes, law enforcement, transportation and alcohol service policies, injury control, youth and other special populations, treatment, and citizen advocacy. After reviewing all of the recommendations, Koop endorsed 10 Key Summary Recommendations that continue to guide

program and policy decisions related to alcohol-impaired driving. These 10 recommendations are as follows:

1. Reduce the illegal blood alcohol concentration (BAC) for drivers from its present level of 0.10 percent to 0.04 percent by the year 2000, and establish a level of 0.00 percent for drivers under 21 years of age.
2. Increase excise taxes on alcoholic beverages, and tax beer, wine, and distilled spirits equally based on alcohol content.
3. Have every state provide a system to fund comprehensive alcohol-impaired driving programs.
4. Reduce the availability of alcoholic beverages.
5. Pass legislation in every state to confiscate drivers' licenses on the spot for those found to be above the legal BAC.
6. Match the level of alcoholic-beverage advertising with an equal number of prohealth and prosafety messages.
7. Restrict certain types of advertising and marketing practices, especially those that reach underage youth.
8. Conduct public information efforts that are based on social marketing and communication strategies and on sound learning principles.
9. Conduct drinking-and-driving education within worksites, communities, health care agencies, and schools.
10. Increase the enforcement of drinking and driving laws, and expand the use of sobriety checkpoints.

After the recommendations were released in May 1989, primary responsibility for implementing them was assigned to the office for Substance Abuse Prevention (OSAP) in the Alcohol, Drug Abuse, and Mental Health Administration, U.S. Public Health Service. Over the past 2 years, OSAP has developed an alcohol-impaired driving initiative and is now involved in the following types of activities and programs related to implementing the workshop recommendations:

- Developing white papers on counteradvertising, designated-driver programs, administrative license revocation, and college drinking;
- Convening an Impaired Driving Initiative Expert Panel to advise OSAP on its impaired-driving activities.
- Conducting an analysis of media efforts to influence the entertainment community by various advocates of alcohol and other drug education such as