STATEMENT OF
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Before the
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COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS
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Chairman Lautenberg, Ranking Member Vitter, and Members of the Subcommittee, I am pleased to be here today to represent the Department on this very important safety issue.

Alcohol impaired driving is a serious public health problem. In 2006, there were more than 13,000 deaths in crashes in which a driver or motorcycle rider had a blood alcohol concentration (BAC) above 0.08 grams per deciliter of breath, the legal limit in every state. Following a decline through the 1980s, the number of alcohol-related traffic deaths has remained at essentially the same level since the late 1990s. Further progress in reducing alcohol-related traffic deaths has been inhibited by a number of factors, including changes in the demographics of the driving population and a decline in the rate of enactment of State drunk driving laws as most States completed their basic legislative package.

While impaired driving affects individuals of all ages, both genders and every area of the Nation, some groups have much higher involvement rates than others. Males comprise more than 80 percent of annual alcohol-related fatalities and those between ages 21 and 34 years of age are greatly over-represented. Per licensed driver, the highest rate of involvement in a fatal crash with a BAC at or above 0.08 in 2005 was for 21-24 year olds. The next highest rate was among 18-20 year olds, despite the fact that every State has a minimum drinking age of 21 years. Alcohol-related fatality rates vary considerably among States. In 4 States, the proportion of all traffic deaths that are alcohol-related is 50 percent or more, while in 7 other States the proportion is less than 35 percent.

Most drivers with positive BAC who are involved in fatal crashes are well over the legal limit. In 2006, about 84 percent of those with positive BAC were above the legal limit of 0.08, and the median among those with positive BAC was 0.15, nearly double the legal limit in every State.

Impaired driving is a complex social issue and requires a comprehensive solution including education, strong laws, law enforcement, suitable legal consequences for offenders, and appropriate treatment for those with abuse or addiction problems. The National Highway Traffic Safety Administration (NHTSA) works with States to address a full range of countermeasures. However, the agency emphasizes several priority programs because of their effectiveness and the benefit of coordinated State implementation. These priorities include high visibility law enforcement, support for

improved adjudication of drunk driving cases, and technology to prevent impaired driving.

High visibility law enforcement has proven to be an especially effective means to reduce impaired driving crashes because it not only removes drunk drivers from the road, but also serves as a general deterrent, creating an increased perception of risk of arrest that discourages community members from drinking and driving. NHTSA coordinates nationwide high visibility impaired driving enforcement crackdowns twice annually, during the Labor Day and December holiday travel periods. During the Labor Day 2007 crackdown, about 9,000 law enforcement agencies participated by conducting highly visible enforcement operations such as sobriety checkpoints or saturation patrols. State Highway Safety Offices devoted a total of about $21 million to support these law enforcement activities.

NHTSA supports the nationwide enforcement crackdowns with the purchase of national advertising on television, radio and other media, using the message *Drunk Driving. Over the Limit. Under Arrest.* to alert motorists of the increased enforcement activity and enhance the general deterrent effect. Using high visibility enforcement funds appropriated by Congress, NHTSA purchased $11 million of national advertising for the Labor Day period and plans an additional purchase in December. These advertisements are placed in media outlets that reach the demographic groups most likely to drink and drive. In addition to the national advertisements, State Highway Safety Offices spent about $16 million on paid advertising using the same theme and message.

To provide financial support for States to conduct high visibility law enforcement and other impaired driving program activities, NHTSA administers a number of grant programs for States. Under SAFETEA-LU, the Section 410 impaired driving incentive program provides funds to States if they carry out specified impaired-driving countermeasures. These statutory activities include high visibility enforcement campaigns and programs that deter underage drinking. Over the past two years, NHTSA has provided over $200 million in Section 410 grant funds to support State impaired driving programs in every State, the District of Columbia and Puerto Rico.

Several statutory provisions require States to have certain impaired driving laws in place. These requirements include laws that establish a minimum drinking age of 21 years, a per se impairment level of 0.08 BAC, harsher sanctions for repeat offenders, and restrictions on open alcohol containers in motor vehicles. States that do not enact and enforce these laws face the prospect of reduced or transferred highway construction funds. NHTSA is responsible for making the legal findings of noncompliance that would result in the Federal Highway Administration transferring or withholding of highway funds.

NHTSA has recently focused attention on another impaired driving priority, alcohol ignition interlocks. Evaluations indicate that, while installed on offenders' vehicles, interlocks reduce recidivism by as much as two-thirds. Experts also agree that interlocks may offer even greater potential when integrated in a State impaired driving system as a

means to link court and treatment functions. Currently about 100,000 offenders are using ignition interlocks, a small proportion of those who could be eligible for this technology.

In August, NHTSA Administrator Nicole Nason convened a national ignition interlock summit to develop recommendations from judges, prosecutors and treatment professionals for increasing the benefits of interlocks. The agency is now engaged in developing guidance on model interlock programs and curricula for educating judges, prosecutors and others on interlock technology and its benefits.

As a longer term countermeasure against impaired driving, NHTSA is pursuing more advanced technology. The agency is currently establishing a cooperative research initiative with the automotive industry that could result in technology that would prevent an impaired driver from operating a vehicle. In order to be effective, any technology would need to be passive, requiring no deliberate driver action, and sufficiently accurate, reliable and affordable for widespread use. The time frame for developing and deploying such technology is estimated to be 10-15 years.

A particularly tragic aspect of the impaired driving problem is its impact on the youngest drivers. Nearly a quarter of deaths of drivers less than 21 years of age have a BAC of more than 0.08 despite the fact that it is illegal for these drivers to drink alcohol. In 2005, about 3,500 drivers younger than 21 years of age were killed in crashes, nearly 1,000 of whom had been drinking. Young drivers are especially vulnerable to the risks of impaired driving due to their inexperience both with driving and with drinking alcohol.

While these young driver statistics are tragic, they are much improved from the situation 25 years ago, prior to enactment by all States of Age 21 Minimum Legal Drinking Age (MLDA) Laws. MLDA laws have proven to be one of the most effective impaired driving deterrents, resulting in nearly 25,000 lives saved since 1982, according to NHTSA estimates.

The scientific evidence behind MLDA laws is unequivocal. In 2001, the Centers for Disease Control (CDC) conducted a review of 23 studies of the effect of changes in minimum drinking age laws that met strict standards of scientific rigor. The CDC review concluded that raising minimum drinking age laws results in a 16 percent decline in underage crashes, while lowering the minimum drinking age results in a 10 percent increase in crashes.

More recent evidence comes from studies of a policy change in New Zealand, where the minimum drinking age was lowered from age 20 to 18 in 1999. A study of New Zealand data from before and after the change in drinking age was published last year. The study found that the rate of traffic crashes and injuries increased 12 percent for 18-19 year old males, and 14 percent for 15-17 year old males following the lowering of the drinking age. The change was even greater among females, with the rates increasing 51 percent for 18-19 year olds and 24 percent for 15-17 year olds. The study concluded that raising New Zealand's minimum drinking age would prevent 400 serious injuries and 12 deaths among 15-19 year olds each year.

There are clear physiological and behavioral reasons for maintaining and strictly enforcing MLDA laws. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) of the National Institutes of Health reports that impaired driving is just one of the risks associated with underage drinking and that the total impact of alcohol on those under 21, including homicide, suicide and other injuries, amounts to approximately 5,000 deaths per year. NIAAA studies point to the tendency of younger drinkers toward risky binge drinking, a greater tendency among those who begin drinking earlier to develop alcohol dependence at some point later in their lives, and a greater likelihood of young drinkers to engage in other risky behaviors, including drug use.

The Department of Transportation is committed to reducing alcohol impaired driving, especially as it affects our youngest drivers and their families. We have set an ambitious goal to reduce the number of deaths in crashes where a driver or motorcycle rider had a BAC at or above 0.08 BAC to 0.48 per 100 million vehicle miles traveled by 2008. Our plans for addressing the problem include both short and longer term solutions that together provide the most aggressive strategy feasible for reducing impaired driving and its tragic consequences.

I would be pleased to answer any questions you may have.