

Lecture/Testimony December 14, 1988  
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Testimony

Of  
C. Everett Koop, MD, ScD  
Surgeon General  
Of the  
U.S. Public Health Service  
U.S. Department of Health and Human Services  
Accompanied by  
Dr. Loren Archer, Deputy Director  
Of the National Institute of Alcohol Abuse and Alcoholism  
In the Alcohol, Drug Abuse, and Mental Health Administration  
And  
Chairman John Glenn  
  
Washington, DC  
December 14, 1988

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I made it clear that I was not representing the views of the administration but my own views as the Surgeon General and that Mr. Archer was there at my request to answer technical and scientific questions relating to his Institute's programs. I also commended the committee for its efforts to increase public awareness and thanked the chairman for supporting Title VIII of Public Law 100-690, requiring warning labels on alcohol beverage containers.

I reminded the committee that I had received resolutions passed unanimously by the House of Representatives and by the Senate urging me to address the problem of alcohol impaired driving. I reported on the Surgeon General's Workshop on Drunk Driving held in December of 1988. And revealed that on May 31, 1989, I released the workshop proceedings which contained the final recommendations as well as suggested implementation of strategies.

Since I had promised to distribute the findings as widely as possible, I also reported to this committee that I sent the proceedings to every member of Congress with the hope that Congress can provide leadership and resources to help various groups implement the workshop recommendations. The groups I had in mind were federal agencies, state legislatures, state and local governments, education, professional advocacy organizations, and of course, the private sector.

Specifically I've said that Congress must pass legislation that aimed at reducing the legal blood alcohol concentration or BAC from present level of 0.10% to 0.08% immediately and to 0.04% by the year 2000.

2. Require states to immediately establish a legal level of zero percent for drivers under 21 years of age.
3. Increase the federal exciser tax or user fee on alcoholic beverages and equalize taxes by alcohol content for beer, wine, and distilled spirits.
4. Earmark the revenues generated from the federal excise tax increase to fund impaired driving prevention programs.
5. Provide incentives for states to make chemical testing for BAC mandatory for all drivers, passengers, and pedestrians injured or killed in a crash involving a motorized vehicle.
6. Extend the warning label law to include warning labels on alcoholic beverage advertisements by November 1989.
7. Authorize and fund federal agencies to purchase advertising time for pro-health and pro-safety messages if substantially increased public service time and space do not become available.
8. Eliminate tax deductions for alcohol advertising and promotions that focus on lifestyle rather than price and product.
9. Continue to encourage states to pass a law to confiscate drivers' licenses on the spot for those found to be above the legal BAC.
10. Authorize and fund federal agencies to expand and evaluate their alcohol impaired driving program as well as their research activities.

This I followed with statistics of the 24,000 people who lose their lives and an additional 534,000 are injured in alcohol related traffic crashes annually.

I went back into history and reminded the group that Richard Schweiker had testified before the Presidential Commission on Drunk Driving back in 1982. He had compared the tremendous hoorah in the country to develop a vaccine for polio when in the 1950's it was considered a national emergency when 200 young Americans a year aged 15 to 19 died from polio. At the height of the polio epidemic in 1952, 3000 Americans in all succumbed to that disease. I asked that the committee compare those numbers with those I had just given for drink driving

I then reminded the committee that Dr. Otis Bowen, most recent past Secretary for Health and Human Services, during his tenure made alcohol abuse and alcoholism a major initiative. I noted that the Bureau of Alcohol, tobacco and Firearms and the Department of the Treasury were not testifying as I was and lamented that fact because the Secretary

of the Treasury is required to consult and coordinate the health awareness efforts of the alcohol warning labels with the Surgeon General.

I reminded the committee's Chairman, John Glenn, that he had asked me to identify obstacles to the implementation of the workshop recommendations. I cited the reluctance by some public officials to take a firm stand against alcohol impaired driving and publicly hoped that this was silence not brought on by fear of offending the alcohol industry.

I then gave statistics of 18 million adult Americans with medical, social, and personal problems directly related to the use of alcohol, as well as several million adolescents for whom alcohol is an illegal drug. By 1990, alcohol abuse and alcoholism are expected to cost American society \$136 billion a year including 10 to 15 billion for alcohol related crashes. These figures, of course, do not include the cost of grief and human suffering.

I made a plea for a preventive focus to address the growing demands of many of the committee's constituent's for tougher measures to reduce the use of alcohol and other drugs in our society. I asked for an increase in federal and state taxes on alcoholic beverages and voluntary, (I did stress voluntary,) changes in alcohol advertising and marketing practices. The increase in taxes prevents or delays underage youth from drinking and also reduces the amount that heavier drinkers consume. Changes in alcohol advertising and marketing practices would remove the current advertisements that are targeted at young people and minorities, and depicts alcohol consumption as a normal and glamorous activity without negative consequences. Alcohol drinking is frequently shown in association with high-risk activities and linked to athletic, social, and sexual success. I called attention to the fact that it in a poll by "Entertainment Tonight", a television show that 28,000 viewers said it was not OK for celebrities to appear in alcohol advertisements as compared to 8,400 viewers who said it was. These viewers paid 50 cents a call to express their opinion. I was as honest as I could be in pointing out that there was no compelling scientific evidence that advertising influences alcohol consumption, and the nature and level of alcohol related problems. I also gave the opinion that there never would be because of methodological difficulties in designing appropriate research studies.

I compared our present situation with alcohol to where we were 25 years ago with smoking and pointed to a National Coalition to Prevent Impaired Driving as one of the results of the workshop. I then briefly summarized the opposition of the National Association of Broadcasters, the American Association of National Advertising Agencies, and the Association of National Advertisers. They refused to participate in my workshop but were very vocal critics of it and its recommendations.

I closed by saying that the cooperation needed among public health, medical, law enforcement, and traffic safety experts, as well as a change in individual and community attitudes about alcohol impaired driving will take courage and political clout. I reminded the committee that I had conducted the workshop at the request of the Congress and my final prepared statement had to do with the hope that Congress will now provide strong

leadership to help the nation implement the workshop recommendations and adopt as a national standard the total unacceptability of driving after using alcohol or other drugs. The remainder of the session was a question and answer period which should be carefully reviewed in the Federal Register of this date.