

**Jeffrey Runge, MD
Administrator
National Highway Traffic Safety Administration
at the
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[A videotape presentation featuring compiled clips of Norman Y. Mineta, Secretary of the U.S. Department of Transportation, initiates the speech.]

Segment 1: “And now it’s time to acknowledge that history is calling us to another important test. It is no less important than others that we’ve had, and the stakes are no less significant. It is the battle, however, to stop the deaths and injuries on our roads and highways.”

Segment 2: “This is an All Hands meeting because I want everyone to know in your agencies, in this Department, that our top priority for the next 18 months is to use every tool available to reduce deaths and injuries on our highways.”

Segment 3: “The mission is very simple: reduce deaths and injuries. The measure of success is just as simple: increase the number of people using seat belts and reduce the number of impaired drivers.”

Segment 4: “Every day, across the nation, the alarm sounds in a thousand firehouses. A radio call goes to a thousand police officers, and the doors to the Emergency Department

swing open thousands of times. And every day - right this minute, this afternoon, late tonight - the telephone will ring, a door bell will be rung, and a police officer will show up at an office or at a home to tell someone that the person they kissed good-bye that morning is not coming home...ever again.”

Segment 5: “But I started these remarks saying that this was an All Hands meeting in the maritime tradition. Let me finish my remarks to you by changing that description. This is not an All Hands meeting; it is a Call to General Quarters. All hands, man your battle stations.”

[NHTSA Administrator Jeffrey W. Runge, M.D., begins speaking:]

Anybody who knows Norm Mineta knows that he is serious. He often calls me or writes me notes and asks me how we are doing. Unfortunately, our progress is measured in very slow increments - but it does make us want to redouble our efforts to make these changes as quickly as we possibly can.

So we are continuing our work with organizations and institutions nationwide to increase transportation safety and are calling on as many others as we can think of to contribute their expertise - just as we did in setting up TSA - and asking for them to commit to adopt the Secretary’s goal to reduce fatalities and injuries on the nations highways.

When it comes to focusing on the tragedy of impaired driving, there is no more important organization for us than MADD and you, the members of MADD and the organizations that you represent.

I want to thank every one of you here today; not just for coming today, but also for the good work that you do throughout the year. Not only for your work to reduce impaired driving, but I want to thank you from the bottom of my heart for your hard work in getting Americans to buckle up this past year - for supporting primary safety belt laws.

I know this may have been a hard sell for some of you who don’t necessarily see the link from safety belts to impaired driving necessarily. But believe me, there link is there. Those who are the most likely to drive after drinking are also the least likely to buckle their safety belts. They are in fact the riskiest drivers.

Primary safety belt laws work. Our safety belt checkpoints and patrols always result in netting large numbers of impaired drivers and drivers with suspended licenses due to alcohol-related offenses. And as you've heard me say, many times, perhaps, that your safety belt is your number one defense against an impaired driver. It works whether you are the would-be victim or if you are a victim of your own poor choice to drive while impaired.

So I can say with all honesty that your actions throughout the years have indeed made roads safer for all Americans and, on behalf of the Administration, I thank you very much.

Now here are the current data on alcohol. As you can see, last year we do not make the kind of progress that we wanted to make with impaired driving. The total number of alcohol-related deaths remains effectively unchanged from 2001. While the total number of fatalities remained roughly constant, keep in mind exposure increased on every front - in terms of vehicle miles traveled, registered vehicles on the highways, licensed drivers, and the general population. So considering these exposure increases we have to take some comfort in that at least we have been stemming the tide, the increase we could have seen over the last 5 years.

The alcohol-related fatality rate was essentially unchanged in 2002 but it did drop slightly from .63 to .62 per 100 million vehicle miles traveled. At least it's moving in the right direction. But I know that you'll agree with me when I say that it is a very shallow victory to look at the flatness of this curve.

We set our goal at the Department of Transportation for 2004 for no more than .53 alcohol-related fatalities per 100 million VMT. Unless there is a miracle, we are not likely to make it from .62 to .53 in one year. But I want you to take a closer look. These numbers do actually deserve a much closer look.

This slide shows the alcohol-related fatality rate by vehicle type - separated into passenger cars, light trucks, large commercial trucks and motorcycles. Our goal is to achieve a rate of .53 for all vehicles but as you can see, for passenger cars and light trucks, we are already below that level. Large commercial trucks really are not a significant problem for alcohol related fatalities. But take a look at motorcycles.

We've already met or exceeded our fatality rate goals for most of these vehicle types, but motorcycle drivers involved in fatal crashes had higher alcohol involvement than drivers of passenger cars or light trucks. In 2002 about 27 % percent of drivers in cars and light trucks that were involved in fatal crashes had been drinking. By contrast, of motorcycle drivers involved in a fatal crash 39% had been drinking. And 31% of them had a BAC greater than .08, compared to 23% for drivers of cars and light trucks.

When we say we have to target populations, we mean we want to slice and dice this so we can actually see where to apply our resources. Last year alone there was a 6 %

increase in the number of alcohol related motorcycle deaths. Over the last 5 years they have increased 50%. Clearly, a huge issue.

Just as types of vehicle are different, so states are also different. As you can see from this map, those states in red are above the current national fatality rate. Those in yellow are sitting right on the national rate of .62 or .63. The states in green actually meet or exceed the goal of .53.

Now the Bush Administration is trying to provide the tools to get the job done through the reauthorization bill SAFETEA. Many of you have heard a lot about this. It is currently before Congress: Safe, Accountable, Flexible, and Efficient T-E-A. I am glad the name that we suggested actually survived and it got over to Congress because “safety” really is the Secretary’s emphasis.

For this new highway safety reauthorization bill, it is extremely important that everybody - especially everybody here and in the whole highway safety community - understands the possibilities before us because the funds are flexible. In SAFETEA, we aim to provide significant resources specifically designed to support improvement in impaired driving and provide incentives to the states to use their funds only for countermeasures that actually work those with proven effectiveness. SAFETEA does this in two ways.

First of all, SAFETEA would establish grants that would provide support of up to 50 million dollars a year to States with the highest number of alcohol related fatalities or the highest alcohol-related fatality rates. We know where they are. Our data show very clearly that certain states are disproportionately contributing to the high fatality rate and fatality count in America.

But in addition, another 337 million dollars would be available to States to be used for highway safety purposes including impaired driving programs - but it depends on what the data show for each state. Those funds are these elective funds on the slide here. Our intention was to make more money available to states to put into the programs where their data points to a problem. These elective funds include a mix of formula grants like 402 as well as performance grants to try to align the state’s goal with our national goal.

Another provision of SAFETEA separately will fund improvements to State data systems in the amount of \$50 million dollars a year. We recognize that traffic records are essential so you can identify the problem areas and the problem counties, whether it’s impaired drinking, road infrastructure or another issue. The data have to be sufficient to do that. It is extremely important. These resources will shore up those data system, meaning that better information will be available to drive decisions about those spending priorities.

If the state’s data shows that it can change its overall highway safety fatality numbers by reducing impaired driving - and once again, I believe we saw that’s the case in most states - then in fact those flexible funds should be applied to impaired driving. It makes no sense for a state like Utah, for example, with .26 deaths per 100 million VMT, to have the same alcohol resources applied as a state like South Carolina with a fatality rate four

to five times as high. We need states to be flexible but we also need you to be able to weigh in - to be at the table - when it comes to deciding these priorities.

In addition to the funds that are under the NHTSA umbrella, there is also a billion dollars a year in the Federal Highway Administration that would typically go to road construction that in fact is flexible depending on a State's need. Once again the data become extremely important. How these moneys are split up will be based on a State's comprehensive highway safety plan, which comes from your State's traffic records and your data.

I would encourage you to work with your leadership and make sure that when the reauthorization bill passes that you have people ready in your states who you can go to quickly - whether it's a university or whether you hire your own data experts - to make sure they know how to use the data. They must have access to those traffic records so that you can support the need for those flexible funds to go to impaired driving, if that's the case in your state.

I want to reiterate again my thanks to MADD for your support of our safety belt mobilizations and for your support of primary safety belt laws in your 8-point plan. This is history. But we're not finished yet.

Seventy-nine percent is a historic high for safety belt use in this country and it is due directly to the widespread support that we got all across the country during the mobilizations. We were at 75% belt use in 2002. That's a 4-percentage point increase in 1 year and that's a thousand lives saved. That's a thousand Americans who will be around this holiday season who would not have been here without this gain in safety belt use. That's 16,000 injuries that won't cross those trauma center doors and about 3 billion dollars of resources in terms of medical care, legal costs and lost productivity that will be avoided - saved because of the increase in safety belt use. So thank you.

[Clapping]

I want to thank your leadership again for recognizing that this increase in safety belt use is extremely important in reducing alcohol-related fatalities. When we look at alcohol and safety belt use, this graph is very telling. We have a 79% national belt use rate. But last year only 28% of those killed in alcohol-related crashes were wearing their safety belts compared to other fatalities in which at least half of those were belted. Safety belts are 50% effective in preventing crash fatalities, which means that half of those who died unbelted would have survived the crash if they'd had their safety belts on. That's 4,000 people that we lost in alcohol-related crashes because they didn't have their safety belts fastened. These are huge numbers.

The 79% national use number is a composite of 83% belt use in States with primary belt use and 75% use in States where police can't stop you unless you're doing something else wrong on the highways. That's an 8-percentage point difference. Every percentage point that we raise belt use in America saves 250 lives and saves 800 million dollars in

costs. This is a very cost effective public policy. Twenty States have primary laws. Illinois and Delaware just passed theirs this year. I appreciate MADD's including primary belt laws in your 8-point plan last year that Millie Webb brought before the American people.

In SAFETEA, we believe that this is so important that we have 100 million dollars that can go to states for any highway safety purpose. All they have to do to qualify is to enact a primary safety belt law – these funds are at a level that is 5 times their current 402 funding. So a state like Florida would get \$36 or \$38 million dollars extra that they could use for any highway safety purpose according to their highway safety plan.

We fully expect that a fair share of that money - if it went to Florida or states with safety problems similar to Florida – would be applied to impaired driving. That is, if you are at the table and you have the data to support your need for the funds.

Everybody in this room who has been around impaired driving for a while knows that the countermeasures we can apply are so numerous it almost just makes you dizzy. Last year I appointed several Integrated Project Teams at NHTSA to give me recommendations for how we can accomplish our five major priorities: rollover, inter-vehicle compatibility, safety belt use, impaired driving, and data improvements. The data team is working right now.

We've published three of the team reports but the Alcohol team report is not quite yet ready for publication. We've had a hard time figuring out where the resources should be focused, but I made a decision on this a few weeks ago because as Secretary Mineta said, we've got 18 months left in this Administration. I am a little bit impatient by nature - and particularly in this area, when people are dying on the highways day by day.

If we're going to break through this barrier with impaired driving we need to take a lesson from our experience with safety belts and just focus on a few countermeasures within this large and complex set of countermeasures. I am going to describe three priorities that I hope I can convince you to get behind in full force, three areas where we can make a difference if we push hard and move them forward.

The first is the continuation of high visibility enforcement. The second is with adjudicatory improvements with DWI courts and special prosecutors for DWI. The third area is screening and brief intervention by health care professionals across America.

First is high visibility enforcement – we know this works. We've seen it work with *Click-It or Ticket*. We can't really make a direct comparison between impaired driving and safety belt enforcement because in impaired driving we're dealing with an entirely different population. In safety belt enforcement many people just forget to buckle their belts. Now there are some hard-core folks who refuse to use their belts, but compare that to drinking drivers. These are chronic risk takers in every area of their lives. They generally have low self-esteem. They have poor risk analytic skills. Many have medical pathology that needs to be treated.

We also have people who will make the right choice if they perceive that there will be consequences for making the wrong choice. High visibility and slogans don't work for the hard-core drinking driver but they do work for people who drink and are capable of exercising good judgment. The national *You Drink & Drive. You Lose.* campaign has created a perception that drivers will be arrested.

During the first impaired driving crackdown this past July more than 12 million dollars of state and national funds were spent on media to support the campaign. And by the way, we couldn't have done the media campaign without your support. I want to thank you again for your help with that. Those TV ads were to provide air support for the law enforcement officers on the ground who are doing saturation patrols and checkpoints.

How many of you saw these, saw the *You Drink & Drive. You Lose.* ads? I see a few hands go up. Congratulations, because they were aimed at males from ages 18 to 34. I am not sure if you're watching *Dog Eat Dog* or *ESPN Sports Center*, but it's nice to know that these shows have some commercial support! [laughter]

We evaluated the media campaign thoroughly with a survey conducted at NHTSA that asked drivers about the campaign. The surveys were conducted before and after the ads aired. The survey queried drivers of all ages although, as I mentioned, the ads were specifically placed in markets that targeted male drivers from 18 to 34. The survey asked drivers if they could remember seeing a TV ad on an impaired driving campaign. Pre-media and post-media, you can see on this slide the huge difference. The biggest difference occurred in those between the ages of 18 and 34 years old, the demographic group that we were aiming for. We met the mark.

The survey also asked drivers if they saw or heard anything about police checkpoints or other enforcement activities. You can see that drivers of all ages were more familiar with those enforcement activities after the TV ads ran than before, but once again the greatest increase, the biggest development – growing from 28% to 44% - occurred in that target group.

Then we asked if they remembered the *You Drink & Drive. You Lose.* slogan. They were given a number of slogans and asked if they recognized any of them. It was a multiple-choice test. There was a difference in recognition among drivers of all ages. Again the largest increase took place among that target group. I can tell you that if pollsters found 56% name recognition they would consider it a huge success for any political campaign. We're pretty happy with that number. We know how to get to the target audience. Whether or not that recognition changes behavior really remains to be seen.

We will be continuing this activity – another impaired driving crackdown – over the December holiday period. In addition 13 states are conducting sustained enforcement each month to maintain a high level of intensity on this issue. Many of you may be familiar with Checkpoint Tennessee, a yearlong sustained effort there that produced a

double-digit decrease in are fatalities. We know that sustained enforcement works much better than these enforcement waves.

During 2004 we are proposing two national enforcement efforts supported again by paid media. One is a safety belt mobilization in May, our usual *Click-It or Ticket* program, and an impaired drinking crackdown in December. In addition many states will conduct high visibility activities on their own to address their particular safety problems during the summer months including their own impaired driving crackdowns.

MADD does a terrific job in attracting media coverage. I don't know how you do it but you do a very, very good job. We need your activity in those slack periods between the times when our paid media runs. I would ask you attention to getting out and continuing to earn that media through your activities. This keeps the issue in the minds of people who are capable of making good choices even though they drink alcohol.

The second area is DWI courts and special prosecutors. As I said earlier, the deterrence message does not work for everyone and for those for whom deterrence does not work we need enforcement. We need a system of enforcement - not just the cop making the stop. The system must be in place to be sure the offender will be held accountable and will face appropriate consequences.

There were 1.5 million arrests for DWI in 2003. Think about that. My data from Mecklenburg County in North Carolina show only about 56% of arrests for those who were treated in the Emergency Department resulted in conviction. We clearly have an issue with the courts - something that MADD has been very, very involved with for years.

Those of you who have been involved in courtwatching can testify to the fact that many times the prosecutors are new and inexperienced. They're given cases to cut their teeth on that happen to be DWI cases. They can get experience and move on to "more serious" crimes. This drives me as crazy as I know it drives you.

We want experienced prosecutors. These cases are complicated and they need and deserve experienced prosecutors. Unlike many other crimes, these DWI cases are often defended - *often* defended - by high priced trial lawyers who have the cards stacked against the poor young DA and the officer, both of whom may very well be unfamiliar with testifying.

This problem will only improve when we have prosecutors who are experienced, who are knowledgeable, who work with police to teach them how to testify, how to prepare a police report so that the evidence is air tight, the toxicology evidence is airtight. They develop a relationship with the defense bar so the defense bar knows they can't come in with their bag of tricks and expect it to work.

Acquittal is not the answer for these people. Jail may not be the answer, either. A good judge and a good prosecutor working together to decide what is appropriate for the offender is the way to go.

That leads me into the issue of DWI courts. The drug court model has worked very well for repeat drug offenders across this country. There are about 1100 drug courts in the U.S. but only about 68 DWI courts. Several programs in Arizona, North Carolina and in other states have demonstrated unequivocal reduced recidivism when a single judge sees every repeat offender who comes into the jurisdiction. This is violent crime that does not get enough attention by our prosecutors or our judges' offices and I need you to change that.

We are not talking about a huge grant program. We don't have enough money to litter the landscape to get this done. What we do have is the ability to help you pinpoint jurisdictions where they have a problem that has to be fixed. This is a local issue. Police officers have to know that the community is behind them, that their prosecutors are behind them. Otherwise, why try?

Not only do we want to give our cops air support through paid media but also we want to lower the hurdles on the other end. We want to let them know that if they make an arrest, the arrest will stick and these people will get where they need to get – whether it's treatment, jail, alternative prosecution, or another remedy. It's not about more money. It's about using the resources that currently exist and focusing them on this particular crime.

I need your support with this because you are going to have to go back and work your DAs, look at the number of cases on the docket, and try to convince them that this is necessary and practical. We will try to give you what you need to do that. We will be working with your leadership very closely to get that done.

The third and final area is in screening with brief intervention and referral. What I'm talking about is this: I want every doctor in America who treats adolescents and adults, every time they do a physical examination and history, I want them to also screen their patients for alcohol problems.

There are several quick, short validated screening tools that accomplish this. The one I use is a simple question: "How many drinks does it take before you first feel the effects of alcohol?" Actually the first question is: "Do you drink alcohol? And 60 percent of the people will say yes. "And how many drinks does it take before you first feel the effects?" If it's 3 or more, it's worth digging into, because this means they've built up some tolerance. This is not rocket science. We do not have to learn how to do this.

I believe that we've got the horsepower with organized medicine and I'm going to use that to try to get this to every single doctor in America. That's a tall order but I'm going to try.

[Clapping]

This is a graph that I've shown before. Perhaps you've seen it. The bottom shows the distribution of blood alcohol levels in drivers of fatal alcohol-related crashes. The yellow bar is the mean and median and it sits right on .16 BAC. The .08 laws have done a great job with keeping healthy people healthy. Deterrence – keeping healthy people healthy - with .08 is doubly good.

But we have got to get our arms around this crowd *[indicating graph]* - the people who continue to drive, those who drink to get drunk, every single day, because they need it or because they want to. No matter whether they're bingeing or whether they have chronic dependency that requires them to saturate those receptors in their brain with some substance in order to function every day. These people who then they go out and kill our friends and neighbors. I need your help to get to this segment of the population.

I think that these second two areas here will do more for that and by focusing on those we many actually get something done. I've already started working with Surgeon General Carmona and other public health leaders on screening and alcohol problems, and I have their commitment to help with this.

We're working with the Justice Department on their criminal justice strategies. But again we need support at the local levels to get these things done. So we'll be fleshing out with your leadership exactly what we need you to do in your own communities. If you don't hear from us soon, remind me. I will be there.

This is not a flash in the pan. This is about long-term success. This is not just about the next 18 months. We need to start a cultural change in our court systems and frankly in our medical systems to do something about this ridiculous epidemic that we face.

Finally, an overarching principle here is that of sustainability. This is not about grant programs. If we don't get the money that is generated by fines and by similar means returned back into the system, all this is never going to work. We need to look at models of sustainability such as the one in New York state and follow their example. But again, I need your help working on that concept.

There are certain states I mentioned before that have high rates of alcohol deaths or high alcohol fatality rates. As a group they provide a geographic and urban/rural mix, and they've all demonstrated willingness to help address this problem. NHTSA is providing technical support to these states. If we can just bring these states that are outlined in red *[indicating slide]* down to the national average, we'll be 80 % of the way to that .53 goal. But we're not stopping with just those 13 states. We need every state to stay on the bandwagon and keep going.

I started these remarks by saying that there is no more critical partner than MADD in doing our job and doing the job that Secretary Mineta commanded us - sounded the General Quarters for us - to get done. I really appreciate the work of your national

leadership, your state chapters, but most of all those volunteers who are out in the communities talking to the school groups, talking to the district court judges, talking to the DA's, working with law enforcement, giving them support at those checkpoints.

Let them know the community is behind them. So many times the police officers will come into the emergency department and they'll be frustrated because they've arrived at a crash, they've seen the fatalities, they've spent 30 minutes or 45 minutes on the scene trying to clear it, to get relief. Then they come to the emergency department and try to interview the patients. They can't place a driver behind the wheel, they know the defense attorney is going to blow the case out of the water, and so they just let them walk.

I come to this issue having seen this so many times that I feel from a national level we've got to call attention to this. Those local volunteers give tremendous support to those officers who come into the hospital and are forced to let the drivers walk. I need you to keep making contact with those officers out there, with the court systems, with your local community infrastructure, getting into the newspaper, getting into the columns, talking to people at church, the Rotary Club, anywhere you can. We can't do this from Washington. This is done at the local level.

So please go back and tell all your friends and colleagues how much I personally, and our Administration, thank them for what they're doing every single day. And thank you for the invitation to come talk today.