October 4, 1993

Brian Lamb, President
C-Span Networks
400 North Capitol St., NW
Suite 650
Washington D.C. 20001

Dear Mr. Lamb:

First, I want to tell you how much I enjoy C-Span and C-Span II. You are, without a doubt, the best moderator/interviewer on the two C-Spans. You are always polite to your guests and to callers. You reflect fairness and objectivity, no matter what subject is being discussed.

I have been especially interested in programs concerning health care reform and any discussion involving "sin taxes". I have a particular concern about the failure of our government to hold the alcohol industry responsible for the high health care, crime and other costs caused by alcohol use. The taxes on alcohol (especially beer) are woefully inadequate! Unfortunately, the media seems reluctant to inform the public about the health risks, increased insurance premiums, and other societal costs involved with alcohol use.

I hope that C-Span will be in the forefront in providing the viewing public the kind of information about alcohol use and taxes that the public needs to know to make informed decisions.

I have enclosed a copy of a letter that I sent to recent guest, Carl Leubsdorf, of The Dallas Morning News concerning this subject. I also sent similar letters to Peter Gosselin and Candy Crowley.

Thank you again for the C-Span excellence and please continue the oustanding work we've seen so far!

Sincerely,

[redacted]

Gig Harbor, WA 98335
[redacted]

Dr. Antonia Novello, a pediatrician, leaves office today after three years as surgeon general, during which she has sought to focus attention on health problems of the nation's youth.

Beer: Teens' drug of choice

Binge drinking is a way of life for a half-million kids; let's raise federal taxes to make it more costly and curb consumption.

As this country debates health-care reform and the potential revenue from "sin taxes" to cover the costs, I'd like to offer some "sincere" insights about the alcohol industry.

I've spent the better part of my tenure as surgeon general seeking a voluntary halt to the kind of advertising that leads young people to believe drinking beer has no consequences but fun.

USA TODAY

By Antonia C. Novello, U.S. surgeon general.

I'm pleased the beer industry has revised its advertising code a bit and eliminated its representatives on campuses. But I wish we all had done better. In particular, our efforts to reduce illegal underage drinking have been too weak. And progress toward making some parts of the industry accountable has been dismal.

Unfortunately, all that I see is societal apathy, even good-humored tolerance — a "kids will be kids" attitude, a subtle condoning at times, and a blind eye to the problems.

It is time we all wake up to the fact that alcohol is a drug — one of the most powerful and abused drugs in our country today. Our kids are hooked on alcohol, while parents are hooked on the '60s mentality — "I drank when I was young, and now I'm OK," or, "Thank God, Jimmy only drinks beer; he doesn't do drugs."

But binge drinking (taking five drinks in a row) is a way of life for a half-million U.S. teenagers in the seventh to 12th grades. The average binge drinker, contrary to popular belief, is white, male, 16 years old and in the 10th grade. Surveys show that nearly 14% of the nation's eighth-graders already binge, and 26% of eighth-graders are already drinkers.

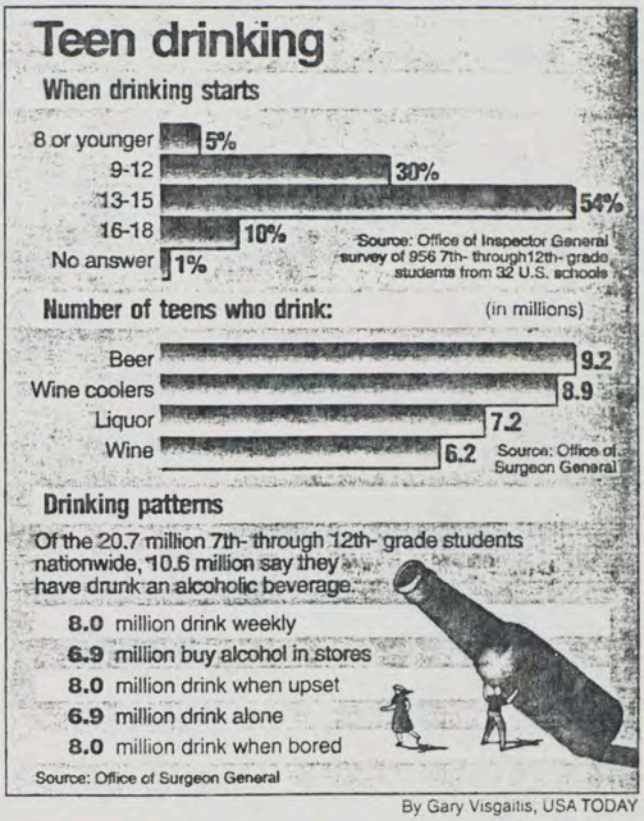
Moreover, more than one-third of students still believe that drinking coffee, getting some fresh air or taking a cold shower will sober you up. In addition, a projected 259,000 students think that wine coolers or beer cannot get you drunk, cannot make you sick or cannot do as much harm as other alcoholic beverages.

Beer seems to have carved out an image not only as the drink of the common man (moderate-income, hard-working, responsible citizen), but also, in the minds of youth, as a virtually non-alcoholic, run-of-the-mill soft drink. All these perceptions no doubt have been aided by beer's packaging, pricing and advertising.

The truth is that beer is the preferred beverage of youth. Minors illegally consume more than 1 billion beers each year. What's more, students who choose beer as their favorite alcoholic beverage do so under the rubric that it tastes good, is easy to get, is cheap and does not get you drunk as fast as other alcoholic beverages.

They don't realize that one can of beer, five ounces of wine or one wine cooler has roughly the alcohol equivalent of one shot of vodka. So deep is their misunderstanding that 80% of students surveyed did not know that a 12-ounce can of beer has the same amount of alcohol as one shot of whiskey.

Recent studies show that a 12% increase in beer prices reduced the number of 16-to-21-year-olds who drink frequently by 8% and the number who drink fairly frequently by 6%.



By Gary Visgaitis, USA TODAY

Despite these data, the last time federal taxes on beer and wine were raised was in 1951.

Beer is taxed at about half the rate of distilled spirits. Put another way, the alcohol in distilled spirits is taxed double the alcohol in beer. Taking inflation into account, the 1992 federal excise taxes on alcohol are only 37% of their 1950 value.

Given our current taxing policy, illegal underage drinkers may reach the flawed conclusion that beer, as they wrongly believe, does indeed have less alcohol than distilled spirits, since it is cheaper. This conclusion undermines and runs counter to all we know and all we have done to prevent illegal underage drinking.

More important, in the current atmosphere of assessing health-care reform and potential sources of revenue to pay for it, recent studies have estimated that current excise taxes on alcohol cover only about one-half the costs that drinkers impose on others through collectively financed health insurance, pensions, fines and costs incurred by traffic crashes and criminal justice.

The studies estimated that these "external costs" totaled about 48 cents per ounce of alcohol — more than 1½ times the approximate 30 cents of federal and state taxes now imposed on alcoholic beverages.

I ask you then: Should we really continue to exempt beer from a reasonable level of taxation? If so, we will keep beer cheap and accessible to our young people, keep a blind eye to the problem and keep the beer industry absolved from sharing its responsibility to our youth and to our country.

▶ What teens say, 1D

Note:
This editorial was written by the student editorial staff of Peninsula High School, Gig Harbor, Washington.

The Peninsula Outlook, April 20, 1993

Misspelled SADD misguided in programs and principles

Students Against Drunk Driving could be called Simply Aware of Drunk Driving. In celebration of national SADD awareness month, a rejuvenation of the Peninsula chapter has taken place. While this is a positive step the members are, unfortunately, giving a misguided message with a misspelled name.

Instead of telling people not to drive drunk, they should change the organization to Students Against Drinking. This would not only correct their spelling problem but help to solve numerous problems with teenage drinking.

Besides, it is impossible to drive while intoxicated without drinking. By telling students not to drive while intoxicated, it is implied that drinking without driving is acceptable. Alcohol related accidents are the leading cause of death among teenagers. These accidents don't just include driving, but also consist of boating, drowning and unwanted pregnancies which lead to abortions.

> **By telling students not to drive while intoxicated, it is implied that drinking without driving is acceptable.**
> Outlook

When high school students drink, they often drink at large parties in uncontrolled circumstances. They generally don't drink because they enjoy the taste but because they want to escape their problems. They may fall victim to the mythical syndrome that everybody else is doing it. This type of irresponsible behavior is the precise reason SADD should not just condemn drunk driving but drinking, period.

SADD awareness month only stimulates a short term interest in the behavior of teenagers by teenagers and really has no beneficial effect on the long term. Wearing red ribbons and creating paper chains of life are only superficial actions which only makes us aware of drunk driving. None of this solves the problem. The real solution lies within stopping teenagers from hitting the bottle.

The bottom line is the negative effects of alcohol far outweigh any reason to drink. Future life-styles are usually formed by habits and behaviors established in the formative teenage years. Let's not make drinking a habit in the 21st century.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Monday, September 20, 1993

Contact: NIH/NIAAA
(301) 443-3860

HHS Secretary Donna E. Shalala today released the Eighth Special Report on Alcohol and Health, showing U.S. declines in per capita alcohol consumption and liver cirrhosis deaths, as well as increased abstention and decreased heavy drinking across a broad range of age, sex and demographic groups.

The report was prepared for Congress by the National Institute on Alcohol Abuse and Alcoholism. It details recent scientific progress in understanding, preventing and treating alcoholism and alcohol abuse and their consequences.

The institute estimates that more than 15 million Americans 18 and older meet standard diagnostic criteria for alcohol abuse or alcoholism. In addition, many others are involved in alcohol-related traffic crashes, or suffer from injuries and other problems associated with single drinking incidents.

Alcohol also is a substantial factor in a wide range of safety and behavioral problems, including domestic and criminal violence and high-risk sexual behaviors.

The report says raising the minimum drinking age has contributed to reduced fatal traffic crashes among persons under 21 years old. In particular, alcohol-related fatal crashes decreased between 1982 and 1989 by 47 percent among drivers 16 through 18 and 33 percent among drivers 18 through 20. Despite the raised legal

drinking age, alcohol remains the most frequently used drug among U.S. high school seniors.

The report also shows that estimated rates of alcohol abuse and alcoholism in young women are converging with rates for young men.

"The Eighth Special Report documents that heavy and chronic drinking can harm virtually every organ and body system," said Secretary Shalala.

NIAAA Director Enoch Gordis, M.D., said, "Heavy drinking has been linked with hypertension, weakened heart muscle, and arrhythmias, and chronic alcohol abuse with adverse effects on immune, endocrine and reproductive functions, among other consequences."

Moderate drinking may reduce risk for coronary heart disease, but moderate use also has been associated with added risk of hemorrhagic stroke, motor vehicle crashes and adverse drug interactions.

Alcoholism treatment research, conducted with increasingly sophisticated study designs, has documented promising psychological and pharmacological interventions. In recent studies, researchers identified pharmacological agents that appear to reduce alcohol craving and relapse in alcoholism treatment patients.

"The ultimate success of treatment efforts lies in uncovering the mechanisms involved in craving, impaired control and other disease features of alcoholism," Gordis said.

In this pursuit, scientists are exploiting new tools in molecular biology, genetics and neuroscience, including advanced

biochemical tests, gene mapping and a variety of brain imaging technologies.

One of 17 National Institutes of Health, NIAAA is the lead institute for biomedical and behavioral research on the causes and consequences of alcohol abuse, alcoholism and related problems. NIH is one of the eight U.S. Public Health Service agencies in HHS.

The Eighth Special Report on Alcohol and Health will be available later this fall from (800) 729-6686. An overview is available now by mail or messenger from (301) 443-3860.

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1991 Alcohol Fatal Crash Facts

U.S. Department of Transportation
National Highway Traffic
Safety Administration

National Center for Statistics and Analysis

The National Highway Traffic Safety Administration (NHTSA) defines a fatal traffic crash as being alcohol-related if either a driver or a nonoccupant (e.g., pedestrian) had a blood alcohol concentration (BAC) of 0.01 grams per deciliter (g/dl) or greater in a police-reported traffic crash. Persons with a BAC of 0.10 g/dl or greater involved in fatal crashes are considered to be intoxicated. This is the legal limit of intoxication in most states.

Motor vehicle traffic fatalities in alcohol-related crashes dropped by 10 percent from 1990 to 1991. The 19,900 alcohol-related fatalities in 1991 (48 percent of total traffic fatalities for the year) represent a 21 percent reduction from the 25,165 alcohol-related fatalities reported in 1982 (57.3 percent of the total).

"About 2 in every 5 Americans will be involved in an alcohol-related crash at some time in their lives."

According to police reports, alcohol was involved in 48 percent of fatal crashes and in 6 percent of all crashes in 1991.

The 19,900 fatalities in alcohol-related crashes during 1991 represent an average of one alcohol-related fatality every 26 minutes.

About 318,000 persons were injured in crashes where police reported that alcohol was present—an average of one person injured every 1½ minutes.

More than 1.8 million drivers were arrested in 1991 for driving under the influence of alcohol. This is an arrest rate of 1 for every 92 licensed drivers in the United States.

About 2 in every 5 Americans will be involved in an alcohol-related crash at some time in their lives.

In 1991, 38.5 percent of all traffic fatalities occurred in crashes in which at least one driver or nonoccupant had a BAC of 0.10 g/dl or higher. Two-thirds of the 15,944 people killed in such crashes were themselves intoxicated. The remaining one-third were passengers, nonintoxicated drivers, or nonintoxicated nonoccupants.

Table 1. Types of Fatalities in Fatal Crashes Involving at Least One Intoxicated Driver or Nonoccupant, 1991

Type of Fatality	Number	Percent of Total
Intoxicated Drivers	8,751	55
Nonintoxicated Drivers	1,043	7
Passengers	3,445	22
Intoxicated Nonoccupants (Pedestrians and Pedalcyclists)	1,997	12
Nonintoxicated Nonoccupants	708	4
Total Fatalities	15,944	100