

**HOUSE OF REPRESENTATIVES  
COMMONWEALTH OF PENNSYLVANIA**

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**Driving Under the Influence Issues  
(Alternatives to Incarceration)**

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**House Judiciary Committee  
Task Force on Driving Under the Influence**

**Room 205  
Matthew J. Ryan Office Building  
Harrisburg, Pennsylvania**

**Monday, April 17, 2000 - 9:00 a.m.**

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**BEFORE:**

**Honorable Jane Orie, Majority Chairperson  
Honorable Stephen Maitland**

**ALSO PRESENT:**

**Brian Preski**  
Majority Chief Counsel to Judiciary Committee

**Dave Bloomer**  
Majority Research Analyst

**Judy Sedesse**  
Majority Administrative Assistant

**Mike Rish**  
Minority Executive Director

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1 CHAIRPERSON ORIE: I'd like to convene the  
2 Pennsylvania House of Representatives Judiciary Committee  
3 meeting, the Task Force on Driving Under the Influence  
4 hearing. This is entitled Alternatives to Incarceration.  
5 It's Monday, April 17th, 2000.

6 I'm the Chairperson of this Committee. I'm  
7 State Representative Jane Clare Orie from Allegheny County.  
8 At this time, I'd like to introduce Dave Bloomer.

9 MR. BLOOMER: Hi. I'm Dave Bloomer. I'm  
10 Research Analyst with the Committee.

11 CHAIRPERSON ORIE: And we also have a  
12 representative from Representative Blaum's office.

13 MR. RISH: I'm Mike Rish, Executive Director  
14 of the Judiciary Committee.

15 CHAIRPERSON ORIE: Without further ado, we'd  
16 like to call forth the first witness, Herb Simpson, Ph.D.,  
17 President and CEO of Traffic Injury Research Foundation.

18 DR. SIMPSON: Thank you, Chairman Orie. Good  
19 morning. As noted, my name is Herb Simpson. I'm President  
20 and CEO of the Traffic Injury Research Foundation, which is  
21 a road safety research institute that has been in operation  
22 since 1964.

23 We do research on a wide range of road safety  
24 issues both nationally and internationally. And a lot of  
25 our research in the past 25 years has focused on the issue

1 of alcohol and traffic safety. And approximately a decade  
2 or so ago, we began some fairly innovative research that  
3 identified an emerging problem at that time which we call  
4 the hard core drunk driver.

5 Our early research in that area was funded by  
6 a grant from Anheuser-Busch, as was our follow-up study  
7 which looked at methods and measures for dealing with that  
8 problem. And we've had the pleasure of being able to  
9 provide Anheuser-Busch consultative input and advice in  
10 terms of shaping their own safe driving platform.

11 My research institute is funded by federal  
12 governments Canada and the United States. We are funded by  
13 NHTSA, NIAAA, Centers for Disease Control, and by other  
14 private-sector organizations. We've published  
15 approximately 500 reports in the field of traffic safety.

16 Personally, I've been studying this particular  
17 problem of alcohol and traffic safety for some 25 years.  
18 What I would like to do today is provide the Committee with  
19 some insights into the characteristics of the problem that  
20 faces us today and talk about some of the sanctions that  
21 may be appropriate given the changing characteristics of  
22 the problem.

23 And I think the bottom line of my presentation  
24 will be to say that from what I have seen in terms of the  
25 draft legislation, the Committee is entirely on the right

1 track. But I hope to be able to at least provide them with  
2 some element of comfort in knowing that internationally  
3 that this is exactly the way things are headed.

4 I'm going to use a power-point presentation  
5 just to help reinforce and so people don't have to look at  
6 me. They can look at the screen. We have to go through  
7 the rotating logo of my organization, or it's no fair. I  
8 should indicate also that it's a pleasure for me to be here  
9 in Harrisburg personally.

10 Several of my staff have been working on  
11 projects in Pennsylvania. One of my staff members was down  
12 a few months ago with PennDOT assisting them in identifying  
13 ways in which driver education could be integrated  
14 successfully into the new graduated licensing program.

15 Another staff member of mine, under funding  
16 from NHTSA in partnership with the Pennsylvania Liquor  
17 Control Board, we're conducting a study on the  
18 effectiveness of electronic ID checking for minimizing the  
19 sale of alcohol to minors. So they've had lots of  
20 opportunities to be here, and this is my first.

21 I think that in order to help set the context  
22 for the problem that we face today, it doesn't hurt to look  
23 back over our shoulder and remind ourselves of the changes  
24 that have occurred in terms of the recent history of  
25 drinking and driving.

1           It's fairly clear that attitudes, societal  
2 attitudes have changed demonstrably and dramatically in the  
3 past 20 years. But people don't regard this as frequently  
4 as a joke as they did in the 1970s. Behavior has changed.  
5 And every one of us can cite examples of people that have  
6 done responsible things such as use alternate modes of  
7 transportation or designated drivers.

8           But most importantly, the bottom line has  
9 changed in terms of alcohol-related crashes. And  
10 Pennsylvania is no exception to that. For example, if we  
11 look at some fairly recent data, this happens to show  
12 trends in the percent of fatally injured drivers with  
13 positive alcohol levels; that is, the percent of fatally  
14 injured drinking drivers, that there was a continued  
15 decline which had begun in the 1980s and continued through  
16 the mid-1990s.

17           Now, unfortunately, that downward trend has  
18 halted in recent years. But the bottom line, the point I  
19 want to make is that overall, progress has been made in  
20 this particular area. But there's a caveat. Progress has  
21 been made, but it hasn't been made with drivers who drink  
22 to excess.

23           And if we look again at the Pennsylvania data  
24 but look at it only for drivers whose alcohol level exceeds  
25 .15, which is a fairly large amount of alcohol, we can see

1 that the trend over the past number of years has not been  
2 downward at all.

3 Now, this particular trend that has been  
4 observed here in the state mimics the international  
5 experience. Studies and research from around the world  
6 have shown us that most of the decline that occurred in  
7 drinking and driving was the result of changes among  
8 socially responsible individuals.

9 Basically, they're drinking and driving less  
10 often than they did a few decades ago. And they're  
11 consuming less alcohol if they do drink and drive.  
12 However, the same cannot be said for a small but dangerous  
13 group that we label the hard core.

14 That brings me to what I consider to be the  
15 key issue today. And the real problem involves a  
16 relatively small group of drinking drivers who cause a  
17 major and a disproportionate amount of the damage on the  
18 highway, and it's this group by which our resources and  
19 attention need to be focused.

20 Now, today's top priority was labeled in  
21 1989/1990 by us the hard core drinking driver. Since then,  
22 a number of other organizations have recognized that this  
23 is the key problem. And they've put their own label to it.  
24 For example, the third one, the higher risk driver was the  
25 label applied to this group by MADD.



1           The persistent drinking driver was the  
2 Transportation Research Board's label. The chronic drunk  
3 driver was the National Commission Against Drunk Driving.  
4 And usually, people think of these people as repeat  
5 offenders.

6           Although they're known by various names, they  
7 have a lot of characteristics that are in common. And  
8 these -- this is why I want to talk about the profile of  
9 these people. The first characteristic that is essential  
10 to understand is that these people often drink and drive.  
11 This is very frequent and routine behavior for them.

12           Secondly, when they drink and drive, they have  
13 very high blood alcohol concentrations. This is extremely  
14 dangerous, obviously, for them and others. They also have  
15 a history of convictions; that is, they keep showing up in  
16 the system. And one of the reasons for that is many of  
17 these individuals are chronically involved with alcohol.

18           Now, I'd like to amplify just very briefly on  
19 some of those points so that we can understand the  
20 characteristics of this group. First off, they often drink  
21 and drive. Now, studies have shown us that about 80 to 90  
22 percent of all of the drinking driving trips that are taken  
23 each year are accounted for by a handful of individuals,  
24 about 10 percent.

25           What that tells us is that the vast majority

1 of people who drink and drive do so rarely. The hard core  
2 not only drink and drive frequently; when they drink and  
3 drive, they consume large amounts of alcohol. High blood  
4 alcohol concentrations, levels in excess of .15, now  
5 dominate the picture in terms of arrests, in terms of  
6 injury crashes, and in terms of fatal crashes.

7           Now, I'd like to take a moment to look at some  
8 data just to illustrate that. What this chart shows on the  
9 left-hand side are individuals involved in fatal crashes,  
10 fatally injured drivers in this case. And this  
11 represents -- the pie represents all of them.

12           Today, in the United States, about 58 percent  
13 of those individuals have not been drinking. Now, that pie  
14 would have been reversed a decade and a half ago. So  
15 there's very good progress. Now, among the individuals who  
16 have been consuming alcohol, a small proportion of those  
17 have alcohol levels between .01 and .079.

18           A very small fraction have alcohol levels  
19 between .08 and .099. The vast majority, 80 percent of  
20 them, have alcohol levels in excess of .10. Now, if we  
21 take that group that has alcohol levels above the legal  
22 limit and we look at them in the exploded bar on the  
23 right-hand side, we can see that the vast majority of those  
24 individuals -- excuse me -- the vast majority of those  
25 individuals have extremely high levels of alcohol in their

1 system.

2 In fact, 80 percent of them in total have  
3 alcohol levels in excess of .15. And I think it's rather  
4 notable, not particularly comforting, that half of them  
5 have alcohol levels in excess of .2. That's in the United  
6 States. The situation in Pennsylvania is not tremendously  
7 different.

8 In Pennsylvania, among the legally impaired  
9 drivers, 85 percent of them had alcohol levels in excess  
10 of .15. So the point is simply that high levels of alcohol  
11 predominate. And if you look at it another way in terms of  
12 the average level of alcohol found among drivers, among  
13 fatally injured drivers, among injured drivers, and among  
14 arrested drivers, it's .17.

15 I should indicate just for your interest that  
16 that is the average alcohol level found among fatally  
17 injured drivers in the United States, in Canada, and even  
18 in the Scandinavian countries that have so successfully  
19 dealt with this problem. It's 1.17 in Sweden and .18 in  
20 Finland. It's a very common problem today.

21 Now, why that's important is that the high  
22 alcohol levels and the frequency with which these people  
23 engage in the behavior renders them at very high risk,  
24 making them an extremely dangerous group. And the reason  
25 for that is that high blood alcohol concentrations result

1 in an extremely high risk of collision.

2           And that can be illustrated in the now famous  
3 so-called Borkenstein Curve, which is the relationship  
4 between alcohol levels and risk of collision that was first  
5 demonstrated in 1964 by Bob Borkenstein in a study in Grand  
6 Rapids, Michigan, since replicated numerous times.

7           This is the most recent replication of that.  
8 What it shows is that as the blood alcohol concentration  
9 increases, moving along the horizontal axis, there is an  
10 increase in the risk of the vertical axis. And you can  
11 see at low levels of alcohol, the increase in risk is very  
12 marginal.

13           But when you start to get into levels of .13  
14 to .149, the levels of alcohol there begin to increase.  
15 The risk of collision increases dramatically. And for  
16 individuals with alcohol levels in excess of .2, they are  
17 460 times more likely to be involved in a fatal crash than  
18 the average nondrinking driver. And that's the group we're  
19 talking about.

20           Another characteristic I'd like to mention  
21 about these individuals is that they are a relatively small  
22 group. In fact, they account for less than one percent of  
23 the nighttime drivers. And that has obvious enforcement  
24 challenges associated with it.

25           But let me illustrate how we know that. The

1 pie on the left-hand side this time is a pie representing  
2 nighttime drivers. And one part of the pie shows the  
3 number of the nighttime drivers who were not drinking.  
4 These data are obtained through random scientifically  
5 conducted roadside surveys.

6 So the good news is the overwhelming majority  
7 of people on the road at night are not drinking. I'm sure  
8 that's comforting to all of us. However, about 12 percent  
9 of those individuals have been drinking. Again, within  
10 that, there's a bit of a good news story.

11 About 75 to 80 percent of the individuals who  
12 have been drinking have alcohol levels below the limit.  
13 However, there's a small group, about 7 percent, who have  
14 alcohol levels in excess of .15. That's the group that  
15 we're concerned with.

16 Now, they represent, therefore, 7 percent of  
17 that 12 percent, which is less than one percent of the  
18 drivers on the road at night, which makes it a real  
19 challenge for officers to be able to protect these  
20 individuals.

21 But although these individuals account for  
22 only one percent of the nighttime drivers, they account for  
23 as much as 65 percent of the serious crashes that occur at  
24 that time, which means they're vastly over-represented in  
25 crashes. And that's why I've called them a dangerous

1 minority.

2           One of the other characteristics about this  
3 group is they keep showing up in the system. And I want to  
4 add a caveat to this. There is a sense among some people  
5 that the problem of the repeat offender is actually a small  
6 one. And that's because in many cases, we use official  
7 statistics.

8           And official statistics have a lot of problems  
9 with them. Many states have very bad recordkeeping  
10 systems. Many states, even if they have a good  
11 recordkeeping system, do not have a long look-back period  
12 to determine when a prior occurred.

13           And we also have the problem of reciprocity of  
14 information among jurisdictions. So that a person charged  
15 in one jurisdiction, that may not show up on their record  
16 in another jurisdiction. So at the very least, what we  
17 know is that the official statistics grossly underestimate  
18 the problem of the repeat offender.

19           Well, the fact they keep showing up in the  
20 system is really a double-edged sort. And I say that  
21 because it proves that the enforcement system is actually  
22 working because these offenders are getting caught. So it  
23 also shows that the sanctioning system isn't working well  
24 because they keep showing up in the system.

25           Now, with those background thoughts in mind,

1 I'd like to turn attention to talk about the way to deal  
2 with this particular group. Now, it's very clear that  
3 action is going to be needed across all levels of the  
4 system, from detection and apprehension right through to  
5 the monitoring that's done through probation and parole.

6 I'm not going to be able to cover all of  
7 those, mercifully; but I do want to focus on a few of the  
8 areas. But I need to underscore, I think, the importance  
9 of recognizing that we have to deal with this systemically.  
10 And in doing so, there are a couple of lessons that we've  
11 learned internationally in dealing with this particular  
12 problem that I think are worth bearing in mind.

13 First, it's important we understand the  
14 characteristics of the alcohol crash problem have changed.  
15 We're now dealing with multiple crashes contributed to by a  
16 very small dangerous group of individuals. That means that  
17 the characteristics of our sanctioning policies need to  
18 change as well, particularly from an emphasis on general  
19 deterrence to an emphasis on specific deterrence.

20 I would submit to you that someone with a BAC  
21 of .25 who does this night after night after night is not  
22 particularly subject to interesting commercials on public  
23 television. Some of the other lessons that we've got to  
24 learn is there is no single measure will solve the problem.

25 I sincerely hope that we've gone beyond the

1 idea of a silver bullet, the magic elixir, or a panacea.  
2 We need a comprehensive set of programs to deal with this  
3 group. And the programs as much as possible should be  
4 complimentary in reinforcing that is applied in a strategic  
5 fashion.

6 And to the extent possible, because of the  
7 current economic climate, everyone is looking for programs  
8 that are self-funded, a user pay approach. Let me just  
9 make a few comments about an approach that has not received  
10 a great deal of attention, but it's one that I continue to  
11 feel has some merit.

12 And that's called a tiered BAC approach. A  
13 tiered BAC or a graded BAC approach uses the arrest blood  
14 alcohol concentration as the formal benchmark for  
15 determining the nature and the severity of the sanctions  
16 that are applied to the individual.

17 And this is gaining in popularity but slowly  
18 in the United States. Now, I'll cite one example of which  
19 it's been formally written into the statutes is in the  
20 State of Arizona in what they call their extreme DUI system  
21 where individuals with a BAC of .18, in excess of .18 are  
22 treated differently.

23 They get a much more profound set of sanctions  
24 applied to them. It's an approach that's relatively  
25 popular in Europe. And it's something that I believe still



1 continues to have some merit. The rationale for it is  
2 simply that there's a strong relationship between BAC at  
3 the time of arrest and the likelihood the person will  
4 repeat the offense.

5           And just to illustrate that with some data  
6 from a couple of states, this shows the data from  
7 California and Virginia. Very few states have these data  
8 accessible. It shows BAC among individuals at the time of  
9 arrest, first arrest, the BAC among people with a second  
10 offense, and the BAC among individuals with a third or  
11 subsequent offense.

12           So there's a very strong relationship between  
13 these two, which means that a high BAC at the time of  
14 arrest ought to be something that we treat formally. Now,  
15 many members of the judiciary and some prosecutors use this  
16 informally. But there are formal mechanisms such as the  
17 tiered BAC system.

18           I would like to draw your attention, though,  
19 to a single problem that arises with it, is that if you put  
20 a high BAC in the statutes and put greater sanctions with  
21 it, offenders have a nasty habit of refusing the alcohol  
22 test. And the reason to do that is to avoid the more  
23 severe sanction.

24           So it increases the number of refusals. The  
25 only way to deal with that is to ensure that there are

1 enhanced sanctions for refusal. And that's a complex thing  
2 to do, but it's certainly worthy of consideration.

3 Now, let me make a few comments about  
4 something that a decade ago was considered almost insanity  
5 to even recommend or suggest and has been growing in  
6 popularity. These are not sanctions directly against the  
7 individual such as the licensing sanctions but sanctions  
8 taken against the individual's vehicle.

9 And these sanctions can really be thought of  
10 in terms of imposing limits on the mobility of the  
11 offender. At one level, there's some -- a device such as  
12 the alcohol ignition interlock. Under these circumstances,  
13 the vehicle is actually available; and it's available for  
14 use by the family as well as the offender but only under  
15 certain terms and conditions. So still mobility has not  
16 been restricted extensively.

17 The next level of vehicle-based sanction is  
18 where the vehicle's available for use by the family but not  
19 by the offender. And these are the so-called license plate  
20 tags, zebra striping, or scarlet letter approaches that  
21 were popular and have become less popular; and now people  
22 are starting to talk about them again.

23 And finally, the case in which the vehicle is  
24 not available for use by anyone, in which the vehicle is  
25 seized; and then it's either immobilized or impounded. And

1 in the most extreme case, it's forfeited. I'd like to talk  
2 about the former and the latter because they are the more  
3 popular, and they're ones on which we have some evidence of  
4 effectiveness.

5           Let me talk about alcohol ignition interlocks.  
6 I hope that this is not terribly redundant for you. But as  
7 you know, these are breath test devices that are linked to  
8 the vehicle's system to prevent it from being started or  
9 driven by someone who's had too much to drink.

10           And the basic operational mechanism behind it  
11 is there's a breath test device in the vehicle. If the  
12 individual blows a breath sample in and it registers zero,  
13 then the vehicle will start. If the individual provides a  
14 breath sample that is positive and exceeds a certain  
15 threshold level, the vehicle will start; but it will issue  
16 a warn.

17           Now, most of the devices also have the  
18 capability that if the breath sample exceeds a certain  
19 level of .02 or .04 -- and it's a standard .02 -- the  
20 vehicle will not start. It simply locks down. Most  
21 devices today also, in the case of ignition or in the case  
22 of warn, will execute a rolling retest; that is, after the  
23 vehicle has been started and is run for some time, it will  
24 demand a retest.

25           This is to ensure such things as the fact the

1 person's not on the rise in the alcohol curve or that they  
2 don't go someplace, park their car, leave it running, go in  
3 and drink and go back out and get in the vehicle. The  
4 devices today are extremely sophisticated.

5 I assure you that we have just completed a  
6 5-year study in Northern Alberta. And if they work in  
7 Northern Alberta, they'll work anywhere. And if they'll  
8 work with the people who live in Northern Alberta, they'll  
9 work anywhere.

10 The big question has always been alcohol  
11 ignition interlocks, do they work; are they effective?  
12 Well, we now know from many, many studies that interlocks  
13 significantly reduce DWI reoffense rates. They work.  
14 There is a prevailing concern that the effect is not  
15 sustained; that is, that once the interlock is removed from  
16 the vehicle, the individual goes back to their old habits.

17 The issue's more complex than that. And I'll  
18 show you why in a moment. My organization has just  
19 completed a 5-year study under funding from NIAAA where  
20 we're looking at the combined effects of an ignition  
21 interlock along with counseling because this provides a  
22 good intervention opportunity.

23 When the individual goes in to get the  
24 interlock examined, if they've got evidence on their data  
25 logger that they have tried to start their vehicle 35 times

1 over the weekend, it provides an opportunity to give them a  
2 slight rap on the head and suggest maybe they have severe  
3 problems.

4 Let me give you an example from a study of  
5 what happens with recidivism rates. The first curve I'll  
6 show you is the recidivism rate among individuals who did  
7 not have an interlock on their vehicle. They're DUI  
8 offenders without an interlock.

9 And what that curve shows you is that after  
10 three years, 22 percent of these individuals have  
11 re-offended. If you compare that to a group that had an  
12 interlock installed for at least a year, you'll notice that  
13 there's a substantial difference.

14 Now, the reason the curve is so flat for the  
15 first six months is that the interlock was on the vehicle.  
16 And it continues to be quite low for the first 12 months  
17 because many of them still had it on the vehicle. Beyond  
18 that, most of them didn't.

19 But they never go back to the same level that  
20 the other group was at. I mean, there are substantial  
21 short-term and long-term benefits with this device. They  
22 prevent repeat offense; they provide a period of time when  
23 society's protected; they provide opportunities for  
24 intervention; and they allow an effective way of bridging  
25 the gap between full suspension and license reinstatement;

1 that is, they're often used as a way to incent the person  
2 to get their license back.

3           They say, Well, if you put an interlock on,  
4 we'll give you your license back before the period of full  
5 suspension is up. In our estimation, the device is  
6 remarkably useful. Thirty-five states have them.  
7 Virtually all of the states apply them to repeat offenders.

8           Some of the programs are judicially imposed,  
9 and some are administrative. One of the problems, however,  
10 is that they're not used all that frequently. It's  
11 estimated there's about 24,000 units in use nationwide,  
12 which represents about 5 percent of the eligible offenders.

13           The primary barrier to usage in judicial  
14 programs is the reluctance of the judges. They seem to be,  
15 in many cases, ill-informed about the system itself; and  
16 they're quite concerned about the costs. And I'll cite an  
17 example of how that happened.

18           In California in 1993, they passed legislation  
19 requiring judges to order the installation of an interlock  
20 for repeat DWI offenders. And in spite of the mandatory  
21 nature of the statute, judges ordered less than 15 percent  
22 of offenders to have interlocks.

23           So they've modified the legislation now on a  
24 sliding pay scale and so forth. So one of the important  
25 elements in an interlock program is judicial education.

1 You have to ensure that the judges are aware of how the  
2 system works, its cost to the offenders, and its proven  
3 effectiveness. They just don't believe the system works.

4 Now, at the other end of the extreme, which is  
5 the incapacitation of the vehicle so that it's available to  
6 no one, this has taken a variety of forms, the first of  
7 which is impoundment. And this is when the vehicle is  
8 seized and temporarily placed in a secure impound. And a  
9 number of jurisdictions have taken that approach.

10 In other cases, the vehicle's seized and  
11 temporarily immobilized with a device such as a Club or a  
12 Boot. And there's a classic program of this that's been  
13 evaluated in Franklin County, Ohio which has been shown to  
14 be quite effective.

15 Another approach, which is not against the  
16 vehicle as such but the plates, is to seize the plates and  
17 impound them or destroy them. This is the approach they  
18 take in Minnesota. And then finally, forfeiture, which is  
19 the permanent removal of the vehicle.

20 But it's impoundment and immobilization that  
21 are more common today. And characteristically, the system  
22 works something like this: There is a trigger offense;  
23 that is, something triggers the vehicle immobilization or  
24 impoundment. And it's usually something like a driving  
25 while suspended offense.

1           The police officer finds the person's driving  
2 under suspension, or they're driving under suspension for a  
3 DUI, or they are driving under the influence of alcohol.  
4 It varies from jurisdiction to jurisdiction. But then the  
5 vehicle is grabbed.

6           If the individual is proven to be the vehicle  
7 owner; that is, there's the usual appeal process, then the  
8 vehicle is impounded or immobilized, often for 30 days the  
9 first time, 60 days the second time, and 90 days the third  
10 time, along with costs.

11           And if it can be demonstrated that the person  
12 was innocent, it wasn't their vehicle, it's released; but  
13 there's normally costs associated with that release anyway.  
14 The big question is whether this works. One of the first  
15 evaluation studies was done in Canada. It was one of the  
16 first programs that was introduced there.

17           We did the evaluation for the Federal  
18 Government's Department of Justice. We found a 27 percent  
19 reduction in repeat driving-while-suspended offenses, a 50  
20 percent decrease in DWI offenses, and a 12 percent decrease  
21 in drinking and driving fatalities.

22           Now, subsequent to that, studies have been  
23 conducted here in the United States in Ohio, Minnesota, and  
24 California, all finding very comparable reductions, very  
25 effective program. There's about a dozen states now that



1 have the necessary impoundment or immobilization  
2 legislation.

3 I should add that basically everybody has  
4 forfeiture legislation, but nobody uses it. The program's  
5 very substantial in terms of what triggers the offense, as  
6 I mentioned, and what action is taken when the vehicle is  
7 seized and impounded, seized and immobilized, so forth.

8 And some of the programs are judicially  
9 administered, and some of them are administrative. And  
10 there's a, I think, a not resolved debate as to which is  
11 the most effective. In some cases, there is a great deal  
12 of reluctance to go with the judicial program because of  
13 the problems that have been seen in California.

14 In other places, they're finding equal  
15 problems with the administrative. The most important thing  
16 is to get people into the program by whatever means  
17 necessary. And if you do that, the program works very,  
18 very effectively.

19 Just a note of caution, that vehicle  
20 incapacitation has become remarkably popular. And it's  
21 been popularized in the press by the New York City version  
22 of forfeiture. Any drunk driving offense, they grab and  
23 dump the vehicle into the river.

24 Well, I guess they didn't do that; but it was  
25 akin to it. Well, this got to be heralded as sort of the

1 silver bullet of the '90s. But it was -- I would like to  
2 remind us that license suspension was considered to be the  
3 elixir of the 1980s, and it proved to be effective but not  
4 nearly as effective as hoped.

5           So I think that vehicle immobilization and  
6 impoundment is an extremely useful measure. I support it  
7 if it's applied rationally as part of a package of  
8 measures. But I don't think we want to repeat the mistakes  
9 in the past year by grabbing every car that comes into our  
10 attention.

11           Let me just make one final comment on the  
12 issue of assessment and treatment because I did mention  
13 early on that a lot of the individuals that we're dealing  
14 with do have problems associated with alcohol. An  
15 absolutely important and imperative part of the package  
16 involves assessment and treatment.

17           And the rationale for this is that many of  
18 these individuals repeat the offense because they're  
19 harmfully involved with alcohol and that many of the  
20 measures that I've talked about are stopgap measures.  
21 They're mandates that we need those. They're critical.  
22 But we also need to look at ways to deal with the  
23 underlying problems.

24           Current estimates suggest that up to three  
25 quarters of those convicted of a second offense are

1 alcohol-dependent. Many of the individuals are also  
2 drug-dependent. Many of them are multidrug-dependent, and  
3 many of them have other kinds of problems as well.

4           So it's rather critical that we have a  
5 reliable screening and assessment technique that help us  
6 identify the nature and the severity of the person's  
7 problems and then use that information to assign the  
8 offender to the most appropriate treatment that's  
9 available.

10           The good news is that there have been several  
11 studies, particularly most famous now is a Met-Ed  
12 evaluation conducted by Beth Walls-Parker and her  
13 colleagues at Mississippi State that there's solid evidence  
14 that treatment has a significant positive effect on  
15 recidivism.

16           But I want to again indicate that this should  
17 be provided in combination with other sanctions and not  
18 used as a substitute for or a means to circumvent them.  
19 Treatment diversion became a very popular way of dealing  
20 with cases a number of years ago, and it's something that  
21 should be avoided where possible.

22           Well, let me just summarize by saying that  
23 from what I've read about the intended actions of the DUI  
24 Task Force, my sense is that the Task Force has  
25 demonstrated its commitment to dealing with hard core

1 repeat offenders. I think that's absolutely consistent  
2 with the characteristics of the problem as it presents  
3 itself today and where people are headed.

4 You identify the need for a diversity of  
5 measures. That's absolutely imperative. We can't have one  
6 particular measure that's going to solve the problem. And  
7 you've selected measures, from what I've seen from the  
8 draft bills, that have proven effective. Among those, the  
9 ignition interlocks and vehicle immobilization.

10 I'm sorry for my voice. I've been under the  
11 flu for a while. But I appreciate your attention and would  
12 be pleased to take any questions that the Committee might  
13 have of me.

14 CHAIRPERSON ORIE: I just have one question.  
15 In the other states where you had indicated judicial  
16 education was necessary, are other states doing that that  
17 have ignition interlocks in place?

18 DR. SIMPSON: Yes, particularly California  
19 where they in fact made -- one of the ways they found out  
20 why the system wasn't being used was to actually hold  
21 sessions with judges to find out why they didn't do it. I  
22 mean, to me, it's perplexing that although the law says  
23 they have to, they didn't.

24 But with -- that's judges. They behave unto  
25 the law themselves. And their concerns were very

1 legitimate. They didn't believe it worked. And so they  
2 began a series of educational forums. So judicial  
3 education is formally used to try and bring them up to  
4 speed.

5           Now, it's a fairly significant undertaking. I  
6 think in Pennsylvania, you have, like, 60 judicial  
7 districts. And there's a lot of judges. And you've got,  
8 like, three system of -- three-tiered system of courts  
9 here, including the Court of Common Pleas that carried over  
10 from our British system.

11           So it's some fairly major undertaking. But I  
12 think it's absolutely critical that if a bill is passed for  
13 ignition interlocks and it's a judicially based one -- and  
14 I believe the ones that I've read here are -- it's court  
15 ordered, court mandated that the judges have to understand  
16 what -- how important it is to get the people on, that the  
17 system does work and that it isn't going to break the bank.

18           I mean, these are not the most expensive  
19 things in the world, particularly if you compare the costs  
20 of -- that these people spend on alcohol. So I think it's  
21 critical.

22           CHAIRPERSON ORIE: And I guess my other  
23 question deals with the fact of these hard core repeat  
24 offenders, that, for example, if you would utilize an  
25 ignition interlock and then continue to do this. Is there

1 any state that has a combination for the fourth, fifth,  
2 sixth, seventh repeat drunk driver, that there is the  
3 forfeiture of this vehicle as a result of that?

4 DR. SIMPSON: Yes. And many states have  
5 a -- a statute that indicates that if a person, for  
6 example, gets into the habitual offender category, there  
7 will be forfeiture. It just seems as though there's a  
8 reluctance to apply the law.

9 But in many cases, the vehicle confiscation,  
10 the vehicle immobilization and impoundments are turning out  
11 to be vehicle forfeitures because the people never drive  
12 the vehicles again. They don't come back and claim them.  
13 And I guess one has to look at how many times does a  
14 vehicle have to be taken or how many times does a person  
15 have to do it before we cut off all avenues.

16 I think the simple answer to that is that  
17 there are going to be a small group of individuals within  
18 this for whom we just don't have many answers whatsoever.  
19 But the good news is that if we do take the vehicle away,  
20 that it does reduce the reoffense rate among these  
21 individuals.

22 And I think that the best advice right now is  
23 to work with the measures that we have, which are 30, 60  
24 and 90 days are the most common for the first, second and  
25 third offense. And we see a real diminution of repeat

1 offenses after that.

2           And I don't know whether that's changing the  
3 person's behavior or they're just running out of cars. But  
4 whatever the reason, the purpose here is to make sure that  
5 if we can't treat the person's problems, we keep them off  
6 the highway because they're a danger.

7           CHAIRPERSON ORIE: I was just wondering. My  
8 last question would be, briefly, I think one of the  
9 individuals that testified before us was one of the  
10 physicians from Allegheny County. And I'm trying to get  
11 from you statistics.

12           They had indicated that the number of times  
13 that this individual's driving a vehicle before they're  
14 caught, they were, like, determined statistically how many  
15 times or what percentage that is. Have you done any  
16 research along those lines?

17           DR. SIMPSON: Yes. There's -- unfortunately,  
18 there's nothing that is specific to a particular area.  
19 It's just that there have been a series of studies done  
20 which suggest that the chances of getting caught are about  
21 1 in 200 in areas of high enforcement and about 1 in 2000  
22 in areas of low enforcement.

23           And how that's used normally is to indicate  
24 that when we talk about a repeat offender, we're talking  
25 about someone that has an official record. But if we find

1 somebody that's got three DUI convictions, the probability  
2 that that person's only offended three times is pretty slim  
3 because what's the chances they're going to get caught?

4 So I think that the official records grossly  
5 underestimate the problem. That's why we have to be very  
6 sensitive to someone that comes in the system the first  
7 time with a very high level of alcohol in their system. We  
8 need to have an intelligent system that says, What is this  
9 telling us? That's why I like the extreme DUI bill.

10 CHAIRPERSON ORIE: And at this time, I'd like  
11 to introduce one of the members. Representative Maitland,  
12 would you like to introduce yourself for the record,  
13 please?

14 REPRESENTATIVE MAITLAND: Sure. I'm Steve  
15 Maitland from the 91st District in Adams County.

16 CHAIRPERSON ORIE: Okay. Thank you very, very  
17 much.

18 DR. SIMPSON: Thank you.

19 CHAIRPERSON ORIE: Our next testifier, as he's  
20 getting things together, is John Kaestner. He's the Senior  
21 Group Director of the Consumer Awareness and Education of  
22 Anheuser-Busch Companies.

23 MR. KAESTNER: Good morning. As  
24 Representative Orie said, my name is John Kaestner. And I  
25 am the Senior Group Director for Anheuser-Busch's Consumer



1 Awareness and Education Group out of St. Louis, Missouri.  
2 Our department is charged with heading up our corporation's  
3 initiatives against underage drinking, promoting  
4 responsible drinking among adults that choose to drink,  
5 drunk driving, and the very difficult college drinking  
6 issues that pop up with the mixed audience at the college  
7 level.

8           Our department has been in existence since  
9 1989, but our company has been committed to addressing  
10 problems associated with alcohol since the turn of the  
11 1900s. We're very proud of our efforts. And  
12 Representative Orie, I'd like to take you through a few of  
13 those things today.

14           My first thing I want to do, though, is thank  
15 you for the opportunity to be here this morning and to the  
16 other members of the House Judiciary Committee Task Force  
17 on Driving Under the Influence and for the opportunity to  
18 share our position and our approach to reducing drunk  
19 driving.

20           Well, we believe the first step in solving any  
21 problems, it really begins with defining what the real  
22 problem is. With drunk driving, government data quickly  
23 reveals that there are basically two audiences or targets.  
24 First, there are social drinkers. And I plan to spend the  
25 majority of my time discussing our efforts on how we remind

1 social drinkers of how to consume responsibly.

2           The second audience is the hard core or repeat  
3 offender. And these drunk drivers, as Dr. Simpson noted,  
4 are individuals that cause 80 percent of the drunk driving  
5 fatalities on our nation's highways. That's four out of  
6 five drunk driving fatalities.

7           Our approach to addressing these individuals  
8 isn't by attempting to connect with them through our  
9 popular "Know When to Say When" or "We All Make a  
10 Difference" ad campaigns or any other such program.  
11 Instead, specific targeted legislative measures such as  
12 those advocated in Anheuser-Busch's Safe Driving Platform  
13 and those that were described by Dr. Simpson earlier are  
14 what's needed for the hard core drinking driver.

15           Now, for most of us, fortunately, drunk  
16 driving is something that we read about in the newspapers  
17 or that we see on television. And because of the  
18 devastation that drunk driving causes, it's easy to  
19 conclude that the problem is getting worse month by month  
20 and year after year.

21           The surprising news is that drunk driving is  
22 actually declining and declining significantly. And it has  
23 been since the government began tracking records on drunk  
24 driving fatalities since the early 1980s. For example,  
25 according to the US Department of Transportation, here are

1 some interesting facts:

2 On a national basis, drunk driving fatalities  
3 are down 41 percent from 1982 to 1998. And among teens,  
4 it's down an astounding 65 percent over that same time  
5 period. In the State of Pennsylvania, the numbers mirror  
6 the national trends with drunk driving fatalities declining  
7 40 percent since '82 and teen drunk driving fatalities down  
8 66 percent.

9 Now, the good news continues, as the  
10 government just recently released some preliminary numbers  
11 indicating that 1999 will mark the third year in a row for  
12 national record declines in drunk driving fatalities. And  
13 I think this is good news. And we can all agree that this  
14 is solid evidence that we need to continue to keep on  
15 course and that we are on the right track.

16 So what has the alcohol beverage industry been  
17 doing to contribute to this dramatic decline in drunk  
18 driving? At Anheuser-Busch, we take a multipronged  
19 approach. First, we use paid advertising that reminds  
20 adults to be responsible when they drink.

21 This means using designated drivers or asking  
22 a bartender to call you a cab when you may have had too  
23 much. Over the last 10 years, Anheuser-Busch beer  
24 distributors in Pennsylvania alone have placed nearly  
25 11,000 ads urging adults to drink responsibly and have

1 given nearly 6,500 free cab rides in this state alone.

2           As a major consumer products company, we also  
3 know how a message is to be delivered -- or how a message  
4 is delivered has a lot to do with how it's received. We  
5 don't finger point; but rather, we thank beer drinkers for  
6 doing the right thing such as serving as the designated  
7 driver, calling a cab for a friend, or maybe as a parent  
8 just sitting down and talking with your children about the  
9 consequences of underage drinking.

10           In September of last year, Anheuser-Busch  
11 unveiled a new campaign entitled "We All Make a  
12 Difference." This campaign was an evolution of our much  
13 acclaimed "Know When to Say When" effort that became the  
14 first alcohol responsibility ad campaign to air on our  
15 nation's airwaves back in 1985.

16           "We All Make a Difference" delivers the  
17 important messages to adult consumers that I mentioned  
18 earlier. First, drunk driving and underage drinking are  
19 getting better. And secondly, everyone is helping to make  
20 a difference.

21           I'd like to take just a few moments to share  
22 with you some of our new ads from our new advertising pool.  
23 And I think you'll enjoy them because I think it sends a  
24 very strong message to general consumers at large.

25           (A brief video was played.)

1 MR. KAESTNER: You may be interested in  
2 knowing that that spot with Wayne Gretsky aired for the  
3 first time on the Super Bowl this year, which was about a  
4 \$2 million investment on the part of our company and was  
5 part of our brand mix that we had on the -- on the Super  
6 Bowl broadcast.

7 US Today conducts an ad poll after each Super  
8 Bowl to determine the popularity, the memorability, and the  
9 likability of all of the 45 spots that aired during the  
10 broadcast; and this one ranked number 12. So we feel very  
11 good about that. And certainly, it conveys a strong  
12 message, especially using the personality of Wayne Gretsky.

13 I might also add, too, that these ads don't  
14 run at 4 o'clock in the morning like many PSAs do. But  
15 rather, they can be found on prime time programming any day  
16 of the week and on specials like the Emmys, the World  
17 Series and, as I mentioned, the Super Bowl.

18 We want to be where the -- where we can make  
19 the most impact with drinkers across the country. Now,  
20 beyond responsible advertising, the real meat of our  
21 efforts consists of the more than a dozen community-based  
22 alcohol awareness and education programs that we offer.

23 And I'm not going to be able to go through all  
24 of them today. I'd be here much longer than even Dr.  
25 Simpson. But I -- we will be sending to you and to all the

1 members of the Task Force a packet that describes all of  
2 the programs that we have.

3           Now, some of these programs and initiatives  
4 that we -- that we provide focus on the front lines. And  
5 by front lines, I'm talking about the servers and sellers  
6 of alcohol beverages. And one of the ways we do this is by  
7 providing server training through an organization called  
8 TIPS which stands for Training for Intervention Procedures.

9           Through this training, which is typically  
10 conducted by Anheuser-Busch distributor personnel at their  
11 facilities throughout the country, classes of bartenders,  
12 waiters, waitresses, convenience store clerks, and others  
13 learn how to spot signs of potential intoxication and then,  
14 more importantly, how to handle them in a  
15 nonconfrontational manner.

16           Since the mid-1980s, more than one million  
17 alcohol beverage servers and sellers have been trained in  
18 the TIPS program; and it is consistently recognized as one  
19 of the best server training programs in the United States.  
20 Now, since 1989, nearly 1,500 -- I'm sorry -- 15,000  
21 servers have been trained by Anheuser-Busch wholesalers in  
22 the State of Pennsylvania alone.

23           In addition, we have worked to implement  
24 designated driver programs and cab programs at the retail  
25 level. These programs serve as the last line of defense in

1 keeping drunk drivers off the road. Let's think about  
2 designated drivers for just one moment.

3 Over 109 million American adults have either  
4 served as or have been driven home by a designated driver.  
5 Twenty years ago, that term was nonexistent. And today,  
6 you can even find it in Webster's Dictionary. Now, there  
7 is no quick fix or easy solution to reducing drunk driving.

8 But Anheuser-Busch and its wholesalers working  
9 together with all groups, law enforcement, educators,  
10 retailers, community groups, have helped achieve steady  
11 progress. However, we should not be content with these  
12 results. And more work continues to need to be done.

13 Despite investing more than \$300 million over  
14 the last 18 years in these programs to reduce all forms of  
15 alcohol abuse, Anheuser-Busch and our network of nearly 700  
16 independent beer distributors are committed to doing more  
17 in the future and help reduce incidence of drunk driving by  
18 social drinkers.

19 Here's the bottom line: Drunk driving among  
20 social drinkers has declined significantly over the years,  
21 due in part by programs like the ones I've described  
22 earlier. But as I said at the start, we believe that the  
23 best approach to solving any problem is defining and honing  
24 in on that target.

25 Taking our collective yet limited resources

1 and targeting them squarely on the problem makes the most  
2 sense. The data speaks for itself. There is no question  
3 the target for any new legislative effort should be focused  
4 on addressing the hard core drinking driver.

5           Now, some may argue that new tougher  
6 legislation might be needed for all drinkers, claiming that  
7 it sends a message to all about drunk driving. And while  
8 doing so may grab headlines, it really won't make nearly  
9 the impact as simply enforcing the current laws and by  
10 passing new ones to focus on the hard core.

11           We advocate that more should be done by  
12 policymakers to address that one percent of all weekend  
13 drivers, the hard core drinking driver, who are involved in  
14 one out of every two fatal traffic crashes. Hard core  
15 drunk drivers won't listen to these ads I just showed you.  
16 They won't call a cab.

17           They won't listen to a bartender and heed his  
18 advice. They need special measures to get them off the  
19 road and to keep them from driving drunk. As Dr. Simpson  
20 noted, there are effective strategies that can and do work.  
21 If you determine legislative action is warranted, we urge  
22 you to focus the State's resources like a laser on this  
23 very small but dangerous group of hard core drunk drivers.

24           Thank you. Are there any questions?

25           CHAIRPERSON ORIE: I just have one question



1 just in regards to your last statement in regards to  
2 whether or not putting stiffer penalties with the drunk  
3 driving law will make a difference. I almost feel like  
4 it's contradictory to what you're saying here because as  
5 Dr. Simpson indicated, when you've been caught three, four,  
6 five times, in my opinion the book should be thrown at you.

7 I mean, there's no balance on that. And I  
8 guess my question is, the first-time offender here in  
9 Pennsylvania is 48 hours; the second is 30 days; the third  
10 in one of the proposals is for 6 months; and the fourth is  
11 up to a year.

12 And I was just wondering, do you feel that the  
13 first, second, third, fourth, the way it is in  
14 Pennsylvania, should remain the way it is? Or should it be  
15 stiffer for the third and fourth-time offenders?

16 MR. KAESTNER: That's a little bit out of my  
17 area, Representative Orie. But I think there should be  
18 some degree of heavier penalty as you go up. Frankly, if a  
19 slap on the hand continues at the third time or the second  
20 time or the fourth time, what message are we sending to  
21 people about the -- about the severity of the crime itself?

22 So I think that by elevating the levels of  
23 penalty is certainly the best way to go.

24 CHAIRPERSON ORIE: And I want to take this  
25 opportunity to thank Anheuser-Busch for participating here

1 today. I found your ads tremendous. And I thank you for  
2 taking the interest and participating here in Pennsylvania.  
3 And we welcome that partnership with you as well.

4 MR. KAESTNER: Well, thank you very much for  
5 having us. And also, our wholesalers who participate  
6 really are the folks that you see day in and day out doing  
7 their fine work out there. And we appreciate all their  
8 hard work. Any other questions?

9 CHAIRPERSON ORIE: No. Thank you very, very  
10 much.

11 MR. KAESTNER: Thank you very much.

12 CHAIRPERSON ORIE: Our next testifier will be  
13 Bill Young, Manager of Alcohol Issues of Coors Brewing  
14 Company.

15 MR. YOUNG: Thank you, members of the  
16 Judiciary Committee. And greetings from Coors Brewing  
17 Company in Golden, Colorado. My name is Bill Young, and  
18 I'm a Manager in the Coors Public Affairs Department. I am  
19 specifically dedicated to helping reduce problems in  
20 communities, problems such as drunk driving, underage  
21 drinking, and reckless drinking, particularly by college  
22 students.

23 I want to express my gratitude for this  
24 Committee involving the alcohol industry, all three levels:  
25 The suppliers; our wholesalers; and the liquor licensees,

1 the retailers themselves. Far too often, three-tier system  
2 and the members of three-tier system are viewed as devils  
3 standing on the street corner trying to sell crack cocaine  
4 to the children.

5           How do I know that? I'll give you a little  
6 bit of my background. I've been with Coors Brewing Company  
7 for six years. Prior to that, I was the so-called drug  
8 czar in the State of Colorado, an appointee of Governor Roy  
9 Romer in Colorado, and in fact was a member of Colorado's  
10 DUI Task Force.

11           In my position that I held in Colorado, I  
12 coordinated 13 state agencies, roughly \$30 million in  
13 substance abuse prevention funds. One of the values we  
14 held across 13 state agencies was that problems such as  
15 drunk driving were not solved by any one particular agency  
16 or legislative body but that in fact there were several  
17 segments of a community that needed to come together to do  
18 it.

19           Unfortunately, one of the obstacles that we  
20 ran into in our state quite often was the reluctance to  
21 allow the alcohol industry, all three tiers, to be at the  
22 table and help solve problems. And it was an invitation by  
23 Coors Brewing Company that asked me to specifically address  
24 that across the country for Coors that I changed jobs.

25           And I've enjoyed doing my job now for six

1 years for Coors and basically being out there helping  
2 Coors, helping our wholesalers, and helping retail  
3 accounts, be at meetings, at hearings such as this one, and  
4 being involved in the community coalitions that are having  
5 very good impact on these abuses throughout the country.

6 I really truly do believe that everyone in the  
7 three-tier system has a role to play in reducing alcohol  
8 abuse. I want to talk a little bit today about how Coors  
9 Brewing Company is playing its role. The breadth of our  
10 efforts to reduce alcohol abuse is too wide to present to  
11 you in total detail today.

12 But in general, let me tell you about our  
13 strategy. Number one, we want to be effective in five key  
14 public areas. And the first one is responsibility in  
15 research of alcohol abuse. The second one will be the  
16 responsibility in advertising and marketing.

17 The third will be responsibility in selling at  
18 retail; fourth, responsibility in our legislative efforts;  
19 and finally, responsibility in community prevention. In  
20 each of the five areas, there are great success stories to  
21 tell. Today, I'd like to give you a highlight from each  
22 area to demonstrate how an alcohol beverage supply company  
23 can be an incredible participant in reducing various kinds  
24 of alcohol abuse.

25 I want to make a note here that I highlight

1 efforts in reducing underage drinking because of the  
2 disproportionate amount of young people that show up in  
3 drunk driving data. Obviously, a key strategy to  
4 preventing teen drunk driving accidents is limiting access  
5 to the product; therefore, I highlight some of Coors'  
6 efforts to reduce underage drinking as well.

7           First, with regard to advertising and  
8 marketing, the Federal Trade Commission has recently  
9 praised Coors for its stringent internal procedures that  
10 provide self-regulation on issues such as underage appeal  
11 and encouraging excessive consumption.

12           In fact, Coors is advocating for the industry  
13 to adopt an even tougher self-regulation process that will  
14 utilize a third party to review questionable advertising  
15 and marketing. Our self-regulation also extends to our 588  
16 wholesalers for Coors Brewing Company.

17           Since January 1st of 1999, Coors has had  
18 stringent standards by which distributors must operate,  
19 which get as detailed as to the kinds of promotions that  
20 they can be involved with in communities across the country  
21 that specifically deal with excessive consumption.

22           In addition, our wholesalers undergo intensive  
23 training to understand the business risks to promoting  
24 excessive consumption. I personally, since November of  
25 1998, have trained 650 distributor sales managers on that

1 very topic.

2           Secondly, with regard to responsibility in  
3 selling at retail, Coors has helped launch the BARS program  
4 nationally, including services statewide in Pennsylvania.  
5 BARS stands for being an alcohol responsible server. It is  
6 a secret shopper service that gives retail accounts, the  
7 liquor licensees, a tool to help perform their vital role  
8 in preventing underage drinking.

9           I believe the retailers' most vital role that  
10 they can play is to simply do their jobs well, and part of  
11 that job is checking IDs. BARS gives retailers a way to  
12 self-regulate themselves at checking IDs. In one year of  
13 BARS service, a retail account will ask for 24 compliance  
14 checks.

15           If you think about how significant that is, I  
16 am very aware of many law enforcement agencies throughout  
17 this country who have federal funds to do sting operations  
18 of retail accounts. It is likely that a police chief or a  
19 sheriff will walk into a retail account and give a warning  
20 at some point that at one time during the year, one time, a  
21 compliance check will be made of a particular account.

22           It speaks very well of a retail account that  
23 enrolls in the BARS service to say to that police chief,  
24 Please bring your compliance check one time because I've  
25 checked them myself 24 times each year. This intensive

1 service has proven to help make sellers and servers  
2 vigilant at asking for IDs.

3           Alcohol beverage commissions from three states  
4 have asked for BARS services, including Pennsylvania where  
5 the service operates in all Pennsylvania state-owned liquor  
6 stores. In total, BARS is in 31 states and more than 300  
7 cities.

8           In addition, like our other supplier  
9 companies, our competing supplier companies, Coors promotes  
10 the use of designated drivers and alternative rides. And  
11 we are a very significant player also within the TIPS  
12 program that Mr. Kaestner highlighted. Next week, I'll  
13 personally train 125 servers at Blossom Music Center in  
14 Ohio.

15           With regard to responsibility in community  
16 prevention, Coors' philosophy is to support existing  
17 effective programs. There are many local programs  
18 currently accepting the help of Coors Brewing Company, and  
19 there are some national programs as well.

20           From helping produce "21 means 21" high school  
21 assemblies to helping implement the highly effective "Apple  
22 a Day" program in Albany, New York, Coors and its  
23 wholesalers are investing time, effort, and money toward  
24 preventing substance abuse in hundreds of communities.

25           One of those that I'm most particularly proud

1 of is an effort that we help the Daly City Police  
2 Department do near San Francisco, California. With Coors'  
3 help and many others, they are now doing a very  
4 sophisticated sobriety check system within the Daly City  
5 jurisdiction specifically addressing the drunk driving  
6 issues.

7 We are a part of a national grant, a federal  
8 grant the Daly City Police Department is now in possession  
9 of. With regard to responsibility in legislation  
10 specifically addressing drunk driving, Coors has been  
11 active in virtually every state.

12 And its intentions -- excuse me -- and its  
13 intentions are clear. We want the public to see what we  
14 are for, not what we are against. That is why we are  
15 pushing for state lawmakers to pass graduated licensing  
16 legislation for minors, pass administrative license  
17 revocation legislation, pass legislation requiring stiffer  
18 penalties for high BAC drivers, and pass legislation  
19 escalating penalties for repeat drunk driving offenders.

20 Our public record on these four key drunk  
21 driving issues is as well-documented as the research that  
22 begs for the laws. The high BAC driver or repeat DUI  
23 offender and the young inexperienced drivers are  
24 disproportionately appearing into the traffic accident  
25 studies from state to state.



1           Again, our actions are clearly for reducing  
2 the fatalities and injuries caused by drunk drivers. We  
3 are for these measures because they address the most  
4 serious of the nation's drunk driving problems.

5           Finally, with regard to research, Coors'  
6 contributions to the Alcoholic Beverage Medical Research  
7 Foundation helps fund scientists to advance the  
8 understanding of the biological, medical, and psychosocial  
9 aspects of alcohol consumption and abuse.

10           I'd like to say one more thing each about the  
11 issues of drunk driving and underage drinking. No one  
12 business, nonprofit agency, or legislature will stop these  
13 behaviors; however, a collective effort by all will make  
14 progress.

15           Coors thanks this Committee and this  
16 Legislature for its role in reducing alcohol abuse and for  
17 accepting our business as equal participants in the effort.  
18 Good day.

19           CHAIRPERSON ORIE: Any questions? Brian  
20 Preski.

21           MR. PRESKI: I do. I have a question for you,  
22 sir. How successful are you with all these programs and  
23 everything else that you do? I mean, what do you see as  
24 the impact?

25           MR. YOUNG: I'd like to answer that as just

1 saying we are all as being part of the solution. We cannot  
2 take credit for the significant declines in any one of  
3 these areas. Our impact that we hope to have is  
4 particularly right now letting everybody have a role at  
5 being a participant in solving these problems.

6           That necessarily is not -- we are not able to  
7 get that across the country. And by breaking down some  
8 barriers that are at state and local levels, we hope that  
9 some day we can more even clearly say, What is the supplier  
10 impact on these problems?

11           At this point, we have to be able to roll it  
12 up with everybody else. As we achieve the successes and  
13 even as problems increase, we have to take responsibility  
14 for our roles at this point. But there is no one agency  
15 anywhere that can say I have had a direct impact on  
16 reducing that problem.

17           MR. PRESKI: All right. Then let me ask the  
18 question a different way. You just talked about how in  
19 Ohio you're going to have a symposium or a talk to the  
20 servers. I think it was 130 servers that you talked about.

21           MR. YOUNG: Yes.

22           MR. PRESKI: Have you ever heard any anecdotal  
23 stories from them as you've given these talks or has anyone  
24 else have that, Hey, we didn't think of this or here's an  
25 area where we haven't concentrated before? I mean, what

1 kind of feedback have you gotten from them, from the  
2 servers?

3 MR. YOUNG: Servers actually tell very  
4 horrific stories about their experiences in the work place.  
5 The TIPS program and programs like it, often the best thing  
6 about those programs rather than the information that they  
7 transfer, often just being able to bring the servers  
8 together in one place where they can share their similar  
9 stories that they have of how they confront problems in  
10 their work place is sometimes more effective than what is  
11 actually said to them.

12 Can they use the tools that we give them? My  
13 own experience finds that they are more effective at  
14 addressing the underage drinking problem than they are at  
15 addressing the intoxication problem that they see. How  
16 effective are they? I can't answer it.

17 MR. PRESKI: Well, then I guess the reason for  
18 my question or the reason for the line is that they seem to  
19 be -- if the problem is drunk driving or driving under the  
20 influence, they seem to be the first line of defense. I  
21 mean, the police and law enforcement doesn't get involved  
22 until they have decided the guy swerved, there's an  
23 accident, there's some reason to pull this guy over.

24 But it seems then that these programs,  
25 concentration on those, they'll get the guy before he even

1 either, one, gets in the car; or gets to a point that he's  
2 going to be driving under the influence of alcohol. So I  
3 guess it's very encouraging that we hear about these  
4 programs. Thank you very much.

5 CHAIRPERSON ORIE: I'd like to take this  
6 opportunity to thank Coors for participating, becoming a  
7 partner here in Pennsylvania to really address this issue.  
8 And I thank you for your time today.

9 MR. YOUNG: You're welcome.

10 CHAIRPERSON ORIE: Our next testimony will be  
11 from three individuals. I don't know if you're doing it  
12 separately or if I should call you all to the table. From  
13 Winner International, we have William Ashton, Director of  
14 Operations; Mr. Roy Wilt from Winner International; and  
15 Garry Bonanno, Executive Director of Law Enforcement with  
16 Winner International.

17 MR. ASHTON: Good morning, Representative  
18 Orie --

19 CHAIRPERSON ORIE: Good morning.

20 MR. ASHTON: -- and other members of the  
21 Judiciary Committee. We at Winner International are  
22 honored to be here today to speak to you about the subject  
23 of driving under the influence and alternatives to  
24 incarceration.

25 I have earlier handed out copies of my remarks

1 and distributed them to you so you may follow my testimony.

2 Let me first give you some background on myself. I have  
3 spent the last 23 years serving our great nation as a  
4 Lieutenant Commander in the United States Navy.

5 My tours of duty were mostly with the  
6 submarine force, and three tours of duty in our nation's  
7 Capitol on the staff of the Chief of Naval Operations, and  
8 just recently on the immediate staff of the Secretary of  
9 Defense.

10 Although I have never experienced an injury or  
11 death within my immediate family by someone driving under  
12 the influence, as a Naval officer, I know what it is to be  
13 called in the middle of the night to be told that I needed  
14 to come to the ship because one of our crew members were  
15 killed by somebody driving under the influence.

16 I am here today as a representative of Mr. Jim  
17 Winner, owner and Chairman of Winner Holding, the company  
18 that manufactures and sells the world renowned steering  
19 wheel locking device, "The Club." We also have a product  
20 called ABT, alcohol breath tester.

21 And I am here today for two reasons: First,  
22 to introduce you to our product, ABT, and to solicit  
23 interim approval for this product; secondly, to introduce  
24 Mr. Garry Bonanno, who also works with us as our Executive  
25 Director of Law Enforcement Affairs.

1 Garry will shortly talk about our association  
2 with numerous law enforcement agencies and our partnership  
3 with them using The Club on vehicles impounded and  
4 immobilized from suspected DUI or other offenders who have  
5 taken -- who have been taken into police custody.

6 As I am sure each of you are aware of the  
7 statistics within the Commonwealth of Pennsylvania, I would  
8 like to just go over a few of them. The Pennsylvania State  
9 Police 1998 Crime Report reports that there were 40,432 DUI  
10 offenses in 1998.

11 The National Highway Traffic Safety  
12 Administration Report on impaired driving in Pennsylvania  
13 reports that in 1996, Pennsylvania drivers with blood  
14 alcohol content, BAC, of .10 and above were involved in an  
15 estimated 82,500 crashes that killed 475 persons and  
16 injured 20,700.

17 BACs between .08 and .09 were involved in an  
18 estimated 1,400 crashes that killed 29 and injured 900.  
19 Positive BACs below .08 were involved in an estimated 2,800  
20 crashes and killed 71 and injured 2000. The costs:  
21 Alcohol is a factor in 32 percent of Pennsylvania crash  
22 costs.

23 Alcohol-related crashes in Pennsylvania cost  
24 the public more than \$3.4 billion in 1996, including more  
25 than 1.4 billion in monetary costs and almost 2 billion in

1 quality of life losses. Alcohol-related crashes are  
2 deadlier and more serious than any other crashes.

3           People other than the drinking driver paid 1.5  
4 billion of the alcohol-related crash bill. I could go on  
5 with the statistics, but I think I've made my point. We  
6 have a problem in our country. And more importantly, we  
7 have a problem here within our Commonwealth.

8           Today, our state law at Section 1547 of Title  
9 75 states, and I quote, Pre-arrest breath test authorized -  
10 A police officer, having reasonable suspicion to believe a  
11 person is driving or in actual physical control of the  
12 movement of a motor vehicle while under the influence of  
13 alcohol, may require that that person prior to arrest to  
14 submit to a preliminary breath test on a device approved by  
15 the Department of Health for this purpose. The sole  
16 purpose of the preliminary breath test is to assist the  
17 officer in determining whether or not the person should be  
18 placed under arrest.

19           Section 5.104 of the PA Code provides the  
20 following language pre-arrest breath test for blood  
21 content: The Department will approve pre-arrest breath  
22 testing devices for use by police officers in conducting  
23 preliminary alcohol determinations on persons suspected of  
24 driving while under the influence of alcohol.

25           Until performance standards for a pre-arrest

1 testing device are promulgated by regulation, manufacturers  
2 who desire interim approval of their devices shall file the  
3 following information with the Department: A complete  
4 description of the device, an operator's manual,  
5 maintenance and repair manual, performance data derived  
6 from studies conducted by or for the manufacturer to  
7 support the reliability of the device, name and addresses  
8 of law enforcement agencies in this Commonwealth who have  
9 purchased the device, a list and complete descriptions  
10 including applicable manuals, a list of authorized  
11 distributors and service representatives, the data and  
12 results or reviews or studies conducted by other state or  
13 federal agencies including certification or approval, if  
14 available.

15           When the filing requirements in paragraph one  
16 have been met and the Department -- and the Department is  
17 satisfied that the information supplied by the manufacturer  
18 is complete, adequate and responsive, that the device has  
19 been properly tested, that the device is reliable and  
20 readily available and that the device can be adequately  
21 serviced, the device will be issued an interim approval for  
22 the use in this Commonwealth.

23           The interim approval will remain in effect  
24 until performance standards are promulgated by regulation  
25 or until unsatisfactory performance is demonstrated. Note



1 that in the Department's request for data and results of  
2 studies by other state and federal agencies, the  
3 Pennsylvania Health Department does not conduct studies  
4 itself on the device.

5           Pennsylvania should consider legislation that  
6 will allow the Commonwealth of Pennsylvania to test  
7 chemical devices and not just approve them based on federal  
8 testing. We are currently in the process of testing with  
9 the federal government.

10           However, we are requesting legislation to  
11 allow Pennsylvania to test these devices and approve them  
12 for use in the Commonwealth. The ABT could be distributed  
13 in the retail sector and also be used by law enforcement  
14 agencies. It is a tool that will save lives. And if we  
15 save one life, it is worth it.

16           I can go into detail on the product here, but  
17 that may take some time. What I would like to do is just  
18 give you an overview of the product. What you would do is  
19 you would blow into a plastic bag (demonstrating) and then  
20 break the tips of the glass tube which holds crystals.

21           You connect the bag to the tube and push the  
22 air from the bag to the tube. If there is a color change,  
23 there is presence of alcohol. .032 is where the product is  
24 calibrated.

25           CHAIRPERSON ORIE: Here is an example.

1 MR. ASHTON: .032 is where the product is  
2 calibrated with manufacturers. So instantly, a person  
3 would know that they were impaired because any alcohol in  
4 the blood stream would impair anyone. If citizens are  
5 educated and use our product, we as a community will make a  
6 difference.

7 Law enforcement agencies have shown interest  
8 in this product. However, Pennsylvania has no process for  
9 testing these devices on their effectiveness. Again, this  
10 is a tool to help decrease alcohol-related incidents. The  
11 product is less costly than an electronic device.

12 Alcohol-related crashes accounted for an  
13 estimated 16 percent of Pennsylvania's auto insurance  
14 payments. Reducing alcohol-related crashes by 10 percent  
15 would save approximately 130 million in claims payments and  
16 loss adjustments. We cannot put a price tag on a human  
17 life. If just one is saved, we've made a difference and  
18 are moving in the right direction.

19 I thank you for allowing me to address this  
20 issue with you. And if you have any questions, I will  
21 answer them for you.

22 MR. PRESKI: For anyone that doesn't know, my  
23 name is Brian Preski. I'm Chief Counsel to the Committee.  
24 Sir, these devices, just a few questions about them. Do  
25 they go stale if they sit in the police officer's trunk for

1 six months, eight months, a year, or anything like that?

2 MR. ASHTON: Not that we're aware of at all.  
3 We have a suggested time that they should be kept in some  
4 sort of room temperature type thing. But we also have the  
5 ability of how we package them; that if they were in the  
6 trunk of a State Trooper's trunk, that we can actually  
7 package them where they're covered and are kept.

8 MR. PRESKI: Can you calibrate them to give  
9 you different positive responses based upon the level that  
10 we may say we have a .1? Can there be a .1 test; can there  
11 be a .8; can there be a .2 test?

12 MR. ASHTON: Absolutely. We can put a red  
13 line on the .08 or .10.

14 MR. PRESKI: And I just didn't hear in your  
15 testimony. What's the percentage of reliability for these  
16 things, if you have it?

17 MR. ASHTON: I don't actually have the  
18 percentage of reliability.

19 MR. BONANNO: It's about 98 percent.

20 MR. PRESKI: Ninety-eight percent. My next  
21 question is that we've looked at these things once before.  
22 And as you alluded to in your testimony, the Department of  
23 Health has regulations that would allow for their approval.  
24 What again was the specific problem that you had in getting  
25 these approved or do --

1           MR. ASHTON: In just -- we have not officially  
2 applied to the Department's request for it because what  
3 they're asking for -- we do have one study done by a  
4 company here in the Commonwealth, and we're in the process  
5 of getting the federal government approval.

6           There is no testing. All it is by the  
7 Department is to say show me other people who have tested  
8 this. And if it kind of meets their requirements of no  
9 testing at all, then they would approve the product.

10          MR. PRESKI: So just to paraphrase then, when  
11 you said basically if you come in with a study that you've  
12 commissioned by people you've paid, do they come back and  
13 say, Hey, everything's fine and dandy; that's something  
14 that the Department could or would accept as appropriate?

15          MR. ASHTON: Yes.

16          MR. PRESKI: Okay. Thank you very much.

17          CHAIRPERSON ORIE: Just a follow-up in regards  
18 to Brian's questions. I guess with the Breathalyzer, if  
19 you have those certificates of accuracy, the certificate of  
20 calibration and that, what would you provide to show, you  
21 know, that this is reliable or not a tainted sample or  
22 anything along those lines? Is there anything that you  
23 would --

24          MR. ASHTON: There is a requirement, I  
25 believe, in the labeling instructions that you certify that

1 this product is reliable by the manufacturer.

2 CHAIRPERSON ORIE: Okay. Would there be any,  
3 like, blind test with these on a -- to see whether --

4 MR. ASHTON: Again, the label instructions,  
5 the right -- you know, obviously, somebody who's colorblind  
6 could not take the test themselves. And that would be  
7 noted on the labeling.

8 CHAIRPERSON ORIE: And I think Brian has --

9 MR. PRESKI: Just a few follow-up questions.  
10 But you don't see this as changing or replacing the  
11 Breathalyzer that we use now? I think that if I get you  
12 right, what you see this replacing is the stand on one  
13 foot, touch your nose, walk a straight line kind of test?

14 MR. ASHTON: Again, it's just a tool that  
15 we're asking. It's kind of more ammunition for a police  
16 officer to go into a court to say I've used a field  
17 sobriety check, I have used a portable pre-arrest testing  
18 device. It's just more of a tool but not only for, you  
19 know, law enforcement agencies.

20 We'd like to get it also out to the public so  
21 they themselves are holding some responsibility, too.

22 MR. PRESKI: Thank you.

23 REPRESENTATIVE MAITLAND: Yes, sir. Did you  
24 say how much they cost?

25 MR. ASHTON: No, I didn't. But I'd be more

1 than happy to. One of them will cost you about \$4.

2 REPRESENTATIVE MAITLAND: And can you make --

3 MR. ASHTON: They come in a 3-pack also.

4 REPRESENTATIVE MAITLAND: Can you make them  
5 for other intoxicating substances? Have you looked into  
6 that?

7 MR. ASHTON: You mean drugs or --

8 REPRESENTATIVE MAITLAND: Yeah.

9 MR. ASHTON: We have not looked into that.

10 REPRESENTATIVE MAITLAND: Thank you.

11 CHAIRPERSON ORIE: And I just have one  
12 follow-up question again from Brian. You know, with the  
13 Breathalyzer, individuals can refuse this. Have you  
14 thought of in regards to even if it's a pretest-type  
15 situation where an individual would refuse to submit to  
16 this?

17 MR. ASHTON: No, I did not really look at  
18 that.

19 MR. BONANNO: What would happen if the same  
20 individual refused the sobriety check?

21 CHAIRPERSON ORIE: Excuse me?

22 MR. BONANNO: What would happen if the same  
23 individual refused a sobriety check by the officer, get out  
24 and walk a line, touch your nose? He could refuse to do  
25 that.

1                   CHAIRPERSON ORIE: Right. I was just  
2 discussing with Brian in regards to as a Breathalyzer, the  
3 refusal. And he was saying to me that there's --

4                   MR. PRESKI: Yeah. I think the implied  
5 consent law would take care of that. You'd have to do it.

6                   CHAIRPERSON ORIE: Okay.

7                   MR. BONANNO: Again, it's a preliminary breath  
8 test designed to just give another red flag to the content  
9 of alcohol possibility.

10                  MR. ASHTON: If there are no other further  
11 questions, I would like to introduce Mr. Garry Bonanno.

12                  MR. BONANNO: Thank you. And it's a pleasure  
13 to be here again as my testimony in July of '99. Since  
14 then, the State of Michigan passed a law that changed the  
15 wording from "may" to "shall immobilize." And we're seeing  
16 a lot of programs in place there.

17                  I brought a steering wheel lock for view that  
18 shows the property of the 79th District Court. And again,  
19 I think if we look at what's going on here today, there's  
20 been a lot of different agendas here. But I think our  
21 goals are all quite similar.

22                  And I think also very confidently that Dr.  
23 Simpson's statistics are very accurate from what I've seen  
24 over the past years. And all we're looking to do here is  
25 serve the Commonwealth in a sanction that will make a

1 difference. It has -- we're not going to try to re-invent  
2 the wheel.

3 I brought copies for everyone, if they want  
4 them, of the Ohio DUI laws revised code. It spells out  
5 vehicle immobilization. Every license bureau in the State  
6 of Ohio has a colored sign with this on it, basically  
7 getting the public to understand the consequences of taking  
8 these risks.

9 We're seeing -- I've even seen some particular  
10 courts -- and I can share documents we'll provide  
11 you -- with less than one percent recidivism on offenders  
12 in places like Garfield Heights and Cleveland, Ohio area.  
13 There's documented evidence indicating these numbers. So  
14 it's not hearsay.

15 Some studies in Franklin County and some of  
16 the other places have been done by NHTSA through the  
17 Pacific Research Institute. And everywhere, we've seen  
18 positive results. All we're trying to do as a private  
19 agency is supply the hardware necessary to complete the  
20 sanction.

21 You go into a neighborhood and see a car in a  
22 driveway with a sign brightly colored in the window  
23 identifying that it's a court-ordered immobilization,  
24 license plates are seized from the vehicle. It's another  
25 red flag to prevent operating the vehicle.



1 All these culminate in reducing people from  
2 operating a motor vehicle that shouldn't be operating one.  
3 And I think the most frustrating thing to see is when  
4 you're in a court watching a repeat offender come back into  
5 that court for the same offense, pay a fine, make a date  
6 for jails that are overcrowded, only to go out into the  
7 parking lot after paying the fine and drive the vehicle off  
8 the lot. That's the ultimate insult to the court and to  
9 our society.

10 So again, my testimony is basically the same  
11 as it was in July. We simply want to make sure we are on  
12 the right track to let the Committee know that we can serve  
13 any court, any jurisdiction. There's a number of ways to  
14 implement this procedure.

15 But if it's mandated, you're going to see a  
16 lot of improvements in your statistics compared to what we  
17 see in Ohio, Michigan, and Florida. That's all I have to  
18 say.

19 CHAIRPERSON ORIE: I'd like to take this  
20 opportunity to thank Winner International for your  
21 participation and as well as for your partnership in this  
22 agenda as well. So thank you very, very much.

23 MR. BONANNO: Thank you.

24 CHAIRPERSON ORIE: Our last testifier today  
25 will be Dr. Bryce Templeton, Department of Psychiatry at

1 Hahnemann University School of Medicine. Good morning,  
2 Doctor.

3 DR. TEMPLETON: Good morning. Thank you for  
4 including me among those testifying today. My name is  
5 Bryce Templeton. I'm a resident of Villanova,  
6 Pennsylvania. I was trained as a physician and  
7 psychiatrist. And my main job involves administering  
8 teaching programs in psychiatry to medical students. I  
9 also practice psychiatry and conduct some research.

10 On January 29th, 1996 at 4:30 in the morning,  
11 my wife awakened me with the frightening exclamation that  
12 someone was knocking on our front door and that two  
13 red-flashing police cars were parked at the curb. The  
14 Radnor Township Police had come to tell us that six hours  
15 earlier, our son Jim had been killed in a crash.

16 Jim had died almost instantly. At that time,  
17 our son was 34 years old. He was 34 years old completing  
18 his last two months of medical school at Jefferson in  
19 Philadelphia. He had already taken his graduation  
20 photograph.

21 He had just finished interviews for a possible  
22 residency at Lancaster General Hospital and was returning  
23 to a rural family practice assignment in Upstate New York.  
24 At the time of the fatal crash, Jim was driving 59 miles  
25 per hour with his seat belt in place and no intoxicants in

1 his bloodstream.

2           He was following behind another car on  
3 Interstate 87 headed north along the Hudson River and had  
4 just started to move into the left passing lane. A  
5 54-year-old man who had had two DWI arrests within the  
6 previous five months, one in Brooklyn and one in Vermont,  
7 and with a blood alcohol level right at the need for  
8 drunken driving, 0.17 percent, entered the wrong side of  
9 the Interstate about 3 miles farther north accelerating  
10 over 70 miles per hour.

11           After 3 miles of ignoring flashing lights and  
12 persistent honking of many terrified drivers, the drunken  
13 driver crashed head-on into my son's car. The drinker also  
14 died. I'll spare you the details of the shock and pain  
15 following our family's tragedy.

16           With my anger about my son's death, I have  
17 been spending increasing amounts of time learning more  
18 about the problem of alcohol-impaired driving and the  
19 possible measures to prevent the resulting death and  
20 disability. I am currently the Delaware Valley coordinator  
21 for Remove Intoxicated Drivers, an organization known as  
22 RID.

23           I'm also a member of MADD. I've visited an  
24 ignition interlock service office in Maryland, attended DWI  
25 regional lifesavers conference last July in Memphis, and

1 have read many published professional journal articles. I  
2 regularly survey with growing distress the news accounts of  
3 far too many DUI arrests and fatal crashes in the  
4 Philadelphia area.

5           And from this morning's Inquirer, a  
6 56-year-old woman was killed this weekend as a result of a  
7 drinking driver on I believe it's Roosevelt Boulevard.  
8 Nationally, over the past decade, as has been mentioned  
9 earlier today, impressive progress has been made in  
10 reducing highway deaths and, in particular, deaths and  
11 injuries related to alcohol-impaired driving.

12           For example, in 1986, 24,000 alcohol-related  
13 fatalities down to 1997 in over 16,000. That's an  
14 impressive drop. And just three weeks ago, as was  
15 mentioned earlier, NHTSA announced further about modest  
16 reductions in highway deaths.

17           But the mortality totalling approximately 15-  
18 to 16,000 deaths per year seems outrageous to me. Here in  
19 Pennsylvania, recent data based on NHTSA's FARS, their data  
20 bank, are not promising. Little progress has been made  
21 since the early 1990s here in Pennsylvania in bringing  
22 about further reductions in alcohol-impaired fatalities.

23           On my handout that you'll get, for example,  
24 from 1994 to '97, it's fluctuating approximately about  
25 1600 -- 600 deaths a year, 600 deaths a year with no

1 apparent change as reflected in some of the national data  
2 over the last 20 years.

3 License suspensions have helped enormously but  
4 are clearly not enough. Many drivers with suspended  
5 licenses continue to drink and drive and kill and maim. I  
6 perhaps should have brought my laptop. I have a thousand  
7 individuals who have DUI arrests in the Philadelphia area  
8 on my computer, and I have a disk here.

9 And there are about 5 percent of those with  
10 suspended licenses. And there are other data to suggest  
11 that many, many drivers are driving without a license. I'd  
12 like to review some recommended legislation which I hope  
13 you will enact.

14 Blood alcohol levels: Our current allowable  
15 blood alcohol level of .10 percent is way too high. First,  
16 various experimental studies, including those with driving  
17 simulators, show that impaired driving begins with levels  
18 way down, around .02 to .04 percent.

19 I think that's -- for example, in Maryland,  
20 instead of .025, way below what most states require, even  
21 those that drop to .08. Second, studies of crashes show  
22 the risks for fatal crashes begin to increase at about the  
23 same blood alcohol level; that is, around .02 to .04.  
24 Please reduce the allowable limit to at least .08 percent.

25 Statewide data bank: The federal government

1 has a data bank on impaired drivers which seems to be  
2 effective in screening commercial operators. But so far,  
3 police do not obtain access to this data bank in evaluating  
4 DUI arrestees.

5 I've talked to several people who report about  
6 this data bank in enthusiastic terms. But when I was at  
7 the conference in Memphis, for example, I asked a number of  
8 police officers who were there. They never -- they were  
9 not aware of any data bank that they could have access to  
10 to make a DUI arrest.

11 In the case of our son's death, if there had  
12 been such a data bank and the Vermont police had access to  
13 the New York City data on impaired drivers, our son might  
14 be alive today. Pennsylvania needs to show initiative by  
15 providing a mechanism to assure that at least our common  
16 law officers will have ready on-site access to prior DUI  
17 arrests here within the State of Pennsylvania.

18 Impoundment of cars: Several states and  
19 municipalities, as mentioned earlier, have begun to adopt  
20 more aggressive impoundment programs. Studies of these  
21 programs in California, Ohio, and elsewhere show evidence  
22 of significant reductions in the number of vehicle crashes  
23 and subsequent citations.

24 We need a mechanism to require police officers  
25 to impound temporarily the cars of alcohol-impaired

1 arrestees. In the case of our son, they impounded the  
2 vehicle for about six days and then towed the vehicle back  
3 out from our impoundment lot. And it was on the road in  
4 another 20 days.

5           Four, mandated evaluations of alcohol-impaired  
6 injured drivers: Multiple studies dating back over the  
7 past 30 years show that our hospitals, including the most  
8 prestigious academic health centers, provide good medical  
9 and surgical care for alcohol-impaired injured drivers,  
10 those coming into emergency rooms and many who get admitted  
11 to a hospital.

12           But after successful treatment of a driver's  
13 injuries, the trauma team discharges the patient from the  
14 emergency room or from the hospital and never refers the  
15 driver for evaluation of alcohol dependence. The New York  
16 Times Tuesday's section about three weeks ago had another  
17 report from the Mayo Clinic describing their own  
18 performance, poor performance at the Mayo Clinic.

19           In one other report, in that wonderful  
20 province from Canada from Alberta, one driver was injured  
21 twice in one year with both crashes involving fatalities  
22 for a total of four young people killed. On neither  
23 occasion had this person who had been injured had been  
24 referred for treatment of his alcoholism.

25           When Pennsylvania licenses a hospital, the

1 hospital should be required to show evidence that all  
2 alcohol-impaired injured drivers are referred for  
3 evaluation and, if necessary, possible treatment of alcohol  
4 dependence.

5           Mandated alcohol treatment programs: In  
6 addition to the impressive work of Alcoholics Anonymous,  
7 there is growing evidence of the effectiveness of a variety  
8 of treatment programs for alcohol-dependent individuals.  
9 Mechanisms need to be made available to refer convicted  
10 alcohol-impaired drivers, whether injured or not, for  
11 evaluation and, as appropriate, for court mandated  
12 treatment of their alcohol dependence.

13           Ignition interlocks: It's my understanding  
14 that apparently many people have testified before you,  
15 including Dr. Jeffrey Coben from Pittsburgh, a former  
16 indirect colleague in Allegheny, the late Allegheny, and  
17 from Dr. James Frank from the Department of Transportation,  
18 with whom I've had many conversations, all about the  
19 promising studies involving so-called ignition interlock  
20 systems.

21           I am very impressed. Since their testimony  
22 last spring, several additional published studies have  
23 appeared which support their conclusions about the utility  
24 of interlock systems. In my view, the interlock programs  
25 in both Maryland and Virginia have been well-planned and



1 function well.

2 I strongly endorse the adoption of a similar  
3 program in which Pennsylvania judges would be required to  
4 mandate the use of interlocks and subsequent monitoring for  
5 all repeat DWI offenders. My one concern is, as Dr.  
6 Simpson showed earlier, even though the rearrest rate stays  
7 low, my feeling is that the, you know, if you go to AA,  
8 they know that you're never cured of alcoholism.

9 It's a long-term, lifelong illness. And I  
10 think maybe people will have to stay on ignition interlocks  
11 for much longer than one or two years. Most of these  
12 programs are sponsored by the -- the individual pays the  
13 cost for it. And when you consider the offset of their  
14 heavy drinking and also of court costs and fines, there are  
15 a number of anecdotal reports that suggest that the overall  
16 cost to the individual does not increase.

17 Seven, permanent impoundment: I also  
18 recommend that you provide legislation which will require  
19 permanent impoundment of a car for individuals who have two  
20 or more DUI convictions; or in the case of which an  
21 individual has been required to drive with an ignition  
22 interlock, permanent impoundment of the car if that  
23 individual attempts to drive without the use of an  
24 interlock.

25 Felony convictions for repeat offenders: Too

1 many drivers continue to drink and drive even under  
2 conditions of suspended or revoked drivers' licenses. I  
3 mentioned that in my data bank of a thousand individuals,  
4 about 5 percent have suspended or revoked licenses.

5           And among a number of newspaper accounts,  
6 seriously injured or killed individuals in alcohol-related  
7 crashes in the Philadelphia area, a large percentage of  
8 individuals had their licenses suspended. The stakes of  
9 driving under the influence ought to be increased, and I  
10 recommend that the third DWI conviction be designated as a  
11 felony.

12           Summary of my legislative recommendations:  
13 Lower the blood alcohol limit to at least .08. Develop a  
14 statewide data bank. It wouldn't be as good as the federal  
15 one, but it would provide officers in the Commonwealth with  
16 day-to-day -- a system for day-to-day use by police to  
17 check on DUI arrests throughout the Commonwealth.

18           Require temporary impoundment of the cars of  
19 DUI arrestees until the problem has gotten a better  
20 resolution. Four, require Pennsylvania's hospitals to  
21 refer alcohol-impaired injured drivers for treatment of  
22 alcohol dependence.

23           Five, improve the support for mandated  
24 treatment of alcohol-impaired drivers. Six, develop a  
25 statewide ignition interlock program mandating judges to

1 make use of it comparable to the programs in Maryland and  
2 Virginia. Seven, provide a mechanism for permanent  
3 impoundment of a car for repeat offenders or for those not  
4 driving with mandated interlocks.

5           Again, I don't want to take sides on the New  
6 York State Senate race. But if the mayor's impoundment  
7 program had been enacted in the fall of 1996, our son might  
8 be alive today. And finally, make the third DUI conviction  
9 a felony arrest, a felony offense.

10           Representative Orie, in my view, you and your  
11 legislative colleagues are the ones who will determine  
12 whether Pennsylvania will reduce the number of  
13 alcohol-impaired fatalities here in the Commonwealth and  
14 force the annual death rate in the Commonwealth to drop  
15 below the current year-to-year level of approximately  
16 600,000 lost lives -- I'm sorry -- 600 lost lives.

17           I hope, for the sake of our son and now more  
18 importantly for your relatives and friends, that you will  
19 act promptly. Again, I appreciate the chance to testify.  
20 I'd be happy to answer questions.

21           CHAIRPERSON ORIE: Thank you very much. Does  
22 anybody have any questions? (No response.) No. Thank you  
23 very much, Dr. Templeton. We appreciate your input. And  
24 that concludes these -- this Task Force hearing. And I'm  
25 certain there will be several more along throughout the

1 next couple of months.

2 But thank you all for attending. Thank you  
3 all for your participation.

4 (Whereupon, at 10:45 a.m., the hearing  
5 adjourned.)

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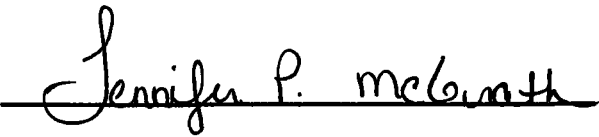
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I hereby certify that the proceedings and  
evidence are contained fully and accurately in the notes  
taken by me during the hearing of the within cause and that  
this is a true and correct transcript of the same.



JENNIFER P. McGRATH

Registered Professional Reporter

My Commission Expires:  
April 30, 2001

JENNIFER P. McGRATH, RPR  
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