1 TESTIMONY OF C. EVERETT KOOP, M.D., SURGEON GENERAL
2 OF THE UNITED STATES ACCOMPANIED BY DR. LOREN
3 ARCHER, DEPUTY DIRECTOR OF THE NATIONAL INSTITUTE
4 OF ALCOHOL ABUSE AND ALCOHOLISM IN THE ALCOHOL,
5 DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

6 Dr. Koop. Thank you, Mr. Chairman.

7 Chairman Glenn. Thank you, sir.

8 Dr. Koop. Mr. Chairman and committee members, I want to
9 thank you for inviting me to testify on the recommendations
10 from the Surgeon General's Workshop on Drunk Driving. I would
11 like to make it clear that I am not here representing the
12 views of this Administration; rather the views that I am
13 representing are my own personal views. I am accompanied
14 today by Mr. Loren Archer, Deputy Director of the National
15 Institute of Alcohol Abuse and Alcoholism in the Alcohol,
16 Drug Abuse and Mental Health Administration.

17 Mr. Archer is here at my request to answer scientific
18 and technical questions relating to his Institute's programs.
19 This will be, as several of you have mentioned, the last time
20 that I testify before the United States Congress as Surgeon
21 General. I want to commend ~~by commending~~ the committee for
22 its efforts to increase public awareness and to improve
23 public policies relating to alcohol abuse and alcoholism.

24 And I applaud you, Mr. Chairman, for supporting Title
25 VIII of Public Law 100-690 requiring warning labels on

1 alcohol beverage containers. Last year I received resolutions
2 passed unanimously by the House of Representatives and the by
3 the Senate urging me to address the problem of alcohol
4 impaired driving. In response to these congressional
5 requests and increased public concern about alcohol impaired
6 driving, I conducted a Surgeon General's Workshop on Drunk
7 Driving in December of 1988.
8 On May 31 I released the Workshop Proceedings which
9 contained the final workshop recommendations as well as a suggested
10 implementation of strategies. Since it was the Congress that
11 asked me to focus national attention on alcohol impaired
12 driving, I have sent the Proceedings to every member. I hope
13 that the Congress can provide leadership and resources to
14 help ~~these~~ ~~voluntary~~ various groups implement the workshop recommendations.
15 The groups I have in mind are Federal agencies, State
16 legislatures, State and local Governments, education,
17 professional and advocacy organizations, and of course, the
18 private sector.
19 Working together, the Congress and these groups can
20 implement the 10 key summary recommendations that I endorsed.
21 To effectively reduce alcohol impaired driving and its life
22 threatening consequences, I think you must pass legislation
23 that aims at the following: require States to reduce the
24 legal blood alcohol concentration or BAC from its present
25 level of 0.10 percent to 0.08 percent immediately and to 0.04

1 percent by the year 2000.

2 Two, to require States to immediately establish a legal
3 level of zero percent for drivers under 21 years of age.
4 Three, to increase the Federal excise tax or user fee on
5 alcoholic beverages and to equalize taxes by alcohol content
6 for beer, wine, and distilled spirits. Four, earmark the
7 revenues generated from the Federal excise tax increase to
8 fund impaired driving prevention programs. Five, provide
9 incentives for States to make chemical testing for BAC
10 mandatory for all drivers, passengers and pedestrians injured
11 or killed in a crash involving a motorized vehicle.

12 Six, extend the warning label law to include warning
13 labels on alcoholic beverage advertisements by November 1989.
14 Seven, authorize and fund Federal agencies to purchase
15 advertising time for pro-health and pro-safety messages if
16 substantially increased public service time and space do not
17 become available.

18 Eight, eliminate tax deductions for alcohol advertising
19 and promotions that focus on lifestyle rather than price and
20 product. Nine, continue to encourage States to pass a law to
21 confiscate drivers' licenses on the spot for those found to
22 be above the legal BAC. And finally, authorize and fund
23 Federal agencies to expand and evaluate their alcohol
24 impaired driving programs as well as their research ac-
25 tivities.

As the committee well knows, Mr. Chairman, every year nearly 24,000 people lose their lives and an additional 534,000 are injured in alcohol related traffic crashes. Many of the dead and injured are young. The combination of drinking and driving is the number one killer of teenagers in this country. Despite these alarming statistics, few Government officials have spoken out on alcohol impaired driving since Richard Schweiker testified before the Presidential Commission on Drunk Driving back in 1982. As then Secretary of the Department of Health and Human Services, Mr. Schweiker said the following, and I am quoting: "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, and we rushed to develop a vaccine."

Still quoting Mr. Schweiker, "The public health problem we are faced with today produces more than triple the number of those polio deaths for 16 to 25 year olds alone."

Now, one of Mr. Schweiker's successors, Dr. Otis Bowen, made alcohol abuse and alcoholism a major initiative during his tenure at DHHS and spoke at the workshop I have referred to. I am sorry that the Bureau of Alcohol, Tobacco and Firearms and the Department of the Treasury is not testifying today because the Secretary of the Treasury is required to

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1 consult and coordinate the health awareness efforts of the
2 alcohol warning labels with the Surgeon General.
3 In your invitational letter, Mr. Chairman, you asked me
4 to identify obstacles to the implementation of the workshop
5 recommendations. One of the barriers is this reluctance by
6 some public officials to take a firm stand against alcohol
7 impaired driving. I am not certain about the reasons for
8 this silence. Certainly, speaking against alcohol-impaired
9 driving should not label one as a prohibitionist, and I would
10 hope that this silence is not from fear of offending the
11 alcohol industry.
12 An estimated 18 million adult Americans have medical, social and
13 personal problems directly related to the use of alcohol, as
14 do several million adolescents for whom alcohol is an illegal
15 drug. Millions of other adults and youths are affected by
16 the alcohol problems of family members or friends or work
17 associates. By 1990, alcohol abuse and alcoholism are
18 expected to cost the American society $136 billion a year,
19 including between 10 to 15 billion for alcohol related
20 crashes. These figures, of course, do not include the cost
21 of grief and human suffering.
22 How many deficits of this kind can the country afford?
23 The workshop recommendations are not meant to punish the
24 alcohol impaired driver or to bankrupt the alcoholic beverage
25 industry. They are designed to separate the act of drinking

1 from the act of driving. They are intended to help this
2 Nation avoid tragedies like the May 14, 1988 bus collision
3 and fire near Carrollton, Kentucky, which killed 27 people.
4 The National Transportation Safety Board recently
5 released its report on the Kentucky crash. The report lists
6 11 workshop recommendations that pertain to the issues in the
7 crash and quotes the Expert Panel on Treatment's call for a
8 prevention focus. Now a prevention focus will address the
9 growing demands of many of your constituents for tougher
10 measures to reduce the use of alcohol and other drugs in our
11 society.
12 These tougher measures must include an increase in
13 Federal and State taxes on alcoholic beverages and voluntary,
14 and I stress voluntary, changes in alcohol advertising and
15 marketing practices. Why raise excise taxes? Well, the
16 evidence strongly shows that an increase in product price
17 brought about by an increase in excise taxes prevents or
18 delays underage youth from drinking and also reduces the
19 amount that heavier drinkers consume.
20 Why do we want alcohol advertising and marketing
21 practices changed? Current alcoholic beverage advertising is
22 increasingly targeted at young people and at minorities, and
23 often depicts alcohol consumption as a normal and glamorous
24 activity without negative consequences. Drinking is frequent-
25 ly shown in association with high risk activities and linked

1 to athletic, social and sexual success.

2 On June 8 and 9, the Entertainment Tonight television

3 show ran a story on celebrity alcohol advertisements and

4 conducted a telephone poll asking viewers if they thought it

5 was okay for celebrities to appear in alcohol advertisements.

6 While 8,400 viewers said yes, over 28,000 said no. Now this

7 is not, Mr. Chairman, a scientific study, but it does

8 indicate that almost 70 percent of the viewers of that

9 program, who were willing to pay 50 cents per call to express

10 their opinion, think that it is wrong for stars to pitch beer

11 and wine on television.

12 Is there compelling scientific evidence that advertising

13 influences alcohol consumption, and the nature and level of

14 alcohol related problems? No, there is not, and there may

15 never be because of methodological difficulties in designing

16 appropriate research studies. What we do have are observa-

17 tion, common sense and logic, and they have served us well

18 with smoking since 1964 when members of this Congress, the

19 public health and medical communities and citizen groups

20 embarked upon a systematic program to end America's high risk

21 romance with tobacco.

22 It appears to me that we are now with alcohol impaired

23 driving where we were 25 years ago with smoking. That is bad

24 news if the alcohol beverage industry follows in the tobacco

25 industry's footsteps of denial and obfuscation. It is good

1 news if it represents the beginning of a new broad dedicated
2 effort to prevent a major public health and safety problem,
3 namely alcohol impaired driving.
4 A National Coalition to Prevent Impaired Driving is
5 being established as a result of the workshop. My hope is
6 that this national coalition will help every State organize
7 its own statewide coalition that will, in turn, empower local
8 coalitions. Already New Mexico and Michigan have developed
9 statewide coalitions since the workshop to create positive
10 social change.
11 With alcohol impaired driving as with smoking the issues
12 are many and complicated and even small steps toward allevia-
13 ting the problem trigger strong emotions and vehement
14 controversy. The National Association of Broadcasters, the
15 American Association of Advertising Agencies, and the
16 Association of National Advertisers were offered a chance to
17 participate in the workshop but declined. Yet they have all
18 been very vocal critics of the workshop and its recommenda-
19 tions.
20 The National Beer Wholesalers Association filed a
21 lawsuit to have the workshop postponed or cancelled. Under
22 the settlement agreement, I accepted comments on the workshop
23 until January 31, 1989. These comments both pro and con were
24 reviewed and considered by my staff. Before I leave office,
25 Mr. Chairman, I will be recommending to the Assistant

1 Secretary for Health that further research be continued and
2 scientifically based responses be published for the many
3 unresolved issues raised by the workshop and reflected in the
4 comments.
5 This report will be an invaluable tool for States and
6 local communities to use in developing programs and policies
7 on alcohol impaired driving. Alcohol impaired driving must
8 be seen as a public health and safety problem rather than as
9 an economic and moral problem, and our primary concern must
10 be with preserving human lives.
11 This will take cooperation among public health, medical,
12 law enforcement, and traffic safety experts, as well as a change in
13 individual and community attitudes about alcohol impaired
14 driving. It will also take courage and political clout. I
15 conducted the workshop at the request of the Congress. I
16 hope that the Congress will now provide strong leadership to
17 help the Nation implement the workshop recommendations and
18 adopt as a national standard the total unacceptability of
19 driving after using alcohol or other drugs.
20 The very enormity, Mr. Chairman, of our losses demands
21 no less of a response. Thank you.
22 Chairman Glenn. Thank you very much, Dr. Koop. We will
23 be 5 minutes each on the round on this one. You have
24 recommended the blood alcohol level be lowered immediately
25 from .1 to .08 percent for drivers 21 years and older and

1 zero, of course, for drivers under 21. What was the basis
2 for the .08? Do we have statistical evidence that led us to
3 hit that .08? Why not .06 or lower?
4 Dr. Koop. Well, I will ask Mr. Archer to answer that,
5 sir, because it is technical and he has the answers.
6 Chairman Glenn. Doctor, good, fine. Pull the mike up
7 closer if you would, please.
8 Dr. Archer. Mr. Chairman, the decision on the blood
9 alcohol level is basically a political, not a scientific
10 decision. The evidence is that there is an increasing risk
11 of an impairment from .04 on upward so it is a question of
12 .08 has a lesser amount of impairment than .10, but of
13 course, .06 would have even less.
14 Chairman Glenn. What does that equate to in drinks,
15 say, for 165 or 70 pound person, or can you equate that to
16 us? Would .08 be 2 martinis, 1 beer, what would it be? Do
17 you have any--
18 Dr. Koop. We can both take a crack at that, sir. It is
19 the first question that is always asked and the most difficult
20 to answer. It depends a little bit on the bodily habitus of
21 that 165 pound man. Is it all muscle or is it fat? It
22 depends on what he had to eat just beforehand, how rapidly he
23 consumed it, what his activity was just before and just after
24 so that you cannot really answer it.
25 You can say that some people are impaired by 1 drink,

1 and you can say that other people can drink several drinks
2 and still have an alcohol level that comes under the legal
3 limit.
4 Chairman Glenn. Is there a big difference in tolerance
5 from one person to another on what 1 or 2 beers or a martini
6 will do to a person of about the same weight, a different
7 alcohol tolerance?
8 Dr. Archer. There can be differing alcohol tolerances,
9 but the most important factor is body weight, and there also,
10 of course, are differences by sex in that women because of
11 lower total body water can be impaired with slightly less
12 alcohol, which makes it difficult to give you a simple answer
13 of 160 pound person because women are more impaired with the
14 same amount of alcohol.
15 Chairman Glenn. Are there enough differences there that
16 we should have different standards for men and women?
17 Dr. Archer. There are significant differences. I think
18 it would be difficult to administer.
19 Chairman Glenn. I know it would be. I am very aware,
20 very aware of that.
21 Dr. Archer. From a scientific standpoint, yes, there is
22 evidence to support it.
23 Chairman Glenn. But I just wondered if statistically
24 and just from a clinical standpoint, are there major differe-
25 nces between men and women sufficient that, say, you could

1 say for women it should be .6 or higher or lower or whatever
2 the case would be?
3 Dr. Archer. No. Because the blood alcohol level would
4 be the same. What we are talking of is differences that
5 relate to produce a blood alcohol level in men and women.
6 Chairman Glenn. I know, but what I am trying to relate
7 to is what prevents impairment? If women are more easily
8 impaired by a certain amount of alcohol, then perhaps a lower
9 blood level should be required, or is the same blood level
10 that impairs both?
11 Dr. Archer. The same blood level impairs both, Mr.
12 Chairman.
13 Chairman Glenn. Oh, okay.
14 Dr. Archer. However, the standard--
15 Chairman Glenn. It is just that it would take women
16 less drinking to get to that blood impaired level?
17 Dr. Koop. That is correct.
18 Dr. Archer. A standard drink, whether it be a drink of
19 distilled spirits, beer or wine would produce a different
20 blood alcohol level in women than in men.
21 Chairman Glenn. Doctor, if the Congress were to--let us
22 just say we take 3 steps, how would you prioritize? What
23 should we do this year? Were your 10 steps were they
24 prioritized or if we would take, be limited to, say, 3 or 4
25 steps, what would those be?

1 Dr. Koop. Well, I think the immediate reduction of the
2 blood alcohol from its present 0.1 to--
3 Chairman Glenn. That was number 1. Are these in
4 priority?
5 Dr. Koop. Well, in general in priority. But they are
6 not specifically. I think that should be number 1 though,
7 and coupled with it I would put number 2 to be certain that
8 as far as those under 21 years of age that that level be zero.
9 Chairman Glenn. Yes. Well, now the legal drinking age
10 now is 21, and so it would follow that if you have a driver
11 that is under 21 and has any alcohol, I would presume that
12 would be illegal from that standpoint, from just a general
13 standpoint but not specifically for driving; is that correct?
14 Dr. Koop. That is correct.
15 Chairman Glenn. How many States have specific laws,
16 then, that apply just to driving for drinkers under 21?
17 Dr. Archer. We could provide that for the record, if
18 you would like.
19 Chairman Glenn. Okay. That would be fine. I would
20 appreciate if you would.
21 [Information provided by Surgeon General follows:]
22 / COMMITTEE INSERT

1 Chairman Glenn. On page 78 of the Proceedings, the
2 workshop recommends that the Government promote a "Don't
3 Drink and Drive" message, and that other messages imply that
4 some drinking with driving is acceptable such as "Know Your
5 Limit" campaigns, and that those campaigns should be dis-
6 couraged. The alcoholic beverage industry and the advertising
7 industry have each sponsored a number of advertisements to
8 discourage drunk driving.

9 Do you believe those efforts are helpful, or do they
10 send a very mixed message to the viewer that sort of cancels
11 out the other more strict message?

12 Dr. Koop. Well, I think they are certainly helpful, Mr.
13 Chairman, but they are not as helpful as they could be.
14 Remember that our target group here are the people we are
15 most concerned about, those 15 to 25 years of age, our young
16 people, and I spent most my professional life working with
17 adolescents, and I am sure you know, they have a sense of
18 immortality. They like to take risks. They think any
19 admonition that begins with the word "don't" is for somebody
20 else, and with those 3 personnel characteristics of young
21 people, I think we should take the firm stand that you do not
22 drink and drive.

23 Chairman Glenn. Thank you. My time is up. Senator
24 Roth.

25 Senator Roth. Thank you, Mr. Chairman. As a number

1 have indicated, it seems to me the primary problem is to
2 change public attitude. My concern has been that in the
3 1960's and 1970's we developed a very permissive style of
4 life and suddenly we find that it is having very harmful
5 impact on society, whether you are talking about drugs or
6 AIDS or abuse of alcohol.

7 The one thing that gives me a little hope is the point
8 you made in your opening statement is that we have made some
9 progress with respect to smoking. And it seems to me in some
10 ways we have the same problem here. I wonder has any effort
11 been made to study what has brought about what I consider a
12 very significant change with respect to smoking. It has
13 taken many years. But are there some lessons from that for
14 us to learn in the case of drunken driving?

15 Dr. Koop. I think there are, Senator. There is no
16 doubt about the fact that you are on target when you talk
17 about attitudes. It would be very hard to measure what has
18 happened in those 25 years that this Government has tried
19 very sincerely to alter the smoking habits of Americans.

20 So many things have been done simultaneously by so many
21 Federal and State authorities as well as the private sector
22 that it is hard to pick out whether it is a warning label or
23 an educational campaign. But I think that if you look at
24 what we can measure from 1984 on, there have been attitudinal changes about
25 smoking which essentially come down to the fact that smoking

1 is becoming socially unacceptable. That is attitudinal. And
2 if we could get an attitudinal change that drinking and
3 driving do not mix, then I think we would have achieved the
4 same thing, and I would hope in less than the 25 years it
5 took for smoking.
6 Senator Roth. Again, I agree with you the difficulty of
7 making the study. But I wonder if it would not be worthwhile
8 trying to establish to the extent we can scientifically what
9 did we do in the past few years or 25 years as you state that
10 has made a difference because it seems to me it is exactly
11 the same thing we have to do here.
12 Let me ask you this question. Now as I understand it,
13 there is no hard liquor advertising on TV today; is that not
14 correct?
15 Dr. Koop. Correct.
16 Senator Roth. But we do have, of course, advertising of
17 beer. Have any efforts been made or is there any difference,
18 can we see where that has made a difference between alcohol
19 and beer with respect to drunk driving? Is beer more of a
20 problem because of the advertising or is there any way we can
21 analyze that difference?
22 Dr. Koop. Well, we have the findings of the National
23 Commission on Drunk Driving that were published just the week
24 before my workshop, ~~where~~ They visited several American cities
25 and took testimony from teenagers ~~and they~~ who said with remark-

1 able, almost unanimity, ~~young people did say~~ that they began
2 to drink because of the advertising.
3 And I think one of the other things that is a misconcep-
4 tion of youngsters, ~~and that is that~~, "Sure, I would not drink
5 some hard liquor and drive, but beer has such a low alcohol
6 content that I do not have to worry about it." ~~And yet most~~ When
7 teenagers ~~that~~ are involved in fatalities involving with drunk
8 driving beer has usually been the beverage that they have consumed.
9 Senator Roth. Well, I think one of your recommendations
10 is to increase the excise tax so that the cost of beer and
11 wine is equal to that of liquor. Could that conceivably push
12 young people into drinking hard liquor?
13 Dr. Koop. No, I do not think so because you would be
14 taxing it proportionately on the alcohol content. So that
15 the tax would be higher per drink on hard liquor than it
16 would be on beer and wine. And we do have remarkable
17 statistics on what a small increase in the price of ciga-
18 rettes, for example, does to the smoking patterns of adoles-
19 cents again. Texas did a study that showed that if you
20 increase the price of cigarettes by raising the total cost
21 per pack only 10 percent, that 12 percent of teenagers stop
22 smoking.
23 Senator Roth. So you do feel cost is an effective
24 deterrent?
25 Dr. Koop. It is for adolescents. I would not say

1 across the board, but they have a much more limited source of
2 funds for that particular activity.
3 Senator Roth. Well, my time is up. Thank you, Dr. Koop.
4 Chairman Glenn. Senator Kohl.
5 Senator Kohl. Dr. Koop, we talk a lot about drunk
6 driving, but I think you would agree that the problem is not
7 limited just to drunk driving. It seems to me that the term
8 "impaired driving" is a more apt description and goes well
9 beyond just alcohol abuse. What we are dealing with in our
10 society today is not just a problem of alcohol abuse but of
11 widespread and problematic drug use.
12 The disease of addiction to drugs of which alcoholism is
13 just one manifestation is such a pervasive problem in our
14 society that driving accidents are only the tip of the
15 iceberg. Do you see your program as being aimed more at the
16 occasional binge user who decides to take the risk of
17 drinking and driving, or do you consider the addict or
18 alcoholic to be just as important an abuser?
19 Dr. Koop. Well, I think that the real alcoholic tends
20 to be an older aged group, and they are not the ones that are
21 involved in the problem we are addressing here today. But
22 such a statement cannot be taken as absolutely set in
23 concrete. Again, it is largely attitudinal. As you confront
24 youngsters who drink, they never think that they have stepped
25 over the line, whereas a person who is an alcoholic, even

though he may deny his alcoholism, he does admit freely to the fact that he is impaired.

And I hope that you understand that the reason we use the term "drunk driving" for the workshop is because the organizations that have been so helpful like MADD, and SADD and RID are all talking about drunk driving. We much prefer the term "impaired" because you do not have to be drunk to be a danger on the road, and also the other statement you made is very much where we stand, and that is alcohol is not the only drug that we are concerned about. There are many others, not just illegal drugs, but prescription drugs that many people feel because their doctor recommended them cannot possibly be something that would impair their ability to drive, but that is also true.

Senator Kohl. Dr. Koop, you recommend that beer advertisements be balanced with equal time public service announcements. Who would pay for these PSAs, and in your opinion who should pay for these PSAs?

Dr. Koop. Well, I think that the private sector would do a lot about them, and if you notice, what we did was to leave open the modus operandi hoping that the gap would be filled and the problem would be addressed. But if not, then we would hope that money could be spent to construct proper, innovative, creative teaching public service announcements especially addressed at young people.

1 Senator Kohl. I am not sure that I got that. Who
2 should pay for these PSAs?
3 Dr. Koop. We would hope that Government funds would not
4 be necessary but that voluntary agencies would take care of
5 the problem and fill in the gap. But if that does not take
6 place, then our recommendation was that that would be a good
7 expenditure of Government money.
8 Senator Kohl. So you are not suggesting that these PSAs
9 should be handled by the broadcast industry for free or
10 anything else of that sort?
11 Dr. Koop. I would be very happy if they did.
12 Senator Kohl. Right. Well, I would imagine that if
13 they would, that they would somehow pass that on in some way,
14 shape or fashion? They would increase their rate to make
15 that up with respect to the rest of their advertisers?
16 Dr. Koop. Well, I think that that is a fact of life,
17 and I would not object to that way of paying for it. What I
18 am interested in is getting the message out to young people
19 and avoid the problem one always has when you have to spend
20 Government funds to do that.
21 Senator Kohl. Okay. Dr. Koop, I have always wondered
22 about the feasibility of actually keeping convicted drunk
23 drivers off the road. One of the local TV news stations
24 recently completed a week long series about the ease with
25 which convicted drunk drivers can get back behind the wheel.

1 Some of this is due to inadequate processing of drunk driving
2 arrests and convictions, but even in cases where a person's
3 license was revoked, such an individual would sometimes leave
4 the courtroom, get in a car, and drive away moments after the
5 court had taken away their license for drunk driving.
6 Short of following these people around night and day,
7 how can the police possibly ensure that people who have lost
8 their licenses cannot get behind the wheel?
9 Dr. Koop. Well, there are many cracks in the system,
10 sir, and that is where we would hope that the coalitions that
11 we have started at the Federal level, we would like to see
12 now move in the States and then get down to the grassroots.
13 It is only when the grassroots people who are affected by the
14 tragedies and the grief and the loss of the victims of drunk
15 driving get into the act and say this cannot go on that the
16 combination of transportation and law enforcement people will
17 step in and do something about it.
18 I do not in any way minimize the problem, but I recognize
19 as I have studied this that there are many ways that the
20 cracks develop and there is great sympathy for the injured.
21 I had a friend who knows he has an alcohol problem in one of
22 the eastern States that has very tough drunk driving laws. He
23 was arrested for drunk driving after an accident, had his
24 license suspended for 6 months. But on the second occasion,
25 within 2 weeks after he had his license restored, he totaled

1 his car by smashing into a tree. No one was hurt and no
2 property was damaged except his body and his car. The action
3 of the police was not to arrest him on a drunk driving charge
4 because they felt that the accident already had punished him
5 enough and he had a long period of recuperation.
6 That kind of sympathetic thinking for someone who is
7 really in trouble has got to be altered because that person
8 does not need punishment. He needs rehabilitation. And that
9 is what we would hope that the increase in excise taxes both
10 at the Federal level and the State level would be channeled
11 into preventive programs so that a man like that recognizes
12 his difficulty and is pushed by society into a system that
13 takes him off the road until he is able to handle the problem
14 of drinking without driving.
15 Chairman Glenn. Senator Lieberman.
16 Senator Lieberman. Dr. Koop, one of the major missions
17 of this committee is oversight of existing governmental
18 structures and the work that they are doing. In that regard,
19 I was interested to note that one of your workshop's recom-
20 mendations was that the responsibility for regulating the
21 alcohol industry be removed from the Bureau of Alcohol,
22 Tobacco and Firearms and placed into the Food and Drug
23 Administration. And I wonder if you could explain to the
24 committee at this point why that recommendation was made, and
25 how you feel personally about it?

Dr. Koop. Well, I think the bottom line, sir, and give you a short answer, is that the bureau that now regulates alcohol does not really have a health component, and we believe that the reason that the Surgeon General is involved in this is because we are dealing very much with a health problem. And that the Food and Drug Administration which is one of the agencies of the Public Health Service does have the expertise and the knowledge and the ability to work closely with a sister service like the Alcohol, Drug Abuse and Mental Health Administration in presenting the health aspects that should be used in regulation.

They are in the business of regulating foods, drugs and cosmetics for the protection of the American people, and they also are into devices such as those used for radiologic diagnosis or other things medically, and I think therefore they are the best prepared to do so.

Senator Lieberman. Could you describe then for the record what the--and I understand the limits of time--by way of overview what the functions of the BATF have been, the responsibilities of the BATF have been in regard to the alcohol industry?

Dr. Koop. I do not think that I could answer that question, sir, in a satisfactory way to us at this moment, but I would be very glad to submit for the record.

[Information supplied by Dr. Koop follows:]

1 / COMMITTEE INSERT

1 Senator Lieberman. Okay. But your major concern is you
2 are not dealing for the moment with whether they have
3 dispatched the responsibilities we have given them under law
4 adequately but with the fact that they do not have a health
5 component.
6 Dr. Koop. That is exactly right.
7 Senator Lieberman. And the FDA--
8 Dr. Koop. Does.
9 Senator Lieberman. --does. Moving on then, could you
10 assess the existing structure that we have at the Federal
11 level in regard to education, prevention and treatment of
12 alcoholism throughout the country? Do you think the structure
13 is adequate?
14 Dr. Koop. I would like to ask Mr. Archer to do that
15 because again it comes under his aegis.
16 Dr. Archer. I would hesitate to answer from a scien-
17 tific standpoint. I think that clearly from an organizational
18 standpoint the Department of Education, Department of Health
19 and Human Services, Department of Transportation have all
20 worked closely in this area, and appear to be functioning
21 well, but that is more a political judgment.
22 Senator Lieberman. I understand, but from your perspec-
23 tive, and I do not know whether you have a reaction to this
24 based on your involvement so far, the Federal agencies with
25 responsibility in this area, education, prevention and

1 treatment, you think have been performing adequately? That
2 the structure, at least, is adequate to the task?
3 Dr. Koop. I think the structure is adequate to the
4 task. I think there is a tendency for people in our position,
5 who see the enormity of the problem, to compare the resources
6 we have to prevent the carnage we are talking about now as
7 opposed to the industry's resources that seem to be sending
8 another message. So to answer your question, we always could
9 use more money, but I think the structure is adequate, sir.
10 Senator Lieberman. Yes. Do you have any sense of how
11 much more money we could use? In other words, I know we can
12 always use more money, but what is the range of the problem?
13 Did you workshops reach a point where you would make a
14 recommendation to Congress about what our goals should be for
15 adequate funding?
16 Dr. Koop. No. We tried to avoid specific mention of
17 dollar amounts, but rather send ~~through~~ the general ~~generic~~
18 concerns back to Congress, thinking that it has ~~they have~~ a better
19 understanding of the other concerns in reference to money and
20 the demands made upon them. The total amount now, Loren, is
21 what, 30 million all put together.
22 Dr. Archer. On prevention, yes.
23 Dr. Koop. On all of the programs and all the Federal
24 Government that are aimed at the prevention of the problem we
25 are talking about, not just the driving, but of all al-

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1 coholism, the illnesses, the things you heard about, Veterans
2 Hospital admissions and so forth is $30 million.
3 Senator Lieberman. 30 million which is a pretty small
4 amount. Let me go to the local level for a moment just for
5 the final question. Maybe I should ask you generically since
6 time is running out. Can you cite a few treatment programs
7 or education programs that you came across in your work
8 through the workshop that you think were particularly good
9 success stories that we might use as models?
10 Dr. Koop. I would be glad to provide you some of the
11 details, sir, but I think the programs that I
12 would favor and that I think have the greatest impact not
13 only upon the individual who has the problem of driving after
14 he has been drinking but also on the community are those
15 programs that are not aimed at a punitive action against the
16 individual but recognize that here is a person who with
17 proper rehabilitation can be made into a safe driver because
18 he does not drink.
19 Senator Lieberman. So that even though your recommenda-
20 tions have what look to be heavy punitive components to them,
21 you certainly do not see that as the end of the problem?
22 Dr. Koop. It does not matter, sir, whether you are
23 talking about drunk driving or child abuse or battered wives,
24 punitive measures tend to stop the program. But the repeat
25 offender is the person who has not been rehabilitated. So

1 local or national or any other kind of punitive measures may
2 stop the problem in its tracks for that one occasion. But if
3 you want to prevent the repetitive offender who is really the
4 guy we are after, then he has to be rehabilitated, whether it
5 is sex or drugs or whatever.
6 Senator Lieberman. Thank you.
7 Chairman Glenn. Senator Bingaman.
8 Senator Bingaman. Thank you, Mr. Chairman. Dr. Koop,
9 one of the organizations which I gather is designed to deal
10 with this problem you are describing here is the National
11 Commission Against Drunk Driving. My information is that
12 they refused to participate in your December workshops. I
13 would be interested if you would explain their thinking or
14 why they would not welcome your leadership in this area?
15 Dr. Koop. I would be very happy to explain the action,
16 sir. I do not think I can explain their thinking. The
17 National Commission on Drunk Driving was a natural and
18 welcome outgrowth of the Presidential Commission on Drunk
19 Driving several years ago. And the way that things were
20 organized in the early days of our planning for the workshop,
21 they were part of the planning committee, and they moved
22 along with us. As it got closer and closer to the date
23 and certain people began to drop out and criticize the
24 construction of our panels and the people we had
25 invited to the workshop, the commission also dropped out.

1 And we made an appeal to them. The conversation took
2 place between the chairman of their board and my chief of
3 staff and we pointed out the fact that we needed them more
4 than we needed anybody else to make a solid front to the
5 American people and our report back to you and Congress. And
6 I think we convinced the chairman of the board that by
7 standing with me at the opening session by making some
8 statements, it did not mean in any way that he was endorsing
9 beforehand the conclusions of the workshop nor was he
10 endorsing the manner in which I had set the workshop up.
11 And up until the day before the workshop itself, I was
12 moving along with the understanding that no matter who else
13 dropped out, at least the commission representative in the
14 form of the chairman and I would stand with Otis Bowen and
15 give the charge to those who had been invited.
16 He dropped out on that occasion after meeting with as he
17 quote, I think he said, "some members of my board." And that
18 is where I cannot tell you what the thinking was, but he
19 called back and said that he did not think that he could make
20 the appearance that he promised but that he would send his
21 deputy, chief executive officer, and that person never did
22 show up.
23 So those are the facts that happened. And I am not
24 saying this, sir, in criticism of him or of the commission.
25 I recognize that the people on that commission just like we

1 who were in the workshop know the tremendously complex
2 problem that we raise when we talk about drunk driving. You
3 up there behind the platform are all men of goodwill. You
4 are all concerned about this problem, but I think you would
5 all have very different emphases about where you think you
6 ought to go, ~~and~~ When you heard one of your colleagues give
7 you his program, you might be very critical of 10 or 15
8 percent of it.
9 What our concern was that we not let those differences
10 keep a workshop of this importance from moving forward to
11 have an impact upon the people of America and to report back
12 to you a program on which you could act.
13 Senator Bingaman. Could you state very differently the
14 difference in emphasis that caused them not to participate?
15 What was the emphasis that was reflected in the panels or the
16 program that you had put forward that they did not feel
17 comfortable with?
18 Dr. Koop. What they did not feel comfortable with, they
19 told us, was the manner in which we had constructed the
20 panels. Now my concern about that excuse was that they had
21 been part of the planning committee all along, and I must say
22 that I give great merit badge points to the staff of the
23 National Commission because they worked with us all along and
24 indeed were working with us on the very day that the commis-
25 sion pulled out.

1 Senator Bingaman. But could you be more specific as to
2 what was wrong with the panels or what was objectionable
3 about the way, the people you had put on panels?
4 Dr. Koop. Well, I think the way they stated it was that
5 the people that we had chosen to be chairmen of panels took
6 positions on issues, particularly advertising and taxes, that
7 were not positions that were shared by the commission. ~~And,~~
8 ~~you know~~, Again I can tell you what they told me, but I
9 cannot tell you what they thought.
10 Senator Bingaman. Let me ask in your testimony you
11 indicate that some of those tougher measures that we must
12 take in order to deal with this include voluntary changes in
13 alcohol advertising and marketing practices. Could you
14 elaborate on that a little? What voluntary changes would you
15 like to see adopted?
16 Dr. Koop. I would like to see young people not targeted.
17 I would like to see minorities not targeted. I would like to
18 see advertising not made part of a lifestyle that is very
19 ~~effectively~~ pleasant without any consequences on the in-
20 dividual if one abuses the privilege that he has.
21 I also would ~~not~~ like to see the disassociation of
22 alcohol advertising from role models that young people look
23 up to or to activities that are very exciting for young
24 people. I do not think you ought to show race car drivers or
25 racing or activities such as that with alcohol because it

1 unites the 2 in the kid's mind where it should separate it.
2 Have absolutely no concern about advertising that talks about
3 the product, what the trade refers to as tombstone advertis-
4 ing.
5 I think anybody has the right to do that kind of
6 advertising, and you will note in our recommendations in my
7 testimony today and in my testimony at the press conference,
8 we did not call at any time for a ban on advertising, and the
9 restrictions we called upon it we asked that they be volun-
10 tary.
11 Senator Bingaman. My time is up, Mr. Chairman.
12 Chairman Glenn. Thank you. I know Dr. Koop has to go
13 before too long. We will try to keep this next round to just
14 a couple or three minutes a-piece here. I know you have an
15 11 o'clock some place, Dr. Koop. We will try to make this as
16 rapidly as possible.
17 Dr. Koop. I have a 10:30 some place, sir.
18 Chairman Glenn. Oh, you do. Well, okay. Maybe we
19 better end it now. I hate to do that, but can you stay for
20 one question each?
21 Dr. Koop. Go.
22 Chairman Glenn. All right. We are talking about
23 rehabilitation, where that fails. We are trying to get the
24 repeat offender off the highway. They are the ones that
25 cause a lot of the problem, the basic problem we are trying

1 to deal with. Now it would seem to me that if that is the
2 problem, and we want to get the abuser off the highway, and
3 we want to really identify these people, it seems to me the
4 Beer Institute, the Wine Institute, everybody should agree
5 that we want to identify those people. If they are still
6 going to be on the highway, I want to do defensive driving.
7 I would not mind seeing a scarlet dayglow paint put on
8 both bumpers of any automobile owned by a person who has been
9 convicted of drunk driving a second time, say, where rehabil-
10 itation has not worked. So I know to look out for that car
11 whether I am ahead of it or behind it. That is somebody I
12 better look out for. Has anything like that been tried and
13 do you think it would work?
14 Dr. Koop. Well, of course, whenever you suggest
15 something like that, there is a great scream that you are
16 depriving people of their liberty, that you are discriminating
17 against a certain class of people.
18 Chairman Glenn. Absolutely.
19 Dr. Koop. And many of us think that such people should
20 be discriminated against.
21 Chairman Glenn. That is exactly the purpose. I may get
22 killed if I do not discriminate against them. I do not know
23 of any program where that has been tried that has been deemed
24 successful. Do you, Loren?
25 Dr. Archer. Perhaps the fellow from NHTSA might have

1 some comment.

2 Dr. Koop. I think the people in Transportation who

3 funded things like that in the past could bring you an

4 answer. We would be happy to try to get that for you, sir.

5 Chairman Glenn. Good. I would like to have any

6 comments you might make on that because I would not mind

7 putting that in legislation myself. Senator Kohl.

8 [Information supplied by Dr. Koop follows:]

9 / COMMITTEE INSERT

1 Senator Kohl. Dr. Koop, restrictions on where and when
2 beer, wine and spirits can be purchased, and how these
3 products can be marketed have not decreased alcohol abuse in
4 a society like the USSR which has extensive restrictions.
5 Why have these restrictions in your judgment not worked there
6 and why do you believe that those kinds of availability and
7 marketing restrictions might work here?
8 Dr. Koop. Mr. Kohl, I am always leery in any health
9 issue of trying to transfer the experience of one culture to
10 another, whether it is the sale of vodka in the USSR or the
11 exchange of needles for drug abusers in Amsterdam. Our
12 people are not quite the same. I just go on the basis of
13 what we know and what seems logical. Many more people are
14 involved in drunk driving after they come from places where
15 alcohol is sold on a retail basis than coming from parties in
16 their own home or where they have purchased liquor in large
17 quantities at a package store.
18 And I think that any time you see a number of instances
19 out there that seem to be etiologic in causing the problem
20 you are trying to fix, it seems reasonable to cut down on the
21 numbers of those things or have other restrictions that do not
22 have to limit personal freedoms. Remember we are not trying
23 to say to people you should not drink. We are just saying if
24 you are going to drink, do not drive.
25 Senator Lieberman. Dr. Koop, Secretary Bennett in his

1 work as the drug czar in putting together a program or
2 recommendations for the country is apparently seriously
3 considering the use of boot camps so-called for drug of-
4 fenders. How would you feel about that idea for first or
5 second time drunk driving offenders as a way to make sure
6 they are not repeat offenders?
7 Dr. Koop. I would much rather see the money that would
8 go into that for an alcohol offender go into a rehabilitation
9 program rather than to a punitive program, and I think that
10 you can carry out a rehabilitation program for a drunk driver
11 without putting him behind barbed wire.
12 Senator Bingaman. Dr. Koop, one of the recommendations
13 in your report or out of your-working group is recommendation
14 B-2 on page 28. It says eliminate alcohol advertising and
15 promotion on college campuses where a high proportion of the
16 audience reached is under the legal drinking age. Do you
17 support that recommendation, or do you think that is reason-
18 able or not?
19 Dr. Koop. I do support that recommendation, and I
20 recognize all of the problems that go with such a complex
21 issue as this. But it seems to me that I read an insert by a
22 beer advertiser that appeared in a tremendous number of
23 college magazines and newspapers, and it was offensive to me
24 in that it led the reader to believe that if on spring
25 vacation you were not part of the beer drinking crowd, you

1 just were not living up to the expectation of American youth
2 that took a holiday in the spring.
3 And I do not remember exactly but it seemed to me that
4 there was a comment in there that if you were not consuming a
5 beer every hour, you were not in with the crowd. I think
6 that is reprehensible, sir.
7 Senator Bingaman. That is all I had. Thank you very
8 much.
9 Chairman Glenn. Thank you, doctor. And we apologize to
10 whoever it is you are supposed to be with at 10:30.
11 Dr. Koop. I will tell them.
12 [Laughter.]
13 Chairman Glenn. We appreciate it and we look forward to
14 working with you. It may be your being in a different
15 capacity, but we look forward to keeping in touch with you
16 for your suggestions. Thank you very much for being here
17 this morning. Thank you.
2 18 [The statement of Dr. Koop follows:]