

The Extra Mile

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

It Takes A Village

Looking back at twenty years of evidence-based community service.

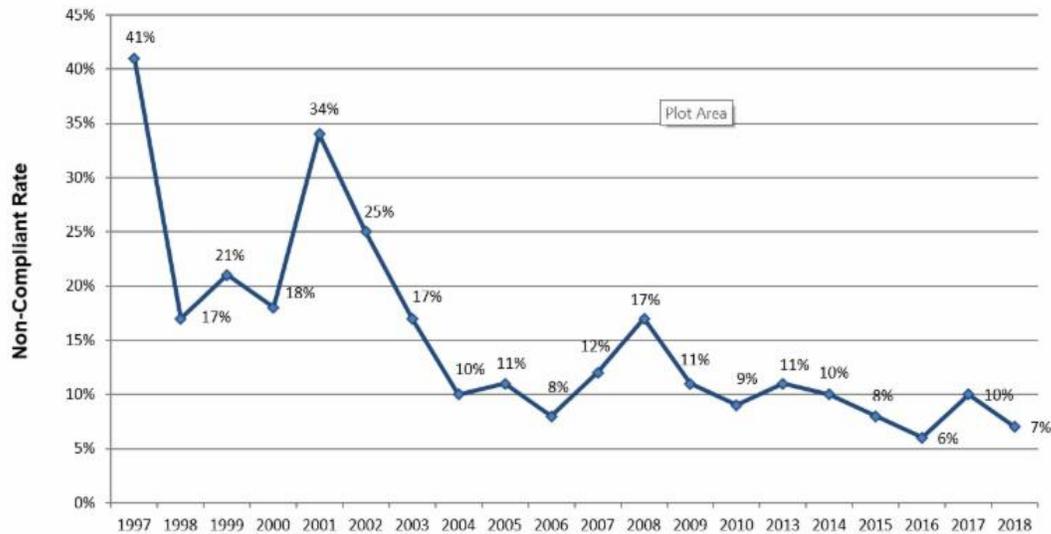
Beginning in 1995, Project Extra Mile (PEM) has brought together citizens interested in making their communities safer and healthier. Community advocates, law enforcement agencies, elected officials, faith leaders, and educators are just a few of the many voices that have been represented at monthly coalition meetings and involved in advocacy for public health and public safety. Originally focused solely on reducing underage alcohol use and access, PEM has organized coalitions across the state of Nebraska to channel concerns and frustrations into effective, evidence-based prevention policies and practices.

Many organizations narrow their focus on individual prevention with the idea that the best way to prevent underage drinking is to educate and convince minors not to use alcohol. At the same time, Nebraska youth are facing a confusing cultural double standard that accepts excessive drinking by adults and those adults illegally providing kids with alcohol. Parents were rarely punished for providing alcohol to minors at house parties and businesses often received no substantial punishment for illegal sales of alcohol to youth.

To remedy this PEM coalitions addressed the source of alcohol to youth by supporting the active enforcement of existing laws and the creation of stronger evidence-based policies to close loopholes. Community coalitions worked diligently to translate their concerns into enforceable policies at both the local and state levels. Two PEM important statewide policy successes included: 1) adding consumption language to the Minor in Possession (MIP) statute making it illegal for a minor to possess or consume alcohol; and 2) the Minor Alcoholic Liquor Liability Act (or Minor Dram Shop Law), which established a legal basis for liability for damages stemming from alcohol sales to a minor or adults illegally providing alcohol to a minor.

Beginning in 1997, PEM coalitions supported enforcement efforts that has since become standardized practice: alcohol compliance checks. At that time, over 40% of Douglas and Sarpy County retailers were selling alcohol to minors during these checks. Just as concerning, the Nebraska Liquor Control Commission (LCC) penalties to non-compliant retailers provided little motivation for businesses to make changes. PEM coalitions sent a strong, consistent message to alcohol retailers and the LCC that this status quo was unacceptable. Over time, the work paid off with consistently lower rates of non-compliance. For example, only 7% of businesses sold to minors during these checks in 2018.

Project Extra Mile Alcohol Compliance Checks Douglas & Sarpy Counties



*Percentages reflect the average of multiple operations

As with all the work in which PEM has been involved, **these efforts are dependent on the direct involvement of community partners like you as well as courageous young leaders.** PEM's Youth in Action groups played a significant role in their own health and safety by calling on decision makers in their communities (a.k.a. adults) to do more to keep them safe. Youth leaders took their concerns to all levels of government and spoke one-on-one with policymakers, regulators and members of the judiciary.

Some aspects of PEM operations have changed over the years. Funding changes resulted in the closing of numerous PEM offices, but the Omaha office is very active in the metro area and provides technical assistance throughout the state.

In addition, PEM expanded its mission in 2016 to cover all areas of excessive alcohol use, which includes underage drinking, [heavy drinking](#), [binge drinking](#), and any [alcohol use by pregnant women](#). However, the evidence-based strategies that have been the bedrock of the organization remain the same. Those include but are not limited to [increasing alcohol taxes](#), [promoting evidence-based alcohol screenings](#), [regulating alcohol outlet density and maintaining limits on days and hours of sales](#).



The importance of the coalition's work has been confirmed by a continued growth in membership and diversity leading to more successes like the passing of Omaha's "Good Neighbor Ordinance" to regulate outlet density, the statewide ban on powdered alcohol and the nearly decade-long effort to return alcopops to its original tax classification.

Project Extra Mile is also actively involved in other public health and safety advocacy efforts that complement its mission, such as the Nebraska State Suicide Prevention Coalition, the South Omaha Community Care Council, Coalition for a Strong Nebraska, and Omaha neighborhood alliances. **We understand that it takes a village to raise a child and keep her safe. It also takes a village to protect our communities from alcohol-related harms.**

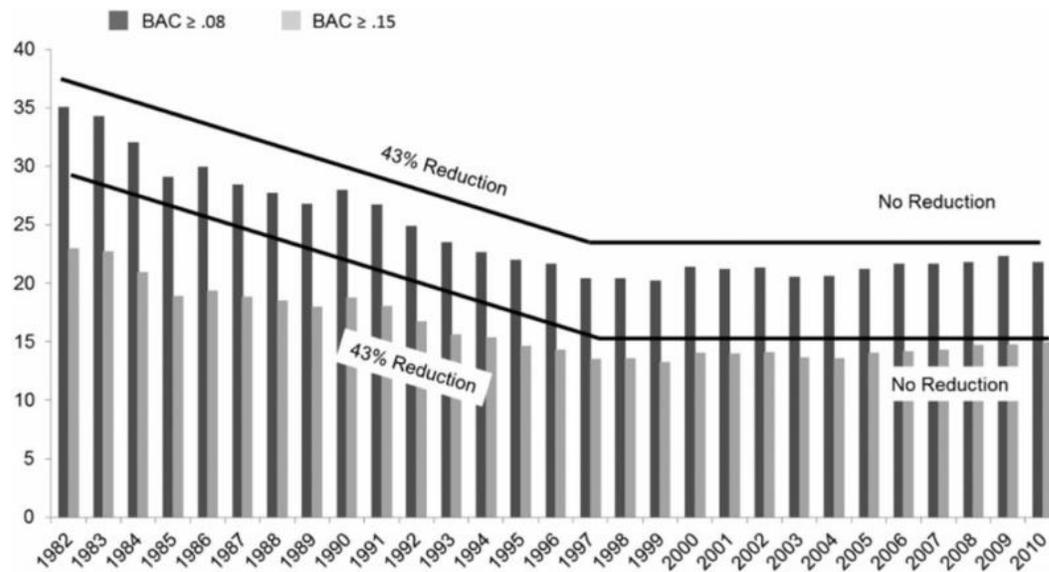
Please join our village by attending future coalition meetings (see below) or reaching out via e-mail or by calling 402-963-9047. We need your voice to keep Nebraska healthy and safe!

Looking for solutions to today's challenges

What's in store for 2019?

KMTV news featured Project Extra Mile Executive Director Chris Wagner in a [December 4, 2018 report](#) regarding Nebraska DUI penalties. Interest in this subject had peaked once again due to a fatal drunk driving crash that took place in Omaha on the previous Saturday. Court records verified that the driver, arrested on suspicion of DUI, has two prior convictions for driving under the influence.

Again, the tragic loss of innocent lives leads us to the thorny problem of individuals repeatedly driving while under the influence of alcohol. Reviewing Nebraska's statistics concerning alcohol-impaired driving is a troubling undertaking. From 1997 to 2010, Nebraska has seen no reduction in fatal crashes for drivers with BACs at 0.08 or 0.15. Moreover, our state is the [second worst in terms of self-reported drinking and driving](#) with 955 episodes per 1,000 population.



Proportion of all drivers involved in fatal crashes with blood alcohol concentrations (BACs) ≥ 0.08 and with BACs ≥ 0.15 , 1982-2010 [source: National Highway Traffic Safety Administration (NHTSA), Fatality Analysis Reporting System (FARS)]

Reducing this dangerous and widespread behavior takes more than raising individual awareness and handing out strict penalties. Nebraskans can no longer place all responsibility for the prevention of drunk driving on our overworked police officers and prosecutors. The report [Getting to Zero Alcohol-Impaired Driving Fatalities: A Comprehensive Approach to a Persistent Problem](#) from the National Academies of Science, Engineering, & Medicine makes clear that we'll need population-level, evidence-based policies - like lowering the legal BAC limit to 0.05 ([as Utah recently did](#)); expansion of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in clinical settings; and, significant increases in alcohol taxes - in order to reverse this deadly trend.

Toward that end, the Project Extra Mile **January 23 coalition meeting** (click [here](#) to add to your calendar) will be devoted to the subject of alcohol-impaired driving with a panel of key stakeholders and concerned citizens weighing in. Please join the Nebraska State Patrol, Omaha Police Department, Drive Smart Nebraska, MADD, NDOT Highway Safety Office, Sarpy County DUI Task Force, Douglas County Attorney's Office, Douglas County Sheriff's Department and others for an open about what our community can do to prevent this critical problem this critical problem.

In addition, our **February 13 coalition meeting** (click [here](#) to add to your calendar) will welcome Nebraska DHHS Program Manager Jeff Soukup to lead a discussion on the history and success of evidence based policies for the tobacco control movement and their relevance for alcohol.

Since the 1998 Tobacco Master Settlement Agreement, public health advocates have used a combination of environmental policies and individually-focused efforts (like evidence-based cessation programs) to bring cigarette smoking rates to a record low in 2018. Jeff will share strategies that have proven most impactful in reducing use and access.

Finally, few people are aware that alcohol consumption is a causal risk factor for

several types of cancer - including those of the head and neck, female breast, liver, stomach, and colorectum. In fact, the U.S. National Toxicology Program has identified alcoholic beverage consumption as a "known to be a human carcinogen." Alcohol use and cancer will be the discussion topic for the **March 13 coalition meeting** (location to be determined). In collaboration with the University of Nebraska Medical Center, Project Extra Mile will be hosting special guest speaker Dr. Noelle LoConte. Dr. LoConte was the lead author of the breakthrough report [Alcohol and Cancer: A Statement of the American Society of Clinical Oncology](#), and has done extensive work with the [Wisconsin Comprehensive Cancer Control Program](#) to bring much needed attention to the issue of alcohol consumption as a cancer risk factor.

We hope that you will be able to join as at all or some of the events listed above, and be on the lookout for future coalition speaker announcements in coming newsletters.



NEWS BRIEFS



"Craft" distilleries on tribal lands will add costly health risks to Native communities

The federal government recently reversed a long-standing ban on distilleries on tribal lands, as reported last month by the [Wall Street Journal](#) and [Pew Stateline](#). While some have lauded the move as beneficial for economic development, and a nod to tribal sovereignty, the deregulation disregards the [disproportionate impact of alcohol-related harms on the Native American community](#) (especially that of [fetal alcohol spectrum disorders](#)), as well as the [growing burden of excessive alcohol consumption across adult populations](#).

The issue is especially relevant to the people of the Pine Ridge reservation, given the ongoing work to establish positive, pro-social alternatives to the alcohol trade, like [Whiteclay Makerspace](#), following the closure of the Whiteclay beer stores. Such efforts offer the possibility of economic growth without adding to the historic burden of a product which [was introduced to hurt and control Native peoples](#).

A liquor-based economic development strategy is one where the solution is costlier than the problem it is offered to solve in the first place, especially in light of the increased health and social risks that tribes can expect to experience if they fully embrace this decision.

More studies show what we already know -- increasing alcohol and tobacco taxes works

Research continues to accumulate demonstrating that the taxation of alcohol and tobacco is good for public health AND for the health of states' budgets.

A case in point is an [Abell Foundation report](#) which found that Maryland tax increases on tobacco (in 2007) and alcohol (in 2011) have had strong and long-lasting public health benefits - including reductions in motor vehicle crashes and [cases of sexually transmitted infections](#).

Table 2. Summary of impact of alcohol sales tax in Maryland

Positive impacts of sales tax on alcohol consumption in Maryland			
Population	Parameter	Prevalence (year)	Change in prevalence
Youth ^{1,2,3}	Drinking in last 30 days	35% (2011) vs. 26% (2015)	26% reduction
	Drinking ≥5 drinks in a row	18% (2011) vs. 13% (2015)	28% reduction
	Riding in vehicle with alcohol-positive driver	26% (2011) vs. 18% (2015)	31% reduction
Adults ⁴	Binge drinking	18% (2011) vs. 15% (2016)	17% reduction
General	Decreased alcohol-positive drivers ⁵		
	Health impacts (e.g., decreased risky sexual behavior and sexually transmitted infections ^{6,7})		

Sources: ¹Eaton, 2012; ²Kann, 2016; ³CDC, 2007-2015; ⁴CDC, 2015b; ⁵Lavoie, 2017; ⁶Staras, 2016; ⁷CDC, 2015c. All prevalence numbers in the report have been rounded to the nearest whole number (0.5 and higher numbers were rounded up; 0.4 and lower numbers were rounded down). These rounded numbers were used to calculate the percentage change in prevalence over time for the health-risk behavior. The calculated percentages for prevalence change were also rounded to the nearest whole number.

Table from Abell Foundation report, referenced above

As [a recent editorial in the Washington Post](#) correctly points out:

Opponents of such increases are often quick to denounce nanny-state politics, but government has a responsibility to promote public health. Cigarette and alcohol consumption exact a terrible toll, and not just on users; witness the impact of binge drinking on families and children, not to mention the carnage on the nation's highways attributable to drunken driving.

There is nothing unique about Maryland in this regard. Alcohol tax increases are proven [to reduce excessive alcohol consumption and its consequences](#). That is why increased alcohol taxes are [strongly supported across the global public health community](#).

In Nebraska, alcohol taxes have not been increased since 2003. In fact, from 1991 to 2015, the average inflation-adjusted (in 2015 dollars) [state alcohol excise tax rate declined](#) 30% for beer, 32% for distilled spirits, and 27% for wine. Given our state's [consistently horrible excessive drinking rankings](#) and the problems that come with them paired with a need to address tax reform and public school funding, increasing alcohol taxes is a win-win for the state.

Support the Whiteclay Memorial Hope Trauma Center

Please consider helping our colleagues who have formed a non-profit organization called **Whiteclay Memorial**. The memorial is a living, active organization that addresses alcohol dependence and trauma.

The team is working with professionals in several states to develop an FASD trauma center. Nora Boesem - whose tireless work as a foster parent, mother of 12 and a professional in the area of FASD is well-known to our coalition - has agreed to be the director of the Hope Trauma Center.

The video below shows a program similar to that which is planned to be implemented at the center.

Tax-deductible donations can be sent to:

Whiteclay Memorial

Checks can be made out to **Whiteclay Memorial**.

Additionally, if you would like to have someone speak at a community group (church, civic, philanthropic) - or you can put the Whiteclay Memorial in touch with individuals or groups that are able to make gifts for this project - please call Alan Jacobsen at 402-610-1188.



BMS Cares 2015 Nora & Kids TV ad



Omaha Metro Coalition Meeting

Wednesday
January 23, 2019
9:00 a.m.

For more information:
(402) 963-9047
www.projectextramile.org
info@projectextramile.org



**Please join us for
Coffee and Conversation
as we discuss**

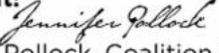


DUIs - A Persistent Problem

We will be joined by the following agencies:

- Nebraska State Patrol
- NDOT Highway Safety Office
- Saryp County DUI Task Force
- Douglas County Sheriff's Office
- Douglas County Attorney's Office
- Community Advocates & Coalition Partners
- Omaha Police Dept.
- MADD
- Drive Smart Nebraska
- Omaha Mayor's Office
- Drive Smart Nebraska

Thank you for your involvement!



Jennifer Pollock, Coalition Chair

MEETING LOCATION:
National Safety Council
Lower Level
11620 M Circle, Omaha NE
Use Lower Level, West Entrance

Coalition Meetings

Please join us in 2019 to help protect our communities from alcohol-related harms.



2019 Meeting Dates

January 23rd

February 13th

March 13th

April 10th

May 8th

June 12th

August 14th

September 11th

October 9th

November 6th

December 11th

Meetings are held at the
National Safety Council
Lower Level Room 101
11620 M Circle, Omaha NE 68137



Project Extra Mile, 11620 M Circle, Omaha, NE, 68137 · 402.963.9047