

*Alcohol/Safety
Public Information Campaigns:*

Seminar No. 7

*A REPORT OF AN INFORMAL MEETING HELD
MAY 20-21, 1976 TO DISCUSS SELECTED
CAMPAIGNS ON ALCOHOL AND HIGHWAY SAFETY*

Ann Arbor, Michigan

PUBLIC COMMUNICATION PROJECT
HIGHWAY SAFETY RESEARCH INSTITUTE
THE UNIVERSITY OF MICHIGAN
HURON PARKWAY AND BAXTER ROAD
ANN ARBOR, MICHIGAN 48109

ALCOHOL/SAFETY
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A report of an informal meeting held May 20-21, 1976 to discuss selected campaigns on alcohol and highway safety

Public Communication Project
Highway Safety Research Institute
The University of Michigan

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16. Abstract This series of seminars is designed to bring people together who are developing or evaluating public information campaigns in the alcohol/highway safety area. In this seminar, programs of the following organizations were presented: Michigan State Office of Substance Abuse Services, Distilled Spirits Council of the United States, National Council on Alcoholism of the Detroit area, Wayne County Alcohol Highway Safety Project, Canada Safety Council, San Antonio Alcohol Safety Action Project, National Highway Traffic Safety Administration, and Highway Safety Research Institute.			
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MICHIGAN STATE OFFICE OF SUBSTANCE ABUSE SERVICES

--Charles Millar and George Lafkas

This project began in January 1975 when Governor Milliken, in his State of the State message, included a request for the Office of Substance Abuse Services to take a look at what was going on in Michigan in the area of prevention of substance abuse problems, and to develop a set of recommendations for state and local action in this area. Prior to this, OSAS had not had anyone on staff with particular responsibility for prevention services. Last September a new unit was formed in response to the Governor's request. Since September we have been in the planning process, and I'll give you a quick picture of how we have proceeded, and the kinds of recommendations that we anticipate from this task force process.

The first thing we did in September was a quick survey to determine which agencies around the state perceive themselves to be working in the area of prevention. These had not previously been identified. We sent out an informal questionnaire to 260 Michigan agencies licensed by OSAS to deliver prevention services. Responses included an interesting mix of notions as to what prevention involves. My impression, based on that survey, is that almost anything that we do is probably considered by someone as a prevention activity.

Given this understanding of the prevention task, we then looked at what was going on in state government, and found that there were several programs that were considered as being preventive. One such program, probably the largest in Michigan, was

started in 1972 by the Department of Education, which funded five pilot projects around the state to develop prevention orientation on a school-wide basis. They've worked with both teachers and students in developing curriculum ideas, focusing to a considerable extent on effective education and helping students develop better means to cope with potential alcohol and drug problems. Another program, sponsored by the Department of Social Services, is working with young people who have shown signs of problems with alcohol and other drugs. Counseling and supportive services are being provided for those young people. A small program run by the Department of Civil Services provides early case-finding referral services for state employees who have a variety of problems, one of which may be with alcohol. Beyond these we did not find much. So, on the one hand, we found better than 200 agencies conducting a variety of programs called prevention and, within state government agencies, three programs are going on.

On the basis of that initial information, we sent out a request to all of these agencies for names of persons they felt were interested in prevention and had the background and experience necessary for serving on a series of task forces. From that, we gathered over 200 names and subsequently organized three task forces. One deals with community-based prevention, the second with school-based prevention, and the third focuses on the use of media and public information. The choice of those three task forces was, to some extent, arbitrary, and reflected what we perceived to be main

currents in Michigan in the area of prevention. With these three task forces, an overseeing committee was created, chaired by the Lieutenant Governor and involving a number of other high-level people, including Supreme Court Justice Mary Coleman, two state senators, and the president of the Michigan Education Association. Our basic apparatus, then, was this blue-ribbon committee overseeing the three task forces which are comprised of people working in the field, formulating ideas for state and local action geared to prevention.

The task forces have been meeting for two and a half months and have just produced a list of ideas for ways in which we might address the problem of prevention more vigorously. The Prevention Committee has not yet reviewed the proposals from those task forces, but we expect them to do that the first week of June. By mid-June the final report should be ready to go to the Governor. Hopefully, implementation will follow.

There are a number of things that may be unique to our situation. In the first place, OSAS has the interest of the Governor. Without his message in the State of the State address we would have had some difficulty getting started. When forming the "blue-ribbon" committee, the Governor's endorsement helped.

Another unique thing is where the push is coming from. The Governor's Office, Department of Public Health, Office of Substance Abuse Services, and the field projects providing direct services to people are all pushing for increased prevention activities. Probably

the biggest push has come from the field and the Governor's Office. So although we had support for the effort from the field and the Governor, we had to deal with the middle ground, too. And those of you who work in the area of prevention may also have experienced the fact that prevention is one of those attractive notions which nearly everyone feels he's involved in. Many people that we are dealing with in the middle levels of state government have come out of treatment backgrounds and feel that prevention is something that really should be pursued. However, at least initially, they were not prepared to join in a serious discussion of what might be done in prevention. And it was only as a result of some fairly straightforward confrontation on that issue, at the middle levels of state government, that we have now achieved the point where prevention in Michigan is being taken more seriously.

A point of clarification: we've demonstrated here what is not just a small problem of the past. We're talking about primary prevention. Many times this is confused with other things. Early case-finding, which is a form of prevention, does not really meet our definition. Primary prevention is relatively unknown to people who come from a treatment background. While treatment is a form of prevention it is not what we are concerned with in our task forces.

--Question--To follow up on that point, what kinds of activities would the three task forces have designated as primary prevention versus secondary prevention?

--Answer--In the area of the media, we've really gone beyond strict primary prevention. When you think of the use of media, public information for prevention services, a large part involves giving people information about the availability of services, so that early in the emergence of a problem people know where to go. Because we did not see any treatment-oriented agencies picking up on that immediately, we expanded our primary definition in respect to media to include information about resources. We're sticking to a much stricter primary prevention definition in the community-based and school-based areas than we are in the media area.

One specific recommendation which has been made is that Michigan should provide persons working in the field with skilled training in the use of media and public information. One thing we discovered in the task force is that while public information has been conventionally used as a primary tool for prevention, many people are relatively unsophisticated in its use. Many people using media regard prevention activities as borrowing a film to show a group, sending out brochures, etc. I do not want to put that down, because there is a place for that kind of function. But I think when we talk about media and public information, there's a much larger universe to take a look at. So one of the things coming out of the task force is a request on the part of the state to initiate an awareness of other media possibilities and to do some skill-building in that area with those interested in it.

We also discovered a low level of awareness with regard to available empirical data related to the use of media for prevention purposes. People were putting public service spots on local television stations while having no understanding or awareness of what works and how to go about presenting information. So there is a second function in the area of training if you're interested in getting empirical information into folks' heads that is more pertinent to the kinds of activities that they may get involved in.

Another item that has been requested by the task force on media and public information is a state resource center. While the concept has not been clearly defined yet, it runs from suggestions that the state ought to have videotape equipment available along with consultants in its use for agencies to borrow and make use of in developing material at the community level, to ideas of a more adequate selection of brochures available for purchase in bulk for distribution. Obviously this resource center is a generalized idea at this point which needs to be refined.

--Question--Will the state be involved in materials production?

--Answer--There's been no move to suggest that the state ought to get directly involved in that.

--Question--What about media evaluation?

--Answer--Evaluation is a major concern. One of the first things that will be implemented as a result of the efforts of the Prevention Committee will be the development of a state

office to consult with local programs in the development of evaluation designs. It will also monitor those programs and make use of the information that comes out of the evaluation. One of the tragedies of the evaluation process is that there's no one to make use of the data in a productive fashion.

--Question--I've read in some recent publications about legislation that may establish research centers around the country. Has anyone else heard of this? Also, do some of the things you're talking about qualify as research?

--Answer--We do want to look at the absolute cost of drinking problems in Michigan; this may help in formulating a policy on a prevention effort on alcohol consumption. There are some emerging issues in state government for which we have a relatively limited information base; one of these is the question of the legal drinking age; but there is a fairly strong grass-roots movement beginning to develop in that area. And to my knowledge there is not an adequate information base at the state level to project the policy implications of raising the age of majority. One thing that will probably be coming out of the Prevention Committee will be a request that that kind of information be developed and made available so that we're able to respond adequately when those questions come up.

RELATED DISCUSSION

--Comment--While I'm not in a position to be able to make judgments about the extent of the movement to re-adjust the drinking age, I know that the Lieutenant Governor has received petitions from a number of city councils in the Detroit area and from a number of concerned parents, pushing very hard for a change. While at this point, there has not been too much mail, it is significant.

--Comment--For the last two weeks both Lansing newspapers have run editorials in favor of raising the drinking age. A few weeks ago the University newspaper in East Lansing also ran a story on the issue.

--Comment--Certainly when the law was changed there was an impact. But you have to subtract those accidents and injuries that occurred at the ages of 18 or 19, because these kids will get it out of their system and the accident rate will return to normal.

--Comment--There is a lot of information about that; however, there is not a good connection between what the general public is thinking and discussing and good research information. One of the functions of the new state office should be to provide a better information base for the general public in order to enable people to discuss those kinds of issues, so that perhaps the ultimate outcomes are socially constructive.

--Comment--What OSAS is hoping to do is to develop the capability of answering questions which can't be handled through research.

--Question--Has there been any assessment made in the United States on the cost of alcohol abuse related to taxes on the sale of alcoholic beverages?

--Answer--Yes, at the Federal level there has been an assessment of the social costs of alcohol.

--Question--Are you perhaps thinking of the Schmidt-deLint work in Canada, or something similar to that?

--Answer--Yes. I know that the Addiction Research Foundation in Canada, its Finnish counterpart, and the European office of the World Health Organization have recently reviewed data in that area and have built a list of things which they feel can be safely concluded at this point on the basis of that information. Within their report, there is some data from the United States that has been used. One of the things that we will be doing is seeing if those conclusions hold for Michigan.

--Comment--Our liquor taxes, both provincial and Federal, amount to about a billion and a half dollars, yet the estimates of the social cost of drinking problems far exceed that in our welfare and medicare areas.

--Comment--It's difficult to build a nonvulnerable case in that area, because you have to make several judgments.

--Comment--I have a concern about what you mentioned about developing the capacity for responding to questions about this whole area of the legal drinking age. When the drinking age was lowered here in Michigan, one of the problems was that nobody asked questions before

the step was taken. Can you imagine a policy decision of this magnitude for which nobody asked questions? I'm concerned that there be something more aggressive; that even if no one asks you, that this information be available.

--Comment--This information process just simply isn't going on. Back in 1971 when the issue was dealt with among lawmakers, in the so-called Age-of-Majority Commission, the sum total of their information on alcohol problems came from talking to licensed beverage people who said they thought it would be all right to lower the age. Now I'm not criticizing them; of course they thought it would be all right. What do you expect? They also talked to the State Police who reasoned that if the law is changed, all the current law violators will be law-abiding citizens. And that was it.

--Comment--Although I'm new in state government, I've had some very recent experiences with that process. The extent to which I believe that public policy is based on rational decision processes is quite limited. But I do think that we can do better than we have done in the past.

--Comment--It is interesting to hear this discussion, because the same thing occurred in Canada; the drinking age was lowered without any real thought to it.

--Comment--We had pressure in Michigan because 18-year-olds were being drafted. So if they had the right to die, they felt they should also have the right to go out for a drink. That was very potent. Also a special program on drug use was referring to heroin

addicts dying in the streets. We looked at the streets and didn't see anyone dying; but we expected them any day. It was explained that they died from overdoses, compounded with alcohol and malnutrition, rather than from straight heroin. And so we had a lot of things happening all at once in 1970 and 1971. And it follows from that that we really had little choice. The, when it was decided by an election that it was O.K. for 18-year-olds to vote in Federal elections, all these other questions came up about their rights. So we see what happened with us; there was nothing done to put facts in the hands of teenagers or young people. The consequences are overwhelming in number and very serious.

--Comment--My perception of this is that in public policy-making in this area you have to deal in several levels. One of the most potent levels is the general climate of understanding on the part of the public. Some of this is being alluded to when speaking of the drug abuse scare which certainly colored the ability of anybody to make decisions with respect to alcohol. At another level there are a number of legitimate self-interest concerns that relate to a decision of that sort. So if a public policy maker has to deal with the general social understanding of the issue, then he also has to deal with the various self-interest groups that relate to that particular decision. Information has a function in both of those areas. We have a responsibility to inform the public on these issues so that when the time comes for a decision, there's a context that will permit rational decision-making. At the second level, we

need to have information available to respond to the various self-interest stances in respect to a particular bill, so that our legislature is not influenced by one self-interest group with a great deal of data and information which other groups don't have. When that happens, you can understand why a legislator finds himself in a bind; he has to deal with what is available, not what should be available.

--Comment--I wonder what would happen if the law were reversed. I have my own feelings that very little would change in highway safety. What we found in Michigan was that the situation after the legal change looked exactly like New York State and Louisiana with long-standing 18-year-old legal drinking ages. It also looked like Vermont, where we found no change. But Vermont looked like that before the legal change. But I believe that we've changed norms enough now, and we've changed the distribution system and the drinking patterns enough so that I'm skeptical about any positive impact of raising the legal drinking age again. However, that could create many more legal problems than there already were. We may have to deal with a bad situation now, but we've created it.

--Comment--Your highway safety implications are only part of this. But one of the audiences that no one bothered to talk to before the change was made in this state was the school administrators. Responses from principals and school administrators at this time indicate that their biggest concern is not with 18-year-olds. Their concern is with 14- and 15-year-olds who have access to liquor

and who are behaving very much like some of their adult models. These people have to deal with some very serious behavioral problems in school that they didn't have to deal with before. Now whether changes are made now or not, an inquiry in the area to see what was happening before was not done.

--Comment--Our case is that we ought to make the best information we can get available for making those kinds of decisions. But we ought not delude ourselves into thinking that those decisions are going to be made simply on the basis of that information.

--Comment--I'd like to comment further on the economic impact. In Michigan the Liquor Control Commission takes care of liquor licensing; 25,000 licenses are distributed annually. This makes LCC basically a merchandising operation. Yet in the governmental reorganization with a new Michigan constitution back in the 1960's, the Liquor Control Commission, instead of being a separate entity, became a part of the Commerce Department. Well, Commerce is not concerned with control, it's concerned with money. Now the Commerce Department is pushing the Liquor Control Commission to act as an enforcement agent, like a business consultant to licensees, telling them how they can move more liquor. Well, maybe they need to know how to move more of it more efficiently in order to make more money out of it. But their concern isn't at all with prevention. Now Jerry Brown in California has been very innovative. He proposed that the Alcoholic Beverage Control Board and the alcoholism program be put together. These groups should know each other. The

IAAA is doing a study on public policy to be completed in July, in which they are examining the relationship between liquor commissions, ABC boards, and alcoholism programs. They have found that in most states they don't even know each other. The height of this is in Texas, where they're all in the same building and they've never even met each other. Now shouldn't prevention somehow involve at least knowing each other, and what each other is doing?

--Comment--Recently we had a joint meeting of the task forces to review a first draft of the material that had come from them. In that area, we went beyond anything we had talked about previously. At this point, the notion is to develop a prevention program as a three-year venture. We see, over the next three years, a chance, given the present interest in prevention, to develop some strength and experience in that area at the state level that's not been there before. At the end of that three-year period, the task forces are asking for a general review of state policy in respect to the use of chemical substances. Included in that suggestion is the need to look at the relationship of the Liquor Control Commission, the State Police, Department of Commerce, Department of Public Health, Department of Mental Health, and other agencies of state government that, in one way or another, have an impact on this issue, in order to rethink a coherent state posture. The implicit strategy there is that we need to get some strength developed on our part before we go trying to move in next door to the Liquor Control Commission, because we'd certainly be their weak sister now.

--Comment--On the issue of social versus economic costs, the amount of money brought into the state treasury is a pretty concrete item. However, when you start talking about the social costs, then you're into judgmental issues. You can't simply say that social costs are more than the income from taxes without some substantiation.

--Question--In Washington at the recent NCA meeting a paper was presented by Reginald Smart from the Addiction Research Foundation. He talked about other areas where alcohol can be abused and social implications of the legal drinking age change. One of the things that came out very clearly was that it is very difficult to determine changes in consumption patterns because there is no specific data on consumption. So you can take the proportion of alcohol in a typical year that is normally consumed or purchased by 18- to 20-year-olds and you can assume that if there's an increase after the legal drinking age changes, some of that might have been because of increased 18- to 20-year-old consumption. But that's a fairly soft inference, at best. And unfortunately most of the social costs are considerably less measurable and accessible.

--Comment--I'd like to mention what happened in San Antonio. Our 18-year-old drinking age law went into effect in June, 1973. A roadside survey was conducted in November, 1973. We found that the evidence of drunk drivers that were teenagers between the ages of 18 and 21 jumped from 4% in the previous year to 9.5%; yet the following year it went right back down to 5%. So there was just one period when young people, who had not previously been legally able to drink,

began drinking heavily, and then it dropped right back off again.

--Comment--We had a very similar change here in Washtenaw County, measured by the roadside surveys. But we couldn't replicate it one more step fo find out if it was permanent or temporary.

--Comment--In San Antonio we felt it was temporary.

DISTILLED SPIRITS COUNCIL OF THE U.S.
--Duncan Cameron

I am here today to tell you about our responsible drinking advertising program and to give those of you who haven't yet seen it a chance to see a new alcohol education film which DISCUS has been involved in.

We will be continuing the advertising that we have been doing since 1972. I had hoped to be able to share our 1976 messages with you today, but unfortunately our creative minds are still hard at work on them and we don't have anything yet. The ads will, in all probability, be addressing the question of women and alcohol, teenagers and alcohol, highway safety, and perhaps one or two other issues. The campaign should start toward the latter part of the summer.

DISCUS is pleased with the responsible drinking campaign and that is why we're continuing it. It has been well received by experts and by the general public as well. Since it first started in 1972, the mail that has come to DISCUS has been overwhelmingly favorable, about 85% favorable. The other 15% feel that the concept of responsible drinking is bad.

In 1973 and 1974, we were given top honors from Saturday Review, which has a corporate social responsibility advertising competition each year. Just recently we were very pleased to learn that our 1975 ads will be given an honorable mention in the Cleo Awards, which will be announced June 18th. We are pleased that they

feel that our series is worthy of recognition.

The main item to share with you today is the film I mentioned. Some of you have heard of it; some of you have seen it. It's been available now for about a year and is, we feel, a unique entry in the alcohol education field. It is essentially a 26-minute trigger film; it's not a self-contained package. It is designed to stimulate discussion and is intended strictly for use in a discussion setting, which is one of the reasons the film is not authorized to be used on television. You'll see a lot of familiar faces in this program because it's an actual Hollywood Squares television game show



program. The money that would have gone to the contestants went instead to the Rutgers University Summer School for Alcohol Studies. All the questions and answers provided were prepared by the Hollywood Squares staff or by the Rutgers

Center for Alcohol Studies. All the questions and answers deal, of course, with alcohol use and misuse.

Let me give you the rough background on how this project developed. The states in which package stores are controlled by the state have an association called the National Alcoholic Beverage Control Association (NABCA). It was felt that it would be a good idea as part of their annual conference to have a session focused on alcohol use and misuse, to help their members gain an understanding of this and to improve their knowledge and awareness of the problem. At that meeting the idea of using a Hollywood Squares type of format for the session was proposed. Rutgers University agreed to prepare questions and answers, and industry officials and others sat in the boxes at the conference. The program went so well and was so effective in stimulating the interest and discussion of the members attending this conference, that the idea of a film was naturally suggested.

In order to make the film successful, it was felt it should be the real thing. So NABCA, Rutgers, DISCUS, and the Joint Committee of the States (a working group between NABCA and the National Conference of State Workers and Administrators) all got together and talked about the need for an alcohol education film that doesn't try to scare people, try to propagandize them, or try to preach to them. There's a need for a film that doesn't try to present all the answers in a neat package. The trouble with so many films available on alcohol education is that they focus almost exclusively on alcohol

abuse. That's like trying to teach people how to drive a car by showing them a movie of car wrecks. It doesn't provide people with the information they need to cope successfully with a drinking environment. Recognizing this need, these groups that I mentioned met with the program's producer and proposed the idea. Rutgers agreed to prepare a new batch of questions. All the stars, including Peter Marshall, agreed to donate their time.

The film is not authorized for television use partially, I think, because the producers want the only Hollywood Squares seen on TV to be the commercial version. The film is designed to touch nerve endings, to provoke discussion among people by saying things that they may not have believed to be true--things that may contradict what they have heard before. Unless there's some way people can react, it won't be an effective presentation. Therefore, it isn't really appropriate for TV.

The other part of the film package is a comprehensive discussion-leaders' guide which was also prepared by Rutgers University. It includes all questions and answers used in the film, together with brief discussions of many of the answers and additional information that a discussion leader can use to answer questions raised about points made in the film. There's also a general section covering the historical background of alcohol use, teenage drinking, alcohol and driving, alcoholism, etc. The third section is on alcohol education in the schools, making some suggestions for use of the guide to make an effective presentation of the film. Also included

is a booklet which Rutgers developed separately, called "What is Alcohol and Why do People Drink." Most of these questions and answers for the film were written by Dr. Gail Milgram of Rutgers, who did an outstanding job. DISCUS's involvement has been that of contributing toward the winnings that were donated to Rutgers in the film. DISCUS also picked up the cost of transferring the videotape to 16 mm film, so that additional copies could be made. Modern Talking Pictures Service will be making this film available to public groups throughout the country who wish to see it, and DISCUS will pick up those costs. The film is also available for sale at \$125 a print, which just about covers the cost of duplicating the print. To my knowledge, Modern Talking Pictures Service has not yet done any special promotion of the film. So we're moving very slowly with its distribution, talking to groups such as this. Perhaps some of you will want to make use of it in your own programs.

FILM DISCUSSION

At the end of the film, Peter Marshall addresses the question of humor in the film, but I want to correct any misapprehension that this was intended to make light of the subject; rather, it was to show that there is humor, there is a good side and a bad side, and that we should consider all of the factors in any discussion of alcohol.

--Comment--It seems to me that the figure used for the proportion of the legally intoxicated night-time driving population is a bit misleading, because it's a different matter to be impaired as opposed to legally intoxicated. I think it would have been advisable to use impairment, rather than legal intoxication.

--Response--I think the problem with that is that there really is no objective measure of impairment. And so the simplest, most objective measure is the BAC level. Since most states have agreed that .10% is a reasonable point above which, without question, everyone is impaired, this became the measure of choice. However, I agree that it is a problem, since definitions of impaired and intoxicated vary from state to state.

--Question--How is impairment defined in Michigan? Is there a BAC level?

--Answer--It is defined by the presence of alcohol plus the opinion of the arresting officer. There is a defined BAC level. Usually the driver has been picked up for doing something wrong--weaving, going the wrong way down the road, etc.

--Comments--I think that the blood alcohol level is probably more accurate in the long run.

--Question--When you distribute this film, are you always careful to indicate to people that this is not, as you say, a neat little package; that it's a curriculum discussion-starter and shouldn't be used otherwise?

--Answer--Yes. The way most of our distribution is now being

handled is through Modern Talking Picture Service, so that when people write to me about the film I either call or just mail the request to Modern and they send out the discussion leader's guide a week or two in advance of the film. To enable "Squares" to be used to its fullest potential, the complete program is presented in this guide. It is hoped that this design will facilitate the discussion procedure, especially for those for whom there's time in which to discuss all topics presented in "Squares."

--Comment--I have a comment about the film. Despite the fact that there are disclaimers to the contrary, I think that the film does perpetuate too much humor about the subject. And I don't think that the disclaimers are sufficient.

--Response--Part of the problem in the whole area is that those of us who work and are involved on a day-to-day basis with alcohol problems fail to realize that the public will never see it the way we do, will never become as concerned. As to whether this is right or wrong, this is a reality. We're not going to turn the American public into a group of scientists objectively and seriously studying the problem. Many people have suggested, in fact, that part of the problem may well be the fact that we attach serious significance to certain elements of alcohol use, making it too special; we've made it too serious a subject. This creates for certain people the so-called "forbidden fruit." According to some people we're more likely to get a handle on alcohol misuse when we are able to make people more comfortable with the subject. There's

the old story of a person who feels guilty every time he takes a drink, so he takes another drink to relieve the guilt. I'd think I'd have to say that it's as legitimate a subject for humor, as are many other aspects of our lives. I don't think the film creates the impression that this is something that's not important enough to be discussed or taken seriously. You can't tell people that you are trying to manipulate their attitudes by using humor, not because it's funny but in order to relax people. But once they are relaxed, then you proceed with a serious discussion. The film uses facts to spark attitudinal responses, and humor is just one of those things to use to get people to react to those facts.

--Question--Whom do you perceive as the target audience for the film?

--Answer--Anyone who benefits from it. We found that a lot depends on the person who leads the discussion. A good discussion leader could probably make this film beneficial to almost any audience. Our principal audience at this point, the one that we're focusing on and hope to reach, is the adult group. And these are the people who are seeing most of the publicity. We've had many previews and have even sold a number of prints to alcoholism agencies, highway safety agencies, etc. Perhaps more out of sensitivity than because we don't think it would be a good idea, we're approaching the school market carefully. My personal opinion is that at the high school level it could make a good contribution.

--Question--What is the thrust of it? I'm afraid I've lost you somewhere. Is it supposed to be entertaining? What are you trying to

do with it?

--Answer--As I pointed out, this is different from many projects in the alcohol field, because it doesn't try to reach conclusions for the viewer; it doesn't tell him what he should think about alcohol or how he should use it. It simply attempts to get the viewer to think about it. And this may be a major step for many people to think in their own terms about their use of alcohol or their nonuse of it, and whether they're satisfied. In other words, you get them to stop taking their drinking behavior for granted and to sit down and take a look at it and discuss it with their peers.

--Question--The way I interpreted the film, you ended with a pitch that alcohol is a great thing. I'm just wondering what the balance is?

--Answer--That's a point which has tripped up a lot of people. Again, this depends on the discussion leader to even out some of the possibly uneven parts of the film. What is said is that, by itself, alcohol is good; it's a natural substance; it causes no harm unless we let it. The point that is being made is that the misuse of alcohol is bad. It's a touchy problem.

--Question--Would it be appropriate to show this, let's say, at a wine-tasting party?

--Answer--I wouldn't recommend against it.

--Question--Now that you have mentioned wine-tasting, I've heard and read so much on this controversy about young people: are they drinking wine and beer, and is the rate of wine and beer consumption

increasing over hard liquor? When you sat down to plan this film, did you, at any point, think about that question? In other words did you try to differentiate between beer, wine, and hard liquor?

--Answer--No.

--Question--Was that intentional or unintentional?

--Answer--I can't really answer that other than to say that the questions and answers that were used were prepared by Rutgers Center of Alcohol Studies. I know that in the companion booklet Rutgers stresses the fact that x-amount of beer and x-amount of wine are the same as x-amount of distilled spirits.

Rutgers prepared over 200 questions and answers covering a whole range of topics, trying to cover as many different points as they could. I gather that the questions were just drawn out of a hat for the film. As I understand it, the questions and answers that happened to be in this film were not precisely selected as the most important ones.

--Comment--I can't believe they were selected out of a hat. They were probably drawn for some other purpose, if not for entertainment value, but certainly not at random.

--Comment--I'll explain why I asked the question: I asked because about a year ago two of us were given the assignment to look into the young driver problem; was it affected by the sudden increase in drinking and, if not, what did affect it? Now I've talked to many people and I know now much more than I did, but I really don't know

whether there is any increase in drinking among young kids or not because I don't think any measurements were taken 20 years ago, so we've nothing to compare against. I was trying to analyze why my three kids won't go to the country club. I think a lot of it has to do with martinis. Young kids don't drink martinis because that's an adult drink.

--Response--All that is true, but, as I said, DISCUS did not control the way the film was produced. We were supportive of the development, but we did not question the way it was structured.

--Comment--I don't want to get into this in detail, but AMA has received a grant from DISCUS in which we are trying to create a very simple message for teenagers that beer and wine are intoxicating. We aren't attacking beer per se. But many of these kids, my own included, feel that you can't get drunk on beer.

--Comment--To answer a previous question, it just so happens that I called and got some information recently from the Michigan State Police about Michigan accidents. Since the age of majority changed in January 1972, there has been a state-wide increase of young people between the ages of 18 and 19 involved in accidents. In 1972 there were 2,904 accidents at the age of 18 and 2,791 at the age of 19. In 1975 there were 3,392 accidents at the age of 18 and 3,204 at 19. 18- and 19-year-olds rank as the ages where there is the biggest problem.

--Comment--We talk about the consequences of this age of majority issue coming up again and again. But I'm not convinced the problem

is overt consumption. The setting, in addition to the substance, is critical. But I'm not really convinced that consumption has increased.

--Response--What we didn't know before was where young people did their drinking. We knew they did drink, but now we're getting more of a sense where it's available.

--Response--That's right. But there has been a mental change too. But whatever anybody says about illegal behavior, there is something in it, I believe, that restrains where and when and with whom and under what circumstances consumption takes place prior to driving. Those things have changed dramatically, at least around here. That alone could account for the increase in alcohol-related crashes.

--Comment--This gets back to the fact that we really didn't have a good data collection system before. So when the age of majority law went into effect on January 1st, which is a traditional day to drink and drive, we really didn't have the ability to keep records on accidents involving driving and drinking.

--Response--I take exception to that almost entirely. However, if these consumption figures are right, now people are concerned about youth consumption. But I take exception to the accident figures.

--Comment--The comment about what happened on New Year's weekend is incorrect, at least insofar as what happened in Michigan. On New Year's weekend in January, 1972, compared to the previous New Year's, with 18- to 20-year-old drivers, the number of accidents went down. I recall that very vividly, because my first reaction was that maybe

our fears were misplaced. Accidents in that age group didn't really start to build for several weeks.

--Comment--This country has a prohibition hangover, so that every time anyone mentions drinking laws, there is a negative reaction. Don't ever equate laws with behavior. Whatever the laws are, the consumption will just be the same and the accidents will be the same. Now that assumption needs to be challenged. Now it's true that Prohibition didn't work, but I don't think it's necessarily true that other guidelines, rules, and regulations don't have some effect on behavior. But this is part of our hang-up. There's more questioning about alcohol-related behavior if it is tied to some kind of policy implication.

--Question--But hasn't it almost always been possible for a teenager of any age, perhaps through an older friend, to buy a 6-pack? But if these young drinkers go to a bar where they pay \$1.50 per drink, don't you think the higher cost of legal drinking reduces drinking at all?

--Answer--No, I think the fact that you don't have to go out to the back seat of somebody else's Chevy increases consumption. And a more dangerous thing, with absolute consumption increased, they drive home in a much more complicated environment. I think that accounts for a lot of the impact. When the restraint is gone they're free to do whatever they please.

--Comment--As with any new law, there is going to be rebellion. Teenagers are rebellious; there's rebellion in everyone to some

measure. But here, drinking appears to be more patterned after adult models than as a result of rebellion. There is access and the law says it's all right. So it is my opinion that whether you can find supportive data or not, a larger share of our young people are law-abiding than those who tend to be motivated completely by rebellion.

--Response--I think that's true of all age groups. People are generally law-abiding.

--Comment--I'm going to talk about the Canadian seat belt law later on, but I think the results we got do indicate that most people are law-abiding; that if there is a law on safety belts they obey it. It happened in Australia and it's happening in Ontario.

--Comment--One of the things that has come out in class discussions in a course I teach is that people who were 18 to 20 during that legal age change felt a sense of relief. They were finally able to do what was legitimate, rather than having to sneak drinks. But we're also getting school superintendents in Ann Arbor saying students are storing liquor in their hall lockers.

--Comment--We did that 45 years ago, so what's new? I remember doing that in high school.

--Response--There may not be very much new in that, but the circumstances are different. More young people have cars, for instance.

--Comment--I think we've done a terrible job in education about drinking and social customs. This goes back to education in the home, in the community, and in the schools. So when the new laws

reduced the drinking age, the young people had never been advised of the dangers of drinking irresponsibly.

NATIONAL COUNCIL ON ALCOHOLISM, GREATER DETROIT AREA
--John Helner, Elna MacMullan, Wayne Isbell

Our presentation will be in three sections. We'll outline the conception of our Alcohol Alert project, then talk about the design of the project, and finally about how we implemented it.

First of all, it's important to know that the program came about because we obtained a contract from the Office of Substance Abuse Services in Lansing. The evaluations are continuing and will be completed at the end of June; a lot of answers are not available at this time.

I will first cover the individual and community needs which are being responded to through this project; why this particular effort was chosen over others; and how the project itself is consistent with the overall objectives of the National Council on Alcoholism. At the National Council on Alcoholism our main concern is not telling people what to drink or what not to drink. Our main concerns are health, education, prevention, and early detection of the disease. So we found that there was a real necessity to alert individuals, as well as communities in general, to the potential hazards of the misuse of alcohol. As we viewed in the film this morning, there is a great deal more to alcoholism and becoming an alcoholic than just the misuse of the beverage.

We wanted to provoke an awareness in the individual and the community that all of us have a responsibility to the problems that exist because of alcohol's use and misuse. There are many people

who do not feel a responsibility in this regard; they feel that it doesn't affect their lives. I remember making that statement one time and a person responded by saying that alcohol did not affect his life in any way. Later on in the course of the conversation, however, he mentioned that he never went out anymore on New Year's Eve because too many people drink and then drive on that night. Therefore, you can see that it does affect just about everybody's life.

What we needed was a mechanism that could alert people to their responsibility, and then motivate them to learn more, to seek more information. We wanted to provide a source that they could turn to for more information on health care and social needs. We would be promoting local private agencies that would be working with the treatment of alcoholic patients. And so we decided that we would attempt to use exhibits which would move from location to location, geared toward the community in which they would be located. The idea was to make them self-study displays. People could then take time to learn in a nonthreatening, destigmatized, voluntary atmosphere. We also thought that the exhibits should be located in areas that people would visit frequently to show that alcohol is just a part of our way of living. We wanted to promote some new concepts about alcohol use, abuse, and nonuse. Also, at these learning stations there would be literature that could be taken home and studied more closely or given to other people. The reason that we went to this great expense was that we know from a

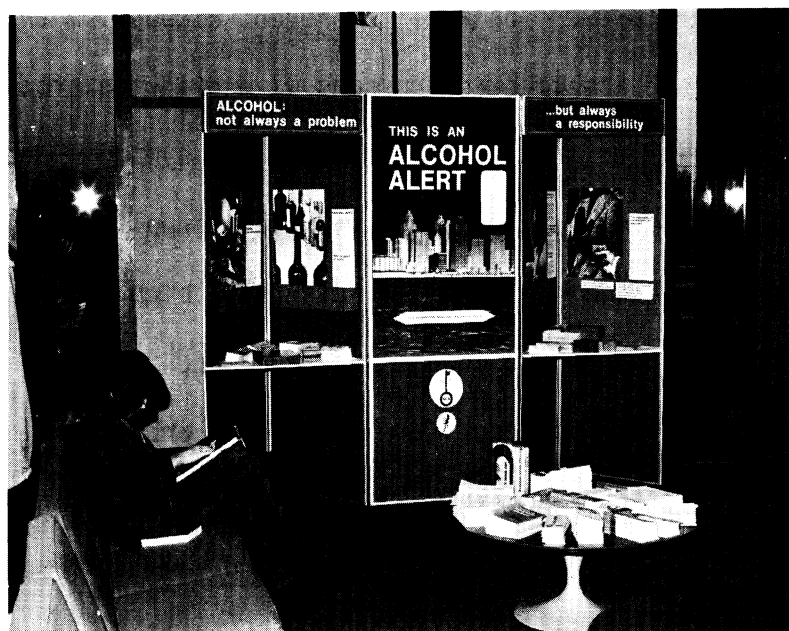
number of experiences that, although a person may not have the problem of alcoholism or alcohol misuse himself, perhaps a relative does. The hope there is that the literature might enable that person to be in a position to want to do something about it.

We spent a great deal of time and effort reviewing literature to make sure that it reflected the ideas that NCA supports. We then wanted to make sure that if the person needed additional information or an additional source for treatment he could easily locate NCA. I can't report at this time how many people have been attracted to NCA because of that, but we have had many calls.

The National Council on Alcoholism, of course, works in education, in prevention, and in any related area. So this was the rationale behind our approach, behind the exhibits, and behind the selection of pamphlets.

We will now turn to the nature and tone of the visual message that is being communicated through the exhibits. At the time of identifying the direction of the displays and their content a list was made of some topics that seemed difficult to portray or explain. From the designer's point of view the task was to communicate an educational message through the six exhibits both tastefully and inoffensively, about an unpopular disease, to various kinds of people, and hopefully a large number of people, in a variety of social and cultural environments. We looked at work done by Rutgers and DISCUS, as well as the National Council on Alcoholism's wide library of materials. We didn't want to repeat what someone else

had already done. So our list of ideas had to be narrowed down, making some assumptions about the community, and allowing for previous national, state, and local institutions' communication programs. Of course, all these decisions were part of a team project.



The message communicated by these displays is prevention; the definition of prevention used in coming up with the design was that of NCA. NCA's

definition of primary prevention goals is "to prevent the occurrence of the improper use of alcohol and of alcoholism through the discovery of new and improved ways in which people can become better informed about alcoholism, alcohol--its use or nonuse--and their health, through specially designed programs for high-risk groups."

These displays are educational units, and this is appropriate because one of the Council's purposes is to educate the public about alcohol and alcoholism. Since there are six exhibits that are moving around the city, large numbers of people have access to them. There

must be something new about our approach, because it's being received so well. It was, of course, difficult to define a high-risk group. We used Rutgers' definition: for example, a child who has an alcoholic parent. It is also said that one out of ten people who drinks is in the high-risk group. So these displays did meet the objectives of primary prevention. The definition of secondary prevention is as follows: "Secondary prevention aims to prevent alcoholism through early identification and treatment of persons with drinking problems and their families prior to the development of gross symptoms and before the person requires comprehensive and/or continual care." The definition of tertiary prevention is: "to treat alcoholism and to prevent relapses by helping to insure that adequate training facilities, techniques, and personnel are available, and providing for a continuum of care and adequate follow-up." Indeed we did meet those goals. Our reasoning is that the exhibits do move information and materials out into the community where they increase opportunities for the materials and the message to motivate persons who are recovering to continue recovery programs, to stay sober, to be reminded that they are alcoholics, and to continue seeking answers to related problems. In the area of tertiary prevention, the exhibits continue to stimulate health care organizations to develop or increase services available to people with alcoholism problems.

In our largest display, we utilized photographs from the Distilled Spirits Council. This display is being received well. One



rack of shelves on the left-hand side of the display allows for a large number of literature pieces to

be displayed. Other displays are aimed at management. Another target

audience was both adults and youth.

That display is fairly costly because it can be used in sections or we can add literature racks.



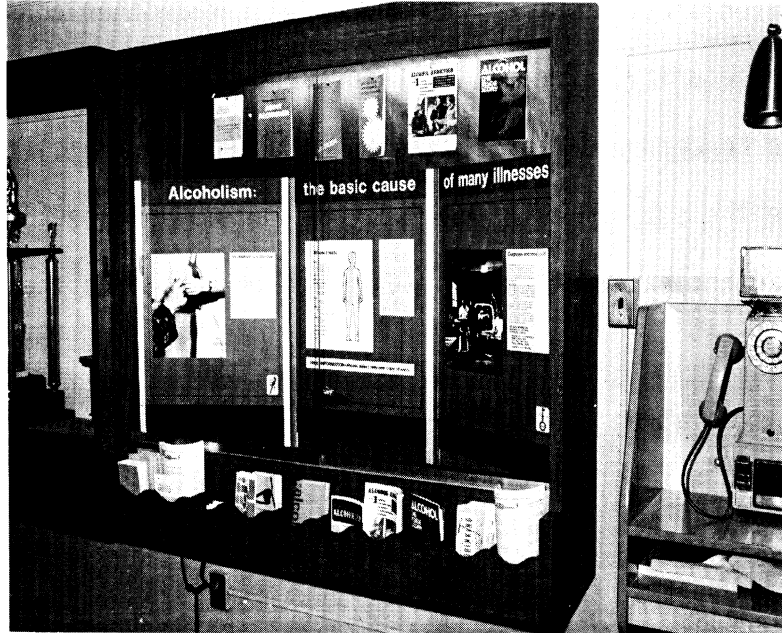
The final task, once the displays were designed and created, was to move them into the field. Given the target audiences, which were defined by the contents of the displays, and given the geographic commitment,

covering Wayne, Oakland, and Macomb counties, there was a good idea of where the displays should go. So we had six displays to reach about five million people. Through our contract with OSAS we managed to purchase nearly 56,000 pieces of literature. It became a personal challenge to locate these displays in places that would do the most good--urban community centers, libraries, large businesses, etc. Having a working knowledge of the Detroit area certainly helped.

Once we knew where the display should be located, it only took a couple of weeks to get all six of them in place. But we had to keep the six displays moving throughout the tri-county area. So a schedule was devised for moving and coordinating the displays so that each one could remain at a site for three or four weeks and then move on to another site. We began actually displaying in February and will continue through June.

In conjunction with the placement of each display, a news release was written about the exhibit. And, although the news releases were not directed toward major Detroit newspapers, in-house newsletters and small suburban newspapers did pick them up. We didn't feel there would be any use in advertising the project through the Detroit news services because we didn't think anyone on the east side of Detroit would bother to come over to the west side to see a display. So these news releases were directed at particular audiences. That seemed to work out pretty well. We got a lot of cooperation from people in the places where exhibits were set up.

They put information about them into their newsletters.



Once the displays were installed, they had to be maintained. Each site was visited once or twice a week to make sure that the literature was being replen-

ished and to check on the physical conditions of the display. Because this involved so much driving, toward the end of the project the literature replenishment was made the responsibility of a person at the particular site. The person also reported on how the display was being received.

The subject of the target audiences was touched on before. Naturally, we had to be sure that the display would be consistent with the target population, not placing the medical management display in a labor facility, for instance. We also tried to be certain that there was a reasonably heavy flow of traffic in the area of the display. Along that same line, we tried to determine if the display was being seen by the same group day in and day out, or by different groups. For example, at the City-County Building in downtown Detroit,

there are people who go through there every day, as well as different people every day. In those locations where there was a consistent group, the duration of the display was shorter. Yet another consideration was site security. One display represented an \$1,800 investment. The concern was that, being on an unpopular topic, the exhibit might be the subject of vandalism. So far we have been fortunate; we haven't experienced any vandalism or damage to the displays.

Another consideration was whether or not there was already an active alcoholism program in the facility. We preferred placing the displays into facilities where there was not an active alcoholism program. The final consideration was whether or not there had been a special request. Once we had publicized the project, many organizations called us, requesting displays for special events. As mentioned earlier, these displays are well-suited for open houses, health fairs, or any kind of gathering where health organizations are exhibiting. If there was a special

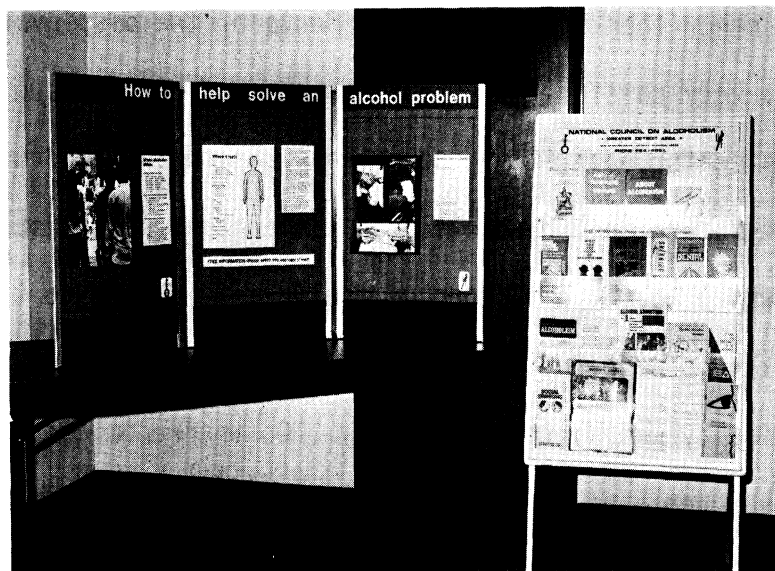


request for a display, we went out of our way to provide it.

For the evaluation of the project, it was difficult to see anything other than the immediate effects of the displays. We tried to keep a very careful tally of the number of pamphlets dispensed at each site for each title, so our evaluation is based upon the amount of literature and the particular titles that were distributed. We also wrote to the directors of the facilities and to the staff members who were involved, asking for the feedback they got while our display was at their facility. On the recommendation of OSAS, we developed a color-coded order form for each display for a specific piece of literature for which the person was asked to send 25¢ for mailing charges. However, that is not a very effective way of evaluating; we didn't get many requests.

So, other than the careful tallies of literature and a general evaluation, probably the most important way that we have of evaluating is the reaction we get when we set up in a building. Believe me, it's been quite an experience. It is both gratifying and, at times, a cause for concern. Sometimes people come up and take literature out of my hands. Generally, there is a lot of interest; the staff in charge of the facilities seem to be glad the display is there. Yet other people are lukewarm. Often, though, when they see the response that their clientele is having to the display, they are convinced that it is a good idea, that there is a need for something like this. This is an important kind of evaluation. I like to think of these displays as a kind of surrogate human contact, a

surrogate
representative
of NCA. They
are a reminder
to people that
alcoholism is
or can be a
problem, that
it is our
responsibility,
that there are



agencies devoted to helping the alcoholic, and that NCA is one of those agencies.

DISCUSSION

--Question--When people call in, do you find out from them how they happened to hear about you?

--Answer--In the case of help being sought by a referral counsellor, that's one of the questions asked. Many people who have called are now in treatment.

--Comment--What has been done in some programs is to provide a unique phone number for the display and have the phone company tabulate the calls.

--Response--We thought of that but we just didn't have the money to do it.

--Question--Is this in any sense a demonstration project? Were you trying to demonstrate something for a further application in the state?

--Answer--No.

--Question--Where did you get all the brochures that you distributed?

--Answer--From NCA and from other organizations all over the country. There were a number that we couldn't use because people would read them and identify what was contained therein with NCA when it clearly wasn't NCA policy.

--Question--How many pieces of literature have you distributed?

--Answer--I meant to touch on that. We've been displaying since February and have appeared at about 22 different sites geographically ranging from downriver Detroit to Grosse Pointe, and from downtown to Pontiac, and economically from the inner city again to the Grosse Pointe area. We've distributed somewhere in the neighborhood of 40,000 pieces of literature. So we know there is at least the motivation for people to pick up the literature.

--Question--Do you have a local brochure?

--Answer--Yes, we have three or four different pieces of literature that specifically have our number on them. We have one pamphlet particularly which lists all of the services our organization provides.

--Question--Has there been any increase in calls to the council?

--Answer--I really don't know.

--Question--How many pieces of literature are you including which

deal with alcohol and traffic safety?

--Answer--We have two titles on that subject: "When Ethyl Takes the Wheel" and "ABC's of Drinking and Driving." The first is put out by OSAS, the second by the Channing L. Bete Company.

--Question--Have you ever thought of designing a small display for, for example, Cunningham's liquor department? You've talked about exposure areas where you're likely to find a target audience that may have some use for this. Cunninghams is the biggest chain retail liquor outlet in Michigan. I wondered if you ever thought of asking if you could get their permission to put up a display on alcohol and highway safety?

--Answer--As a matter of unspoken policy we have tended to stay away from facilities where there is alcohol use or alcohol purchase.

--Question--Why?

--Answer--I don't know. For one thing, we haven't tried it. That hasn't been a target audience.

--Question--People who drink aren't a target audience? That makes a lot of sense.

--Answer--Not that, it just wasn't one of the defined target audiences for this project.

--Question--Why didn't you select from those 25 pamphlets two or three that you felt were the most representative? Was there some reason to use all 25?

--Answer--I think the main reason was the variety of the target audience, plus the added concept that we wanted to see who was attracted

to what piece of literature. Also the pamphlet styles represent not only alcoholism, the disease, but what alcohol does in the body, and the consequences of alcohol misuse. So they cover the spectrum of alcohol-related use and misuse.

--Question--Since you are an affiliate of the National Council on Alcoholism, is there a national set of guidelines for you to follow?

--Answer--No, this is really a pilot project. However, as an affiliate of the national organization, we try to be consistent with their philosophy.

--Response--The NCA Greater Detroit Area is a Category One member of NCA in New York. Literature selection was based on information we had about its philosophies and what was described as NCA philosophy in presenting information. The primary prevention definitions mentioned earlier came from the Executive Director of NCA New York. We prepared an outline for each display which defined its objectives and goals. Not only did we keep in touch with the national organization, but we also corresponded with OSAS. We avoided some technical errors by bringing in a professional writer who was aware of the problem. We also ultimately used a professional designer.

--Question--Someone mentioned obtaining several pieces of literature. What is that source?

--Answer--It's the National Clearinghouse for Alcohol Information which is fairly liberal with its quantities. You can write to them and tell them about what you're into and ask them what kinds of services and publications they have to offer. They're more than

happy to put you on a continuing mailing list. They not only have literature, but also operate a scientific referral service. If you have a specific scientific question, you can either write or telephone, and they will do a computerized bibliographic search for you. They also have an Outreach program which is aimed at mass media, youth groups, and so on. They visit college campuses, radio and television stations, state alcohol program directors, etc., trying to promote the distribution of materials. It's quite an ambitious enterprise.

--Question--Do they offer an evaluation service for materials?

--Answer--I don't believe they offer any real judgments about one piece of literature over another.

--Comment--The organization that comes closest to that is the Mental Health Materials Center in New York. However, DOT is getting more and more into trying to offer design and evaluation assistance to state, local, and national organizations.

WAYNE COUNTY ALCOHOL HIGHWAY SAFETY PROJECT
--Walter Kowalczyk

The impetus for the Alcohol Highway Safety Education Program, began, as probably everyone knows, back in 1966, when Dr. Eugene Stewart of Phoenix saw a very close friend killed in an automobile accident by a person who had been drinking and driving. Since then, the movement has really progressed. Then in 1968 the Alcohol Highway Safety Report of the United States Department of Transportation was presented to Congress. It was really at this time that a lot of things started to develop forming programs around the country, dealing not only with the habitual drinker, but also with the social drinker and the pedestrian. Everyone has surely read that 50% of all traffic deaths are attributed to a person that's been drinking and driving; we'll never get away from that figure. These programs have tried a lot of things: they've tried punishment, they've tried incarceration, they've tried forcing people to go to treatment facilities or to AA. Personally speaking, however, you can't force anybody to do something, particularly to go to AA or any kind of a treatment facility; but you can coerce them. There's a difference between forcing and coercion. I feel that what our program is doing is coercing them.

When we first began, there were just three people in the operation. Since then it has developed into quite a large operation. As our program developed, we did some public relations work. We used the breathalyzer reports from the State Police to determine exactly

where offenses were occurring. We then first attacked the area where there was the largest number of arrests for drunk driving. Then we expanded to other areas. By and large, we're not even touching the surface of the problem. We have tried to convince the judges that they shouldn't just incarcerate drunk drivers or just fine them. Many of the judges accepted this, but yet there were still some who did not. And they felt that our program was just another place to send people; another treatment facility. The fact is that we don't do any treatment whatsoever.

So we began getting a lot of referrals. It came to a point that we were getting so many referrals that we were getting behind, and we just couldn't handle it. Our public relations work was just too good. So we decided to go for broke and we requested more money. Also at this time, we decided to start charging a tuition fee of \$25 for people coming into the program. We haven't deviated one bit from that \$25. Before initiating the charge, people never came to classes. But when we started to charge the tuition fee we started to see them.

When the program first started, there was just one location in our office building. Classes were conducted in the evening, five days a week, and during the day four times a week. Yet we were still getting behind. But we couldn't hire too many instructors because we were limited in the amount of money we could spend. Money seems to be the biggest problem for our program, as it is for everyone else's program. This was another reason why we decided to charge

tuition. With this fee we hired both an additional person to assist with intake interviews as well as additional instructors. I personally feel that the best instructor is the police officer, particularly the police officer who has been trained in the breathalyzer division. He's got the background in alcohol and in traffic safety. One problem that we found was that the instructors were getting too much into the counseling and therapeutic aspect, and that's not what our program is for. We are licensed by the Office of Substance Abuse Services; our license calls for prevention and education. So we had some initial problems with the therapists.

We put our own program of instruction together. We told the instructors what we wanted them to cover, not really giving them any guidelines. We also got together with some of our cohorts from around the state and came up with a manual which we thought would suffice for the class. Subsequently we found that this wasn't serving the purposes either. Because of many things, we found we had to make some changes in order to develop a better program and in order to assist people not only in Michigan, but in different parts of the country. When we began, we didn't know about the programs in San Antonio, Tampa, East Tennessee, or any others. But we have started to find out about them and are beginning to work on a directory of these programs.

To develop our program even more, we needed a basic referral form to determine how people are being referred to us. Each county then developed its own form. While this helped our situation, it

didn't help the situation in other areas. It was decided to come up with one basic form for all counties. Basically, the form includes birthdate and driver's license number, an address, and a telephone number. We also get from the police department or from the court a driving record which assists us tremendously. If we need to, we can get the person's criminal record. With this basic information we can tell a lot about the client's past.

So now we have a basic referral form, communications amongst several programs, our program in Wayne County developed from a three-person operation to a nine-person operation, and also twenty-five instructors covering nine different locations around the county. These nine locations were chosen so that people would not have very far to drive.

The final step is the development of an instructor's manual. Unfortunately everyone is seeking something different; Wayne County has ten hours of education, Oakland County has eight hours of education, other counties have twelve hours of education. What we decided to do was to develop a manual broken down to ten hours of education on the disease of alcoholism. This also considers the legal aspect of drinking and driving and explains implied consent. We are hoping to have this manual printed by the Office of Highway Safety Planning. They will pick up the cost and get it into operation, hopefully by the next fiscal year.

We have improved the quality of education by devising a professional class for people interested in drinking and driving. This

consists of thirty hours of education covering the legal aspect and implied consent law, the disease of alcoholism, and the physiological aspects of alcohol. One of the prerequisites for an instructor in our program is that he must go through the class. But not only do instructors have to take the class, the whole staff does as well. We have found this to be very successful, because instructors are more qualified to teach the students about alcohol and about drinking and driving.

Our final task is to develop a better method of getting referrals from judges. We are working with only 20 to 25 of the 52 judges in Wayne County. If we dealt with more, we would be literally swamped with referrals. Each client must now come to my office for an initial 45-minute intake interview. We can find out a lot of information in 45 minutes. We are presently booking 90 interviews a week, or 360 a month. We are booking our 6-week, 10-hour classes now into July. Finally, at the end of the class, in the classroom, we are doing a post-interview with the client. We give them any information we have obtained. We have this post-interview primarily with those people whom we are going to refer for further help. This recommendation is also going back to the court. This is where the constructive coercion comes in; we're coercing them to seek further help by the use of the court, which is working with us. However, if we find a person who denies having a drinking problem while he has three or four drinking-driving violations on his record as well as all other symptoms of a drinking problem, we won't even

argue with him; automatically he is put into a class. There is no way he can get by us without going to class. Then at the very end, if we feel that he must go on, the instructor informs the client that it is highly recommended that he seek assistance at some other agency for his drinking problem. The client is also informed that this report is going to go back to the judge.

Our business is basically that of helping human beings. The program is not there to punish people; it is a series of classes dealing with many bits of information on drinking and driving. We don't want people to feel that they're there for any kind of punishment. Twenty people are assigned to each class; an average of 17 people attend. This statement is sent out to those interested in the program: "The Alcohol Highway Safety Education Program is an educational effort to help ease the problems created by drinking and driving. It is based on the premise that offenders will be in a better position to think about drinking and driving, and to modify their behavior accordingly. Once there they are (1) informed of the influence of alcohol on driving skills and the consequences of drinking and driving, (2) encouraged to assess their own drinking and driving behavior, (3) allowed to explore the ramifications of their behavior in a friendly nonauthoritarian setting, (4) encouraged to consider the reasons why people drink and drive, and (5) last, made aware of individual differences in tolerance of alcohol." We feel if we can get all these five points across to people that have come to our classes, then we have done a good job.

We conducted an evaluative survey of the program from 1971 to 1974. Approximately 15,000 people had gone through our program in that period. Of the 15,000 there has been an average of approximately 9% recidivism. We feel that's good, yet I'd like to see it down to even less. There are several other tasks we'd like to add to our program. First, we'd like to develop a bigger and better evaluation program. Second, we would like to develop an educational series for teenagers. Our next task in Wayne County is going to be working with driver education instructors; educating them so that they can educate students better.

--Comment--I might add that I happen to know that at the Agricultural and Technical College in Greensborough, North Carolina, there is a graduate level course for highschool driver education teachers. I've talked to a couple of classes there and they do a real good job.

--Comment--The only qualification for a driver education instructor in Michigan, the last I heard, was six hours of classes. They are taught nothing about drinking and driving. I feel that's too lenient.

--Comment--I think that driver education classes provide an excellent opportunity to talk to young people about alcohol and driving.

--Question--Is your program state funded?

--Answer--When we first started off, we were funded by Department of Transportation seed money. There were just nine such programs in operation at the time. In 1973 there were additional funds, and

this was the first time that we received state money. The state money brought in three new alcohol highway safety programs, for a new total of twelve. Now we get our money from the Michigan Office of Substance Abuse Services and from the tuition fee, which is 50% of our budget.

--Question--You mentioned referrals for people from your class for treatment; is everyone referred or just those whom you feel have a problem? Certainly not all the people are alcoholics.

--Answer--Right. We get referrals from the courts, the Secretary of State, lawyers, and other treatment facilities to our program. We subsequently refer just those people who we feel have a drinking problem to different locations. That's about 25% of our clients.

RELATED DISCUSSIONS ON ASAPS AND OTHER ALCOHOL PROGRAMS

--Comment--One thing I don't understand; I studied the ASAP program for a couple years. Now they are excellent programs, yet there doesn't seem to be any communication among them, no building from one to the other. I don't understand that. It seems like a waste of money that when you got all of those ASAP programs working, you didn't determine the best points of each and put one program together.

--Response--They're still trying to do that. There are two volumes to be published which address that issue. In addition, the second volume deals with economics, e.g., with so many dollars, this is the kind of program you can operate. The two volumes under development will be released within the new few months. Up to this point all

the ASAP evaluations have been so technically oriented and so tentative in their conclusions that we haven't really been in a position to look at the distilled experience of the ASAP's. But these will be two very practical, clearly written volumes.

--Comment--From a businessman's point of view, it appears that government research has gone far beyond the point of what action programs are needed.

--Comment--It bothers me that money is still being given to programs that are considered by some as failures. I say, if you like the way Tampa is working, tell the other programs to do it that way in order to get more funding. The government response is that you can't do that. Well, that's no way to do it. In my view you should give money to those who are top program designers.

--Comment--But it wasn't done that way. It was done with a competitively bid extension. Out of the 26 ASAPs, more than 20 applied. There were objective measures to be used in assessing the effectiveness of the project to date. These criteria were, for example, the integrity of the system, such as how many people were arrested, how many were processed, how many were treated, and so on. They had to demonstrate that they indeed had a system that worked effectively. They also had to demonstrate the efficacy of individual countermeasures, such as enforcement and rehabilitation. Thirdly, they had to tighten their evaluation, because the reason for the extension was to do a better evaluation. So they tried to establish a requirement for development of control groups for rehabilitation. Now we

were not able to achieve that in every one of the extended sites because it was impractical. All these judgments were made as quantitatively as we were able to; that is, each one of the proposals was reviewed by a panel and they had a numerical system of ranking them. The top ten were then selected. We had to be defensive about this because the ASAPs have come under a great deal of criticism. But instead of the very valid point you raised, too much research, we've been criticized for selling the ASAP concept before it was adequately designed.

--Comment--My suggestion is that if you find that one or two things work, kick in lots more money to help them along. I happen to know enough about the Department of Transportation budget to know that for those who fight hard enough there's money available.

--Comment--That very issue came up recently in that National Advisory Committee on Highway Safety. They made a recommendation to the Secretary that Federal spending be increased for ASAP-like programs. The position of the Department is that ASAP was designed as a demonstration effort. Indeed, there needs to be a higher priority, but the actual expenditures should come from state and local resources. It was never envisioned that once these programs were proven effective that we would put massive Federal financing behind them. That was never the concept. The concept was to spend enough money to demonstrate the efficacy and to have a catalytic effect--Michigan now has 34 alcohol education schools.

--Comment--My feeling is that those of us that are interested in this

program ought to be in there fighting to save it by getting more money out of the Federal Highway Trust Funds. I'm an advocate for safety, and to me the thing to fight for is something like this that works.

CANADA SAFETY COUNCIL
--P.J. Farmer

From the first of January, 1976, it became necessary to buckle up seat belts when driving through almost half-a-million square miles of North American real estate, the Province of Ontario.

The Ontario legislation is elegantly simplistic. It says in essence that if a vehicle is equipped, or was equipped at the time of manufacture, with seat belts and/or shoulder harnesses, then that assembly must be used by the driver at all times and by such passengers who are seated in spaces so equipped. It says the belt assembly must be securely fastened and properly adjusted. Belts do not have to be installed in vehicles that were not equipped with them at the time of manufacture, but if they had been installed and subsequently removed for any reason, then they must be replaced.

The original legislation allowed for some exceptions and these were obviously well thought out to eliminate some of the most frequent complaints about mandatory belt use. People were exempt while driving in reverse; drivers alighting from delivery trucks at frequent intervals were exempt as long as the vehicle did not travel at more than 25 m.p.h., and only while deliveries were in progress, not while driving to or from the delivery route areas; and people who produced medical certificates stating they could not wear belts.

These three exemptions covered situations in which people would go through wild contortions trying to show they couldn't see

properly if they were confined by belts, and those of milk or mail delivery people whose arguments could well be considered valid if they were stopping at every second or third house along a street. Perhaps most of all, it provided for those with a physical injury, or mental block against confinement, as felt by some people with claustrophobic tendencies. These would rapidly and easily gain public sympathy, which would result in swinging any public discussion away from the value of safety belts to the plight of a few individuals. All the driver had to do was convince a doctor the complaint was valid, and carry a certificate so stating. We have not heard of any sudden, sweeping upsurge in the number of patients visiting doctors' offices complaining of claustrophobia in an effort to avoid belt use. In fact, there was a report the other day of a woman being killed because she was not wearing a safety belt. She was carrying a medical certificate exempting her from belt use.

Family feuds were avoided when the law made each adult responsible only for himself or herself. The driver was to be responsible for young people under the age of 16. Beyond that age, an unbelted person could be charged even if a driver was belted in properly, and the driver would not suffer. Provision was also made in the original legislation for subsequent regulations relating to child seating and restraint systems and for further exemptions as the need arose. It did not take very long.

The Ontario Government wisely announced that the new safety belt laws would not be enforced strongly during the first month.

Police were advised to give warnings to people not properly belted in when they were noticed or stopped for some other reason. At the same time, an educational campaign in the news media endeavoured to ensure that word of the new laws reached all residents.

Regulations were amended within a few weeks and again, the Canada Safety Council feels they are wise amendments in two particular instances. Children under five years of age, or fifty pounds in weight, do not now have to be belted. James Snow, Minister of Transportation and Communications, said, "My decision to exempt children under five years of age or fifty pounds in weight was based on the fact that four suitable child safety seat units or restraints approved under the federal government's Hazardous Products Act are now available. I endorse the use of child restraints but will not legislate their use until better units and a more plentiful supply are available."

Another amendment exempted the mandatory use of shoulder harness in cars manufactured prior to January 1, 1974, although, of course, the requirement for lap belts was not affected. I think most of you are familiar with the older model shoulder harnesses that were very difficult to adjust. There were a lot of complaints about this when the law first went into effect. Mr. Snow explained that this decision to make the use of a shoulder harness in pre-1974 cars optional resulted from the fact that while automotive manufacturers met federal government standards (Motor Vehicle Safety Act of Canada) "we had to recognize that for some people the shoulder

harness couldn't be properly adjusted."

He added that "In the later models, from 1974 on, these problems have been largely eliminated with the three-point harness and inertia reels." He also pointed out that while the wearing of the shoulder harness in pre-January 1, 1974, cars is now optional, it may not be removed if already installed. "It should remain for those who feel they would like to take advantage of it," he explained. The Minister urged those with comfortable and operative shoulder harnesses to use them anyway in conjunction with the lap belt for greater protection offered in the case of an accident.

A third new exemption involved cab drivers. Seat belts could, in some cases, prevent a driver from defending himself in the event of an assault. Cab drivers were also permitted to remove the shoulder harness from the driver's seating position as well as the center front seat belt. This is presumably to ensure that a cab driver's life could not be endangered by strangulation with the belt devices.

In Canada, it has been noticeable that the predominant opinion against belts, where it did exist, has swung from the value of the belt itself to the question of mandatory use. Those advocating against legislation almost always admitted to a belt's value and to using belts personally. They simply did not want to see legislation. They argue that the wearing of safety belts should be a matter of choice and that compulsory laws are an infringement on their personal rights. Of course, from our point of view, this argument is

nonsense.

The fact is, non-belted drivers and passengers constitute a threat to public safety and welfare. For example: A belted driver remains behind the wheel and is able to maintain control of the vehicle in an emergency situation and after initial impacts which do not bring the vehicle to a stop; as a result there is less danger to pedestrians and others; in some cases the driver is able to avoid an accident. Persons killed or injured due to the non-use of safety belts impose a burden on society in many ways: (1) at the scene of an accident, police, ambulance, and fire department personnel and equipment are required; (2) busy doctors and nurses are needed to treat the injured; (3) hospital equipment and thousands of urgently needed hospital beds are tied up every day (an estimated 15,000 in Canada); and (4) all of us are burdened with higher medical, welfare, and insurance costs. Highways are built with public money and governments representing the best interest of the people have a responsibility to see that highways are used in a manner that contributes to public safety and welfare.

There is, of course, one big question now being asked by safety officials outside Ontario. "How's it working?" Everyone wants to know. One of the first surveys reported came from the Toronto suburb of Etobicoke. During the first (no enforcement) month, the usage rate of drivers surveyed had risen sharply to 64%. Prior to the legislation, few estimates or surveys anywhere in Canada exceeded 20%, and most were considerably less. A provincial

government official states that usage surveys are currently reaching as high as 97% in urban areas such as Metropolitan Toronto (population over two million), but slightly less in rural areas.

For the first three months of 1976 compared with the same months of 1975, actual figures show:

<u>Year</u>	<u>Deaths</u>	<u>Injuries</u>
1975	256	17,847
1976	170	14,510
Driver & Passenger Deaths		Down 33.6%
Driver & Passenger Injuries		Down 18.7%
Total Accidents		Up 4.0%

With the success of the Ontario law, other provinces appear to be getting on the bandwagon. The provinces of British Columbia, Saskatchewan, and Quebec have recently announced pending legislation. We are encouraged by these initial successes and hope the results will continue to be positive.

DISCUSSION

--Comment--Your results are parallel to other experiences, such as those of Australia.

--Question--Have any U.S. state legislators or governors contacted you for information on this?

--Answer--Not so far.

--Comment--There is a campaign going in Michigan. Its organizers have met with the Minister of Transportation and Communications. We are now in the process of figuring out the best state in which to try to pass a mandatory belt law.

--Comment--Right now DOT is in the process of conducting a very large and extensive national survey to determine the attitudes of American drivers.

--Comment--We ran surveys a few years ago and found that 70% or 80% were in favor of safety belts, but they didn't want to see compulsory legislation. The vast majority, however, said if there was a law, they would obey it. The Australians found this, we had that same experience in Canada, and I think you'll find it in the United States--that basically people are law-abiding. If you pass a law, the majority are going to obey it.

--Comment--The key seems to be a massive publicity and education program. This was true in Australia and it was true in Canada. The Ministry of Transportation and Communications spent \$600,000 on public education in the year immediately preceding the law. Last year seven or eight states re-introduced the law. But in none of these cases had there been an adequate public education program.

--Comment--While it's not the kind of thing, the National Safety Council has done a marvelous job with the Advertising Council in a campaign called "Buckle Up for Safety." However, it doesn't really communicate the same thing as the Ontario program did with presenting facts.

--Question--How do you enforce the law?

--Answer--Well, if someone is caught without them, there's a fine ranging from \$20 to \$100.

--Comment--Enforcement tends not to present a problem. Just the presence of the law and the publicity seems to cause most people to wear the belts.

ALCOHOL SAFETY ACTION PROJECT--SAN ANTONIO
--Nancy Brennan

San Antonio has been thought of by some in this part of the country as a sleepy south Texas town where nobody goes unless they live there. San Antonio is the tenth largest city in the United States with nearly 1,000,000 people. It is hot a good part of the year, but that's why San Antonions drink so much cold beer and, as we have found on surveys, drive from place to place to do it. Our researchers have shown consistently that one out of eight drivers is drunk on weekend nights in San Antonio. In the isolated time period of 1 to 3 A.M., about one out of five is drunk.

Our studies show that about 40% of the drunk drivers interviewed said they had been drinking at their own home or a friend's house. However, they only start drinking at home and then drive from bar to bar throughout the evening. The other 40% interviewed said they had been drinking in a bar, tavern, icehouse, or poolhall. (The icehouse, by the way, must be unique to San Antonio, because no one outside of San Antonio seems to know what it is. An icehouse is an old-style version of a drive-in grocery. It is a little neighborhood drive-in place where men go and drink beer on Friday or Saturday night.) Unfortunately in San Antonio and in Texas there is no law that says you cannot drink while driving; you may have an open can or bottle in the car in Texas. The only thing that's illegal is to have a blood-alcohol concentration of .10% or higher. It is easy to understand that we do have a traffic safety problem in

San Antonio, from the injury and fatality statistics. Before ASAP 54% of the fatalities were alcohol-related; that has dropped to about 35% since ASAP.

Now we seem to have caused quite a stir with our "Fear of Arrest" campaign. Why did we want to try it when almost everybody was against it and said it would not work? Our enforcement effort had been consistently producing 350 - 400 arrests per month, but we knew that on a typical weekend (Friday, Saturday, Sunday) there could be close to 50,000 drunk drivers on the streets. The probability of arrest for a drunk driver in San Antonio is one out of 2,000 for a social drinker and only one out of 1,000 for an habitual drunk driver. One patrol experiment showed that even if we had one patrol unit per square mile the probability of arrest would still be only one out of 300, and 252 patrol units would be needed in San Antonio. That's impossible; we only have 22. This was our main reason for considering a "Fear of Arrest" campaign, but there were many other reasons. People seemed to overlook the seriousness of DWI as a crime. Some thought they would just get a ticket for DWI as they would get a speeding ticket. On our 1974 survey only about 15% of the drunk drivers interviewed thought that their chances of being arrested were high or very high.

A strong fear campaign had never been conducted and was unpopular, but our previously conducted "soft sell" campaigns had been unsuccessful from the point of really having any impact on the drunk driver. The national campaigns, though excellently done, were

not really appropriate for the San Antonio drinker. We had had an ongoing "Know Your Limits" campaign for years which finally has shown some success, in that nearly 50% of the drinkers now know their limit or estimate conservatively.

--Question--When you opened your talk you mentioned that alcohol-involved fatalities were down by a considerable amount since ASAP started; now you've just said that your previous soft-sell program didn't have any effect.

--Answer--That's just the campaign that did not have any effect. The enforcement itself had some effect, but the public information campaign had little or no impact on the drinking driver.

We felt, in San Antonio, that our campaign had to be directed at the drunk driver. Now I have sat through many public information conferences in Washington and other places where we have discussed and discussed the difficulties of reaching the drunk driver. We know it's difficult, but we wanted to try and see what would happen. The person who initially drives a car who is either impaired or under the influence of drugs may or may not be an habitual offender.

--Question--Could you advise us as to how many you think are social drinkers and how many are habitual drinkers?

--Answer--When we first started the project we thought that we would have about 10% problem drinkers. But over the

years we have found that about 40% of those arrested in San Antonio are problem drinkers. This is quite high.

--Comment--This is very typical; we see 35% to 40% in Canada, too. I think a lot of international studies have come up with the same figures.

--Response--With problem drinkers it is necessary to have a definition of how much is consumed. What is called a heavy social drinker is one who drinks at least three times a week and at least five drinks on one of those occasions. It is said that at least one-third of drinkers are in that category.

--Comment--In Philadelphia we were identifying as high as 60% of our population as problem drinkers, using a battery of different tests.

We knew that we were competing with major brewery advertising, which is very heavy in San Antonio, since we have two very large local beer producers and, as everyone knows, it is both Texan and manly to drink a lot of beer.

The implementation of the "Fear of Arrest" campaign presented special problems. We do have a unique ethnic and socio-economic profile in San Antonio. About 53% of the population is Mexican-American, 3% is Black, and the rest Anglo and other. The average income is \$7,700 and over 30% of the population is semiskilled or unskilled labor. Weekend entertainment, as I mentioned earlier, for many men is drinking beer at the corner icehouse with friends.

The percentage of Mexican-Americans arrested for DWI is greater than the percent the population would indicate. The percent of Anglos is less, and, with Blacks it is about equal to their population percent. In one part of town we had as high as 89% Mexican-Americans arrested. So they drive all over San Antonio and they drink all over San Antonio. They are concentrated, however, on the west and southwest side of the city. The political ramifications of this are extensive, and though we have always been aware of this, it has recently begun to haunt us.

The "Fear of Arrest" campaign had to reinforce the patrol strategies to be effective. Three patrol strategies were designed-- an expressway patrol, an evaluation area patrol, and a roving patrol. The roving patrol operated every night and was the patrol effort that had always been used, with variations. These patrols functioned in all parts of the city and did not concentrate particularly on the west side or the southwest side. However, they did patrol the areas where the largest number of fatalities had occurred in the past year. Expressways had not been patrolled previously but were to be patrolled on Friday, Saturday, and Sunday nights. The start-up of this expressway patrol effort coincided with the kick-off of the "Fear of Arrest" campaign. The evaluation areas compared ethnically in population and in number of drunk drivers with each other and the rest of the city.

--Question--Did you move the target areas around the town?

--Answer--No. The two evaluation areas remained consistent.

--Question--You had enforcement outside this area as well, didn't you?

--Answer--Yes.

--Question--This wasn't just a concentration in that area.

--Answer--No. These three patrol strategies were all done at the same time. The expressways were on Friday, Saturday, and Sunday night; the roving patrol was every night of the week; and this strategy was used on a rotating basis.

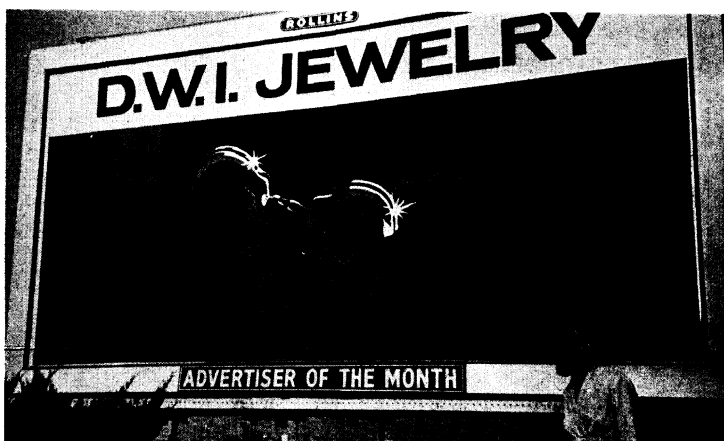
--Question--It was possible that people got to know when you were patrolling?

--Answer--No; and that's a very good question because one of our evaluators felt that if the pattern could be detected, it would be detrimental.

After much negotiation it was decided that we would allocate \$15,000 for an intensive "Fear of Arrest" campaign which would last for 6 months (July 1, 1975 - December 31, 1975). Invitations to make a proposal were sent to ten or twelve of the leading advertising agencies in San Antonio, explaining the money and time stipulations, the broad campaign concept as written into our continuation detail plan, and the enforcement strategies. Four agencies submitted proposals in May of 1975. The chief evaluator, the project director, the enforcement coordinator, and I made the decision, selecting Anderson & Lewis Advertising Agency. After all the proposals had been heard, after all the agencies had given us their agency presentations, two or three of them we felt were quite

impressive. But we really thought Anderson & Lewis had a better handle on what we wanted to do. We all agonized over the decision because we had made a costly mistake once before and did not want to repeat that mistake.

The campaign thrust was directed at heightening the perception of risk of DWI arrest in the habitual drunk driver in order to get him to alter his drunk driving behavior, and improve the attitude of the social drinker by stressing the seriousness of DWI as a crime. The agency felt that this could best be done with radio and television. We could reach the greatest number of people for the least amount of money. The agency artist had roughed a billboard design but Jim Anderson hesitated to show it to us. I pushed for the boards because I felt they would reach that expressway driver that had never seen an ASAP patrol car on the expressways. We also did this since so much of our enforcement strategy was being placed on the expressway in these particular evaluation areas. It turned out that the billboards worked beautifully.



But the first thing that the agency did for us was to design a logo. We already had the slogan, "The San Antonio

Alcohol Safety Action Project is Doing Something About Drunk Drivers."
We'd used this for some time. The logo was designed around this.



**San Antonio Alcohol Safety Action Project
is doing something about drunk drivers.**

--Question--You said that a lot of your problem is people drinking beer. And I suspect that this is a problem in many communities, because people don't really understand that beer is as intoxicating as some of the so-called stronger beverages. So why did you then choose a martini glass for your logo?

--Answer--I thought that you were going to ask that question; a lot of people did. The project director in fact said that if our target is the beer drinker, what are we doing with a martini glass on the logo? So we played with the logo and the agency played with it, and we tried to get a beer bottle or a beer mug, or some other kind of beer symbol. We found that difficult to do. Everybody recognized the style of a martini glass or a cocktail glass. But the beer bottle in silhouette could be any kind of a bottle, and so could the mug; it could be a rootbeer mug as well. We couldn't, of course, use a beer can with a label. No matter how hard we tried, the label would look similar to someone's beer label.

Two radio scripts were written, each to be done by youth and adult talent, four spots in each voice, for a total of eight. One version was done in Spanish for our three Spanish radio stations. Casting and recording of the vocal portion of each spot was done in Dallas, and the final mix of sound effects (hand cuffs and jail door closing) was produced in the agency's studio. This radio spot won an award of excellence in the local advertising federation "Addy" awards in the public service category.

SAN ANTONIO ASAP "FEAR OF ARREST" CAMPAIGN RADIO SPOT, ADULT AUDIENCE

Will you please listen to me for a minute? I really messed up my life. Had a few drinks, really just a few, and I didn't feel drunk. Just kind of felt good. I thought I was driving O.K., but I was drunk; I know that now. I was arrested for DWI, and I can tell you, it's no fun. I was booked, fingerprinted, put in jail. And you don't forget those flashing red lights or jail, ever. I heard about that don't drive if you're drunk routine; but I never really listened. They weren't talking to me. But I did hear this: (SFX: clanking noise) it's the sound of a pair of hand cuffs; (SFX: banging noise) it's the sound of the jail door closing. I hope you never have to hear them.

RADIO SPOT, YOUTH AUDIENCE

Hello. I wish you'd listen to me for a minute. You see I really messed up my life. I had a few drinks, really just a few, didn't feel drunk. I just felt good. And I thought I was driving OK, but I was drunk. I know now. I was arrested for DWI, and let me tell you, it's no joke. I was booked, fingerprinted, put in jail. And you don't forget those flashing red lights or jail, ever. I heard that don't drive if you're drunk bit, but I really didn't listen. They weren't talking to me. But I did hear this: (SFX: clanking noise) it's the sound of a pair of hand cuffs; (SFX: banging noises) that's the sound of a jail door closing. I hope you never have to hear them.

Obviously the first was the adult spot, the second was the youth spot; I'm sure most of you have radio stations that appeal to those groups. Those were the sixties. The copy is slightly different for the thirties.

--Question--To help understand this a little better, in arrests, are handcuffs and jailing part of the law? In other words, do people go to jail if they're caught DUI?

--Answer--Yes.

--Question--Can I ask you what your thinking was when you used almost the same script for both an adult and a youth audience? I know it's the same message, I want to know why you did that.

--Answer--We liked it and thought it was effective. That first voice, the adult, we wanted to sound like a truck driver. The people that we're appealing to are the guys who are really out on the street--skilled and semi-skilled people. We couldn't afford to have a really slick narrator-type voice.

--Question--Were you able to place these with the stations as PSA's? Or did you buy time?

--Answer--They were all PSA's. We can't buy time.

--Question--Do you have some figures on the age distribution of DWI arrests?

--Answer--We don't have a disproportionate number of young people.

SAN ANTONIO ASAP "FEAR OF ARREST" CAMPAIGN RADIO SPOT, YOUTH AUDIENCE

Man, don't bug me with this drinking bit. I know my limit. I can drink and drive with no problem. That's what I thought last week. I got picked up for driving while drunk; weaving on the expressway. Flashing red lights, arrested, fingerprinted, put in jail, for a whole day. Well I'm out now, but I can't drive, no car. And it cost me a lot of money. Believe me, man, it's no fun. I've heard before about don't drive if you're drunk, but I didn't listen. They weren't talking to me. But I did hear this: (SFX: clanking) that's the sound of a pair of hand cuffs; (SFX: banging) that's the sound of a jail door closing. I hope you never have to hear it.

RADIO SPOT, ADULT AUDIENCE

Man, don't talk to me about this drinking bit. I know how much I can hold and drive as good as anybody else. That's what I thought last week before I got picked up drunk driving; weaving on the expressway. Flashing red lights, arrested, fingerprinted, put in jail, the whole "schmear." I'm out now, but I can't drive, I got no car. It cost me a wad of money. Believe me, man, it's no fun. Oh, I've heard about don't drive if your drunk, but I didn't listen. They weren't talking to me. But I did hear this: (SFX: clanking) that's the sound of a pair of hand cuffs; (SFX: banging) that's the sound of a jail door closing. I sure hope you never have to hear them.

--Question--So you did not spell out the fact that there were increased patrols, or that there was an increased risk of arrest because of increased patrols?

--Answer--No.

--Question--Was there any publicity that tried to say that?

--Answer--We told the news media people that there would be increased patrols, that there were more police cars on the street. But it was obvious that there were because we doubled the number of cars.

Before shooting of the television spots began, careful planning took place to assure that costs would be minimized, and that the desired effect could be created on film. Exterior shots were made near the studio in La Villita. But we wanted to keep on-location costs of equipment and lighting as low as possible so we did do it at night using an actual ASAP police car which was provided by the San Antonio Police department. Location filming of the police car with rotating red light was shot in very high contrast, together with creative non-location filming in the studio, using camera stand techniques for special effects (such as the closing jail door) combined to produce a very strong-impact commercial. One 30-second spot was produced, shot on 35-mm film, transferred to video tape, and edited in Dallas. A Spanish language version of the commercial was produced, using the same film footage transferred to video tape with an agency-produced Spanish sound track. This first 30-second spot won a bronze medal (third place) of 300 entries in the public service category in the international film and TV festival of New York, and in February won a 1st place award in the advertising federation's local "Addy" awards public service category, and went on to win the 10th district (4 state) 1st place in the same category and is now entered in the national competition.

A second TV spot was made later in the fall, further emphasizing the "Fear of Arrest" theme, showing a man being arrested for DWI.

SAN ANTONIO ALCOHOL SAFETY ACTION PROJECT
Television Script

Video

TCU of beer mug; remains
of beer still visible

Quick cut to car weaving
down road; not over 2 sec.

Cut back to martini type
glass; remains of olive
in glass

Quick cut to red lights
of police car as it pulls
over the weaving car seen
in previous cut

Quick cut to man getting
out of pulled over car;
red lights flashing;
policeman in foreground

Cut back to remains of a
Bloody Mary; the red of
the drink begins pulsating
and transforms into the
red flashing lights of the
police car; we see police-
man putting handcuffs on
driver and this goes thru
3 tight close ups

Cuts to close ups hit on
three announcer words:
arrested, booked, finger-
printed; video freezes and
becomes a billboard shot.

Audio

Scoring under; builds to climax.
"Beer crowd" party sound; hear
beer cans being opened and poured;
quick phrases--"have another one,"
"just polished off a 6 pack."

Scoring continues to build SFX:
Car weaving and skidding

"Cocktail party" sounds; music in
background; quick phrases--"one
more for the road" or "what a
happy hour."

Scoring continues to build
SFX: Siren of police car as it
follows weaving car

Scoring continues to build
SFX: Door opening and we hear
policeman saying "Your license
please."

ANNCR: If you think you get a
ticket for driving while intoxicated.
Think again.

"After midnight" breakfast crowd
party sounds; phrases such as "a
little Bloody Mary with midnight
breakfast."

ANNCR: You get arrested, booked,
fingerprinted. (Pause)

DWI Jewelry. I hope you never have
to wear it.

Rollins Outdoor gave ASAP 15 thirty-sheet posters and waived the posting fee. The agency art director designed the board, trying to achieve the same feeling of the T.V. spot. All 15 boards were placed in patrolled areas and eight of the 15 were on expressways.

--Question--How much persuasion did that take? How did you get them to do it?

--Answer--Well, we just asked them. The agency also has accounts for a grocery store and large bank, so they really bent over backwards to help us. They even gave us the locations that we wanted on the expressway for these boards.

--Question--I'm curious about something. Your billboard carries the message about "DWI." But what percentage of your population understands what DWI means?

--Answer--A survey showed that practically everybody did. They don't say Driving While Intoxicated if you ask them, but they'll tell you Driving While Drunk. And that's good enough.

--Question--You mentioned something about most of the people knowing their personal limits? Was this the result of a previous information campaign?

--Answer--Yes.

--Question--How helpful was that as a preventive measure?

--Answer--Not very, because while people know this, when it comes down to drinking beer with a buddy who is drinking and he may weigh 250 pounds...there's no way that you can drink as much as your buddy who weighs 250 pounds.

As a "kick off" for the campaign we had a coffee reception for radio and T.V. management plus the person responsible for scheduling public service announcements. A presentation was made by agency president, Jim Anderson, and the spots were played. Ken Langland, ASAP Project Director, and Jack Flesher, Enforcement Coordinator, also said a few words.

Both radio and television spots were played extensively through the end of the year. The billboards received so much notice that 100 smaller posters (20" x 30") were produced and distributed. One strategy that the evaluator wanted us to use but we could not was the publicizing of the areas when the police were patrolling. This would have proved to be detrimental politically. This is because no matter what part of town we told them the evaluation areas were, no matter what part of town was being patrolled on the expressway, it would have been said that we were concentrating on that particular area, whether it was the west-side or wherever.

One newsletter issue summarized the survey results. It also included a copy of the print ad, which was a failure. We couldn't get it used, and one of the reasons that we couldn't get it used



D.W.I. Jewelry

There's no such thing as getting a ticket for driving while drunk. You get arrested. Handcuffed. Booked. Fingerprinted. Put in jail. And that's only the beginning of your problem.

You could lose your driver's license, and there's the embarrassment to you and your family. You need to appear in court. It's time consuming. You need money. A lot of it. For attorney fees, bail bondsmen, fines, and court costs. And watch your insurance premium jump with a D.W.I. conviction.

And when you're found guilty, the County Judge can sentence you to:

- Confinement in the County Jail for not less

than 3 days nor more than 2 years, and

- a fine of not less than \$50 nor more than \$500,
- or the judge may commute the jail sentence to a probation period of not less than six months (nor more than two years).

If you're arrested for D.W.I., the reality stays with you forever. You don't forget the flashing red lights. The sound of handcuffs. And a cell door closing.



If a friend has been drinking too much, don't let him drive. If your friend won't let you drive . . . don't argue. Good friends don't let good friends drive drunk.

The San Antonio Alcohol Safety Action Project is a traffic safety activity aimed at getting the drunk driver off the streets to reduce alcohol related deaths and injuries. This community effort involves the cooperation of the police, the courts, rehabilitation agencies, educators and the media. Write for details on how you can help. 303 South Alamo. San Antonio, Texas 78205. Phone (512) 224-9535.

**San Antonio Alcohol Safety Action Project
is doing something about drunk drivers.**

City of San Antonio Department of Human Resources & Services

was that it was felt that the ad was too strong. That is, the magazines that we asked felt it was too strong.

--Question--

Was this the opinion of the editors of magazines?

--Answer--Yes.

They couldn't use it because it was too strong, and

because their liquor advertising was much too important to them.

The evaluation of the "Fear of Arrest" campaign was accomplished by means of our voluntary roadside survey. The survey form was redesigned to accommodate the questions needed to evaluate the visibility of the campaign. Also, according to our evaluator, all previous roadside survey data had been contaminated by non-drinkers. So on these last two campaigns that we've done we've asked the questions only of drinkers.

The survey design is an invariant random sample with high participation (98.5%); 300 drivers are interviewed on the expressway survey, 480 on the city streets. Each time we survey the same sites, using the same interviewing staff. This consistency makes the survey sensitive to change. The procedure is as follows: a patrolman stops the cars and an interviewer then steps up to the car and asks the driver if he is willing to participate in a voluntary roadside survey. After he has received the participation of the driver, only the driver of course, he asks him to park his car and to get out of the car. He asks him to step over to the van. The outside interview is simple questions: "How long have you lived in San Antonio?", etc. If he does not live in San Antonio, we do not ask him to participate in the survey. The breath test is administered inside the van by a trained breathalyzer operator who is also a police officer. This is followed by another interview about drinking habits. They are also asked about the "Fear of Arrest" campaign itself, whether or not they know about it, etc.

Results of the fall survey showed that over 70% of drinking drivers had seen or heard some DWI advertising. One ASAP staffer stated that: "It is possible that in a six-month period over 100,000 impaired drivers were correctly influenced not to drive because of "Fear of Arrest" campaign."

In conclusion, let me say that we do feel in San Antonio that while the "Fear of Arrest" campaign was successful for us, it may not be successful for any other location. Results showed that it

worked for us. It had three basic elements: a simple message, one that was hardhitting, and one that was repeated over and over again.

CANADA SAFETY COUNCIL
--P.J. Farmer

I had the pleasure of speaking at the second Alcohol/Safety Seminar in New York in 1973. At that time I was able to review some of our major drinking driving campaigns and discuss how we measured their effectiveness. In considering subject matter for today's meeting, it came to a choice between a review of recent alcohol safety campaigns or some highlights of recent Canadian developments in the field of impaired driving statistics, legislation, education, and treatment. I have opted for the latter and hope I have made the right choice.

The first topic I'd like to talk about very briefly is our national roadside nighttime drinking driving survey. It was funded by the Ministry of Transport and done in cooperation with the Organization for Economic Cooperation and Development. The United States and a number of other countries are also participating in this.

The national roadside drinking driving survey was conducted on Wednesday, Thursday, Friday, and Saturday nights from 10 pm to midnight and 1 am to 3 am. It was done initially for 9 weeks, April 17 to June 15, then for an additional 3 weeks in September and October. 9,744 drivers were stopped at 572 randomly selected locations.

Breath samples were obtained from 93% of the drivers stopped. The following information was also obtained: 88% of drivers

reported they drank alcoholic beverages; 78% of drivers reported driving after drinking; 31% of drivers reported they drove while high on alcohol during the preceding year. Breath samples showed that 22.9% of drivers had been drinking (over .015% BAC); 13.2% of drivers were probably impaired (over .045% BAC); and 4.8% of drivers were legally impaired (over .095% BAC). These BAC levels were used based on our agreement with OECD.

These are the actual figures from the study.

Percentage Drinking Drivers (.015%+) by Time and Day of Survey

<u>Time</u>	Wed pm Thur am	Thur pm Fri am	Fri pm Sat am	Sat pm Sun am	<u>Average (Time)</u>
10 pm - midnight	12.9	14.3	15.6	19.4	15.6
1 am - 3 am	29.5	31.3	37.2	32.7	32.9
Average (Day)	19.5	21.2	25.3	25.3	22.9

Percentage Drivers Legally Impaired (.095%+) by Time and Day of Survey

<u>Time</u>	Wed pm Thur am	Thur pm Fri am	Fri pm Sat am	Sat pm Sun am	<u>Average (Time)</u>
10 pm - midnight	1.6	2.8	2.1	4.4	2.8
1 am - 3 am	6.1	8.7	8.3	6.9	7.6
Average (Day)	3.3	5.2	4.9	5.6	4.8

I might point out that the period from 1 a.m. to 3 a.m. on Friday is the highest period for impaired drivers: 8.7%. This is higher than Friday night or Saturday or Sunday morning.

--Comment--We found, in the Washtenaw County surveys, no difference according to the night, except for Sunday, by percentage. However, the frequencies were higher on the weekends. Yet it was the same percentage across the week.

That was our national survey. Another program that we've been carrying out for a number of years in Canada is one by the Traffic Injury Research Foundation. This is an analysis of fatal crashes in Canada. Data are based on coroners' reports, and the information we have is very accurate. This five-province survey of driver and pedestrian fatalities encompassed 1,725 fatalities for age 16 and over. In the survey, 78% of all driver fatalities were tested for BAC, and 91% of all drivers dying within six hours were tested for BAC (not all drivers die within six hours and it is not possible to get a blood sample in every case). Also, in some instances, it is not convenient to get a blood sample. But we're actually getting 91% of the drivers that have been killed within six hours of the accident.

It was found that 49% of deceased drivers tested were legally impaired (.08% BAC); 52% of deceased drivers in the 30 - 34 age group were legally impaired; and 6% of deceased drivers age 65 or over were legally impaired.

Alcohol Involvement in Traffic Fatalities, 1973:

Five-Province Aggregates, Dead Drivers Age 16 and Over Only, By Age

Age	Fatalities		Tested for Blood Alcohol		Impaired (BAC \geq .08%)		
	N1	(%1)	N2	(%2)	N3	(%3)*	(%4)**
16 - 17	112	(6.5)	82	(73)	33	(29)	(40)
18 - 19	232	(13.4)	177	(76)	87	(38)	(49)
20 - 24	386	(22.3)	310	(80)	165	(43)	(53)
25 - 29	217	(12.6)	175	(81)	96	(44)	(55)
30 - 34	141	(8.1)	120	(85)	73	(52)	(61)
35 - 39	109	(6.3)	88	(81)	51	(47)	(58)
40 - 44	79	(4.6)	70	(89)	39	(49)	(56)
45 - 49	96	(5.6)	75	(78)	38	(40)	(51)
50 - 54	81	(4.7)	66	(81)	32	(40)	(48)
55 - 64	142	(8.2)	110	(77)	39	(27)	(35)
65 [†]	130	(7.5)	75	(58)	8	(6)	(11)
Totals	1,725	(99.9)	1,348	(78)	661	(38)	(49)

* (%3) N3 as a percent of all driver fatalities

**(%4) N3 as a percent of drivers tested

Multiple-vehicle collisions accounted for 57% of driver fatalities, and at least 27% of these were legally impaired. Single-vehicle collisions accounted for 43% of driver fatalities, and at least 53% of these were legally impaired.

The figures in the second to the last column (%3) represent the

bare minimum; we know they're higher than this. They're somewhere between that and the last column. That is startling for the 16 - 17 age group and the 30 - 34 age group. Note that in the 30 - 34 age group, we're finding a minimum of 52% of all drivers are over the legal limit; and 61% of those tested are over. So that's one age group that seems to be a problem.

--Question--Are younger drivers getting killed at lower BAC levels?

--Answer--Yes.

--Comment--If you add up all the groups to 24 years, that comes out to 42.2% of our total fatalities which are in the 16 - 24 year age group.

--Comment--I heard recently that accidents are the leading killer for people under 30 in this country.

--Response--That's right. In Canada they make up about 10% of the driving population, yet they are 42% of those getting killed on the highways.

--Comment--One point is that they feel that it's the combination of the inexperience of driving and the inexperience of drinking put together. In other words, it wouldn't take a lot of alcohol if you're both inexperienced in driving and in drinking.

--Question--My question is, of the 16- to 17-year-old drivers killed, how many had any alcohol in their blood, because my

assumption would be that they are getting killed without really reaching the level of .08%

--Answer--Our statistics don't show that, but you're right.

--Comment-- I was very surprised to see that sizable a percentage of 16- to 17-year-olds who were capable of reaching the legal level of impairment!

--Question--What does the second column mean?

--Answer--It's simply an exposure measure. That's all we can do because these figures are very conservative; they were taken on a 24-hour basis, while the high-risk time is 10 p.m. to 3 a.m.

In the area of pedestrian fatalities between the ages of 14 and 64, 73% of pedestrian fatalities were tested for BAC by coroners. 58% of pedestrian fatalities tested were legally impaired; and, among pedestrians aged 25 to 34, 70% were legally impaired.

When looking at the pedestrian fatalities by age we eliminate the 0 - 13 and 65-and-over age groups, because the coroners don't routinely test in those age groups. However, we have had samplings of pedestrians over 65, and have found that up to 80% of the pedestrians killed in that age group were impaired. But we come now to the 14 - 64 year age group. This represents 54% of the fatalities; 73% of them were tested; 58% of those tested were impaired; and an absolute minimum of 42% of all pedestrians (tested and not tested) were impaired. Looking at the percentages, we again come up with the worst group being the 25 - 34 year olds.

Pedestrian Fatalities By Age

	Fatalities		Tested		Impaired (BAC \geq 08)		
	N1	(%1)	N2	(%2)	N3	(%3)*	(%4)**
(0 - 13) { (65+)}	294	(46)	84	(28)	17	(6)	(20)
(14 - 64)	346	(54)	254	(73)	147	(42)	(58)
Aggregate	640		338	(53)	164	(26)	(49)

14 - 19	89		60	(67)	23	(26)	(38)
20 - 24	50		38	(76)	26	(52)	(68)
25 - 34	54		46	(85)	32	(59)	(70)
35 - 44	31		21	(68)	12	(39)	(57)
45 - 54	57		44	(77)	30	(53)	(68)
55 - 64	65		45	(69)	24	(37)	(53)
Totals (Age 14 - 64)	346	(54)	254	(73)	147	(42)	(58)

* (%3) N3 as a percent of all fatalities

** (%4) N3 as a percent of tested

--Question--Did you make any programming decisions of the basis of these figures?

--Answer--Not yet, because we need a lot more information; for example, what are these people doing at that time of night?

Where are they coming from?

--Comment--Perhaps you should do the equivalent of a roadside survey for pedestrians.

--Question--Are these fatalities generally concentrated in metropolitan areas?

--Answer--Yes, the bulk of them are.

--Question--So it's not suburban shopping centers, but is generally more concentrated?

--Answer--Well, there are problems in shopping centers, but more are concentrated in the higher-density urban areas.

So, we believe that this baseline data will be useful in measuring the effect of new legislation and enforcement programs.

In the area of legislation, impaired driving in Canada is a criminal offense and is covered by the Criminal Code of Canada. In 1969 the impaired driving laws were amended to (1) establish a legal BAC limit of .08%, beyond which it was a criminal offense to drive; (2) allow a police officer, provided he has reasonable and probable grounds to suspect impairment, to require a driver to take a breathalyzer test; and (3) make refusal to take a test the same offense as being convicted of impaired driving.

The effectiveness of a law is influenced by several factors, such as public acceptance, publicity, and punishment. However, the most important factor is the likelihood of a lawbreaker's being caught; at least, that's our impression. What we found when our .08% law was brought in in December, 1969, was that it did have an effect of increasing our arrests by about 59%. However, we had expected about a 500% increase. We have one thing which is good in

Canada (I don't think you see this in the United States)--we have a conviction rate of about 98%.

However, the proclamation of the .08 legislation did very little to increase the probability of an offender's being arrested by a police officer. A police officer had to decide, on the basis of roadside observation, whether to charge a driver with impaired driving or ask the driver to accompany him to the station for a breath test. It is impossible in most cases to determine impairment by observation. There is no real yardstick for police officers or doctors to measure impairment by observation. For example, Dr. Hans Klette of Sweden found that police officers recognized 14% as impaired at .05% BAC, 29% as impaired at .05% to .10% BAC, and 53% as impaired at .10% to .15% BAC. This is visual observation in a clinical setting. To do this at the roadside is pretty hopeless.

Studies in Canada and other countries indicate that officers in a position to make traffic violation arrests make on the average two alcohol-related arrests each year. While the range is considerable for individual police officers, this is an average.

If we consider a violation to be a trip from one point to another with a BAC in excess of .08%, it has been estimated that there may be at least 2,000 violations for each arrest. Thus, if we take a hypothetical community of one million population with 1,000 patrol officers, we would have 2,000 arrests and four million violations. Granted, these are estimates, but even if they err by 50%, the problem is still apparent. An arrest of 2,000 to control four

million is, in our opinion, futile.

The .08 law enacted in 1969 dictated that a police officer must have reasonable and probable grounds to believe a person is driving while impaired or with a BAC in excess of .08% before stopping a driver to make an arrest. It is virtually impossible to detect impairment by observation unless a person is grossly impaired. This is underscored by the fact that Canadian drivers arrested under the Criminal Code had an average BAC in excess of .15%. The Criminal Code of Canada has recently been amended to allow roadside screening tests and to enable a police officer to stop a driver and ask the driver to take a screening test if the officer reasonably suspects that the person has alcohol in the body. This is in contrast to the previous requirement for the officer to have reasonable and probable grounds to suspect impairment.

This means, for example, that a policeman could park outside a bar and reasonably suspect that patrons leaving the bar would have alcohol in their body. It is hoped that this will have a deterrent effect on those who might be tempted to drive while impaired.

The new law also calls for increased penalties upon conviction. In addition to license suspension: (a) for first offense, a fine of not more than \$2,000 or not less than \$50 or imprisonment for six months or both; (b) for a second offense, imprisonment of not more than one year and not less than 14 days; and (c) for each subsequent offense, imprisonment for not more than two years and not less than three months.

--Question--You say the average BAC for people arrested for impaired driving is somewhat over .15%?

--Comment--It is running at .17% right now.

--Question--Do you have a comparable figure for the average BAC of drivers involved in fatal accidents? In other words, how does this arrest group compare with the fatal accident group, which I assume is your target?

--Answer--The arrest rate is higher. I'm sorry that I didn't bring any figures with me on that. I'd hate to quote a figure because I may be wrong.

At this point I want to mention a comparison we made two or three years ago when trying to get our legislation changed. We compared roadside surveys taken in France, in Washtenaw County, in Alberta, and in Norway. In comparing drivers over .05%, Washtenaw County had 10%, Canada had 12.9%, and Norway had 1.19%. The Norwegians have a strict law calling for a jail penalty for impaired driving. Police officers can stop the driver if he thinks the driver is impaired, he can stop him after an accident and get a breath test, he can stop him after a moving violation, and can also use road blocks.

Of concern to many of us is the estimated 35% to 40% of drivers arrested for impaired driving who have a drinking problem. These people have been subjected to the same penalties, fines, jail, and license suspension as have other drivers. As we know, punishing

a person with an alcohol problem makes about as much sense and is about as effective as punishment for developing cancer.

A new amendment to the law specifies that "where an accused pleads guilty to or is found guilty of impaired driving, the court before which he appears may, after hearing medical evidence or other evidence, if it considers the accused is in need of curative treatment in relation to his alcohol consumption and that it would not be contrary to the public interest, instead of convicting the accused, the court can, by order, direct that the accused be discharged upon conditions prescribed in a probation order, including a condition respecting his attendance for curative treatment in relation to his consumption of alcohol." This overcomes one of our problems which was similar to that of the Norwegians. They throw everybody into jail. I think the statistics show, in Norway, that 40% of the inhabitants in jail are there for impaired driving, and that's a very very high percentage. And it hasn't stopped the drinking problem. It is hoped that a number of these problem drinkers will now be rehabilitated through court-ordered treatment programs.

A matter of great concern to Canadians is the involvement of young drivers in alcohol-related traffic accidents. In July, 1971, the legal drinking age was lowered from 21 to 18 in most provinces. The result was a dramatic increase in traffic accidents involving young drivers in the 18 to 20 age group who had been drinking.

Impact of Lowering the Drinking Age From 21 to 18

A before-and-after comparison on the collision behavior of young drivers in London, Ontario

Age	Total Collision Rate	Collisions Had Been Drinking	Collisions Impaired-Alcohol
16	+ 20%	+ 169%	+ 250%
17			
18	+ 42%	+ 300%	+ 600%
19	+ 37%	+ 348%	+ 333%
20	+ 16%	+ 146%	+ 367%
24	+ 10%	+ 7%	+ 120%

Our governments are under a great deal of pressure and it now seems probable that the legal drinking age will be raised to at least 19 in a number of provinces.*

We're looking at treatment for those people referred. We're making industry-related alcohol programs a major thrust of the Council right now.

While alcoholics represent only from 3 to 5 percent of the driving population, they are over-represented in DWI arrests and fatal accidents. The Canada Safety Council believes that this problem can be effectively tackled in the workplace. Two out of three industrial accidents involve the abuse of beverage alcohol or other drugs. Most alcohol-dependent and many drug-addicted people are employed. Further, the employee/employer contractual nature of the workplace renders it a most effective locale for the prevention of dependence and the successful treatment of affected people.

*Editor's note: Both the province of Saskatchewan and the State of Minnesota have raised the drinking age to 19, effective September 1, 1976.

Presently existing management procedures in the workplace can be used to bring the problem into the open and can be effective in early recognition and referral. High rates of rehabilitation result from early referral and treatment. We're now running a rate of between 60% and 80% rehabilitation. Early referral reduces the need for sophisticated and expensive treatment procedures, since treatment capability can be found in most developed communities. Since employees can continue work during most of the rehabilitative period, it is cheaper in the long run to help an employee with a drinking or drug problem than to fire him and train a replacement. Finally, the cost of providing assistance is comparatively small, since most treatment is underwritten by government health schemes.

While successful workplace programs are being carried out in businesses in many parts of Canada, the Canada Safety Council is actively promoting the expansion of these workplace programs. The economic benefits of an employee returning to full productive capacity has an effect of the employer, the future of the employee and his family, and reduces the tax burden for publicly-funded social, health, and welfare services. In addition there will be a reduction in the number of problem drinkers who drive.

The increasing use of beverage alcohol by our society is closely tied to our changing life styles. The youthful drinking driver is just one manifestation. A question we must ask: Can alcohol education change the role of youth on our highways? First, since the youth accident problem is only partly alcohol-related, it

obviously cannot solve the problem by itself.

Secondly, alcohol education is only part of a larger learning process in which the home, the school, and the community all contribute to the knowledge, attitude, and behavior of our young people. If we can provide our students a maximal opportunity for a well-balanced, sensible and responsible way of life, the drinking problem may solve itself.

In Canada very little is being done in the field of alcohol education in the home, in the school, or in the community. What little education there is tends to be of a moralistic nature or is given as part of health education programs. It is doubtful if present day young people can be motivated by discussion of alcohol in terms that it is bad for one. Teaching must consist of facts and open discussions, not sermons. We cannot reach sophisticated teenagers or even elementary grade students if what we are saying has dubious scientific validity or if their actual experience tells them differently.

We in Canada, at least, must recognize that we need new approaches to this whole alcohol education problem, and getting into this may involve moral and behavioral changes. The development of sensible behavior patterns may be treading on dangerous ground, since our idea of sensible may be very different from what parents or young people think it is.

For example, should we teach young people how to drink sensibly? Serving to young people experimentally may be difficult, complex,

and illegal. But perhaps it could be done under parental control aimed at fostering sensible drinking.

It is evident that alcohol education must begin at kindergarten level and go right through our educational system. Students must be given the facts if they are to engage in intelligent decision-making.

Looking back on it, I think that lowering the legal drinking age to 18 was terribly wrong; I didn't think it would make any difference because, in my opinion, that age group drank anyway. But we've tried, in Canada, to tell young people some of the consequences, to acquaint them with the facts early in life. And I firmly believe that young people are pretty wonderful anywhere in the world, and they're pretty reasonable. If they're given the facts they know how to act on them.

Most of our drinking/driving public information campaigns and enforcement programs have concentrated on the month of December, which has always been considered to be a prime time for drinking and driving. While we have been able to demonstrate that these programs were effective, new data causes us to reconsider our campaign timing. These data show that the greatest number of impaired driver fatalities occur during June, July, and August, while December has the lowest number. Does this mean that campaigns and enforcement programs have been very effective or is exposure much greater in the summer? We also find, if we look at it another way, if we take impaired driver fatalities as a percentage of total monthly driver

fatalities, we find the maximum risk months are February, March, April, and May. It is obvious that a great deal more information is required before an intelligent decision can be made.

In Canada, we are making progress in many areas; for example, in the development of baseline statistical data, impaired driving legislation, and our public information programs that are mustering public support for the attack on impaired driving. But we have a long, long way to go before the situation is under control.

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
--Dwight Fee and Paul Field

The first part of our presentation deals with research that we have been conducting. This is the report of the measurement wave, having done an earlier baseline wave which is related to the advertising effort. So we're going to present what we have found between the time of the baseline and the time of the measurement wave on the attitudes of people and their stated behavior regarding the objectives of our program. The second thing we're going to present is our most recent creative material so that you'll see what is available to you for your use and what we will be using this year. Then the third part of the presentation is a description of our plans so that you can see where we're going, what our objectives are, the kinds of people that we hope to have involved with us. These are future-oriented and we want to share them with you so that we might find ways that we can work together. So first we'll review our objectives so that you will know what it is we're trying to achieve. This will also serve the purpose of measuring what we're up against and what kind of progress we've been making recently.

As most of you know, in 1974 we did a strategic survey of both young and adult Americans regarding their attitudes on the subject of drinking and driving. We found that most adults, and also most young people, drink. 55% are in an alcohol-related situation once a month or more. This doesn't necessarily mean they're drinkers;

it might mean their spouse is a drinker. But for practical purposes, they are in drinking situations once a month or more. We found that basically there is a predisposition to do things to prevent drunk driving, especially for close friends and relatives. But they don't do it very much because they often don't recognize that a potential DWI situation is in the works. Also they don't understand some of the myths about beer and wine and coffee, so that doesn't help them in diagnosing potential DWI situations.

We have segmented the ARS groups into four sub-groups on the basis of psychographics, which are basically their life-style and psychological disposition to accept things and be motivated. We are leaning on the two largest groups of drinkers, the social conformers and the aggressive restrainers, whom we call groups A and B. There is a terrible over-simplification in visualizing group A as more white collar and group B as more blue collar; group A represents about half and half men and women; group B is seen as the boys at the corner bars.

The basic assumption of our total public education effort, which was assumed even before this work was done, was that our effort would be aimed at those who surround the problem drinker-driver, to get them to take action in one of two ways: to prevent the driver from becoming intoxicated and, failing that, to prevent him from driving if he becomes intoxicated. So that's why the study was done--to find out how we can get people who surround this problem person to act.

So, based on these findings in 1974, we created some materials whose basic strategic objectives were to increase the perception of the DWI situation by educating people so it's easier for them to diagnose what's happening; and secondly, to suggest some counter-measure action for the group, whether it's group A or B, that they are predisposed to take, and try to persuade them to take it. Two T.V. commercials were produced for this campaign, "Bartender" and "Teddy." They were copy-tested and they came out well on the copy-test.

The purpose of the study we are about to describe is to measure the effectiveness of the new campaign, "Teddy" and "Bartender," in terms of its getting reasonable levels of exposure via the public service media. Once we determined that they communicated their message, the next question was, were they going to be seen? To heighten or maintain a high level of concern over the drunk-driving issue that earlier studies had shown and that we and other people had created, and also to achieve the specific strategic objectives, required two waves of research. One was a baseline wave prior to the release of "Teddy" and "Bartender"; the second wave was six months after the release of "Teddy" and "Bartender" in August of last year.

The design of the study was a phone survey using central area WATS lines. In Wave One 834 ARS adults completed interviews; for Wave Two there were 820.

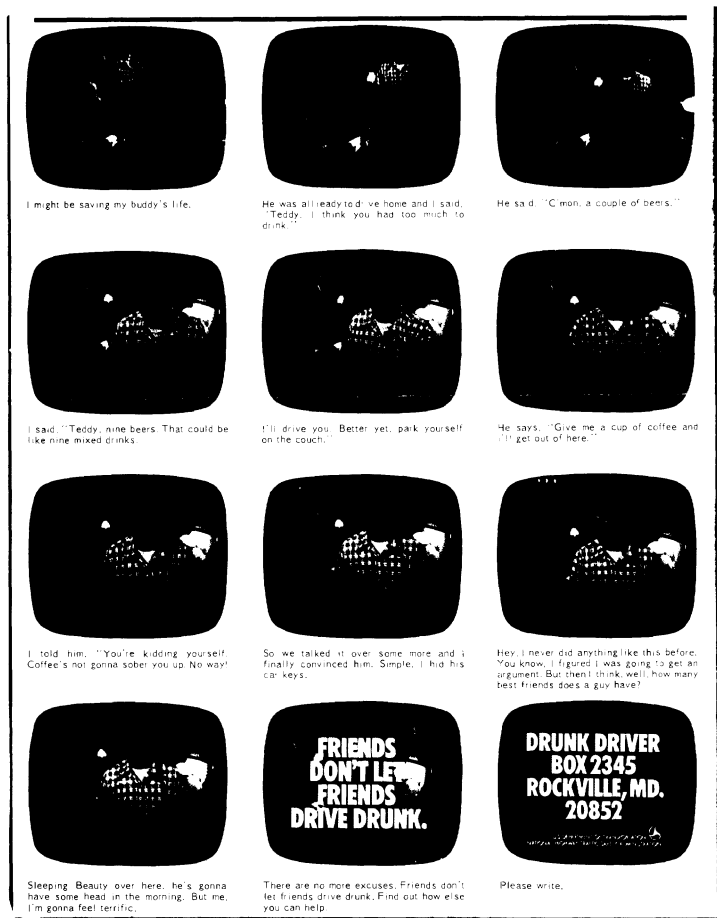
Key findings of the research indicated that drunk driving is

still considered to be a significant social problem in this country, with 85% of the people saying it is extremely or very important. This correlates exactly with the Wave One research and with the 1974 strategic research. There was a slight increase in participation in ARS situations, and a few more people are drinking, but not very often and not a lot.

One of our objectives was to create discussion about drinking and thereby increase diagnosing and action. So discussion is the first important step and there was significant increase there. There was also a significant increase in the number of people who understand the myths, which we don't feel is terribly important, but it's supportive in helping them diagnose situations. You could argue it could be counterproductive, in fact you spend too much time explaining the myths; because after all, if a person is drinking a cup of coffee, he is not drinking liquor, so maybe it is a good thing.

Although there was some negative likelihood to take countermeasures, there was an increase in the number of people who would offer to let a person stay over. This was particularly emphasized in the "Teddy" commercial. So we may have had some positive effect in that specific area, and this may confirm the copy-testing results which said because we came in heavily on a countermeasure in each of these commercials, there appears to be a falling off of willingness to take other countermeasures.

The final point is there was an increased awareness of drunk-driving campaigns; there were a lot of references to our previous spots-- "Janie" and the Dana Andrews series--which dilute the strategic impact of our current campaign. This is something we want to look at seriously; some



way of getting stations to stop showing the old spots.

In Wave One in response to the question "Have you discussed drunk driving in the past month?", 34% of all concerned about the problem had. In Wave Two, six months later, there was a statistically significant increase, particularly among those who had recalled seeing the ads. For those who had perceived themselves to be in a potential DWI situation in the last year, the totals were 51% in Wave One and 52% in Wave Two. There was a slight, yet statistically significant increase amongst ad recallers. In Wave One those who, when they perceived themselves in a potential DWI

situation, took some action totaled 39%; in Wave Two, it was 41%; it was 44% among ad recallers. While I can't prove this scientifically, my feeling is that there is what seems to be a significantly higher action reported amongst those who recalled the ads. And I think that's very exciting.

--Question--Does "took some action" mean took some kind of self-policing action or tried to affect some other person, or both?

--Answer--The latter; trying to stop another person from driving.

A program is currently under design to support the active confrontation itself, because we haven't been strong enough in encouraging people to really take the action. We're going to model some confronting behavior. Like in the "Teddy" and "Bartender" series, after the confrontation is over and it explains what happened. But people don't really know what the dynamics of that confrontation were. That's why we first hesitated to get into it, and now we are moving into it and we actually show situations in which people successfully intervene.

Let me describe a planned spot. It opens with a tight shot on a guy saying something like "You are my buddy, and I'm not going to let you drive no matter what you say." The camera widens, and he's talking to a dog. Quick cut. A woman is saying "I love you and I'm not going to let you drive. You stay over on my couch." And the

camera pulls back, and it's a mirror. There are three or four of these. Then on the last one, when the camera pulls back, you see he really is talking to a friend and the voice over him says "It's not so hard to talk a friend out of driving when he's drunk. It just takes practice." We have two others that actually show people in successful confrontation situations; in one case a wife is talking her husband out of driving, and he gives in. How to handle that, how to actually produce the nuances of that is going to be very interesting to watch. But that's the plan. Our creative team has finally accepted the challenge, and they're going to give it a try. I'm quite confident that they'll pull it off.

This wave that we've described is one wave ahead of our present materials. The wave we have to show you is being released right now.

Back to the survey data: amongst those who took actions, what actions were taken? There was no change in those who offered to drive home, because once you've decided that this situation calls for action people move to the more substantive measures. One big increase was in those who offered to let the person stay over, which went from 6% to 19% in the total, and oddly enough only 18% amongst the ad recallers. This is the countermeasure that's really emphasized in "Teddy." So while we can't say that we caused it, we're very happy about it. There was a slight decrease, not statistically significant, in those that physically restrained

people.

You might find this interesting. For those who didn't take action, the reasons that they didn't take any action were: "I wasn't sure how the person would react," "Too many people were already involved," "I didn't want to lose the person's friendship," and "It wasn't my responsibility." We're now emphasizing friendship very hard because it's a motivating factor with group B, and possibly there's some relationship.

On the subject of beer, we feel that it isn't going to work to tell people that beer is just as intoxicating as liquor; they won't believe it's true. It's not true in terms of their situations and the way they drink. Our two commercials show all these other changes, but there's no change in that issue. We have told them and told them, but they're not believing what we're telling them. So we've got to find another way or other things to say about beer.

--Comment--Do you think most people know that the typical can of beer is about 4% or 5% alcohol? Because if they know that, then it's a simple mathematical calculation that you can use, in some clever way, to convince them.

--Response--Maybe that's a way to go. But just to tell them that does not affect them. I like the slogan "If you drink a lot of beer, you drink a lot."

--Comment--I think there's a difference, though, and many papers have been written on this issue. I don't think people in this

society drink a beverage, whether beer, distilled spirits, or wine, according to a volume-per-hour criterion. I think people drink wine and distilled spirits slower; they drink beer faster. That's why they know that beer is not as intoxicating--because they drink beer faster. Maybe the result is the same, but they don't think of it in the same way.

Among ad recallers in Wave Two, there was a 34% recall of a head-on crash, wreck, or accident theme, yet I don't remember any of us currently doing this. Maybe this refers back to old scare tactics that people still remember or are still being used. "Poker" and "Brother" both had crash implications. And if that's the commercial that people are thinking of, it shows you that people remember scare-tactics.

--Question--But does that mean they changed their behavior?

--Answer--No. But it's an attention getter.

It is apparent that the "Bartender" and "Teddy" spots have significantly lower recall rates than older materials. By the way, these are indirect, unaided recalls. The San Antonio ASAP questions from this morning were aided recalls.

Below is a table of the drinking behavior of the ARS group, those who currently drink. You can see the relative consumption of beer and other beverages. There's been very little change, as you can see. You can see that there has been a slight decrease in those who said they consumed four drinks at an average social occasion, as

well as a slight increase in those who are drinking five to eight drinks, both of which are statistically significant.

DRINKING BEHAVIOR OF THE ARS-INVOLVED GROUP

(Base: ARS-Involved Who Currently Drink Alcoholic Beverages)

	<u>Wave I</u>	<u>Wave II</u>	
	<u>Total</u>	<u>Ad</u>	<u>Total Recallers</u>
<u>Type of Alcoholic Beverage</u>			
<u>Drunk Most Frequently</u>			
Beer	46%	45%	45%
Liquor	33	33	32
Wine	19	19	19
Refused	2	2	4
<u>Number of Drinks Consumed</u>			
<u>In Average Social ARS</u>			
One drink	9	10	10
Two drinks	29	27	26
Three drinks	25	27	28
Four drinks*	16	13	13
Five-eight drinks*	14	17	18
Nine or more drinks	6	4	4
D.K./N.A.	1	2	1
<u>Number of Days Drank</u>			
<u>In Past Week</u>			
None	21	21	19
One	28	28	29
Two	20	21	22
Three-four	17	17	16
Five-seven	14	13	14
	Base: (736)	(728)	(546)

* = Significant change at the 80% confidence level.

--Question--Did you have anything that would indicate, on your ARS people, that they were more likely to have been drinking at home or a nonpublic establishment?

--Answer--Not in this survey. But in the strategic survey we found out that the A group, the white collar group, tends to drink at home more, whereas group B, the blue-collar group, tends to drink outside the home in bars, bowling alleys, etc.

--Question--Was polydrug use considered in any of these studies?

--Answer--It was not.

--Question--The reason I've raised the question is because often they are combined.

--Answer--If you're interested in that, South Carolina has looked very carefully at this, and they have found a higher incidence of psychoactive drug use than alcohol. In the surveys that they did at their licensing examination stations, when people came in to get their driver licenses, they were asked about their uses of alcohol and of particular drugs, and they found a higher incidence of drugs over alcohol. They are mixing them with alcohol, too.

--Comment--I think we should be careful, because that does not necessarily refer to the driving situation. That refers, if I'm reading that study right, to what they use. People who are older and/or younger tend to be on psychoactive prescription drugs more often. But that does not necessarily mean that they

are mixing them while in the driving situation.

These studies show us that we have a good base to go on, that there's concern in this society with problems associated with alcohol. But we've got to keep it up; we've got to continue to advertise effectively in order to keep the interest up. But also we've got a tremendous reservoir of concern on which we can build our specific calls for action. Concerning the notion that people are ready now for some models of "what do I do about it," we're very eager to move much more aggressively into this area.

--Question--On these public service messages are you able, through any source, to get an idea on their use in broadcast advertising?

--Answer--We survey the media on a quarterly basis, and we've gotten impressive results; however, we're beginning to get fewer and fewer responses from the media. So since we're getting so few responses, we're having to extrapolate so far that we're not comfortable with the data. So we're going to go to some other method and are examining various ones now.

--Comment--That is one thing a group ought to be able to do-- jointly monitor the media--pay for the monitoring of the media and then share that data. It seems to me that would be an ideal way to cooperate, to purchase systematic monitoring of the media to know what's being played, and then to share that with people so that we all get to use it.



--Comment--I have a comment about the "Bartender" spot. I think that commercial has too many messages in it, too many bits of information. You really get hit with a lot of information: the message about beer and wine

being the same as booze. I got it all, but I'm not sure that many people would. If you've got twenty different messages hitting you from that many directions, I think it's too complicated. That's why I think "Teddy" is a better spot, only hitting one issue.

--Question--Are any efforts being made to get to the waitresses or the bartenders, or the people who work in public establishments to get them to stop people who are drinking too much?

--Answer--There are some sporadic efforts around the country to do this, but I won't share with you the dismal experiences they're encountering. An ASAP tried to do this via a very extensive

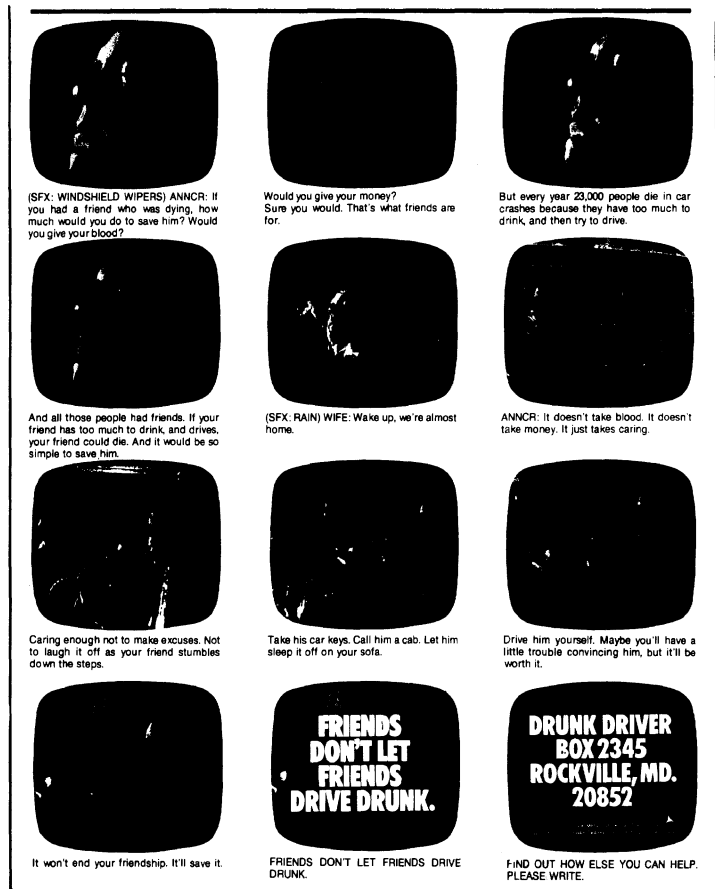
direct mail effort asking the owners of establishments to come. It was well promoted and letters went out to many people, but in the end just two people showed up. They only showed up because they thought it had something to do with their keeping their license to operate. So it's a great idea, but these people who run restaurants are in there to make money and if it has to do with their licensing, they're happy to show up just to comply with the law. Otherwise, they lack interest.

--Comment--I would suggest that this is the wrong approach to get the licensees. The Michigan Licensed Beverage Association had a project like this, called "Know Your Limits." They used a bunch of mixed messages, none of which seemed to get through to anybody. And they had a pretty good turn-out at their affair, compared to ASAP's two people. But as an invitation they used a simulated summons that a lot of licensees thought was the real thing! So the point is, unless they feel that their license is threatened, they're not going to respond. But, instead of working through the licensees, it seems like you ought to be working through the bartenders' union. If you can get through to enough of them so they can come on like the bartender in the TV spot and be able to say something to any customer, then you really will have made some progress. There you could speak to the bartenders and tell they're in a unique position to help people, having nothing to do with reducing sales.

This is our next generation of commercials, just being released.

When we first started these campaigns, we used to produce three or four spots at a time. That was cut down to two at a time; and now we're doing just one at a time--one 60-second spot and

one 30-second spot of the same commercial. Now, we're trying to get more resources, but it's really tough to get them to give us money to do an adequate job. However, as a result of this research, our credibility is improving, so we may see our financial situation improve.



HIGHWAY SAFETY RESEARCH INSTITUTE
--Richard Douglass

The research I'm reporting is unique to this field because it is just the opposite of what I usually like to see--lots of data, statistics, etc. Instead, this is a sort of a fishing-expedition type of research, dealing not with human populations, but with the population of materials that have been collected in the Public Communication Project. We are taking a look at the collection of materials, as a population, to try to systematize it and apply some conceptualizations to it. The reason this is useful, and perhaps essential at this point, is that this particular population is growing very fast. And we can't learn from rapidly growing populations or problems unless we apply some order to them.

Two years ago, with a small contract from NHTSA, we had a chance to put together a set of variables which include media type, theme, themes and messages, and audience. The audience is either the apparent audience or the explicit audience. In some materials the audience is designated. Designation of a specific audience is more typical in speakers bureau scripts and things like that. It's possible for the theme and message to be identical, particularly when it's a promotional or fund-raising type appeal.

What are these categories useful for? Well, obviously this is not a traditional kind of data analysis; it doesn't lend itself to that. It lends itself to descriptive analysis; and you can do comparative descriptive analyses between campaigns or within

campaigns. You can categorize and stratify the analyses according to different categories of these variables. You can come to a more clear understanding of a campaign by breaking it apart, putting it into an abstraction, and then putting it back together again.

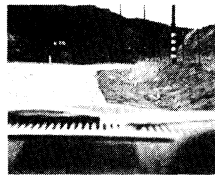
Two years ago, we took the materials from 25 major campaigns, broke them apart, did a content analysis, coding according to these variables, and simply listed what we found. Now we'll take some of those findings, add more items that have been collected since then, and see what kind of conclusions and interpretations can be drawn from that kind of an analysis.

So what kind of things can we do with three particular variables--source, technical accuracy, and message type--for a population of television ads from the last ten years? Let's look first at the initial group of ads I'll call Generation One. Generation One television spots provided a very predictable range of messages. They have been produced up to fairly recent times, and you can still see them, unfortunately, on television. We found information about the problem; we found information about national, state, or local programs; we found statistics on the size of the drinking-driving problem; or we found appeals for financial or other support. These spots don't really have operational objectives that could reduce the problem. For instance, the National Safety Council crusade a few years ago, "Scream Bloody Murder," was really

selling the Safety Council's concern. Others were seeking support, political and verbal, but they weren't really asking us to do anything. They weren't making any suggestions. Similarly, appeals that are ambiguous are actually selling the program. So the first-generation ads are characterized by telling us it's a bad problem and that we should be concerned. Another example is NCA's ad stating that there are six



It's not the drink that kills on our highways . . . it's the drunk . . . the problem drinker . . .



the abusive drinker . . . the drunk driver.



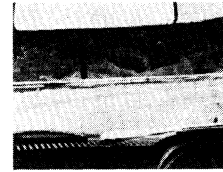
Look at all he's done for us . . .



helped to eliminate the overcrowding in our schools . . .



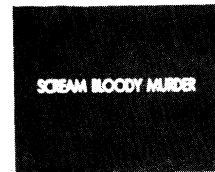
brought families together . . .



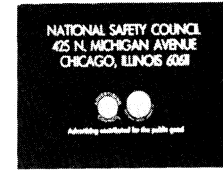
After all he's done for us, shouldn't we do something for him?



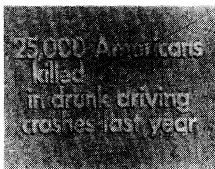
If he's sick, let's help him. But first let's get him off the road.



Do something. Write the National Safety Council . . .



and your voice will be heard.



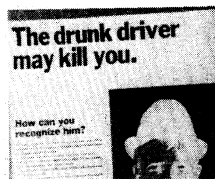
25,000 Americans killed in drunk driving crashes last year. Does anybody care? You bet they care.



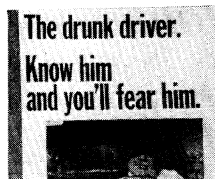
Allstate is convinced that people want something done to cut the traffic slaughter.



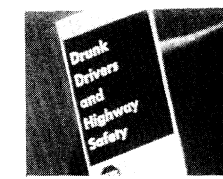
Recently Allstate began a series of public messages pointing out the terrible danger of the drunk driver.



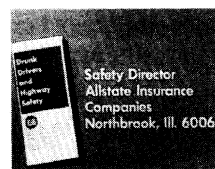
Messages like this—"The drunk driver may kill you." And this one—"The drunk driver, know him and you'll fear him."



As a result, hundreds of thousands of citizens wrote to their state officials supporting stronger drunk driving laws.



Allstate also offered this action kit containing more information about how to help stop the traffic slaughter. We've already mailed over 50,000 of these kits.



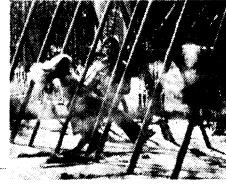
You see, people do care. For your free copy, write to the Safety Director, Allstate Insurance Companies, Northbrook, Illinois.



Now that you're old enough to drink, we think you ought to know some facts about drinking.



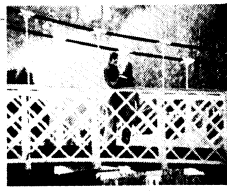
For instance, 80,000,000 Americans drink with no apparent harm, but more than 6,000,000 of them shouldn't have started.



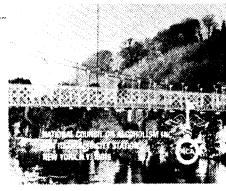
These are the alcoholics and teenagers are included.



Don't be fooled into thinking that alcoholism is a middle-age disease only. You'll find alcoholics on a campus as well as in a factory or an office.



Find out what you're getting into you're into drinking.















Talk to the National Council on Alcoholism. We listen.

million alcoholics in the country. I don't know what that means in terms of human lives; I don't "know" how big six million is.

Another

thing that is terribly critical is that rarely is the voice in Generation One spots anything more than an unseen narrator whose credibility is not established, and who is therefore easily discounted. One thing we know from communications theory is that memory retention is highly correlated with source credibility and identification. If the audience can get a handle on who the source is and how credible it is, their retention is probably going to be greater. Generation One's spots rarely had any source credibility.

 A-1 Hi. This is Bob "watch out for the drunk driver" Hope.	 A-2 I want to be serious with you about a person who worries me a lot. The problem drinker who drives.	 A-3 Last year over 19 thousand Americans died in accidents involving problem drinkers.
 A-4 Not just drinkers but people who drink too much too often.	 A-5 I want to do something about those people and so does our government.	 A-6 Today, Federal, State and local agencies are finding out who the problem drinkers are.
 A-7 ... and getting them off the road.	 A-8 And government agencies are running rehabilitation programs too.	 A-9 ... with medical treatment supervised by our courts. These programs are helping save lives. Write and find out how you can save lives too.
 A-10 ... in getting the problem drinker off the road for his sake and yours.	 Write DRUNK DRIVER Box 1969 Washington D.C. 20011	 A-12 (Silent Fade Out)

It is also common in Generation One spots to see a superstar. Presumably they're going to add credibility to the message. Generally, though, that distracts, because the superstars have no obvious relationship to the problem they're addressing.

Generation Two ads are quite different. This may be because of the research done at Grey, NIAAA, or DOT. Generation Two gets a little more gutsy. Generally, interventions are suggested; however, there are some problems which can be identified. One

spot I'm thinking of is "Painting Class." In the scenerio, a young woman goes into a painting class talking about how her friend got drunk, yet picked up her daughter after school, and this middle-class white mother had a terrible accident because she was drunk. That's OK, except the major problem



happens to be among males at night. And while this wasn't absolutely wrong, it emphasized a relatively less important component of the problem than probably should have been targeted.

--Comment--In defense of that spot, we felt that we did have to do something about women, and particularly women drinking during the day. It was designed for women's daytime TV and for the times when public service space is more available.

--Comment--This brings up a point: how does it get determined which spot is aired when? Does the head of the TV station show the one that he thinks will get the most attention?

--Response--Yes, or the one he likes the most. WJR-TV in Detroit tells me that they get over 300 spots a week. The station manager may listen to all of them, but probably not. He probably listens to them when he knows the source or listens to those for a particular national event, like Easter Seal Week.

--Comment--An argument that we keep in front of our minds and with which we try to sell our spots is that to break through the log-jam you need to have a very good spot, something that the public service director will conceive as good, that won't drag down the level of the station's programming.

With Generation Two, source credibility doesn't come from the speaker. Almost always in this generation of spots, whatever the source--DOT or others--an unseen narrator is used whose voice and whose image have not been identified, and toward which no credibility has been established; this gives less weight to the theme and message. There are also questions about the technical accuracy, sometimes because the research has come in too late to be utilized, sometimes

because the information wasn't disseminated adequately to the producer. This brings us now to Generation Three.

Generation Three is even more bold, I think, and rather exciting. The ones I'm thinking of, which have already been shown today, are "Teddy" and "Bartender," and other spots like that. They are exciting because of the way they stack up according to the three variables. First, the narrator is not used until the byline; for theme and message, where the big impact is hoped for, the actor himself gets involved. Now the actor in the scenario has got to establish credibility. You know who is talking; you've seen what he has done; he has demonstrated intervention or at least talked about it. To me, that's the appropriate place the message should come from. You see a benefit, and I don't believe it's necessarily more difficult to do it that way; the pay-off is probably a lot higher.

The technical accuracy is greatly enhanced, too, because both spots portray events late at night, when drinking is over, yet when you need to worry about the drinking driving situation. Unlike interventions in drinking problems, these spots should be targeted toward action which is still going on. The message type suggests an intervention that apparently worked in Generation Three, so there's an implied efficacy of the intervention described.

One of the implications I see is that now it is time for something else; to tell people how to go about a suggested intervention. That's very exciting, because it seems to be what's coming up next

and it will be Generation Four. Generations are determined by the content and the style of the piece of media, not by the time distance between them. The generation life-span has become shorter, 12 to 18 months perhaps, which may be a function of how much we're learning and how rapidly we're learning more in the field.

When I saw in the Highway Safety Communicator the item about San Antonio's fear-arousal campaign, it touched a nerve ending; that's why I asked Nancy to come up here, because it raised an interesting hypothesis. That is--just what makes an ad effective? Is it the content, any of these variable considerations, the intensity of the campaign, or is it the novelty of the theme, message, and appeal to the population. If we put a fear-of-arrest campaign on in Michigan, it would be rather novel, because we haven't had anything like that for some time.

One of the things I'd like to touch on are the Winston ads. This is what comes to mind first. What you've got is either a super macho male or female; they look tough. That's the kind of appeal that is now being used in those ads, and they're selling Winstons. The one that came to mind countering that is the DISCUS ad, "They're old enough, but are they mature enough." The ad uses pretty suburban kids. Now who are the youth identifying with? They're identifying with "Mr. Tough." So couldn't we have ads where "Mr. Tough" says "I'm so tough I don't need to drink and drive."
--Comment--I think you can sell the idea of a macho sense of self-control, of not responding to peer pressure.

DISCUSSION

--Seminar Participants

--Comment--I'm excited after seeing some of these new ads because they're getting at emotions, we often don't understand why we do a lot of things we do.

--Comment--I agree wholeheartedly on that point. That's one of the things I like best about the "Teddy" spot. In the past in these kinds of messages where we have gone to emotions, we've gone to avoidance promotions; but in "Teddy" we're selling a positive feeling.

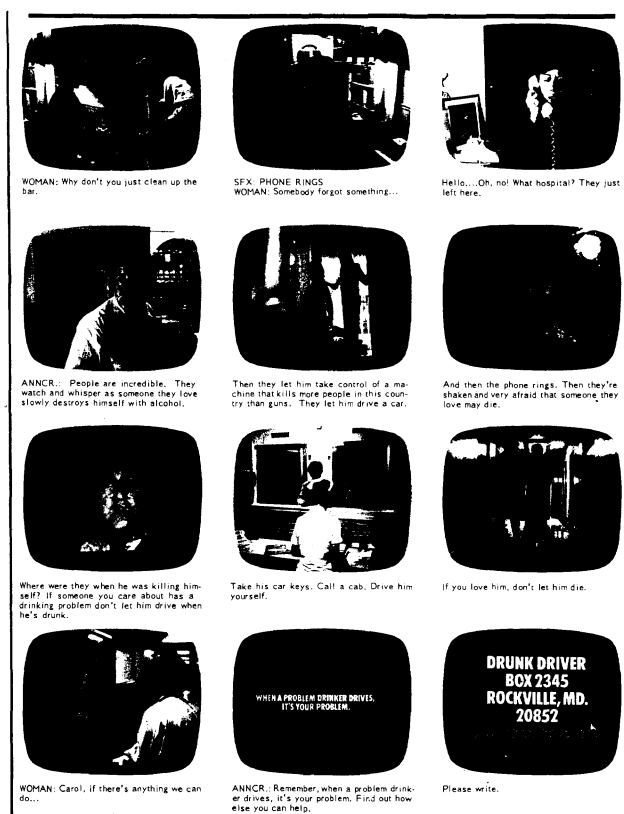
--Comment--I'm just as excited about another area, and that is the rights of non-drinkers. The rights of non-smokers has had a tremendous effect and is expected to continue to have a tremendous effect on smoking levels and on smokers. This idea of the rights of non-drinkers is very interesting. It puts the whole business of alcohol in a different perspective. There's decision-making involved and there's also personal concern, because not everybody drinks.

--Comment--There's another point, too. There was a campaign a few years ago where the woman wished she hadn't let her friend drive. That involved a failure to intervene.

--Comment--The concern seems to be directed toward the driver. But the concern could be, it seems to me, more self-centered, e.g., "I don't want to ride with you; it scares me. And I'm not going to let you drive, because I want to get home safely." That's

not been used on the media, to my knowledge.

--Comment--Regarding this theme of the non-drinker, so much of the material, if you'll just analyze it content-wise, tells you all about drinking. You look at the Jaycee's materials and see 38 different situations in which you should serve liquor responsibly.



But virtually never is the whole concept of abstinence marketed in any way. I think most people who use alcohol are basically abstainers who sometimes drink. It seems to me we should really emphasize counter-balancing this. We made a mistake once in taking cigarette ads off television. We should probably build in more equal time for the opposite opinion.

--Comment--This is the main reason that I would put forward as to why this gap is narrowing between the generations of improvement. People are taking it more seriously. You know, we went on for years knowing we had to have something on the air telling people to be careful. That's as serious as we were about the potential of

mass communications. But now people are taking it seriously; they're spending a great deal of time on it. To get one of our scripts approved for production, it takes hundreds of man-hours. We used to approve these things in five minutes. Now there's all kinds of analysis. So what I'm saying is that the potential in mass communications on these behavioral issues is just now beginning to dawn on people who have the power.

--Comment--In countermeasure ads, we've adopted a new style of saying rather than "don't do it," "do something different."

--Comment--I'd like to speak to that on a slightly different perspective. It has been difficult for us with some of the creative people that we've used from time to time who are experienced, successful, creative people. They have sold soap and other products very successfully. They turned out materials for us which sounded like the same ads; they were snappy, there were some little Madison Avenue nuances here and there. Yet all of us felt that it didn't address the fact that this is a different thing than selling soap. There aren't the range of choices, there isn't the emotional, psychological addiction thing behind buying one bar of soap versus another. I think that we all recognize that it is a different thing that we're doing--using the same techniques, but differently.

--Question--Why is it different?

--Answer--Because you're changing life-styles instead of influencing somebody's buying choice toward products to which they are already predisposed.

--Answer--I think this is the difference: When people see a product advertisement, they already know there's a range of products from which to choose. These countermeasure ads are different because they try to convince the audience that there is more than one alternative, and this is the one they could be comfortable with.

--Comment--The FCC is going to investigate the cigarette companies because they know that cigarette smoking is really booming and so infer that the cigarette companies must be violating some rules because they're so effective, even though there is a warning about health in every ad. I wonder if you could talk to the ad people for cigarette companies to find out their philosophy; what they are getting people to do that we can turn around to get people not to do.

--Response--It's an interesting question. I think that is exactly the same thing that I was saying earlier. This is an ingrained, personal habit that is not easy to change--stopping smoking. And even though here I am, a smoker, reading the warning on the pack, that is not influencing me. What is influencing me is when I notice that I am virtually the only one in the room that is smoking; I sense disapproval when I smoke; and I'm beginning to think about life-style issues. So, I don't know what the conclusion to that is, but it's much more complex than selling Newports versus Winstons.

--Comment--But there were counter-ads, a tremendous series of ads on television during that period.

--Response--But they were small in number in relation to the total

number of cigarette ads.

--Comment--But, you know, the group that is now starting to smoke, and they're smoking more than ever, is the same group that we're concerned about--it's the 15- to 20-year olds.

--Comment--Fifteen-year-old girls have the biggest increase in alcohol consumption and they are also cornering a bigger piece of the cigarette market than ever before.

--Comment--I can't see any kid who'd be big enough to stand up to the group and say "I'm so big, I don't need to drink." These people all have to belong and they have to follow peer pressure. Still, I suppose it's inevitable that there are some who do go against the grain of peer group pressure.

--Comment--There seems to be some going-against-the-grain already with these ads. They're saying that you should intervene because you're going to get hurt if you don't. But we're doing that for adults. "Teddy" and "Bartender" are not geared toward the population where the maximum probability of alcohol-related crashes occur. Neither of these TV spots is targeted for the 18-year-olds. And that's where it always peaks; if alcohol is legal at 18, the maximum frequency of alcohol-related crashes is going to occur with 18-year-olds.

--Comment--I'd like to mention something that isn't directly related to the advertising. I think we're getting a lot of subtle support on the television and in the movies about drinking. One recent detective program involved a situation where a man had been drinking

to excess and people actually restrained him and did not let him drive. And that was purely a dramatization. I saw an old Bettie Davis movie in which there was smoke curling up around her head and she was gazing into someone's eyes. That isn't done anymore; it isn't clever, it isn't sexy, it just isn't used anymore.

--Comment--Well, that point was made earlier--you have to say it again and again and again and again. And you have to say essentially the same thing each time. In our Public Communication Project, materials have been collected and categorized so production people can use the collection as a resource base and as a consultation base, so as to reduce the complexity of the messages and the themes so that the public would not be getting confused by different approaches. You don't see lots of different approaches anymore, and I don't know how much we have had to do with it. At least the major sponsors have become more aware of it at the same time. DISCUS is currently using "drink responsibly," NIAAA's theme is "use intelligently," and DOT is saying "intervene intelligently." So at least it's all pointing in the same positive direction and the mix of messages is much less than it was.

--Comment--I'm thinking that the kid who is tough, who doesn't smoke, is probably not susceptible to that peer pressure, so that message will have little impact. But the one who is susceptible is probably not tough, and you're not going to make him feel tough in making that decision.

--Comment--I've got to comment on this discussion. I've been in

this field for a long time. We have this problem which our discussion over the last 20 minutes or so clearly demonstrates to me. In the one sense, we're very casual about saying what will work-- very casual about what will work on television, what will work in persuading people. So we have a tendency to overestimate the ability of mass communications to bring about these changes in people. On the other hand, we so undervalue the power of communications that resources we put into it are miniscule, compared to its potential. This is the dilemma that I see in the management of our government agencies, our commercial companies and large advertisers. We have this ambivalence or paradox where we do these things at the same time; we overestimate constantly what media will do, yet at the same time undervalue the potential. What this means to me is that it shows the value of these kinds of meetings and their importance. We must be very careful in how we discuss this issue, and have our semantics as clear as we can in order to really pin down the problems and then try to evaluate the messages in order to increase and advance the state-of-the-art. For example, we've commented on the importance of what is in mass media. You know, this is so critical, and in a positive way the little nuances that we see in the dramatic shows can be so helpful. But I'm afraid if you really look at what's in the media, the weight is on the other side, and most of what's in the media is unintentionally destructive and counterproductive. That's one of our objectives--to try to get people who control the media to be more aware of the potential for

good, and to avoid the destructive or counterproductive things. I think that they're just not aware of them. So we need to increase the value that we put on what is in the media, on the one hand. On the other hand, we've got to be very careful about how easily we say what will work. We've got to put more resources, more attention, more time, and more energy into meeting together and evaluating and sharing the results of these evaluations, admitting our mistakes so that we can really make progress. We in DOT have tried to be fairly candid about our mistakes. We admitted, for example, that we found the problem drinker slogan not productive. So we had to change from the problem drinker emphasis if we were going to try to get more intervention in the social situation. We've admitted today that we bombed out on beer; we're just not getting anywhere comparing beer directly to gin or whiskey; the public's not buying that kind of comparison. So, little by little, we can see that the dollars and the time that go into this learning are well spent. Now what we need to do is to accelerate this, so that when we come together again six months from now, we'll have taken two more little steps forward. I felt the need to summarize that because our discussion was just an example of what we really need. We find ourselves falling into the same trap of undervaluing the potential and yet overestimating the effects. And we need to teach our management about this, to teach the people who control these marketing resources.

--Question--At a get-together like this, would it have been a good

idea to invite TV and radio station public service directors, for instance, to let them know about the issue and the problem of getting some of these PSAs aired?

--Answer--We talk to them on a fairly frequent basis, twice a year when our new materials are being released. We've had a lot more exposure, as I'm sure any public service advertiser has, on the local rather than on the national level. And the kind of people who are public service directors are all about the same, and would probably not be interested.

--Question--What would you think of trying to add more national advertisers to these meetings; those whose business is in some way related to highway safety? Not to try to force them to do anything, but just to sit in and see if there are any areas of interest.

--Answer--Like getting the top guys in the auto companies for instance? Those that control the advertising? I sure would like to have them here, and if they didn't come, I'd sure ask them why.

--Comment--When you have a chance to read our new communications program document, you'll see that some of the things we've been talking about are clearly intended under a proposed Center for Mass Communications on Highway Safety which would do precisely what you're talking about.

--Comment--This makes me remember that even before I was old enough to drink, I remember hearing one frightening slogan and that was "In Detroit Drunk Drivers Go To Jail." That scared me even though

I wasn't old enough to drink. What about a program to get one judge in each major community to say "I want you to know that if you come before me in my court, this is what will happen."

We still don't know if we're going to be able to have another one of these meetings. We don't know how our financial situation is going to be. We don't know what the character or the audience or the attendance of that meeting would be if we had another one. So we need feedback and we need dollars. We need two kinds of feedback: we need speakers and we need topic suggestions, so we want to hear from you. We need to know your preferences in terms of content and speakers. And we need to know where we can get funds to keep this going. If you've got ideas, that's terrific; if you've got funds unaccounted for, that's even better. I need to have help in lining up appropriate speakers. The Communicator helped in this instance because they drew my attention to the San Antonio ASAP. And, by happenstance, I ran into the NCA program in Detroit. But there are limits to how much input we get from our own activities. So rather than just waiting for the next announcement to come about the next meeting, have some inputs in it. And if you've got any ideas about how we can get these seminars on a more stable base, I'd appreciate that.

--Comment--I have one specific suggestion right now. I think it's important that we get a greater mix of people--health educators, etc. I think that is sorely lacking. They have so much experience that

they could share with us and we have a lot of ideas we could share with them.

I want to mention two things before we adjourn that are happening at the University. These will potentially add to the market of people competent to do evaluations. One is a new specialty program in the School of Social Work, in which a graduate student can elect a research evaluation specialization. These people will be appropriate research evaluators, and they will be trained to evaluate and use competent research methods. They will have field experience, training, and classroom work over a two-year graduate program. Recently we received a grant from the Alcohol, Drug Abuse, and Mental Health Administration to fund three Ph.D. students to become not just academicians, not teachers, not teacher-researchers, but multi-disciplinary research specialists in alcohol problems. In talking to other people in universities, where presumably research evaluators are being trained, there seems to be a terrific need for these people. There's need to have people specifically targeted to this, rather than trying to recruit them from other roles, which is generally what happens. So what we're trying to do is to create, at the master's degree and Ph.D. levels, people absolutely targeted to do this kind of work.

