

**APPENDIX C1
STRATEGIES NEEDED TO PREVENT
LEGISLATIVE AND POLICY CHANGES
DETRIMENTAL TO THE PROGRESS MADE
IN IMPAIRED DRIVING**

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Despite the tremendous progress made over the last 15 years in reducing alcohol-related fatalities, these crashes still remain the leading cause of death for the age group between the ages of 5 and 35, second only to traffic crashes in general. In 1995, we witnessed an increase in the number of alcohol-related deaths for the first time in a decade. The media, the public and the highway safety community in general, quickly asked what caused this increase. Was this increase just an anomaly or are we reaching the point of diminishing return in our efforts to stop impaired driving? Does this increase portend a glimpse into the future? Clearly it indicates that we are not out of the woods insofar as the severity of drunk driving is concerned.

Any discussion of the strategies that are needed to prevent legislative and policy changes detrimental to the progress made in impaired driving must begin with a look at the recent trends on the federal and state levels. Over the last year, we have witnessed repeal on the federal level of life saving highway safety measures in the areas of speed limit and helmet laws. At the same time we were confronted with serious threats to safety belt laws and we continue to see legislation proposed to repeal the federal 21 minimum drinking age law. The movement to reorganize government and give more authority and autonomy to the states to control their own destiny in the area of highway safety has in part led to this change in climate in Washington. The question we are now confronted with is, "what is the federal role to be in the future?" The answer to this question will quite naturally dictate strategies. Will it be one of continued leadership in the war against impaired driving or will there be a growing trend to back off and leave it entirely up to the states to devise legislative and policy initiatives to address this problem.

At the outset let me say that MADD believes that it is appropriate for the federal government to continue to play a major role and provide leadership in the area of highway safety. Without a strong federal role the 21 minimum drinking age law and zero tolerance for drivers under the age of 21 would not be the law of the land today. As President Reagan, one of the staunchest supporters of state's rights said when he signed the Federal Age 21 Minimum Drinking Age Law in 1984, "there are some issues of such national importance, that we must insure that they have nationwide application (sic)." This still holds true today and MADD will continue to support sanctions when appropriate and incentive programs when effective.

In 1995, many of the groups, organizations and agencies represented here today joined the Secretary of Transportation in setting and adopting the ambitious goal of

reducing alcohol-related fatalities to no more than 11,000 by the year 2005. One thing is clear: We are not going to achieve this ambitious new goal if we stand still. We must devise new strategies while continuing to do what we are presently doing and do it better.

The next multi-year highway, mass transit and highway safety bill, the reauthorization of the Intermodal Surface Transportation Efficiency Act of 1991, will be a key component to achieve the "11,000 By 2005" goal. It is therefore critical that the legislative language submitted to Congress in 1997 enhance and improve ISTEA and not diminish it.

Any strategic plan to promote legislative and other public policy goals to combat impaired driving must begin with a look at resources. ISTEA must not only be reauthorized, but it must also be improved from a funding perspective. Drunk driving continues to be the major highway safety problem and is a major public health problem in the United States, but only a small percentage of funds is allocated at the federal level to address it. The same can be said of highway safety generally. Each year the number of licensed drivers and the number of miles driven continue to increase, but funding levels have remained fairly flat. On the state level, in 1983, 44% of 402 funds was spent on alcohol programs. That percentage has declined steadily since 1983 and for the last 4 years has leveled off at 23%, the lowest level since 1983, despite the fact that more than 40% of all highway traffic fatalities continue to be alcohol-related. States are being asked and required to do more with less. We often hear officials and legislators tell us that safety is their first and primary concern, but a commitment to safety is not reflected in spending priorities. In fact, when we ask those same legislators what they want to spend money on, safety is rarely mentioned.

Highway safety programs and the campaign against drunk driving as supported by Sections 402 and 410 funds must be assured of adequate resources in the next ISTEA bill. If, in fact, safety is the first and primary concern of public and elected officials, then funding to enhance life saving measures should be taken off the top on the next ISTEA bill so that the resources are secured to insure the safe use of surface transportation facilities. If it is necessary to set aside a percentage of the highway trust funds to insure secure adequate funding for highway safety programs, we should not be reluctant to ask Congress to do so.

At the same time we are seeking more funding, we cannot close our eyes to the political climate in Washington as previously eluded to. As previously stated, relative to other public health problems, the Federal government spends little on highway safety and drunk driving and given present budget realities and the mood in Washington, the federal government is not likely to spend substantially more in this area unless we demand that highway safety be given a higher priority. With the current limited resources, it becomes even more important that we spend wisely and effectively what we spend today. That is why the development, implementation and analysis of the

effectiveness of the new 402 program is so essential.

The Section 402 State and Community Safety Program, as all of you well know, is the keystone highway safety program on the federal level. We at MADD are cautiously optimistic about the new 402 Program. We do not object to NHTSA changing its relationship with the states to improve the performance of the 402 program and provide a focus which will enhance the saving of lives. However, as NHTSA and the states move in this direction, we must not forget the history of the last 15 to 20 years and provide a meaningful partnership role for other highway safety agencies, advocates, and grassroots organizations in that new process. Governmental agencies on the federal and the state level have limitations placed on them in the public policy advocacy process by the very nature of the political system which created them. Grassroots advocates are not constrained by the system in this regard and are essential to carry the banner of highway safety in the state houses, on Capitol Hill, to the media and to the public. It is not a matter of not trusting the states to do what is necessary to fight impaired driving. It is a matter of realizing the pressure put on state highway safety offices to spread their limited resources as far as they will go and the pressure put on legislators by opponents of some life saving highway safety measures. Highway safety plans must be driven by highway safety concerns and not political concerns.

Certain segments of the hospitality and alcohol industry have made it clear that they are going to spare no expense in going to the wall to stop passage of new impaired driving legislation on the state level and their success is evident by the lack of adoption of general deterrent laws over the last year. They were also the moving force, financially, for the legal challenge to the 21 minimum drinking age law in Louisiana. When they are joined by the President of a major university in calling for repeal of the 21 drinking age law, it is clear that we have our work cut out for us in preventing the clock from being turned back. They are also taking their message to the public and the media in campaigns such as their promotion of responsible drinking and driving.

At a time when we run the risk of public and media complacency over the problem of drinking and driving, it is essential that we do a better job of public awareness and that we convince the public through the media that the drunk driving problem is not solved.

These opponents are not limiting their activities to the state level but they are becoming more and more involved on the federal level. I would like to read to you a couple of quotes from the newsletter and correspondence to its members of the American Beverage Institute.

As you can see, the highway safety community is not alone in preparing to address the reauthorization of ISTEA. The industry has also recognized the role that non-profits play in the highway safety political process. They have not only targeted passage of effective drunk driving countermeasures, but have also attempted to silence the voice of these organizations by promoting and supporting

the passage of legislation on the federal level that would restrict the political advocacy activities of non-profit organizations such as MADD. It is no coincidence that the cosponsors of this federal legislation were recently recognized by the National Beer Wholesalers for their efforts. In light of this increased opposition to life saving counter measures, we must create a better mouse trap by packaging our public policy goals in a more user friendly manner for legislators, the general public and the media.

The Partners in Progress task force which was given the responsibility of reviewing the more than 160 recommendations that came out of the Partners in Progress Symposium, is currently completing its report which will outline a blueprint and strategic plan for achieving the goal of "11,000 by 2005." This report will include some of the following recommendations:

In the area of infrastructure, we must develop and expand self-sufficiency in funding, improve traffic records, increase the scope of 402 funding, create state and local ownership of programs, expand community-based partnerships, create broad-based comprehensive task forces, develop public involvement, and increase the involvement of the judiciary. We must strengthen and increase our partnerships not weaken and decrease them. The medical and the business community must become serious players and we must create community ownership of programs.

In the programs area, we must develop a comprehensive under 21 enforcement and legislative program to combat the projected increase in the youth population over the next decade, emphasize impact of seat belts, expand employer programs, develop and implement comprehensive strategies to target the 21- to 34-year old drinking driver and repeat offenders, develop a system of routine substance abuse assessment and treatment plans, and promote increased use of enforcement programs such as sobriety checkpoints.

In the legislative area, we must continue to work for passage of proven effective life saving measures such as administrative license revocation, zero tolerance, .08 BAC limits for adult drivers and graduated licensing, while at the same time examining and adding new public policy goals to the agenda such as enhanced penalties based on BAC levels and increasing excise taxes on alcoholic beverages.

We must make better use of the media and develop a national strategy of media relations, address the issue of alcohol advertising and promote, develop, and recognize responsible business practices in the service of alcohol.

In the area of research and technology, we must identify the key areas in which more research is needed and be prepared to support funding for this research. We must also do a better job of using the research that is currently available to us to identify key public policy goals and promote their passage by the most effective methods.

All of these strategies are needed not only continue the progress that has been made over the last 15 years, but prevent detrimental legislative and policy changes. The key component in this seemingly comprehensive plan is

networking and partnership. If we are not all singing from the same page, our voices will be lost in the wilderness. Our success will be measured in lives saved and families spared the tragic consequences of alcohol-related crashes. But we must remember, there is no acceptable minimum number of deaths. Each number represents a face, a name, a hope and a dream.

APPENDIX C2

EFFECTIVE USE OF DETERRENCE

APPROACHES TO REDUCE ALCOHOL-IMPAIRED DRIVING

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In combating impaired driving through deterrence approaches in an era of diminished resources and shifting priorities, it is important to use available resources wisely and to take advantage of emerging priorities in other highway safety areas.

EMERGING PRIORITIES

The trend to graduated licensing systems represents an opportunity to address alcohol-impaired driving. In graduated licensing, driving privileges are phased in, with initial on-road driving of young beginners limited to lower-risk settings. A key feature of a graduated system is a night driving curfew for the first months of licensed driving. Nighttime driving is riskier than driving during daylight hours for a variety of reasons including greater likelihood of alcohol use. The problem of alcohol-impaired driving among youth has lessened in the past 15 years, but it is still a substantial contributor to motor vehicle injuries and is largely a nighttime phenomenon. In 1994, 75 percent of the driver fatalities of 16 and 17 year-olds that involved alcohol use occurred in crashes between 9 p.m. and 5:59 a.m. (National Highway Traffic Safety Administration, 1995). Thus by prohibiting recreational driving with other teenagers at night, the problem of alcohol-impaired driving can be reduced. Efforts to ensure that graduated licensing systems include night driving curfews (and zero tolerance if a state does not already have it) are important.

Another emerging priority that can impact alcohol-impaired driving is the new emphasis on seat belt use. This has been fueled recently by recognition that belt use in the United States still is quite low: 58 percent in the noncrash population based on a national probability sample (National Highway Traffic Safety Administration, 1995a), and 45 percent among those in serious crashes with delta V > 30 mph (National Center for Statistics and Analysis, 1995). Emphasis on belt use also is fueled by concern about airbag injuries to unrestrained children and adults. Because people who do not use belts are more likely than belt users to drive after drinking (Preusser, Williams, and Lund, 1986),

programs aimed primarily at one of these behaviors also can logically target the other, e.g. by publicizing that police are looking for those not using belts and are thereby finding alcohol-impaired drivers. This has been done successfully in Binghamton, New York (Wells, Preusser, and Williams, 1992) and, more recently, in the statewide North Carolina Governor's Highway Safety Initiative (Williams, Reinfurt, and Wells, 1996). In daytime seat belt checkpoints and associated patrols in North Carolina that concentrated on seat belt use, 14,205 arrests for alcohol-impaired driving were made. These were in addition to the 102,852 citations issued for not using belts.

A third example is the recent emphasis on fatigued drivers. Since fatigue and alcohol often are associated, it is likely that many countermeasures considered for the fatigued driver (e.g., continuous shoulder rumble strips) also could affect the alcohol-impaired driving problem.

USING RESOURCES WISELY

In terms of using resources wisely, accurate targeting of the impaired driver problem is important. The major resources should be devoted to alcohol as the drug of primary interest when it comes to motor vehicle injuries. Other legal and illegal drugs contribute to crashes, but alcohol is by far the predominant one (Terhune et al., 1992).

There also needs to be emphasis on efficient applications of approaches known to be effective in reducing the problem. License suspension stands out as an effective penalty, with suspension through administrative procedures representing the most efficient way to apply this penalty. Sobriety checkpoints stand out as a primary enforcement technique.

License Suspension License suspension has been found to produce both specific and general deterrence. That is, it effectively penalizes offenders and deters potential offenders—and the positive effect on offenders extends beyond the suspension period (Klein, 1989; Zador et al, 1989; Ross, 1987; Nichols and Ross, 1988; Stewart, Gruenewald, and Roth, 1989). Ideally, suspension does not merely reduce crashes and violations but virtually eliminates them. However, as is well known from studies in the United States and around the world, many suspended drivers still drive (e.g. Ross and Gonzales, 1988; Hagen, McConnell and Williams, 1980; Smith and Maisey, 1990).

According to a study in California, 8.5 percent of drivers in fatal crashes were suspended at the time of their crashes whereas only 1.5 percent of the driving population had been suspended (DeYoung, 1990). Although license suspension for alcohol offenses does reduce DUI/DWI recidivism, these data indicate both that suspended drivers continue to drive and that driving while suspended is a high risk activity. Thus, efforts to deter suspended drivers from driving are important. One way is to improve identification of suspended drivers. Sobriety and seat belt checkpoints