



Advocating for evidence-based policies and practices
to prevent and reduce alcohol-related harms.

OMAHA COALITION MEETING
Wednesday, August 11, 2021
9 a.m.

A G E N D A

- I. Welcome and Introductions
- II. Review of the June 9, 2021 Meeting Minutes
(please contact PEM staff with corrections)
- III. Coalition Capacity for Addressing Underage Drinking
Mindy Anderson-Knott, Schmeeckle Research, Inc.
- IV. Focus Area Updates
 - a. Local
 - i. The Good Life Bar & Grill
 - ii. Meeting w/ City Clerk
 - iii. Meeting w/ Councilman Begley
 - iv. Memorial Stadium
 - b. Policy
 - i. USPS
 - ii. LB 274 Comments at LCC
 - c. Youth
 - i. Youth Leadership Network meeting August 26th @ 6 p.m. at UNO CEC
 - ii. Youth Leadership Council meeting in September
 - d. Awareness
 - i. No Free Ride campaign
 - ii. July & August Research Summaries available at
www.projectextramile.org
- V. Additional Discussion/Announcements
- VI. Adjournment and Next Meeting Date: **September 8th, 9 a.m. @ National Safety Council & via Zoom**

IMPORTANT UPCOMING EVENTS

Nebraska Liquor Control Commission Hearings – September 1, 2021
PEM Recognition Dinner – October 21, 2021

The mission of Project Extra Mile is to advocate for evidence-based policies
and practices to prevent and reduce alcohol-related harms.

PROJECT EXTRA MILE

OMAHA METRO AREA COALITION MEETING MINUTES

June 9, 2021

- I. Call to Order: Project Extra Mile Executive Director Chris Wagner called the meeting to order via Zoom at 9 a.m.
- II. Recognition: Capt. Laurie Scott was recognized for her years of work with Project Extra Mile while serving on the Board of Directors and as a key partner throughout collaborative enforcement efforts with Omaha Police Department. Chris Wagner thanked Laurie for her contributions and congratulated her in a new role as assistant chief of police in Loveland, CO.
- III. Welcome and Introductions: Welcome and introductions took place. Coalition members and speakers in attendance: Jon Lucas, Jim Timm, Laurie Scott, Jori Gilbreath, Jolene Rohde, Wendy Evans, Palistene Gray-Moore, Wayne Hudson, Maggie Ballard, and Sherri Cannon. Staff members in attendance: Chris Wagner, Liene Topko, Beatha Kliewer, and Erin Ayad.
- IV. Approval of Minutes: The minutes from the May 12, 2021 meeting were reviewed and approved. No additions or corrections were made.
- V. Prevention in a New Alcohol Policy Environment: Project Extra Mile staff discussed the changes to alcohol policies due to COVID-19 and shared early data on the public health impacts. Liene Topko discussed trends related to increases in alcohol-related deaths, emergency department visits, age-adjusted death rates for alcoholic liver disease, and the association between alcohol outlet density and violence and other harms. Alcohol sales have increased significantly as the pandemic began and hit a record in 2020 in Nebraska. A study also showed significant increases in drinks consumed per day, binge drinking, and alcohol consumption among both parents and people who were unemployed.

Chris Wagner shared early national traffic data estimates, including a 7.2% increase in alcohol-impaired driving during COVID-19 as well as increases in speeding and failure to wear a seatbelt. Wagner invited Chief Deputy Wayne Hudson (DCSO) to share an update on alcohol-impaired driving following a recent news story highlighting the agency's work. Hudson discussed increases in DUIs, particularly during the day, and instances where individuals have fallen asleep at stop signs, are stuck in dead ends, and have been involved in crashes. The agency reviewed historical data on BAC levels and learned that the rate of drunk drivers with BACs above 0.15 has been steadily increasing, from 60% in 2018 to 64% in 2020. Omaha metro agencies have discussed initiating a Douglas County DUI Task Force to conduct sobriety checkpoints and other operations to reduce alcohol-impaired driving.

Wagner briefly outlined LB 274, legislation passed this year to allow cocktails-to-go and sales in a motor vehicle permanently, as well as to decrease the alcohol excise tax rate for ready-to-drink cocktails containing distilled spirits. He shared that work is still being

done to ensure citizens are notified and given opportunity to proactively share their concerns when a licensee adopts these changes to their business model. Currently, there is limited ability to determine which businesses are offering home delivery of alcohol, as an additional liquor license is not required by the LCC.

Erin Ayad shared that legislation is underway to allow cocktails-to-go permanently or to be extended in over twenty states across the country. Maryland's legislation required a study to identify the public health impacts of allowing this practice.

Coalition members also discussed whether law enforcement is seeing more underage drinking parties, and DCSO had not. Hudson emphasized that the agency works to determine the source of the alcohol, whether it's a parent, other adult or retail establishment.

Wagner invited coalition members to sign on to a letter in partnership with the U.S. Alcohol Policy Alliance to address the partnership between the White House and AB InBev to offer free beer if 70% of Americans are vaccinated against COVID-19.

Coalition members are encouraged to be a part of future prevention efforts through the Policy Work Group, which will focus on preventing the harms from recent alcohol-related policy changes. The Law Enforcement Work Group is currently planning alcohol enforcement operations.

VI. Focus Area Updates

a. Local

- i. Chris Wagner shared a summary of recent alcohol-related incidents reported at the Good Life Sports Bar & Grill (Elkhorn). The City of Omaha Law Department brought a resolution to the city council to consider setting a formal revocation hearing, but unfortunately councilmembers did not take action. Chris Wagner submitted an op-ed following the council's decision that was published in the Omaha World-Herald.

b. Policy

- i. Wagner shared that Project Extra Mile's legislative tracking sheet will be finalized and posted on the website. It will be updated as interim study hearings related to alcohol are scheduled.

c. Enforcement

- i. Wagner shared that efforts are underway to coordinate enforcement operations to address alcohol sales to intoxicated patrons.

d. Youth

- i. Erin Ayad discussed this year's Youth Leadership Retreat, which is a virtual workshop scheduled for June 15th. She encouraged coalition members to share the information with students entering 8th – 12th grades in the fall as well as other community partners who work with young people.

e. Awareness

- i. Jim Timm (NE Broadcasters Association) shared that *No Free Ride* public service announcements will run 7/1 through 9/30. The goals of the PSAs, which will be in English and Spanish, are to share the risks and often deadly consequences to both young people and the community and to deter adults from providing alcohol to minors.
- ii. The May research summary is available on Project Extra Mile's website under the 'Research' page.

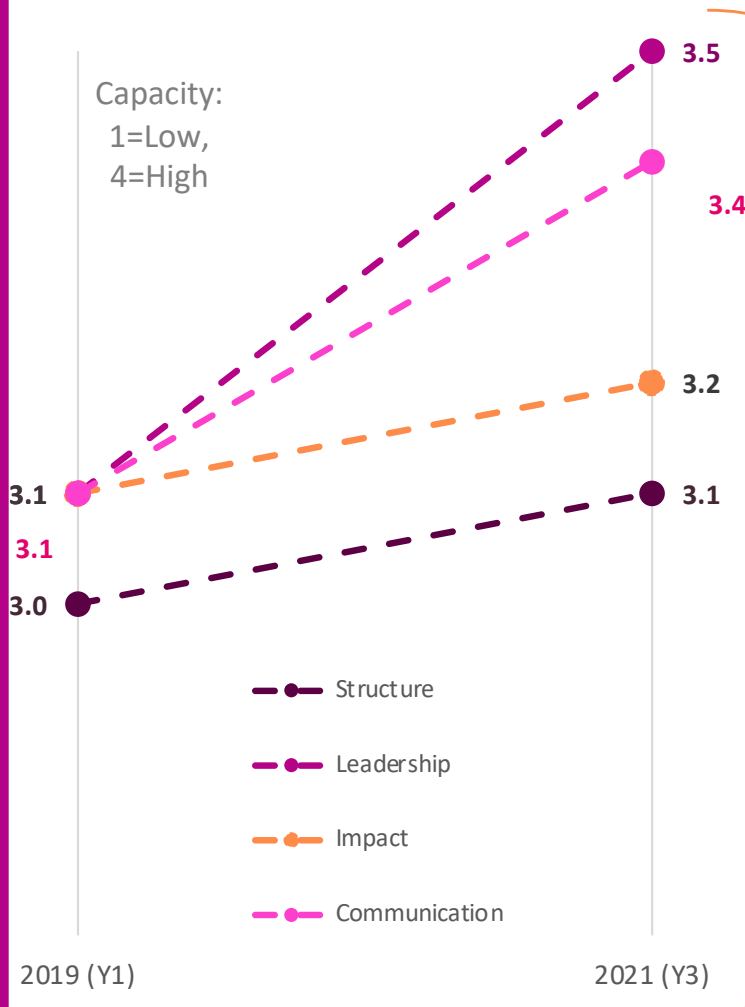
VII. Additional Discussion/Announcement: No additional discussion or announcements.

VIII. Adjournment and Next Meeting Date: The meeting was adjourned. The next meeting will take place on Wednesday, August 11th at 9 a.m. virtually via Zoom.

PEM: Capacity Survey 2021

Members of Project Extra Mile (PEM) participated in a Coalition Capacity Survey in the Spring of 2019 (Year 1) and 2021 (Year 3) to assess internal capacity as part of the Partnerships for Success (PFS) project. Participation included 39 members in Year 1 (46%) and 29 members in Year 3 (31%).

Coalition members reported increased capacity in **Structure**, **Leadership**, **Impact** & **Communication**



What has driven these changes?

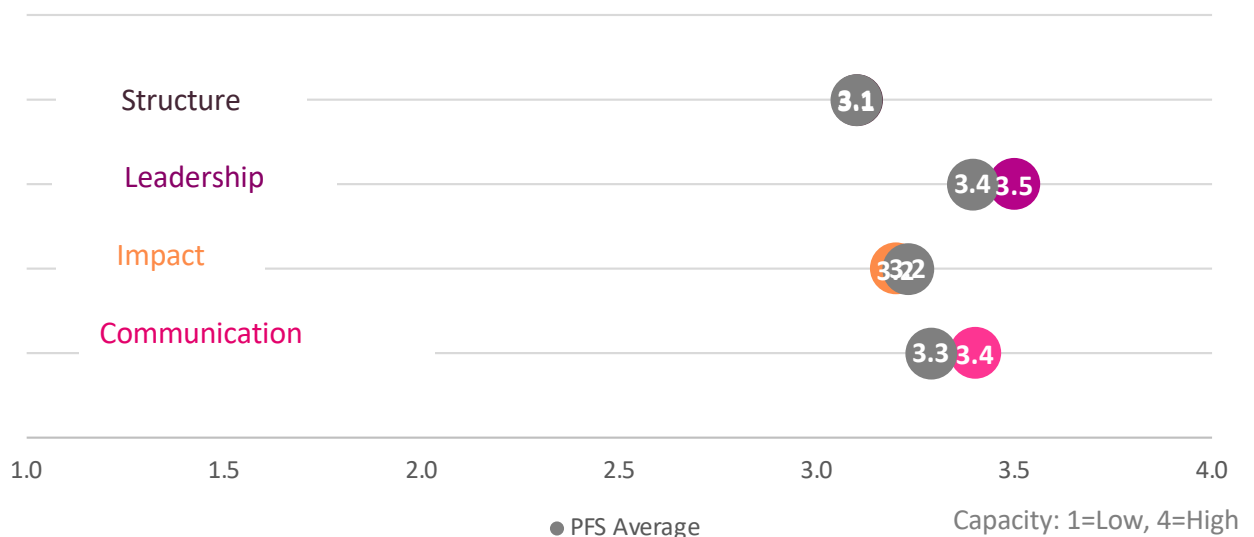
Structure: increase due to better representation in the coalition of groups that would help them accomplish goals (e.g., youth, schools, law enforcement), and better-defined roles

Leadership: increase due to members feeling like leaders encourage open dialog, and utilize the skills and experience of the members better

Impact: increase due to more members feeling the coalition is stronger with them in it, and feeling like their efforts contribute to the mission

Communication: increase in satisfaction with communication between coalition members and the media to promote awareness, better communication between members and staff, and members feeling listened to and heard

PEM members reported higher capacity than other PFS coalitions in Year 3



Strategic Prevention Framework (SPF)

57% Similar to other PFS coalitions, slightly more than half of **PEM** members were somewhat or very knowledgeable of the SPF **56%** Other PFS

Coalition members reported capacity decreases in **Assessment** & Cultural Competence and an increase in **Planning**, **Implementation**, **Evaluation**, and Sustainability

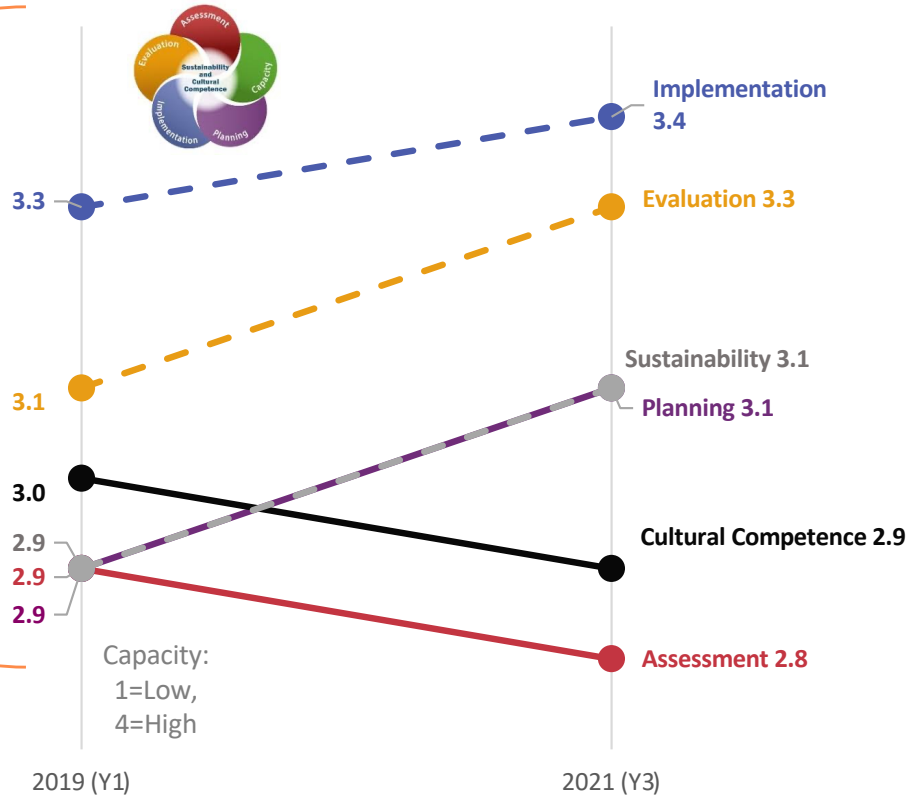
What has driven these changes?

Assessment: decrease due to limited data at the local level, and a lower understanding of community readiness for change

Planning: increase due more members feeling selected strategies align with coalition goals, and members being less confident they select effective strategies

Implementation: increase due to higher fidelity, and higher confidence that the coalition has the capacity to implement strategies.

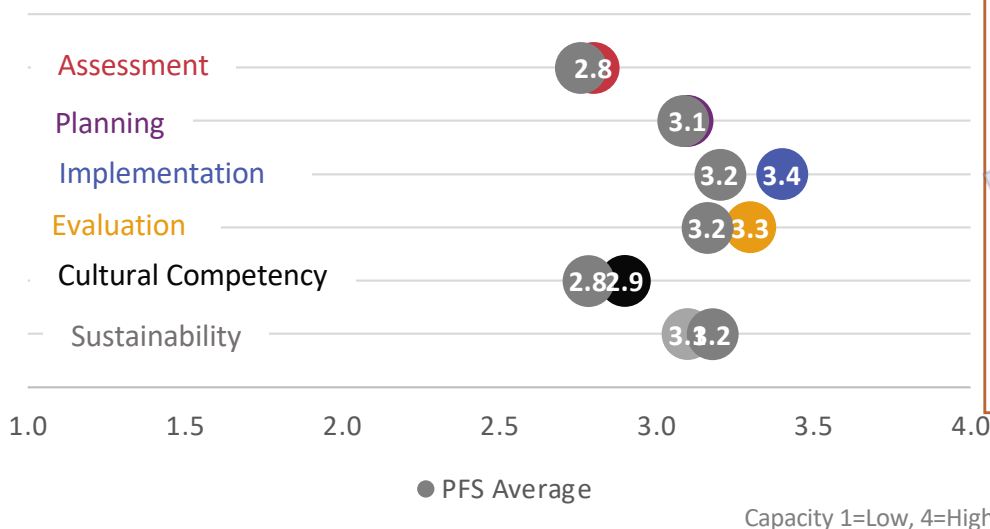
Evaluation: increase due to members feeling more involved in reviewing data, and more use of evaluation data



Cultural Competency: decrease due to lack of consideration of cultural factors by coalition, and poor cultural representation, and a lack of effort by the coalition to address lack of representation

Sustainability: increase due to members having more confidence in their coalition to appropriately to sustain programs in the long-term

PEM members report higher capacity than other PFS coalitions



PEM members reported their stage of cultural competence higher than other **PFS coalitions**

4.2 vs. 3.9

1=low, 6=high

Membership & Collaboration

28% of members think the coalition should have more members

"We need to hear from parents and youth and youth serving organizations to hear about what is going with youth."

31% of members feel the coalition lacks representation from groups that would help accomplish coalition goals.

This is a slight decrease from Year 1 where 38% felt this way.

Groups most reported missing in the membership:

- Youth
- Parents
- Businesses
- Faith-based community

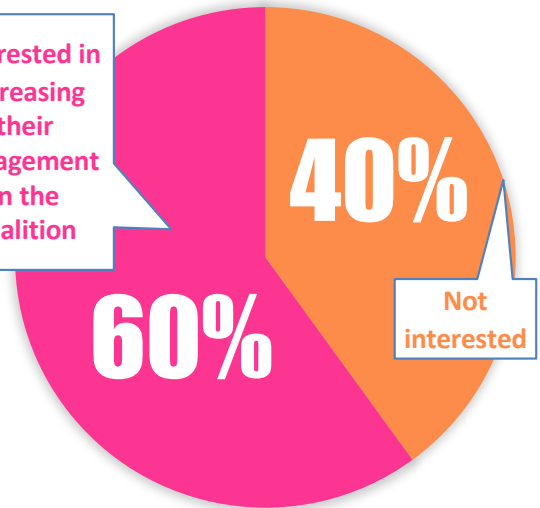
Compared to other **PFS coalitions**, **PEM** engagement was much lower

6.4 vs. 5.4

1=not at all engaged, 10=highly engaged

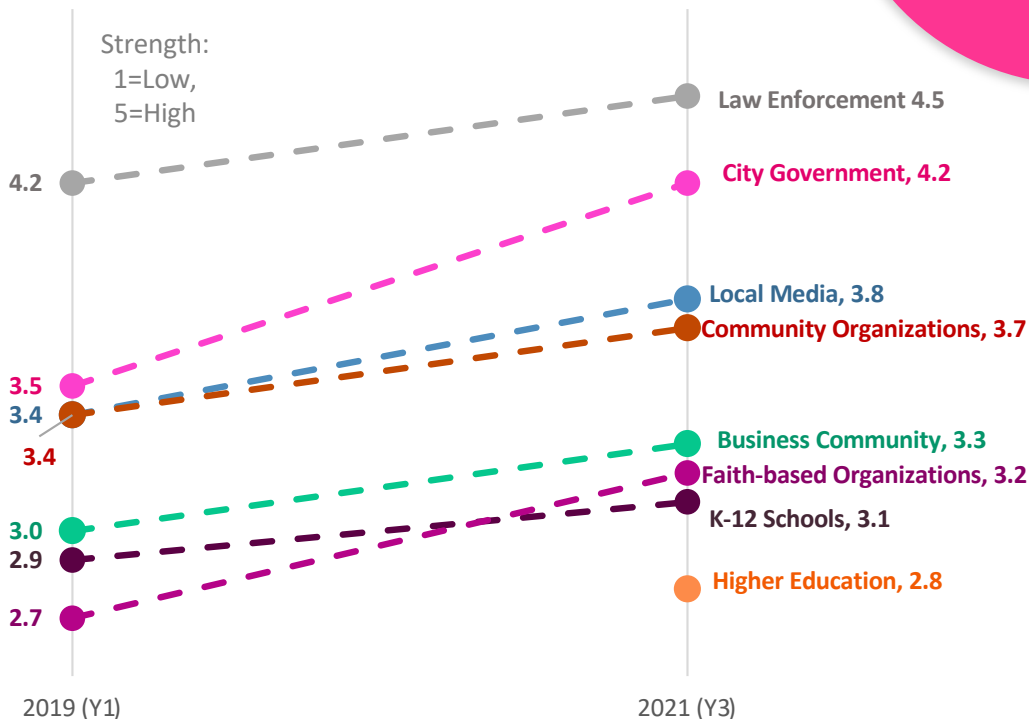
The majority of PEM Members are interested in increasing their engagement in the coalition

Interested in increasing their engagement in the coalition



Not interested

Collaborations increased for all types of organizations since Year 1

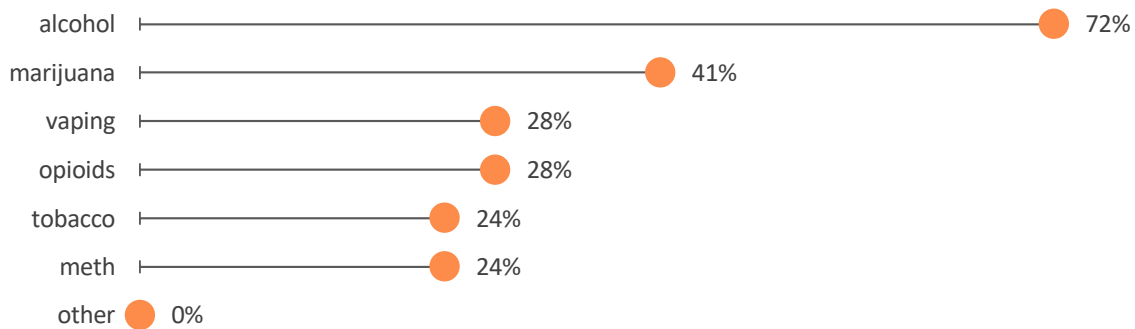


What would help increase your engagement?

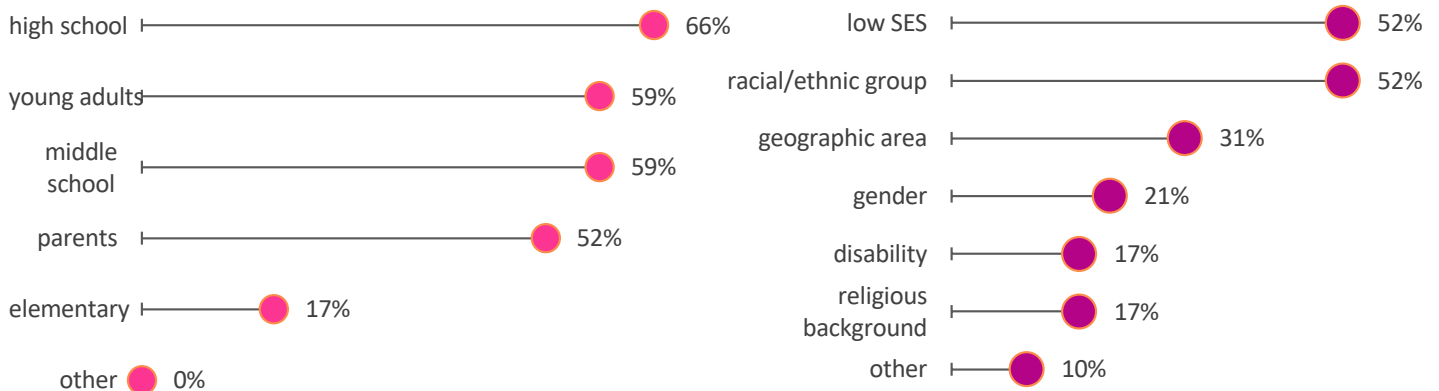
"More diverse involvement representing the community as a whole."

Coalition Focus Areas

PEM members feel the coalition should target alcohol, as well as other substances/issues



Members feel the coalition should be targeting high school students, young adults, middle school students, and parents, focusing on those in specific racial/ethnic groups, and of lower socioeconomic status



Coalition members were most interested in receiving **Training and Technical Assistance** with recruiting new members, but interest was also high for other topics



86%

of PEM members agreed that training was provided to members on relevant topics

This PFS Capacity Brief is funded in whole from Grant Number SP080988 from Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment subgranted through the Nebraska Department of Health and Services, Division of Behavioral Health

After liquor license limbo, all The Good Life bar locations sold by owner Chad McMahon

Written by Jon Kipper

The owner of the popular The Good Life bars in the Omaha metro area had his liquor license in limbo for at least one location, but now control of the bars will be changing hands.

Chad McMahon has sold all of his locations of The Good Life, which include spots in West Omaha, Elkhorn and Papillion. The sale also includes The Good Life Lounge and a Gretna location, which is under construction.

The sale to Aaron McKeever and Nick and Lori Heimann was finalized on July 19.

McKeever told 3 News Now over the phone that he expects customers to notice very little change and all employees to keep their jobs.

He said they're hoping to eventually open more locations.

McMahon was at threat of losing his liquor license for at least one of his bars, located at 180th and Pacific. This came after Omaha police said minors were served at the bar on Christmas night, with one later getting into a car accident and severely injuring himself.

Later, when OPD tried to obtain security camera footage from that night, McMahon denied it to officers. Police got a warrant, but footage from that night had been deleted.

Omaha City Attorney Matt Kuhse said in May that the city planned to charge McMahon with obstruction, but no charges have been filed as of Thursday morning.

By Thursday afternoon, an arrest warrant was issued in Sarpy County for McMahon on two counts stemming from an assault charge: 1) Tampering with a Witness or Informant 2) Tampering with Physical Evidence. The alleged assault was another possible consideration for officials when considering his eligibility for a liquor license. All three charges are felonies.

A 3 News Now investigation of the 180th and Pacific location, also displayed a pattern of minors using fake IDs to drink at the bar.

The Omaha City Council was likely to take up the liquor license issue with McMahon, within the next several months.

Attorneys with the city of Omaha mentioned at the council meeting that McMahon could potentially lose all his liquor license locations, depending on what the council and Nebraska Liquor Commission decided.

McKeever said that he'll make sure employees are following the law. He doesn't expect much opposition to him getting liquor licenses for the four bars, saying he had no trouble obtaining one for his soon-to-be-open bar, Barrel & Vine.

"We are excited to share that the new Good Life location in Gretna will be coming soon," McKeever said in a news release. "Thank you for your continued support and we look forward to serving you."

Project Extra Mile Comments on LB 274
Nebraska Liquor Control Commission Hearing
July 7, 2021

The Project Extra Mile coalition is concerned with the legislature's rush to make Governor Ricketts' executive orders around alcohol permanent and we appreciate the Commission's willingness to work with Sen. Cavanaugh to ensure citizens can share their concerns with both the local governing body and the Commission about licensees in their neighborhood that want to offer these services. We would urge the Commission to make a similar effort to allow law enforcement to easily identify which locations are engaging in home delivery of alcohol, which we can only assume has increased exponentially over the last year and a half.

Research and statistics covering this pandemic period are just beginning to be made public and what has been released is not encouraging. More than a dozen studies have found that between 20-to-40 percent of individuals surveyed reported consuming more alcohol than usual. Another study found that in-patient consults for alcohol-related gastrointestinal and liver conditions (hepatitis, pancreatitis, cirrhosis, gastritis) increased by nearly 60 percent. The National Highway Traffic Safety Administration (NHTSA) reported that more than 38,000 people lost their lives on roads last year – the largest number since 2007 despite less highway travel due to COVID-19.

As you know, Nebraska is among the worst states in the country for alcohol-related harms. We are the fifth-worst state in terms of our adult binge drinking rate, 21 percent of our high school students report drinking at least once per month, and we have nearly as many DUI episodes as we do citizens in our state – making us the second-worst self-reported DUI state in the nation. The Nebraska Highway Safety Office reported 707 deaths due to alcohol-related crashes between 2010 and 2019, and the Nebraska Department of Health and Human Services estimated that our state experienced 703 alcohol-related deaths in 2015 alone.

This has happened in large part because many of our state's alcohol policies are drafted at the behest of the industry. As a result, public health and safety are often overlooked. It's one of the main reasons that our state's binge drinking rate at 20.9 percent is so much higher than the rest of the country.

For the last year, there has been no regulation around cocktail-to-go containers and we've seen firsthand in the Omaha metro area not only the lack of interest from the industry in ensuring that containers are secure to prevent drinking while driving (Styrofoam cups with plastic lids and straws provided) but also a lack of vigilance in preventing the sales of cocktails-to-go to minors during compliance checks. We've also seen problems in other states.

In Maryland, surveys found that only 15 percent of restaurants indicated that an ID would be required to pick up an order that included alcohol and 55 percent of restaurants did not check the ID when the order was picked up. To be frank, Nebraska does not allocate enough resources towards alcohol enforcement to replicate a similar survey. With this unprecedented expansion of alcohol availability resulting from the executive orders and LB 274, we urge this commission to once again prioritize increasing funding for alcohol enforcement during the next

legislative session. Six liquor investigators were never enough, but with the changes made permanent by LB 274, additional enforcement is sorely needed. Adequate enforcement is impossible if our investigators spend up to 40% of their time just processing new applications. Perhaps there may be an opportunity to assess an additional administrative fee to support implementation of enforcement efforts to monitor compliance. With that said, we look forward to supporting a request from the Commission that would support multiple, full-time liquor investigators in each troop area.

As you consider requirements for containers for cocktails-to-go and sales in a vehicle and how they will be enforced, Project Extra Mile would urge the Commission to do the following:

With regard to cocktails-to-go:

1. Require tamper-resistant packaging with a seal that can be easily identified if broken.
2. Require that containers be limited to one-standard drink and limit the number of containers that one customer can purchase.
3. Require that containers are clearly marked as containing alcohol for persons 21+.
4. Require the Surgeon General's alcohol warning be affixed to the container.

The previous state law prohibiting the sale of alcohol to individuals in a motor vehicle was put in place to save lives by deterring impaired driving. According to the National Academies of Sciences, Engineering, and Medicine, almost 40 percent of alcohol-impaired driving fatalities are victims other than the drinking driver. In 2016, 214 children aged 14 years or younger died in these crashes nationwide. Many states have considered this a common-sense measure to reduce impaired driving injuries and fatalities. Research conducted on drunk driving in New Mexico has shown that the odds of drinking in the vehicle prior to arrest were significantly higher for drive-up window users than for offenders who purchased alcohol elsewhere.

With regard to alcohol sales to persons in their vehicle:

1. Create an administrative penalty to ensure that businesses are responsible for following the law regarding alcohol placement in the vehicle.
2. Clarify that employees ages 19+ must verify the age of the person(s) picking up the alcohol – allowing 16-18 year olds to make that determination would constitute an administrative violation of allowing a minor to sell alcohol.

With regard to both cocktails-to-go and sales in a vehicle:

1. Clearly define what constitutes food to be sold with the alcohol.
2. Hold businesses accountable that engage in these practices without communicating that to the Commission.
3. Work with the legislature to require mandatory training for employees involved in the sale or service of alcohol that would not exempt them from any subsequent administrative penalties.¹

Thank you for your consideration.

¹ There is insufficient evidence that RBST reduces excessive drinking and its harms but, at a minimum, this seems like a common sense next step following the monumental changes to the state's liquor laws.

YOUTH LEADERSHIP NETWORK

**STUDENTS IN GRADES 8 - 12 ARE INVITED
TO JOIN US AT THE UNO COMMUNITY
ENGAGEMENT CENTER OR BY ZOOM AS WE
KICK OFF A NEW SCHOOL YEAR**



**REGISTER AT THE LINK TO
RECEIVE MEETING DETAILS**



**MAKE A DIFFERENCE
IN YOUR COMMUNITY!**



**THURS, AUGUST 26, 2021
6:00 PM - 7:00 PM**

**REGISTRATION IS REQUIRED AT THE
FOLLOWING LINK: [BIT.LY/3YS5USQ](https://bit.ly/3YS5USQ)**

**LET US KNOW IF YOU'LL ATTEND IN
PERSON OR VIA ZOOM**

**YOUTH@PROJECTEXTRAMILE.ORG
402-963-9047**





RESEARCH SUMMARY
Date Compiled: August 2021

Key takeaways from included research:

- Globally, an estimated 741,300, or 4.1%, of all new cases of cancer in 2020 were attributable to alcohol consumption.
- A policy review of 77 jurisdictions in six countries, including the United States, found that many jurisdictions permit the online sale and delivery of alcohol, but regulation of these sales varies widely. In most, regulations do not meet the same standard as bricks-and-mortar establishments and may be insufficient to prevent youth access to alcohol.
- Alcohol use and alcohol-associated liver disease (ALD) burden are increasing in young individuals. A new study found that young age, female gender, and Hispanic race are independently associated with ALD-related burden and acute-on-chronic liver failure (ACLF) in the United States.
- Researchers aimed to identify a set of alcohol policies with the potential to reduce alcohol-related disparities given high levels of support from marginalized groups, such as racial/ethnic minorities and lower-income groups. Of the policies examined, banning alcohol sales at corner stores is most likely to be in a “window of opportunity” for reducing alcohol-related disparities.

The White House Is Marking COVID 'Independence Day' With Free Beer And Bill Pullman

Written by Tamara Keith

America hasn't quite reached President Biden's July Fourth vaccination goal, but the White House isn't letting that get in the way of a good party.

Starting Saturday, Biden and other administration officials will fan out around the country to celebrate that hospitalizations and deaths from COVID-19 are way down and life is getting back to normal.

And even though not quite 70% of American adults are expected to have received their first shot by the Independence Day milestone, Budweiser is officially unlocking its free beer giveaway, one of many incentives dangled to try to lure people to roll up their sleeves ahead of July Fourth.

That news was announced by actor Bill Pullman, who reprised the epic presidential speech of the 1996 blockbuster *Independence Day*, a movie about an alien invasion.

"We're fighting for freedom for all, not from alien invaders, from separation, from being cooped up while baking bread and ignoring basic hygiene," Pullman says, wearing a bomber jacket and standing at a lectern in an aircraft hangar with music swelling behind him, just like in the movie.

An NPR analysis projects that just under 67% of adults will have gotten their first shot by July Fourth, despite a monthlong campaign-style push by the White House.

Volunteers made phone calls, knocked on doors and sent millions of text messages. There was a big pink and blue bus on a "We Can Do This" tour.

The bus did a lap at the Indianapolis Motor Speedway, where Labor Secretary Marty Walsh pitched vaccination with 2013 Indy 500 champion Tony Kanaan, and served as a backdrop in Dayton, where HUD Secretary Marcia Fudge danced along to a pro-vaccine jam from R&B singer Shirley Murdock.

First lady Jill Biden is making one final push this week in Texas and Arizona. Last week, she was in Nashville, where country star Brad Paisley sang "Vaccine, vaccine" to the tune of "Jolene," an homage to Dolly Parton, who helped fund research that led to the development of the Moderna vaccine.

"Only 3 in 10 Tennesseans are vaccinated," Jill Biden said as the crowd interrupted her with boos. "Well, you're booing yourselves. So, that's why I wanted to visit today."

Although it isn't a purely political issue, vaccination rates are higher in places that voted for President Biden and lower in places that did not. It's part of the reason Biden administration officials have been working with people and organizations who are more popular in red states than a Democratic president.

"At some point it becomes an issue of personal responsibility," said Frank Luntz, a Republican pollster, who has worked to develop messaging to break through the divide. He says the White House did the right things but there is only so much they can do.

"This is what America's all about. It's about people making choices for themselves and their families and their communities. And frankly, sometimes they make the wrong choice, but that's what freedom is," Luntz told NPR.

Some states and rural counties continue to have very low vaccination rates, a concern for Dr. Nahid Bhadelia, founding director of the Boston University Center for Emerging Infectious Diseases Policy and Research.

"I think the thing that concerns me about where we have fallen short is the absolute difference, the disparities in the vaccination levels, because in the next phase of the pandemic, outbreaks are going to be hyperlocal," Bhadelia said.

The White House plans to keep working to get as many Americans as possible fully vaccinated. But from here on, the campaign gets more difficult, since those who were eager to get vaccinated have done so already.

Alcohol Abuse Is on the Rise, but Doctors Too Often Fail to Treat It

Written by Anahad O'Connor

Like many people who struggle to control their drinking, Andy Mathisen tried a lot of ways to cut back.

He went through an alcohol detox program, attended Alcoholics Anonymous meetings, and tried using willpower to stop himself from binge drinking. But this past winter, with the stress of the pandemic increasingly weighing on him, he found himself craving beer every morning, drinking in his car and polishing off two liters of Scotch a week.

Frustrated, and feeling that his health and future were in a downward spiral, Mr. Mathisen turned to the internet and discovered Ria Health, a telehealth program that uses online coaching and medication to help people rein in their drinking without necessarily giving up alcohol entirely.

After signing up for the service in March, he received coaching and was given a prescription for naltrexone, a medication that diminishes cravings and blunts the buzz from alcohol. The program accepts some insurance and charges \$350 a month for a one-year commitment for people who pay out of pocket. Since he started using it, Mr. Mathisen has reduced his drinking substantially, limiting himself to just one or two drinks a couple days a week.

"My alcohol consumption has dropped tremendously," said Mr. Mathisen, 70, a retired telecommunications manager who lives in central New Jersey. "It's no longer controlling my life."

Mr. Mathisen is one of the roughly 17 million Americans who grapple with alcoholism, the colloquial term for alcohol use disorder, a problem that was exacerbated this past year as the pandemic pushed many anxious and isolated people to drink to excess. The National Institutes of Health defines the disorder as "a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational or health consequences." Yet despite how prevalent it is, most people who have the disorder do not receive treatment for it, even when they disclose their drinking problem to their primary care doctor or another health care professional.

Last month, a nationwide study by researchers at the Washington University School of Medicine in St. Louis found that about 80 percent of people who met the criteria for alcohol use disorder had visited a doctor, hospital or medical clinic for a variety of reasons in the previous year. Roughly 70 percent of those people were asked about their alcohol intake. Yet just one in 10 were encouraged to cut back on their drinking by a health professional, and only 6 percent received any form of treatment.

Alcohol abuse can be driven by a complex array of factors, including stress, depression and anxiety, as well as a person's genetics, family history and socioeconomic circumstances. Many people kick their heavy drinking habit on their own or through self-help programs like Alcoholics Anonymous or SMART Recovery. But relapse rates are notoriously high. Research suggests that among all the people with alcohol use disorder who try to quit drinking every year, just 25 percent are able to successfully reduce their alcohol intake long-term.

While there is no silver bullet for alcohol use disorder, several medications have been approved to treat it, including pills like acamprosate and disulfiram, as well as oral and injectable forms of naltrexone. These medications can blunt cravings and reduce the urge to drink, making it easier for people to quit or cut back when combined with behavioral interventions like therapy.

Yet despite their effectiveness, physicians rarely prescribe the drugs, even for people who are most likely to benefit from them, in part because many doctors are not trained to deal with addiction or educated on the medications approved to treat it. In a study published last month, scientists at the N.I.H. found that just 1.6 percent of the millions of Americans with alcohol use disorder had been prescribed a medication to help them control their drinking. “These are potentially life saving medications, and what we found is that even among people with a diagnosable alcohol use disorder the rate at which they are used is extremely low,” said Dr. Wilson Compton, an author of the study and deputy director of the National Institute on Drug Abuse.

The implications of this are substantial. Alcohol is one of the most common forms of substance abuse and a leading cause of preventable deaths and disease, killing almost 100,000 Americans annually and contributing to millions of cancers, car accidents, heart attacks and other ailments. It is also a significant cause of workplace accidents and lost work productivity, as well as a driver of frayed family and personal relationships. Yet for a variety of reasons, people who need treatment rarely get it from their physicians.

Some doctors buy into a stereotype that people who struggle with alcohol are difficult patients with an intractable condition. Many patients who sign up for services like Ria Health do so after having been turned away by doctors, said Dr. John Mendelson, a professor of clinical medicine at the University of California, San Francisco, and Ria Health’s chief medical officer. “We have patients who come to us because they’ve been fired by their doctors,” he added.

In other cases, doctors without a background in addiction may worry that they don’t have the expertise to treat alcoholism. Or they may feel uncomfortable prescribing medications for it, even though doing so does not require special training, said Dr. Carrie Mintz, an assistant professor of psychiatry at Washington University and a co-author of the study last month that looked at nationwide treatment rates.

The result is that a lot of patients end up getting referred to mental health experts or sent to rehab centers and 12-step programs like A.A.

“There’s a stigma associated with substance use disorders, and the treatment for them has historically been outside of the health care system,” Dr. Mintz said. “We think these extra steps of having to refer people out for treatment is a hindrance. We argue that treatment should take place right there at point of care when people are in the hospital or clinic.”

But another reason for the low rates of treatment is that problem drinkers are often in denial, said Dr. Compton at the National Institute on Drug Abuse. Studies show that most people who meet the criteria for alcohol use disorder do not feel that they need treatment for it, even when they acknowledge having all the hallmarks of the condition, like trying to cut back on alcohol to no

avail, experiencing strong cravings, and continuing to drink despite it causing health and relationship problems.

“People are perfectly willing to tell you about their symptoms and the difficulties they face,” Dr. Compton said. “But then if you say, ‘Do you think you need treatment?’ they will say they do not. There’s a blind spot when it comes to putting those pieces together.”

Studies suggest that a major barrier to people seeking treatment is that they believe that abstinence is their only option. That perception is driven by the ubiquity and long history of 12-step programs like A.A. that preach abstinence as the only solution to alcoholism. For some people with severe drinking problems, that may be necessary. But studies show that people who have milder forms of alcohol use disorder can improve their mental health and quality of life, as well as their blood pressure, liver health and other aspects of their physical health, by lowering their alcohol intake without quitting alcohol entirely. Yet the idea that the only option is to quit cold turkey can prevent people from seeking treatment.

“People believe that abstinence is the only way — and in fact it’s not the only way,” said Katie Witkiewitz, the director of the Addictive Behaviors and Quantitative Research Lab at the University of New Mexico and a former president of the Society of Addiction Psychology. “We find robust improvements in health and functioning when people reduce their drinking, even if they’re not reducing to abstinence.”

For people who are concerned about their alcohol intake, Dr. Witkiewitz recommends tracking exactly how much you drink and then setting goals according to how much you want to lower your intake. If you typically consume 21 drinks a week, for example, then cutting out just five to 10 drinks — on your own or with the help of a therapist or medication — can make a big difference, Dr. Witkiewitz said. “Even that level of reduction is going to be associated with improvements in cardiovascular functioning, blood pressure, liver function, sleep quality and mental health generally,” she added.

Here are some tools that can help.

- Ria Health is a telehealth program that offers treatment for people with alcohol use disorder. It provides medical consultations, online coaching, medication and other tools to help people lower their alcohol intake or abstain if they prefer. It costs \$350 a month for the annual program, cheaper than most rehab programs, and accepts some forms of health insurance.
- The National Institute on Alcohol Abuse and Alcoholism has a free website called Rethinking Drinking that can help you find doctors, therapists, support groups and other ways to get treatment for a drinking problem.
- Cutback Coach is a popular app that helps people track their alcohol intake and set goals and reminders so they can develop healthier drinking habits. The service allows people to track their progress and sends out daily reminders for motivation. The cost is \$79 if you pay annually, \$23 per quarter or \$9 a month.
- Moderation Management is an online forum for people who want to reduce their drinking but not necessarily abstain. The group offers meetings, both online and in person, where members can share stories, advice and coping strategies. It also maintains an international directory of “moderation-friendly” therapists.

- CheckUp & Choices is a web-based program that screens people for alcohol use disorder. It provides feedback on your drinking habits and options for cutting back. The service charges \$79 for three months or \$149 per year.

Some Want Whiteclay to Be a Healing Place

Written by Fred Knapp

Whiteclay, in northwest Nebraska along the border with South Dakota, used to be known for alcohol sales to residents of the officially dry Pine Ridge Indian Reservation next door. But now, some people are hoping to make it a place of healing.

"I couldn't believe my eyes," John Maisch remembers, the first time he saw Whiteclay, driving on Highway 87, the main street through the town whose official population in the 2010 Census was 10.

"There had to be 50 to 60 men and women, primarily men, drinking on the streets, some passed out, not just on this main street but behind Highway 87 as well, drinking. I could not imagine that this was the state I'd grown up in," he said.

Maisch, who grew up in Grand Island, first heard about Whiteclay after moving to Oklahoma and helping enforce liquor laws there. He then made a documentary and used his legal training to support the decades-long fight to close the beer stores here.

Those stores sold millions of cans of beer each year, mostly to residents of the officially dry Pine Ridge Indian Reservation, just across the South Dakota border. They were finally closed in 2017, after the Nebraska Liquor Control Commission decided there was not enough local law enforcement.

Nowadays, Whiteclay looks like many other small towns. There's a grocery store, a café, a dollar store, and a new Makerspace in one of the old beer stores. And there was no one lying around on a recent weekday morning

But Bryan Brewer, former president of the Oglala Sioux Tribe, said the old Whiteclay left a legacy of destruction among tribal members who hung out and drank there.

"Whiteclay was a – it was a evil place. So many people have died up there...people have moved back to the reservation and died," Brewer said.

Closing the beer stores in Whiteclay has hardly ended problems with alcohol on the reservation. But Favian Kennedy, director of Anpetu Luta, the Oglala Sioux Tribe's alcohol treatment program, said closing the stores only two miles from the main population center of Pine Ridge has had an impact by cutting down on access.

"People who are hell-bent on getting alcohol are surely going to get the alcohol. And so it's going to impact people like youth, for example, as well as people who might be 'fair weather' drinkers. I think it's up to us to try to implement as strong public health policies as possible that's going to reduce access to alcohol," Kennedy said.

Kennedy said that's important, considering the problems alcohol causes for some tribal members.

"We actually have a very high alcohol abstinence rate. But among those individuals who drink, there is a higher rate of alcohol use disorder," he said.

Maisch said the effort to close the beer stores was about ending what he calls Nebraska's "complicity" in alcohol problems on the reservation. And he said it's not his place to judge the tribe's alcohol policy.

"I'm not a believer in prohibition. But Pine Ridge is a sovereign entity. The Oglala Lakotas are a sovereign entity. And so if their tribal elders and their members believe alcohol has no place on the reservation, I have to respect that," he said.

Tatewin Means, formerly the Oglala Sioux Tribe's attorney general, said prohibition is more than just a law.

"Obviously people still buy alcohol and bring it on the reservation and we have bootleggers here that we prosecute tribally. You know, there's always going to be that. You can make anything illegal and there'll always be people breaking the law. That's just the nature of it. But I think that more importantly it's the statement that it makes – a value-based statement – that we're saying collectively as a people that it's not a part of who we are," Means said.

Voting in 2020, tribal voters decided to continue to prohibit alcohol on the reservation, while approving the legalization of marijuana.

Back in Whiteclay, Maisch bought the 5-acre former Lakota Hope missionary property two years ago. Anpetu Luta now has an office there, and there's a house where an alcohol treatment and behavioral health specialist could live.

And there are other possibilities for Whiteclay. Means, now executive director of the Thunder Valley Community Development Corporation on the reservation, said it can be a place for people affected by alcohol problems to heal.

"That's the potential that we see for Whiteclay. Really changing the narrative and rewriting that community's healing story through the development of a healing community," she said.

Maisch has purchased another 16 acres across the road on the outskirts of Whiteclay, and has an option to buy 29 acres more by the end of the year, which he says he could turn over to Thunder Valley. Means said it could be used to house tribal members recovering from alcohol addiction.

"Providing those specific places to a really vulnerable population – those that need the transitional housing, maybe just for a short time – they might not have a stable, safe place to live – and those that may need more long-term, permanent supportive housing," she said.

Means was asked if she anticipates a "not-in-my-backyard" reaction against such a development from other residents and business owners in Whiteclay.

"I would think that would be kind of ironic if it was, because it wasn't that reaction when there was liquor stores there and there was pervasive homelessness and violence," she said.

But she says it will be important to discuss the ideas with local people.

"Just opening those conversations and bringing them along in the process so they don't feel like it's being imposed or dumped on them, I think that's really important, too," she said.

One other project Maisch hopes to see on the property he's bought in Whiteclay is a museum and memorial to the people who suffered there. Former tribal president Brewer supports the idea.

"I think that's part of our history. I see 'em all over the country tearing down statues and everything and sometimes I go 'Oh, that's good,' you know, whoever it was. But no, that's part of our history. This is the way it was. This is the way it really was.... we can't let our people forget what it was," he said.

And Maisch said changing the town is important.

"I think transforming Whiteclay from a place of death and destruction to a place of hope and healing is really the best insurance policy that we, as Nebraskans and former Nebraskans, have to ensuring that alcohol never returns to that community," he said.

Alcohol sales approved for Garth Brooks concert at Memorial Stadium

Written by Margaret Reist

Fans can thank Garth Brooks for a couple of things: bringing more than 80,000 people together in August for the first time since the pandemic began — and letting them sip a beer in Memorial Stadium to note the occasion.

The Lincoln City Council on Monday approved a special designated license allowing Premier Catering to sell alcohol in Memorial Stadium during Brooks' Aug. 14 concert for what could well be the first time.

There's no alcohol allowed in the stadium on game days, and it will be only the second time the stadium has been a concert venue. No officials interviewed could remember whether alcohol was sold during 1987's Farm Aid concert, though it seems unlikely. Larry the Cable Guy's performance there in 2009 did not include alcohol sales.

"The decision was made to request alcohol sales for this specific event, in coordination with those organizing the concert," a UNL spokesperson said in an email response about why officials decided to do so for the Brooks concert. "It has no bearing on the sale of alcohol at Husker Athletic events."

Concerts at Pinnacle Bank Arena include the sale of alcohol, but that's typically around 15,000 people. This performance will draw more than five times that many.

The special license, which allows the catering company to sell beer, wine and distilled spirits, must still be approved by the Nebraska Liquor Control Commission, but such approvals are typically routine and don't require a hearing.

Hobie Rupe, executive director of the state commission, said he'll have a couple of meetings with the catering company officials and his staff to work through some of the challenges of security, alcohol storage and training because of the large number of people expected. But he doesn't plan to hold a full hearing.

The commission has approved such special licenses for events that have served that many people over a matter of days, but not in one day, he said.

"Because it's unique, we'll take a little deeper dive," Rupe said. "It's sort of out of the blue because we've never had a (special designated license) for 90,000 people before."

Scott Parker, liquor investigator for the Lincoln Police Department and the city, said the city hasn't had an event of this magnitude that includes alcohol sales, so there have been lots of meetings to work through the details and make sure it's goes smoothly and everyone is safe.

"This is kind of a trial run," he said. "We are kind of inventing the wheel here to make sure this goes off without a hitch. It's not a Husker game day, but it's going to look like one."

Tom Lorenz, general manager of Pinnacle Bank Arena, said he and one other person who train managers will help to train servers and sellers. Typically servers take the training online — and

many of the Premier staff have done so and are experienced, but because of the number of servers needed, they'll help.

The training teaches servers skills such as what to look for on IDs to make sure they're legitimate and how to recognize obvious signs of intoxication, he said.

Council members unanimously passed the resolution for the special designated license Monday with no discussion, as well as a similar license for Blur Parties, an event company that plans to set up a space in a large parking lot near Ninth and T streets across the street from Memorial Stadium.

The company often holds private corporate events during Husker games in the same location. Special designated licenses aren't allowed on Husker game days off properties that hold liquor licenses.

Because the concert isn't on game day, Blur Parties can invite the public, Parker said. Stacy Leners, with Blur Parties, told the council Monday they will sell as many pre-purchased tickets as possible. Wristbands will be used to clearly identify minors at the event, which will include televisions, food and lawn games and other entertainment.

Lorenz said venues of similar size all across the country serve alcohol and it's not anything highly unusual. What's unique is having a concert like this at Memorial Stadium.

"The idea of being able to have some alcohol available for a unique circumstance is an appropriate opportunity to go with a country concert," he said.

During pandemic, hospitals see rise in alcohol-related liver disease

Written by Akshay Syal

Just months into the pandemic, Kelly White, a 52-year-old mother of three, found herself extremely nauseous and unable to handle alcohol.

White, of Chicago, had been laid off when the country locked down, and she found herself at home with nothing to do. Having struggled with alcohol in the past, she found comfort in drinking, and began to increase her alcohol intake by threefold, often starting early in the morning and drinking throughout the day.

She said, however, that it all felt very normal to her.

"When I was drinking my vodka watching the news, they were drinking wine," she said. "I felt like alcohol was very acceptable at all hours of the day. It didn't matter."

That changed one day last July when she felt so sick she had to go to the hospital. There, doctors discovered that she had inflammation of the liver from drinking, called alcoholic hepatitis, as well as cirrhosis, which is a permanent scarring of her liver.

White is not an outlier. The number of Americans being treated for severe liver disease from alcohol increased during the pandemic, experts told NBC News.

"What we've seen during Covid-19 is really a dramatic increase in hospital admissions for alcohol-associated liver disease," said Dr. Brian Lee, an assistant professor of clinical medicine and a liver transplant specialist at the Keck School of Medicine at the University of Southern California.

"Because of things like lockdowns or being stressed out at home, people started to drink more, didn't realize that they were drinking harmful amounts," he said. And then they come "into the hospital with life-threatening liver disease."

Lee said that USC has seen a 30 percent increase in hospital admissions for alcohol-related liver disease since March 2020. That includes people who had a previously under-control alcohol problem as well as those who had no history of issues with alcohol, a trend Lee said is worrisome.

The typical patient, Lee said, is a young woman under the age of 35 with no prior history of alcohol problems. Women have been disproportionately affected by the pandemic, and that may cause them to drink more, especially those with the added burden of child care.

"They may have been drinking one or two glasses of wine a night before the pandemic," he said. "Now they're drinking maybe half bottles or a full bottle of wine and then come into the hospital with end stage liver disease and they didn't even know."

Experts say it will take about two years to collect nationwide data on the increase in hospitalizations for alcohol-related liver disease, but emerging data supports Lee's observations at USC.

A recent study published in the journal Alcohol and Alcoholism found that hospital referrals to a liver care center at Johns Hopkins Hospital in Baltimore for alcohol-related liver damage were up nearly 50 percent during the final months of 2020 compared to the same period in the year prior.

Researchers from Johns Hopkins University looked at records of nearly 500 patients who were referred to a care center specializing in the treatment of liver disorders. They found that in 2020, 46 percent of patients referred to their liver care center were due to alcohol-related liver disease, compared to 31 percent the year prior.

Alcohol-related liver disease “carries with it such grave implications,” said study co-author Dr. Victor Chen, an assistant professor of Medicine at Johns Hopkins, including bleeding in the gut or liver cancer later in life.

Dr. Raymond Chung, director of the hepatology and liver center at Massachusetts General Hospital, said that he has seen a roughly 40 percent increase in patients admitted for alcoholic hepatitis during the pandemic compared to years prior.

Like Lee, Chung also noticed a striking increase in hospital admissions in those under the age of 40. The rate was twice as high as previous years at his institution, and the youngest patient was in their late 20s.

“It’s the collateral damage of Covid-19,” Chung said. “It’s the isolation, depression, loss of jobs, the despair and hopelessness that have been triggered by Covid-19.”

A ‘natural progression’

Chen, of Johns Hopkins, said he wasn’t surprised by the rising rates of alcohol-related liver problems, calling them a “natural progression” from past surveys that have shown not only were Americans buying more alcohol, they were also consuming it in greater amounts.

One survey from the American Psychological Association found that 1 in 4 Americans reported drinking more because of stress from the pandemic. Another study, also conducted during the pandemic, found a 41 percent increase in the number of days that women drank heavily, defined as four or more drinks within several hours.

The mortality rate for severe alcoholic hepatitis can be as high as 40 percent, Chen said, because there are few treatment options available. For those who fail initial therapy, the risk of death can rise to 70 percent.

Liver damage from alcohol can appear relatively quickly in people who are consuming high amounts.

If the consumption of alcohol is heavy enough, just a few months of heavy drinking may be enough to induce permanent damage to the liver, Chung said.

While there are no hard-and-fast cutoffs for the number of drinks to avoid liver disease, guidelines for what is considered heavy drinking are more than 14 drinks per week for men and more than seven drinks per week for women, he said.

The warning signs of liver damage can include abdominal pain, yellowing of the skin and nausea or vomiting.

For many Americans, the pandemic is no longer top of mind: Lockdowns have long been lifted and life is returning to some semblance of normalcy. But for Lee, the number of patients with alcohol-related liver disease is still rising, a worrying new trend.

“We have seen a dramatic decline in Covid-19, but we're still seeing the surge of alcohol-associated liver disease that has persisted,” he said. “What does that mean for the future?”

In White’s case, while she is left with permanent scarring of her liver, she has not had a sip of alcohol since her hospitalization last summer, and will be celebrating one year sober on July 20.

Driver's BAC tested at .433, more than five times legal limit

Written by News Channel Nebraska Staff

Authorities in central Nebraska say they arrested a man who tested over five times the legal limit for alcohol.

The Colfax County Sheriff's office says deputies were called to County Road 14 and Highway 30 Monday afternoon for a car that was stopped on the shoulder.

The driver was found to be highly intoxicated and tested at .433, more than five times the legal limit.

Authorities say the driver was heading to Des Moines from somewhere in Iowa.

The driver was arrested and taken into custody for his third offense DUI.

City mulls entertainment districts, permit process for alcohol on city property

Written by Andrew Kiser

Entertainment districts and a permit process to allow alcohol at City of Columbus' parks were thought over Monday by the Columbus City Council.

Council OK'd the process to start an ordinance to allow entertainment districts (ED) in Columbus. It also approved to move forward with drafting changes to the city code that would lift the prohibition of alcohol on city property and implement a permitting process.

The idea of having a permit process for alcohol on city property for events was floated around during a June 29 meeting with various downtown business proprietors and community members. If approved, it would allow attendees to bring their alcoholic beverages for approved events. But, it would not permit the sale of alcohol on city property.

The permit process can set guidelines such as what types of events or alcohol that can be approved in the space. The proponents felt like this would be good for downtown, as well as help other parks hold events, concerts, adult sports leagues, family reunions and more.

The City currently bans alcohol in all of its parks except for Gerrard and Pawnee; however, groups who want to have such drinks at those places must get approval from the Board of Parks Commissioners.

Second Ward City Council Member Rich Jablonski said before the vote that he was hesitant to go ahead with the process as he is a downtown business owner. He said the "B.Y.O.B" aspect of this permit could lead to potential trouble and the City should instead go with a designated license.

Special Designated Licenses (SDL) could be given out to businesses which are holding a given events. The gathering in question would have to be approved by the Columbus City Council.

"I think it's more controllable. I think you'll have less problems," Jablonski said.

But Jablonski added he understood that this measure would attract people to the downtown.

City Administrator Tara Vasicek said while the bring-your-own-beverage approach is being entertained, they could also consider the idea of a designated license instead.

Currently, the cities of Beatrice, Fremont, Kearney, Hastings, Norfolk and Omaha all allow SDLs.

Meanwhile, the state now allows for local municipalities to designate EDs – which can be either temporary or permanent - where alcoholic beverages can be consumed in a common place.

Developers, community groups and business owners can apply to the city to create such an entertainment district.

Vasicek said having the entertainment districts could attract more folks to downtown Columbus, leading the area to become a destination.

"What we're trying to do is create reasons for people to come downtown and spend more time downtown," Mayor Jim Bulkley said, adding there has been an effort to do so with LawnChairs on

the Square. "... The hope and the thought are that this will stimulate more of that and let it grow into a destination place where we could do these kinds of things on a more regular basis."

Jablonski also shared his concern with this possibility, saying there are "unintended consequences." He said this could lead to the alcoholic beverages and cigarette butts littering the streets and public urination.

"I just think we need to have written into this thing that some security other than our city forces to enforce this district," Jablonski said.

Bulkley said the City will have to evaluate and tweak the proposed EDs as it continues forward.

This isn't uncommon in Nebraska as there are EDs in Beatrice, Alliance, Lincoln, Omaha and Papillion.

To qualify, EDs must have a commons area that borders the licensee's property within the ED. The space must also have limited pedestrian accessibility and be closed to vehicular traffic. Alcohol must occur only within the confines of the commons area and be sold while there is food service available within that area.

The alcohol must also be served in containers that display the licensees' trade name or logo.

Councilman to propose changes to allow downtown Lincoln bars to have sidewalk cafes

Written by Margaret Reist

Patrons of downtown bars may soon be able to enjoy a drink at a sidewalk cafe.

City Councilman James Michael Bowers plans to introduce a proposed change to a city ordinance that would eliminate the need for businesses to have a kitchen, menus and 60% of their revenue from food sales to have sidewalk cafes — requirements that have kept bars that dot O Street and other areas downtown from offering outside seating along the sidewalks.

Bowers said the mayor's executive order to allow expanded dining outside to help businesses survive the pandemic should be made permanent.

The order, set to expire Aug. 31, allows restaurants and other businesses — including bars — to expand the area where they serve outdoors through a streamlined application process.

"There's a process in place for accountability and to keep the public safe," Bowers said. "It's something the service industry is asking for, and we need to help the service industry recover from the pandemic."

Scott Hatfield, who owns Duffy's Tavern, 1412 O St., said downtown bars have wanted such an option for years.

"We've been working with the city for years to enable bars like Duffy's to allow our patrons to enjoy the sidewalk like they do with lots of restaurants in town," he said. "We haven't gotten anywhere. ... This is about fairness, about treating businesses equally."

For too long, the city has directed all its efforts at creating a vibrant downtown to the Haymarket and specifically the Railyard, Hatfield said. Other nearby bars have created a vibrant downtown for years, despite the sidewalk cafe restriction.

"We just want the city to get out of the way," he said.

Many bar owners didn't take advantage of the expanded dining offered to help businesses during the pandemic because it was clear the relaxed requirements were temporary and business owners would have had to make a significant financial investment — adding fences, tables and planters, Hatfield said.

Hallie Salem, redevelopment manager with the city's Urban Development Department, said the ordinance allowing sidewalk cafes dates back to 2004. It requires that applicants follow certain design standards, allow sidewalk access required by the American With Disabilities Act and be reviewed by one of several city committees or commissions depending on the location.

The city's interpretation of state law has always been that 6-foot high fences — typically used for beer gardens — are required for businesses that don't serve food, Salem said. That wouldn't work on sidewalks, where cafes must have 36-inch fences.

That interpretation is changing, she said, especially in light of the reduced restrictions during the pandemic.

“We’ve been working internally for quite some time,” she said, noting that bars — whose primary revenue is drinks, not food — have long shown interest. “Our hope is that we’ve had sufficient conversations to give this a try.”

The businesses must get an annual permit, which could be revoked if problems occur, she said.

“We think bars that operate responsibly inside and also in their beer garden could also operate responsibly along a sidewalk,” she said.

Although the ordinance includes the revenue percentage requirement, the city has never required documentation — something that would be too difficult and time-consuming, Salem said.

The city has approved sidewalk cafes for businesses with simple menus that offer some food but clearly not enough to comprise 60% of their revenue.

“I think what we’re doing is trying to be much more flexible,” she said.

The proposed ordinance change would remove the revenue requirement along with the requirement that a restaurant have a menu and full kitchen.

Bowers said he plans to introduce the proposed change on Aug. 2, which means the City Council would hold a public hearing at its Aug. 9 meeting.

Seniors Rarely Discuss Their Drinking With Their Doctors

Written by Robert Preidt

FRIDAY, July 30, 2021 (HealthDay News) -- Plenty of seniors may struggle with problem drinking, but a new study shows that less than half of them discuss their alcohol use with their health care providers.

"Older adults are at high risk for the harms of alcohol use, especially for those with existing chronic disease and who take prescribed medications," said lead study author Pia Mauro. That makes "discussions about alcohol with providers particularly important in this population," she said. Mauro is assistant professor of epidemiology at Columbia University in New York City.

For the study, Mauro's team analyzed 2015 to 2019 National Survey on Drug Use and Health data on more than 9,600 U.S. adults aged 65 and older (51% females, 49% males) who reported alcohol use and a past-year health care visit for any reason.

Overall, 54% did not discuss their alcohol use with any provider (49% of men, 58% of women). Among those who did discuss alcohol use with their provider, more men than women were asked about drinking problems (10% versus 7%), were advised to cut down on drinking (7% versus 3%), or were offered information about alcohol treatment (2% versus 0.7%).

Men had a higher rate of past-month binge drinking (22% versus 14%) and past-year alcohol use disorder (4.5% versus 2%) than women did, the findings showed.

Chronic diseases were common among the older adults in the study: 74% had at least one chronic disease, 42% had high blood pressure, 28% had heart disease, 19% had cancer and 18% had diabetes. More than 35% had two or more chronic diseases, according to the study published online July 29 in the journal *Alcoholism: Clinical & Experimental Research*.

Study senior author Benjamin Han said, "It is important that older adults understand that aging itself can lead to an increased sensitivity to alcohol and that certain chronic diseases can be exacerbated by alcohol use." Han is an assistant professor in the division of geriatrics, gerontology and palliative care at the University of California, San Diego.

Unhealthy alcohol use is increasing among older Americans, so it's important for health care providers to discuss alcohol use with older patients, especially those with chronic diseases, Mauro said in a Columbia news release. "Normalizing discussions about alcohol use with providers in a non-judgmental way is an important step to reduce stigma and prevent potential negative health consequences," she explained.

Mauro also said the findings of gender differences "call for targeted efforts to increase alcohol use discussions among older adults and their providers."

U.S. Senate bill seeks to require anti-drunk driving vehicle tech

Written by David Shepardson

WASHINGTON, Aug 2 (Reuters) - A \$1 trillion infrastructure bill under debate by the U.S. Senate includes a provision that directs U.S. regulators to mandate a passive technology to prevent intoxicated drivers from starting vehicles and avert more than 10,000 deaths annually.

For more than 15 years, automakers and others have studied potential technological fixes to address the roughly one-third of annual U.S. traffic deaths that involved impaired drivers.

The legislative push has won the backing of the advocacy group Mothers Against Drunk Driving, the auto insurance industry and some alcohol trade associations.

The Insurance Institute for Highway Safety (IIHS) said last year in a study that alcohol-detection systems that prevent impaired driving could save upward of 9,000 lives annually.

Drunk driving deaths cost the United States \$44 billion in economic costs and \$210 billion in comprehensive societal costs, according to a 2010 study. U.S. police departments arrest about 1 million people a year for alcohol-impaired driving, IIHS said.

Questions remain, however, whether the technology is accurate enough for widespread use and which one would be adopted.

In 2019, lawmakers told Reuters that automakers could use devices that would determine a driver's blood alcohol level by their touching the steering wheel or engine start button, or could install sensors that would passively monitor a driver's breath or eye-movements.

The bill would require the U.S. Transportation Department to set a technology safety standard within three years - and then give automakers at least another two years to comply - as long as new requirements are "reasonable, practicable, and appropriate."

The bill said if regulators do not finalize new safety rules within 10 years, the department must report to Congress.

Some convicted drunk drivers are required to use breath-testing devices attached to an ignition interlock before starting their vehicles.

The Senate bill does not specify the technology but said it must "passively monitor the performance of a driver of a motor vehicle to accurately identify whether that driver may be impaired."

Of the 36,096 traffic fatalities in 2019, there were an estimated 10,142 people killed in alcohol-impaired driving crashes.

The National Highway Traffic Safety Administration and automakers have researched one system that samples a driver's breathing, while another technology measures blood alcohol levels under the skin's surface by shining an infrared light through the driver's fingertip.

In 1974, Congress passed legislation reversing mandatory seat belt interlocks on automobiles. The government had mandated that vehicles sold after August 1973 require drivers fasten safety belts before they could be started.