

# The Extra Mile

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

## Public Health Advocates Urge Governors to Restore Alcohol Policies

### Pandemic leads to weakened regulations

In July, Project Extra Mile joined public health advocates in a [letter to the National Governors Association](#) urging governors across the country to reinstate alcohol policies and regulations that have been relaxed due to the coronavirus:



"As public health and substance misuse prevention experts, we are concerned about efforts to weaken and remove alcohol policies in states across the country. Many of these laws and policies regulating the availability and access of alcohol are based on years of scientific evidence and practice to reduce excessive alcohol consumption (binge, heavy, underage drinking, etc.), alcohol-related injuries, hospitalizations, and mortality. Unfortunately, many of them are being weakened and/or dismantled in response to the economic challenges that have accompanied the COVID-19 pandemic. We are calling on the National Governors Association to urge all governors to restore these policies at the earliest opportunity and strengthen the policies listed below to save lives."

The group provided immediate action steps for strengthening alcohol policies, including increasing the price of alcohol, enforcing underage drinking laws, and strengthening regulations related to alcohol advertising. Research has shown these policies will save lives, increase workplace productivity, and reduce taxpayer costs.

Alcohol regulations are in place to protect public health and safety, but unfortunately, many of these policies have been rolled back over the last five months. Weakened regulations have increased alcohol availability at a time when individuals and communities are struggling. Before the pandemic, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) sounded the alarm on the [significant role alcohol plays in deaths of despair](#) in the United

States, leading to overdoses, suicides, and liver disease, as well as to a wide range of other conditions.

Many states in the U.S. have deemed liquor stores "essential businesses," placing them at the same level of importance as grocery stores and pharmacies in response to COVID-19. On March 19, Governor Ricketts authorized licensed establishments in Nebraska to [sell beer, wine, and spirits to customers with takeout](#) or delivery orders. Restaurants and bars were allowed to sell alcohol on drive-through or curbside orders without customers leaving their vehicles, which is normally not permitted under state law. One week later, a [second executive order](#) was issued giving restaurants and bars the ability to provide [takeout for cocktails](#) and other alcoholic beverages as long as they have a sealed lid.

"We understand the desire to support small businesses, but alcohol is no ordinary commodity. These regulation rollbacks negatively impact public health and safety," said Chris Wagner, executive director for Project Extra Mile.

Alcohol use has been on the rise among middle-aged adults in the U.S. It is more common when people are experiencing circumstances such as job loss, divorce, economic downturns, chronic pain, or psychiatric conditions. The pandemic is substantially impacting all of these factors, and increasing alcohol availability puts individuals and communities at even higher risk.

The American Public Health Association submitted the letter with Project Extra Mile and Monument Prevention Coalition of Nebraska, as well as several other organizations including the U.S. Alcohol Policy Alliance, Alcohol Justice, Michigan Alcohol Policy Promoting Health and Safety, Tampa Alcohol Coalition, Hillsborough County Anti-Drug Alliance (Florida), Commonwealth Prevention Alliance (Pennsylvania), New Futures (New Hampshire), and South Dakota Alcohol Policy Alliance.

To learn more about the pandemic's impact on alcohol policies across the country, visit [www.nabca.org/covid-19-resources](http://www.nabca.org/covid-19-resources). The National Alcohol Beverage Control Association (NABCA) has a resource available that provides an overview of policy changes related to alcohol in response to the coronavirus. The interactive dashboards available include operational changes to both on and off-premise outlets.

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## UNMC Committed to Helping Children and Families Impacted by Alcohol

### Efforts underway to address FASD on Pine Ridge Reservation

Drinking alcohol during pregnancy can lead to miscarriage, stillbirth, and several lifelong physical, behavioral, and intellectual disabilities. These disabilities are known as fetal alcohol spectrum disorders (FASDs). There is no known safe amount or type of alcohol use during pregnancy or while trying to get pregnant, and there is no safe time during pregnancy to drink. [Alcohol is a neurotoxin, and the brain is](#)



[developing continuously throughout pregnancy](#). Drinking while pregnant accounted for [\\$5.5 billion in costs](#) in the U.S. in 2010. In Nebraska, drinking during pregnancy contributes to \$55.7 million in costs, or 4.8% of total alcohol costs for the state.

Regina Idoate, Ph.D., assistant professor of health promotion at the University of Nebraska Medical Center's (UNMC) College of Public Health and citizen of Cherokee Nation of Oklahoma, Omar Rahman, M.D., director of the Munroe-Meyer Institute Department of Genetics, and Lisa Spellman, UNMC media specialist and member of the Rosebud Sioux tribe, are working on a [new project](#). Their focus is to increase knowledge of prenatal health, fetal alcohol spectrum disorders (FASD), and mobilize the community to reduce the impact of FASD. The group received a \$50,000 grant to carry out the initiative in collaboration with the Pine Ridge Reservation, the Oglala Sioux Tribe, and the Oglala Lakota County Schools in South Dakota.

"For me, this grant is personal. As a Lakota, daughter of an alcoholic, and as a mother, I know all too well the devastating impact alcohol has on our people. I also know that we are resilient. Our strength lies in our culture and given the opportunity we thrive," Spellman said.

The team has proposed to conduct a [community readiness assessment](#), utilizing a model created by the Tri-Ethnic Center for Prevention Research at Colorado State University. The data gathered from the evaluation will inform the next steps concerning programmatic efforts. The community readiness assessment involves interviews with community members to assess community attitudes, knowledge, resources, and activities.

"The community readiness model will provide us with a better understanding of community context to help us develop community-specific, culturally appropriate strategies that generate effective prevention or intervention efforts," Dr. Idoate noted.

Indian Health Service has estimated that 85% of families on the Pine Ridge Reservation experience alcohol abuse. One in 4 (25%) children are born with FASD versus national estimates of 2-5%, and the infant mortality rate is 300% higher than the national average. The teen suicide rate is 150% higher than the national average.

The sale and possession of alcohol are illegal on the Pine Ridge Reservation. [A vote in 2013 to legalize alcohol was not implemented](#), and the tribe rejected a proposal to allow [alcohol sales](#) earlier this year. In neighboring Whiteclay, Nebraska, the sale of alcohol came to an end following a Nebraska Supreme Court decision in 2017 after decades of alcohol-related trauma to children and families. Whiteclay is an unincorporated village of between 12 to 14 people in Sheridan County that borders the reservation a mere 250 yards away. A liquor license application for a Family Dollar store in nearby Rushville, Nebraska, was also recently withdrawn by the applicant.

More information about UNMC's initiative will be available during Project Extra Mile's coalition meeting on November 11th at 9 a.m. Lisa Spellman will provide the coalition with updates on the new project.

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## U.S. Dietary Guidelines

Public comment period open through August 13

The 2020 Dietary Guidelines Advisory (DGA) Committee's review of scientific evidence and subsequent report inform the U.S. Departments of Agriculture and Health and Human Services as they adopt the final 2020-2025 Dietary Guidelines for Americans. At their meeting in June, members of the DGA Committee discussed new recommendations to the current alcohol consumption guidance.

The Committee is now advising both men and women to decrease daily use to a [single serving of beer, wine, or liquor](#). The group found that consuming two drinks per day for men is associated with a "[modest but meaningful increase](#)" in death rates due to all causes, compared with one drink per day.

The Committee's [Scientific Report is available online](#) and includes their full review of the evidence related to alcohol use (chapter 11) using data analysis, systematic reviews, and food pattern modeling. The report also includes their conclusions and advice to the Departments of Agriculture and Health and Human Services, their rationale, and their recommendation for future research.

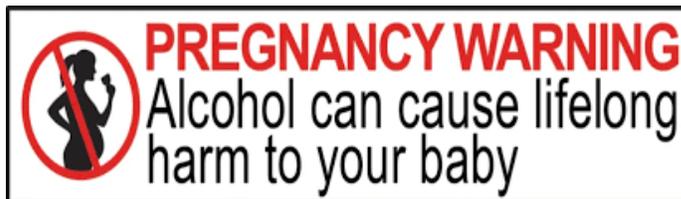
**There is still an opportunity to share your input. A docket for [public comments](#) to USDA and HHS on the Committee's Scientific Report will remain open for 30 days, from July 15, 2020, to August 13, 2020.**

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## Around the Globe

### Australia

Australia has some of the [highest alcohol use rates during pregnancy](#) in the world, near 35.6%. In



July, food safety ministers in Australia and New Zealand agreed to introduce a mandatory health warning on alcohol products. According to a [news release](#) from The Foundation for Alcohol Research and Education, or FARE, nearly four thousand community leaders and advocates and more than 180 community, health, medical and research organizations advocated for the change.

A voluntary pregnancy warning label on alcohol products has been in place since 2011. However, a study conducted in 2017 found [only 47.8% of products included a warning](#) label. Food Standards Australia New Zealand (FSANZ) proposed a label including an image of a pregnant woman with a white background, with black and red lettering warning of the harms of drinking during pregnancy. Food ministers [voted to adopt the warning label](#) proposed by FSANZ, and there will be a three-year transition period for implementation.

While mandatory labeling is a significant public health win for Australia, additional efforts to address alcohol use during pregnancy are needed around the globe. Research has shown that [several environmental factors](#) increase the risk of alcohol use during pregnancy.

". . . Alcohol use in pregnancy doesn't happen in a vacuum. It's interlinked with individual, family, societal, and cultural determinants, which set the stage for and perpetuate alcohol use during pregnancy," according to a recent piece in [The Conversation](#).

### Finland

A new Finnish study examined the [economic burden of alcohol use disorders on society](#). The study population included 363 patients diagnosed with alcohol use disorder in 2011-2012. Patient data were collected from various information systems and social welfare databases over five years.

The number of chronic conditions diagnoses played the most significant role in overall costs among patients with alcohol use disorder. In patients with at least two chronic conditions, the average costs of care during a five-year period were 26,000 euros (around \$30,000 U.S. dollars) higher than in patients without multiple diagnoses.

Chronic diseases lead to significant health and economic costs in the U.S. as well, with 90% of health care costs attributable to chronic diseases and mental health. [Prevention efforts](#) are needed to reduce these costs, and decreasing alcohol use is one way to lower these health risks. Over time, excessive drinking can contribute to several chronic diseases, including high blood pressure, various cancers, heart disease, stroke, and liver disease.

### **South Africa**

In July, the South African government issued a [second alcohol ban](#) following a three-month ban earlier this year. Current measures are in place to prevent alcohol-related assaults, domestic violence, and binge drinking, which is widespread across the country.

The sale ban and a nighttime curfew aim to [reduce alcohol-related harms](#) and open up emergency department beds for COVID-19 patients. Doctors and law enforcement indicate the previous ban contributed to a drop in emergency admissions to the hospital. Hospitals have recently been forced to turn people away due to a lack of capacity to care for ill patients.

Shortly after the first ban came to an end in June, hospitals saw an [increase of 40% to 50% in trauma patients](#), according to health minister Zweli Mkhize, who was quoted in a recent article in [The South African](#). The American College of Surgeons has noted in the U.S., alcohol is responsible for approximately half of all trauma deaths and nonfatal injuries.

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## **Did You Know?**

### **Costs of alcohol use in Nebraska are primarily due to binge drinking**

Excessive alcohol consumption cost the citizens of Nebraska over \$1.1 billion in 2010, of which approximately \$491 million falls on the government. **Seventy-five percent of these costs can be attributed to binge drinking.**

Nebraska has historically had higher levels of underage drinking, binge drinking, and alcohol-impaired driving than the rest of the nation. According to a survey from the Centers for Disease Control and Prevention on adult alcohol consumption, Nebraska ranks as the country's fifth-worst state for its adult binge drinking rates (21.2%). Two Nebraska communities (Lincoln and Omaha) rank among the top 25 binge drinking cities out of 136 cities indexed across the nation.

Nebraska also ranks as the fifth-worst state nationally regarding its excessive alcohol consumption rate (22.3%). Alcohol misuse in the state places a significant strain on the health care system, the criminal justice system, and the

substance abuse treatment system. Most costs from excessive alcohol use are from losses in workplace productivity.

How can we begin to effectively address excessive alcohol consumption to make our communities safer for everyone? Learn more from the Community Guide's [evidence-based findings and recommendations](#) from the Community Preventive Services Task Force. Project Extra Mile also has a [community ACTION Guide](#) for citizens and other organizations working to address excessive alcohol use. For more information on binge drinking, review our [fact sheet](#).

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## What is the Link Between Alcohol and Heart Disease?

[Join Project Extra Mile and CHI Health for a community discussion](#)

Cardiovascular disease is the number one cause of death in the United States and globally. [Drinking too much alcohol can lead to high blood pressure and increases the risk of heart disease](#). Alcohol also increases triglyceride levels, a fatty substance in the blood, which impacts heart disease risk. Drinking raises the risk of atrial fibrillation, which increases the chance of suffering a stroke by more than five times.



There has been significant debate over whether moderate drinking positively impacts cardiovascular health. According to an article published in *The New York Times*, [studies comparing moderate drinkers with abstainers have come under scrutiny](#). Scientists note that no study has ever proved a causal relationship between moderate drinking and lower death risk.

"The bottom line is [there has not been a single study done on moderate alcohol consumption and mortality outcomes that is a 'gold standard'](#) kind of study the kind of randomized controlled clinical trial that we would be required to have in order to approve a new pharmaceutical agent in this country," said Dr. Tim Naimi of Boston University Schools of Medicine and Public Health.

On August 12 at 9:00 a.m., Project Extra Mile will host Nurse Practitioner Kristin Miles of CHI Health at its monthly coalition meeting to discuss the link between alcohol use and heart disease. Meetings are taking place via Zoom until further notice. To request more information or to join the meeting, contact [info@projectextramile.org](mailto:info@projectextramile.org).

## Omaha Metro Coalition Meeting

Wednesday, August 12, 2020

9:00 a.m.

Please join us **VIRTUALLY**  
for our coalition meeting being held via Zoom.

**Kristin Miles, Nurse Practitioner,  
CHI Health Clinic Cardiology**

will be discussing

## Alcohol & Heart Health

**Thank you for your involvement!**

*Jennifer Pollock*

Jennifer Pollock, Coalition Chair

### Join Zoom Meeting:

<https://zoom.us/j/95610954485>

Meeting ID: 956 1095 4485

**Password: 12345**

For more information:

(402) 963-9047

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