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APPENDIX C3B DISCUSSION COMMENTS

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The topic of the presentation is environmental strategies, yet, our approaches to the "topic of combating impaired driving in an era of diminished resources and shifting priorities" are still following the same "dominant paradigm" of the past 20 years. Unless we make a paradigm shift, we will not combat the problem; we will be left in the dust.

There are four areas we should be exploring in order to make our paradigm shift. Economic, environmental, public health and business literature all have something to offer us in understanding how to make our paradigm shift.

First, the literature in the business sector has been very clear in the last 10 years as to what corporate visions doom companies to obsolescence and self-destruction and what visions allow for expansion. Examples abound on how corporations who defined themselves narrowly extinguished themselves and how corporations who diversified and saw themselves more broadly survived and thrived. As long as we see impaired driving only within the context of drinkingdriving legislation, enforcement adjudication and sanctioning or as alcohol control policies, we will be doomed to failure in maintaining it as a priority. Yet, there are many, many entry points in other areas to bring these issues forward. For example, in terms of international relations and free-trade agreements, the clauses of GATT, NAFTA and the like contain the following principles, and I am not kidding about this, I challenge you to read these international trade agreements yourself. overriding principle is to maximize corporate profits and the principle of maximum profits overrides all other national legislation. For example, with regard to NAFTA:

- 1. It has no minimum labor standards, nothing like a minimum wage requirement, occupational health and safety regulations.
- 2. It recognizes no labor rights: no rights regarding organizing, collective bargaining, child labor, forced labor, racial or sexual harassment prohibitions.
- 3. Neither labor unions nor individual workers have any standing in NAFTA's dispute settlement procedures.
- 4. There are no mechanisms for labor complaints, no rules of procedure or regulatory codes to be enforced.
- Because the prescribed risk assessment procedure includes balancing economic benefits and costs against those of health and safety, worker safety may be traded off against high profits.
- 6. The only recognized unfair trade practices in NAFTA are those that destroy expected or real corporate profits, not those that destroy people's lives, the quality of peoples lives or even whole communities.
- 7. Finally, and most importantly, in the event of unequal regulations, for example, safety standards for motor vehicles, the agreement states that the regulations must "harmonize" down to the lowest level.

Could any of these clauses have an effect on impaired driving? Under NAFTA or GATT any country could challenge your regulations for vehicles, drug testing and safety regulations for transportation employees, etc, etc, etc. Are any of these things happening? You bet they are! While we sit here developing recommendations under the assumption that we are all living in sovereign nation-states, international agreements are making the rules for us. In 1997, Canada will reduce their higher motor vehicle safety standards to meet with the U.S. because of U.S.-Canada free-trade agreement. Prior to this time most American vehicles could not be imported into Canada without expensive modifications to meet our higher safety standards. No more! In fact there have been further negotiations among the U.S., Canada and Mexico regarding the harmonizing to Mexico's requirements.

What about alcohol? Ontario breweries introduced a high alcoholic content beer which was retailing at the same price as regular and light beer. Guess what the young person's beverage choice was discovered to be? Yes, the beer with the biggest bang for the buck! However, when MADD and various public health organizations lobbied the government to change the pricing policy, this was what the letter, from the Minister herself said:

1) Price: Minimum Pricing was one of the major issues negotiated in the Canada/US trade agreement. Ontario continues to have three legislated and one voluntary minimum price categories. Any attempt to increase the minimum price of high alcohol beer, at this stage would necessitate reopening the agreement would put other crucial which components of the agreement in jeopardy. Under the federal Competitions Act, brewers would be precluded from collectively raising the minimum price of high alcohol beer as this would constitute illegal price fixing." (Churley, Minister of Consumer and Commercial Relations, Aug. 2, 1994).

Where are the alcohol and road safety specialists in presenting briefs, lobbying etc. under these issues?

Next, environmental issues, in Canada at least, are a very big and popular concern. Cities are being redesigned, legislation being redrafted to accommodate more bicycles, public transit, etc. These are major issues for the public. Again they have ramifications for impaired driving, and why are we not jumping on the bandwagon?

Finally, skyrocketing health care costs, evidence-based health care, managed care, prevention, aging population, high medicinal drug use among our aging population, are other current issues. Research is coming in that the managed care system is very much short-changing alcohol and drug rehab programs, even though there has come out very strong RCTs showing the success of certain drug rehab programs. Again, these rationalizing health care movements, shifting demographics and exponentially increasing medicinal drug sales in our countries have major impaired driving ramifications. Where is the alcohol, drug and traffic safety community in all this?

The bottom line is that we are not seeing the big picture and are not seizing the opportunities to put our foot in the door to make our concerns known. The consequence is that we are still debating after all these years the merits of the horse and buggy, in an era of ITS.

APPENDIX C4 DRUNK DRIVING: THE MIDDLE AGE OF A SOCIAL PROBLEM

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This paper summarizes and interprets material presented at a panel I convened at the 1995 Washington meeting of the Transportation Research Board. The session was entitled "Drunk Driving: Yesterday's Problem?" and the presenters were invited to address the issue from different viewpoints, including the academic, the governmental, and the activist. The Proceedings of the panel have been published in the Transportation Research Board Circular, "Future Challenges in Alcohol and Other Drugs in Transportation," (Washington, D.C., January 1996). Page numbers here refer to the Circular. The presentations led me to the conclusion, offered here in the context of natural history or lifestyle perspectives on social problems, that drunk driving is a middle-aged social problem. That is, it is mature, and if lacking the vigor of youth it is more established and more sophisticated in its formulation than in earlier developmental stages. Although the prognosis in these theoretical perspectives is decline and death for the drunk driving problem due to competition for resources from other social problem claims, that catastrophe appears distant at this time.

The American drunk driving problem was "born," in constructionist terms, around 1980. Unlike many social problems, its emergence was not signaled by a crisis in underlying conditions. Alcohol-impaired driving, with consequent crashes, was continuously prevalent throughout the automobile era, was reduced during Prohibition, but returned in force following Repeal. There was no particular inflection in the curve of traffic-related deaths in the vicinity of 1980. That year was significant, however, in marking the rise of conservative politics, symbolized by the election of President Ronald Reagan. The world-view of conservatives, dominant in the incoming administration, saw socially problematic conditions as the product of immoral and irresponsible behavior. Institutional causes were overlooked, and deterrent countermeasures aimed at bad