

the Harvard School of Public Health, the Scott Newman Center, and the Entertainment Industries Council.

- Supporting the National Coalition to Prevent Impaired Driving, a nonprofit educational organization that was established as a result of the workshop.

- Conducting (in collaboration with the U.S. Departments of Transportation and Education) regional college workshops and train-the-trainer workshops on alcohol, other drugs, and traffic safety.

- Funding public information and education grants that assist local communities in developing educational and media advocacy activities.

- Organizing an issues forum to examine the implications of the mixed messages society sends to youth about alcohol, tobacco, and other drugs and to develop environmentally based strategies for reducing the impact of these messages.

- Conducting alcohol advertising and availability counteradvertising campaigns in six sites to reach racial and ethnic audiences that are heavily targeted by the alcohol industry.

- Documenting through case studies current or recent media advocacy experiences by organizations, coalitions, or individuals in African-American and Hispanic communities.

- Developing materials (e.g., advocacy packages, position papers, and fact sheets) and compiling data bases and files of speeches, slide shows, journal articles, and videos on impaired driving.

OSAP is also promoting the Healthy People 2000 National Health Promotion and Disease Prevention Objectives, which address many of the workshop recommendations. In particular, OSAP staff are making presentations and providing technical assistance to selected sites to promote the Healthy People 2000 objectives that call for a lowering of BAC levels; administrative driver's license suspension and revocation laws; education for children, youth, employees, and primary care providers; reduction in youth access to alcoholic beverages; and restrictions in promotion of alcoholic beverages to youth.

Updated data on the workshop recommendations addressed in the Healthy People 2000 objectives are being compiled by OSAP for a December 1991 briefing for the Assistant Secretary for Health, James O. Mason. Additional data on the workshop recommendations and ways they are being implemented at the federal, state, and local levels will be presented at the Secretary's Conference on Alcohol-Related Injuries, which OSAP is convening from March 23-25, 1992, in Washington, D.C. This landmark conference will provide a forum for

educating individuals about the risks and costs associated with alcohol-related injuries and for empowering communities to implement effective prevention strategies.

NATIONAL COALITION TO PREVENT IMPAIRED DRIVING: A COORDINATED RESPONSE

Laurel E. Harris

National Coalition to Prevent Impaired Driving

The National Coalition to Prevent Impaired Driving (NCPID) exists today because of former Surgeon General Koop's Workshop on Drunk Driving held in December 1988. One of the important recommendations of that workshop, and one strongly endorsed by Dr. Koop himself, was the formation of a national coalition designed to coordinate efforts to promote the recommended strategies that came from the workshop's drinking-and-driving expert panels. These strategies are summarized in the Ten Key Summary Recommendations, which act as a boilerplate for the coalition's agenda.

Not all of the recommendations deal directly with intervention at the driving level; instead, they look at a bigger picture. The idea is that to truly reduce drinking and driving, both sides of the equation must be considered; that means examining policies that also affect the social environment that encourages, normalizes, and pushes drinking as an essential part of American life. Stricter law enforcement and other driving deterrence measures that focus on individual behavior are just part of a comprehensive attack on drinking and driving. Policy intervention at the societal level creates conditions in which fewer people ever reach the point of being behind the wheel of an automobile when they are too impaired to drive.

Research has shown that as consumption goes down, alcohol-related problems also go down, including problems related to drinking and driving. Several of the recommendations developed at the workshop address policies that will help reduce consumption by affecting the availability and pricing of alcoholic beverages, advertising and marketing, and public information and education.

The coalition's agenda reflects the comprehensiveness and substantive breadth of the workshop recommendations. For the first time ever, a drinking-and-driving group has embraced the full range of alcohol-prevention policies that hold promise for reducing impaired driving—underscoring the belief that only through such an approach will the entire spectrum of alcohol-related problems, which include traffic crashes

and fatalities, be substantially reduced. The alcohol industry views the coalition as a threat precisely because of this philosophy. In response, it has framed coalition members as neoprohibitionists who desire to end drinking altogether.

The coalition is not against all drinking, but it is against youthful, abusive, and high-risk drinking. And that means it will promote policies that reduce, as well as change, consumption patterns across the board. The U.S. Department of Health and Human Services, as mentioned earlier, has recommended substantial reductions in the consumption of alcoholic beverages, particularly among youth, in its Healthy People 2000 report.

NCPID mirrors the uniqueness of the workshop recommendations in ways besides its comprehensive nature. Its membership composes the most broadly based organization concerned about impaired driving, with groups from the public health, traffic safety, consumer education, law enforcement, medical, and professional arenas. Members include the American Public Health Association, the National Association of Governor's Highway Safety Representatives, RID (Remove Intoxicated Drivers), National Council on Alcoholism and Drug Dependence, General Federation of Women's Club, General Motors Research Laboratories, Marin Institute for the Prevention of Alcohol and Other Drug Problems, and many others.

Coalition membership policies have attracted some criticism, mostly from the alcoholic-beverage industry. The coalition does ask its members to support, or at least not actively oppose, the Ten Key Summary Recommendations of the Surgeon General's Workshop. This is done to maintain the common goal of the coalition's direction and not, as the alcoholic-beverage industry maintains, to censor opposing views.

And although it is true that NCPID asks potential members to disclose any financial support that they receive from the alcoholic-beverage industry, it has not barred member status to any applicant who supports the Ten Key Summary Recommendations—even to those who have disclosed such funding. This information merely serves to clarify whose interests might be represented. In the past, too many well-meaning attempts by similar groups have been undermined by vested interests that inhibit the freedom to consider and pursue all policies that hold promise for reducing the damage caused by impaired driving. This was evident at the Koop workshop itself in the actions taken by certain organizations with such interests.

The industry—brewers in particular—claims that for years it has worked diligently to ensure the responsible consumption of its products through paid commercials,

research, alcohol awareness and educational programs, and more. Its efforts to promote responsible drinking should be recognized, but it is, nevertheless in the business of selling alcoholic beverages to make a profit. Its goal will always be to increase demand. Naturally, the industry's moderation and educational messages will be tempered by its quest for profit.

The designated-driver program, for example, is a campaign recently appropriated by the alcohol industry and allied broadcasters, sports teams, and so on. The coalition recognizes the merit of this program, but it also believes that heavy public-service focus on it alone will not really reduce in drinking and driving. The designated driver does nothing to change public attitudes about consumption. The industry can support this program because the program ignores overconsumption and its effects as long as one doesn't drive.

The industry's other educational messages are equally limited. "Know when to say when." "Party smart." "Think when you drink." These are vague and ambiguous messages that fail to provide concrete health and safety information to the consumer. They put the burden of alcohol problems squarely on the shoulders of the individual, exculpating the industry's responsibility for some of the devastation caused by the use of alcohol.

The industry—and brewers are perhaps the worst offenders—actively and habitually engages in questionable marketing practices that appeal to young people and encourage excessive, unrestrained drinking. Advertising campaigns such as "Spuds Mackenzie, Party Animal," college spring-break promotions, and TV ads that depict wild, partying youth far outweigh the brewers' messages of moderation.

Alcohol advertising, despite what brewers want us to believe, does far more than create brand awareness. A deluge of images abounds that helps to shape public attitudes and establish societal norms about drinking. "If you want to have a good time, make sure you have plenty of beer around," and "When you get together with your buddies, you're supposed to drink." Drinking is depicted as a generally harmless, everyday, anytime activity. Compare the \$2 billion worth of the prodrinking messages with the relatively insignificant number of holiday-oriented alcohol-education messages.

In a similar vein, although increasing the price of alcoholic beverages through excise taxes will presumably reduce consumption and the impaired driving that results, this strategy is strongly opposed by the industry and its vested organizations. When the price of a six-pack of beer is about the same as a six-pack of soda, what message does that send about beer, especially to young, price-sensitive consumers? Particularly among youth, taxation may be the most effective way to reduce

alcohol consumption.

Advertising and taxation are just two issues for which policy changes promise beneficial effects on drinking behavior and alcohol problems. The coalition wants to be free to consider all new prevention tactics and not just those with which the alcohol industry is comfortable.

A little bit of history on the coalition: NCPID was officially established 1 year ago, in January 1990, after several key participants in the workshop got together to organize a national coalition, working closely with the Office for Substance Abuse Prevention. NCPID is housed as a project of the Advocacy Institute, a Washington public interest support center.

Much of the first year's effort went into installing a structural and administrative foundation from which to work. The coalition built a notable and influential board of directors and currently has more than 150 organizational and individual members.

The first major effort the coalition launched was a "Drive Alcohol Free" campaign designed to call attention to the incongruity of brewers' sponsorship of motor-sports events. Beer producers spend close to \$50 million a year on motor-sports sponsorship, and as a result motor-sports events are heavily dominated by drinking cues and fast racing cars. Furthermore, young motor-sports fans are among those most likely to be arrested for driving under the influence or to be killed in alcohol-related car crashes. NCPID sought to counter these cues by delivering the "Drive Alcohol Free" message on the track; it held a press conference in May and asked brewers to withdraw voluntarily from motor-sports sponsorship, honored two drivers who refused to promote alcoholic beverages with their driving, and announced efforts to attract nonalcohol marketers to sponsor drivers who refuse to accept alcohol funding. The coalition is continuing its efforts in this campaign to find funding for one of the drivers honored at the press conference who, besides having a "Drive Alcohol Free" message on his vehicle and at the track, wants to spread this message by speaking to kids at schools, community groups, and other places.

NCPID also works with the Coalition for Alcohol Advertising and Family Education in support of congressional legislation calling for health and safety messages in alcohol advertising. This legislation, introduced in the last Congress by Representative Joseph Kennedy and Senator Albert Gore, would require rotating health messages, similar to the warnings in cigarette advertising, to be in all print and broadcast alcohol advertising. The print ads would also include a toll-free 800 number to call for help or more information on alcohol abuse. The bill will be reintroduced in the present Congress, and more action is expected this

session.

The coalition was also involved in the recent campaign during the congressional budget talks to raise federal excise taxes on all alcoholic beverages. In response to the Anheuser-Busch media blitz "Can the Beer Tax," NCPID issued an analysis of how federal excise taxes would affect the public, given the distribution of beer consumption in today's population. Drawing from data compiled in the last National Center for Health Statistics Interview Survey, NCPID demonstrated that increases in beer taxes would be almost painless for most adults and beer drinkers. In essence, Joe Six-Pack is not the average American: almost half the adult population doesn't drink beer at all, and half of beer drinkers consume fewer than two beers a week. NCPID presented this information at an economists' briefing on Capitol Hill in an effort to show that a federal beer tax would only minimally affect most Americans.

One of the workshop recommendations also includes passing legislation for an administratively imposed license revocation sanction in each state. NCPID has joined the larger Administrative License Revocation Coalition formed by the National Highway Traffic Safety Administration and the National Transportation Safety Board to disseminate information and educate its constituents about the importance of this legislation.

Throughout the year, coalition staff and board members have participated in presentations and panel discussions at major conferences in the alcohol and traffic safety fields. NCPID was at Lifesavers, the American Public Health Association's annual meeting, the National Governors' Highway Safety Representatives conference, and the National Association of State Liquor Administrators meeting, among others.

The Advocacy Institute is currently developing an electronic communications system called ALCNET in conjunction with the Marin Institute for the Prevention of Alcohol and Other Drug Problems. The coalition will use this computer network to link various contingents of the drinking-and-driving-control movement from around the country, enabling them to exchange ideas and strategies and giving them access to daily news and legislative updates. It also promises to facilitate the communication and effectiveness of emerging state and local coalitions as well as to link researchers, activists, and others in the alcohol movement. The system should be ready to use in about 6 months, and coalition members are to be involved as soon as possible.

Unfortunately, plans for the coalition are hampered by a lack of resources, but the staff is busy searching for additional funding for the upcoming year. NCPID, nevertheless, has become a recognized name in the press

and in the alcohol and drinking-and-driving fields and plans to continue doing its part to further the recommendations of the Surgeon General's Workshop.

**BEYOND DETERRENCE:
THE NEW ORDER OF BUSINESS**
H. Laurence Ross

The Surgeon General's Workshop on Drunk Driving has been called historic. It was also subversive, in that it had the consequence of undermining an existing paradigm and substituting a new one.

The paradigm by which drunk driving was understood before this workshop included the idea that the problem was isolated, only incidentally related to such broad social problems as general traffic safety and alcohol abuse. Individuals caused the drunk-driving problem, either through moral deficiency or disease; in any event, they belonged to a small group of deviants as different from typical Americans as sheep are from goats. Drunk driving was primarily a matter of criminal behavior, and it could best be handled by beefing up the criminal justice system—the police, courts, and jails. This paradigm was well expressed in the 1983 report of the Presidential Commission on Drunk Driving.

The new paradigm expressed in the background papers and report of the Surgeon General's Workshop views drunk driving as being intimately involved with other problems surrounding alcohol and traffic safety. Effective countermeasures dealing with drunk driving are likely to impinge on the broader problems, and vice versa. The Surgeon General's Workshop emphasized the social causes of these problems. Drunk driving is a comprehensible, predictable consequence of normal activities in American society, embodied in the institutions of recreation and transportation: it is normal in America to consume alcohol in recreational settings, and it is normal to drive. Because driving with any amount of alcohol in the blood is driving impaired to some degree, and there is no line between drunk driving and "safe" drinking and driving, crashes caused by driving while impaired are often the product of behavior conforming to norms, either general ones or those of particular groups including youth and some ethnic minorities. No sickness, moral turpitude, or other individual deviance need be involved.

Countermeasures for drunk driving in the new paradigm center on changing institutions. In particular,

the greatest hope of change lies in effective means for reducing drinking in general, and heavy drinking in particular, and for reducing driving in general, and driving in order to drink in particular. The pricing and marketing of alcoholic beverages are among the centerpieces of these strategies. The criminal justice system, central in the old paradigm, is not abandoned in the new, but within deterrent approaches stress is placed on the certainty and swiftness of threatened punishment rather than on its severity. This emphasis is based on research evidence testifying to the ineffectiveness of such penalties as mandatory jail sentences when they are extremely unlikely to be applied.

The old paradigm was sponsored by a coalition of citizen activists, law enforcement agencies, vested interests including driver educators and therapists, and the media and alcohol industries. It flourished in the conservative political atmosphere of the 1980s, in which social problems were often blamed on individual moral fault and in which punishment was deemed necessary and even respectable. The new paradigm results from the entry of public health officials who are concerned with preventing deaths and injuries rather than with the morality of drinking and driving. Alcohol and transportation policies, the heart of countermeasures suggested by the new paradigm, are more consistent with liberal than conservative politics. In addition, a line of countermeasures suggested by public health considerations but irrelevant to the old paradigm is that of conserving lives notwithstanding drunk driving. Examples are measures to simplify driving through vehicle and highway engineering, remove roadside hazards, provide air bags and other restraints to reduce crash forces in vehicles, and improve the quality of emergency medical services. Many of these measures require state action, again in contrast to the old paradigm.

The paradigm emerging from the Surgeon General's Workshop promises to displace the old. Its successor organization, the National Coalition to Prevent Impaired Driving, will challenge the successor organization to the President's Commission, the National Commission Against Drunk Driving. Those who speak against drunk driving no longer speak with one voice. It is hoped that the argument among them will be brief and bloodless so that a combined effort, harnessing the energy and indignation of citizens, movement to the pragmatic program of public health advocates, can continue the progress made so far in reducing the lives lost to drunk driving.