

STATEMENT OF MARION C. BLAKEY  
ADMINISTRATOR  
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION  
U.S. DEPARTMENT OF TRANSPORTATION  
BEFORE THE  
SUBCOMMITTEE ON SURFACE TRANSPORTATION  
COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION  
U.S. HOUSE OF REPRESENTATIVES

October 1, 1992

Mr. Chairman and Members of the Subcommittee:

I am pleased to appear before you today to discuss the implementation of the National Minimum Drinking Age law. With me at the witness table is Michael Brownlee, the National Highway Traffic Safety Administration's (NHTSA) Associate Administrator for Traffic Safety Programs.

Before I begin, Mr. Chairman, let me thank you and the members of the Subcommittee for this opportunity to discuss the vexing problem of underage drinking and driving. This problem needs the highest visibility to provide the level of public support we so badly need to solve it. It is by efforts like yours, Surgeon General Antonia Novello's, and those of concerned parents, schools, communities, and State and local governments across the nation, that we may hope to find some better solutions to a problem that has such a devastating impact on so many of our young people and their families.

Congress passed the National Minimum Drinking Age law in 1984, in an effort to reduce the deaths and injuries due to drunk driving

2.

by minors. The law requires the Secretary of Transportation to withhold a portion of Federal highway funds from any State whose laws permit the **"purchase or public possession"** of any alcoholic beverage by a person under 21 years of age.

In 1986, NHTSA and the Federal Highway Administration (FHWA) issued a joint regulation implementing the law. Except for Puerto Rico, which has yet to enact an age-21 law, NHTSA and FHWA determined that all States and the District of Columbia comply with the law and our regulation.

The age-21 law has been an important part of NHTSA's strategy to reduce alcohol-related fatalities among younger motorists. Our latest data show that the States' minimum drinking age laws have helped reduce alcohol-related traffic fatalities by 13 percent among drivers 18 to 20 years old, saving about 1,000 young lives every year.

That 13-percent reduction contributed to a 42-percent decrease since 1982 in alcohol-related auto fatalities for persons aged 15-20, compared to a 21 percent overall decrease in alcohol-related fatalities. By any measure, the age-21 law and our youth-oriented impaired driving programs have achieved remarkable progress.

Last year, Congress gave us additional authority to encourage State activities to reduce underage drinking and driving. The

Intermodal Surface Transportation Efficiency Act of 1991 amended the alcohol-impaired driving incentive grant program under 23 U.S.C. 410. Under the revised program, one of the eligibility criteria for a basic grant is to have an effective system for preventing drivers under 21 from obtaining alcoholic beverages.

The regulation we issued to define this criterion requires that the State must issue a driver's license to a person under 21 that is easily distinguishable in appearance from the license it issues to a person 21 or older. In addition, a State must: (1) provide public information <sup>about</sup> directed at underage drivers; (2) have a program for alcohol retailers and servers addressing both on- and off-premise consumption; (3) have an enforcement program focused on the sale and purchase of alcohol involving persons under 21; and (4) conduct an underage drinking and driving prevention program carried out with the help of persons under 21.

Each of the 17 States <sup>basic grants under the new</sup> that received section 410 grants in 1992 met the criterion for ~~the~~ minimum drinking age program. This represents a commitment to underage drinking prevention that goes well beyond the enforcement of the age-21 law.

We must do everything we can to expand this commitment. Despite all the good progress we are seeing in underage drinking and driving, much more needs to be done. In 1991, 6,630 persons aged 15-20 died in motor vehicle crashes in our country. Of these

4  
5

deaths, 3,105--47 percent--were alcohol-related. Of the 3,568 drivers aged 15-20 who died in motor vehicle crashes in 1991, 1,419--40 percent--had consumed alcohol before driving.

These deaths represent a very visible part of a much larger societal problem. As the agency charged with improving highway safety, we are doing everything we can to break the linkage between drinking and driving for young drivers. But it's the abuse of alcohol at large in American society that is the real problem, and that problem requires the concerted efforts of public health agencies at all levels of government.

Two of the reports prepared for the Surgeon General on underage drinking focus on the drinking laws themselves: Youth and Alcohol: Laws and Enforcement: Is the 21 Year-Old Drinking Age A Myth? and Compendium of State Laws on Youth and Alcohol. The reports observe that although all States and the District of Columbia have laws prohibiting the sale of alcoholic beverages to minors, "minors in many States can legally purchase, attempt to purchase, possess, consume, and sell alcohol and enter drinking establishments."

?

This state of affairs reflects our conclusion during the age-21 rulemaking that a law prohibiting the "sale" of alcohol to minors was equivalent to a law prohibiting the "purchase" of alcohol by minors. In NHTSA's opinion, the key to effective control was the

5  
6

State's ability to penalize one or both of the parties to a sale. That makes the sale unlawful. If the State determined that it would be able to control the sale more effectively by controlling the behavior of the seller (who would risk losing his liquor license or suffering criminal penalties) than by controlling the behavior of the purchaser, NHTSA concluded that such control would be consistent with the intent of Congress.

In practice, the laws that prohibit sale would appear to be as effective at preventing underage persons from obtaining alcohol as the laws that prohibit purchase. The problem lies not only in the inadequate enforcement of the laws but also in the willingness of older persons to obtain alcohol for those who are under 21.

NHTSA thus shares the Surgeon General's view that perfecting the States' underage drinking laws will not eliminate drunk driving by persons under 21. Unfortunately, the evidence indicates many young people think drinking and growing up go together. So far, the best solution to the underage drinking and driving problem appears to be the combination of continued public pressure for enforcement of the laws and increased educational efforts with respect to the dangers of drinking and driving.

As the lead agency in the driving area, NHTSA works directly with the States in a variety of law enforcement and educational

activities directed at reducing underage drunk driving. I would like to mention several of these activities to illustrate the broad range of our efforts.

In the prevention area, "Project Graduation," now in operation in all 50 States, is our best known program. This program encourages alternatives to drinking during high-risk times, such as high school graduation parties. Another of our prevention programs gaining widespread acceptance is "Teamspirit," a substance abuse prevention program for high school youth. "Teamspirit" is designed to motivate teenagers to take an active role in preventing drug and alcohol use and the resulting impaired driving by their peers.

In the deterrence area, we are encouraging the States to pass "zero tolerance" laws, setting the legal blood-alcohol limit for drivers under the age of 21 at the lowest detectable level. We are also conducting research on age-21 law enforcement patterns designed to recommend methods of improved enforcement.

NHTSA is also supporting comprehensive efforts at the community level to address underage drinking. In addition to better enforcement of age-21 laws, we have significantly increased our underage drunk driving educational efforts in the areas of student programs, worksite policies, driver licensing actions, public information, alcohol-free activities--all tied-in to a

comprehensive community framework.

Last April, NHTSA submitted a report to Congress requested by the Senate Appropriations Committee, documenting our plans for a model community program to prevent underage drinking and driving. We believe that addressing underage drinking and driving in a comprehensive community program may be one of the most effective means of reducing this continuing tragedy.

Finally, I would like to underscore the importance we place on the need to coordinate our underage drunk driving prevention and enforcement policies and activities with those of other Federal departments and agencies. We have joined with the Surgeon General, the Office for Substance Abuse Prevention (OSAP), and many others on a broad range of issues related to alcohol problems among youth, from research to the dissemination of public information.

Again, thank you for holding this hearing and for helping to keep the underage drinking and driving problem, and its potential solutions, before the public. Although our data show that the States' age-21 laws have saved thousands of young lives across the country, we are confident that, with everyone working together, even greater reductions in underage alcohol-related fatalities will be achieved.

9  
p

This concludes my prepared remarks. My colleague and I will be glad to answer any questions you might have.