



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

**OMAHA COALITION MEETING**  
**Wednesday, May 14, 2025**  
**9 a.m.**

Please use to sign-in:



## **A G E N D A**

- I. Welcome and Introductions
- II. Review of the April 9, 2025 Meeting Minutes  
(*please contact PEM staff with corrections*)
- III. Preview of 2025 Liquor Law Enforcement Training  
*Carrie Christofes, National Liquor Law Enforcement Association*
- IV. Focus Area Updates
  - a. Local
    - i. Krush Lounge & Club 180
  - b. Policy
    - i. Alcohol Shipping via USPS
    - ii. TTB Alcohol Labeling
    - iii. Legislative Update
  - c. Enforcement
    - i. Spring Enforcement Operations
  - d. Youth
    - i. Youth Leadership Retreat: June 3-5, 2025
    - ii. Leadership Network Update
  - e. Awareness
    - i. May Research Summary available at [www.projectextramile.org](http://www.projectextramile.org)
- V. Additional Discussion/Announcements
- VI. Adjournment and Next Meeting Date: **August 13<sup>th</sup>, 9 a.m.** – Hobert Rupe (Nebraska Liquor Control Commission)  
*UNO's Community Engagement Center, Room 209*

### **IMPORTANT UPCOMING EVENTS**

Nebraska Liquor Control Commission Hearings – June 3, July 1, August 5  
Annual Youth Leadership Retreat – June 3-5

**6001 Dodge Street, CEC 228**  
**Omaha, Nebraska 68182-0600**  
**402.963.9047**  
**[www.projectextramile.org](http://www.projectextramile.org)**

## PROJECT EXTRA MILE

### OMAHA METRO AREA COALITION MEETING MINUTES

April 9, 2025

- I. Call to Order: Coalition Chair Tom Safranek called the meeting to order at 9:05 a.m.
- II. Welcome and Introductions: Coalition members and speakers in attendance: Sharona Ernst, Palistene Gray-Moore, Tom Safranek, Jeremy Leifeld, Jordan Cedillo, Ashley Pick, Nathan Kaiser, Heather Kirk, Laela Williams, Natalie Gordon-Nash, and Alvin McCruel. Coalition members in attendance via Zoom: Erin Bone, Julie Chytil, Jona Beck, and Allison Haun. Staff members: Chris Wagner, Beatha Kliever, and Liene Topko
- III. Approval of Minutes: The minutes from the February 12<sup>th</sup> meeting were included in the coalition meeting packet. No additions or corrections were made.
- IV. How Halfway Houses are Addressing Alcohol Misuse in Omaha: Heather Kirk, executive director of the Santa Monica House (SMH) shared information about the services that SMH provide to women in the Omaha area and to those who travel to Omaha for that reason. SMH was established in 1972 as the first halfway house in Omaha. Today they offer holistic treatment to address women's mental, physical, and spiritual health to address their addiction(s). The approximate time of treatment and rehabilitation is two years with the average age of the patient being 33-34 years. Kirk shared that 59% of their clients list alcohol as the primary, secondary, or tertiary drug of choice while for 82% of those women alcohol is the primary substance. She also discussed how since the COVID-19 pandemic self-referrals have increased. The organization receives approximately 250 total referrals per year, but are only able to serve 130 women, indicating there is a high demand and need for expanding services.
- V. Focus Area Updates
  - a. Local
    - i. Liene Topko shared that Krush Ultra Lounge was scheduled for hearing before the Nebraska Liquor Control Commission in May to determine whether their liquor license would be cancelled, per the City's recommendation. The business has indicated they will give up their liquor license on April 15<sup>th</sup>. It is not yet clear whether the business will continue to operate without a liquor license.
  - b. Policy
    - i. Chris Wagner shared that LB 178 (mandatory alcohol server training) failed to advance from General File due to strong opposition by the alcohol industry based on their complaint of increased business expenses.

LB 113 increases the number of retail locations a licensee can have and how many gallons a micro distillery may self-distribute further eroding the three-tier alcohol regulatory system. LB 186 was amended into LB 113 and changes provisions related to entertainment districts to allow patrons

to cross a street/highway with an open container if traveling between entertainment district licensees. The bill sits on Final Reading.

LB 330 increases the alcohol sales tax by 10% with revenue going toward prevention, treatment, and law enforcement. The bill remains in the Revenue Committee.

- ii. Wagner also shared that federal cuts and eliminations could impact organizations like Project Extra Mile. Due to these cuts, some data has been removed for the public domain, such as national BRFSS data which provides binge drinking prevalence by state.
- iii. The Alcohol and Tobacco Tax and Trade Bureau (TTB) is currently accepting comments regarding alcohol labeling. Improvements include nutritional and allergen labeling. It would also be beneficial if containers listed how many standard drinks are in it, rather than just alcohol content levels. Coalition members are encouraged to submit comments online.

c. Enforcement

- i. Topko shared that the 2025 Law Enforcement Training has been scheduled for August 4-5 in Kearney and August 6-7 in Omaha and will cover topics like overservice operations, compliance checks, premise inspections, nuisance bars, and more.
- ii. Spring enforcements are being scheduled for prom and graduation season to focus on preventing underage drinking.

d. Youth

- i. Wagner shared that two youth traveled to Lincoln for Youth Leadership Day to meet with senators and discuss the alcohol-related harms they are seeing in their communities, observe legislative debate, and learn more about the legislative process.
- ii. The Youth Leadership Network's next meeting is on Monday, April 21<sup>st</sup> at 7:00 p.m.
- iii. The 2025 Youth Leadership Retreat will take place on June 3-5 at Haven 150. Registration is limited to the first 20 students.

VI. Awareness:

- a. The March & April Research Summaries are available at [www.projectextramile.org/ResearchSummary](http://www.projectextramile.org/ResearchSummary)

VII. Additional Discussion/Announcements: n/a

VIII. Adjournment and Next Meeting Date: The meeting was adjourned at 10:05 a.m.

## **PROJECT EXTRA MILE**

### **2025 Legislative Bill Tracking**

Bill #	Sponsor(s)	Description	Bill Status	Additional Information
<a href="#">LB16</a> *	Cavanaugh, J <a href="#">Judiciary</a> Conrad name added	Adopt the Nebraska Consumable Hemp Control Act	<a href="#">Hearing</a> <a href="#">1/29/25</a>	Creates the Nebraska Consumable Hemp Control Commission using the Nebraska Liquor Control Commission (LCC) commissioners and executive director. Requires monthly meetings to be held. Establishes the licensing and regulatory system as a part of the Nebraska Consumable Hemp Control Act. Designates the Commission to create its rules and regulations.
<a href="#">LB33</a> * <i>Oppose</i>	Hunt <a href="#">General Affairs</a>	Remove nonalcoholic beer from regulation under the Nebraska Liquor Control Act	<a href="#">Hearing</a> <a href="#">2/3/25</a>	Removes 'near beer' from the definition of beer and specifies that beer does not include nonalcoholic beer, which would allow children to purchase beer with less than 0.5% ABV. It could also be consumed while driving.  <a href="#">AM23</a> – pending Indicates that beer, wine, and spirits are one-half of one percent or more alcohol by volume.
<a href="#">LB97</a> +	Fredrickson <a href="#">Transportation &amp; Telecommunications</a>	Change provisions relating to deferred judgments and the Motor Vehicle Operator's License Act	<i>Approved by Governor</i> 4/14/25	Sec. 1: Allows deferred judgment for CDL or CLP-permit as long as it would not mask a conviction and lead to noncompliance with federal laws leading to possible loss of federal money.  Sec. 22: Expands interlock beyond Class M (motorcycle) or O (vehicle) operator's license holders, including CDL license holders.  <a href="#">AM292</a> , <a href="#">AM507</a> , <a href="#">ER26</a> , <a href="#">FA33</a> – adopted



<a href="#">LB113*</a> Oppose	Quick <a href="#">General Affairs</a>	Change provisions relating to licensees under the Nebraska Liquor Control Act	Approved by Governor 4/14/25	<ul style="list-style-type: none"> <li>Increases physical location allotment for holders of a manufacturer's, craft brewery, and micro distillery license from five to eight.</li> <li>Allows Nebraska micro distilleries to annually self-distribute up to 3,500 gallons (instead of 500) of their product.</li> <li>Changes the food service requirement for alcohol consumption in the commons area of an entertainment district to allow consumption as long as at least one holder of an entertainment district (E) license is serving food.</li> <li>Adds language to relax restrictions for all entertainment districts to allow pedestrians to cross an open street or highway while carrying open containers of alcohol as long as those pedestrians are traveling between two businesses that hold an entertainment district license.</li> </ul> <p><a href="#">Attorney General's Opinion</a>: Dormant Commerce Clause Challenge</p> <p><a href="#">AM232</a>, <a href="#">AM843</a>, <a href="#">AM851</a> – adopted  <a href="#">ST15</a> – recorded  <a href="#">AM624</a>, <a href="#">AM811</a>, <a href="#">FA27</a> – failed  <a href="#">AM625</a>, <a href="#">AM626</a>, <a href="#">AM682</a>, <a href="#">FA92</a> – withdrawn</p>
<a href="#">LB124*</a> Support	Holdcroft <a href="#">Judiciary</a>	Change penalties for motor vehicle homicide of an unborn child	Amended into LB 530 as AM 1238	<p>Changes penalties for a motor vehicle homicide of an unborn child as a result of impaired driving to equal those of MVH DUI of a person manslaughter of an unborn child.</p> <ul style="list-style-type: none"> <li>Enhances the penalty from a Class IIIA felony to a Class IIA felony when death results from an impaired driving crash (maximum changes from 3 years to 20 years).</li> <li>Enhances the penalty from a Class IIA felony to a Class II felony when death results from an impaired driving crash with a repeat offender (changes from 0-20 years to minimum 1 year and maximum 50 years).</li> </ul>

<a href="#">LB178</a> * Support	Clouse <a href="#">General Affairs</a>	Require mandatory server training under the Nebraska Liquor Control Act	Failed to advance to E & R Initial 3/4/25	<ul style="list-style-type: none"> <li>Requires a mandatory server alcohol training course as a part of the liquor licensing process and allows the LCC to promulgate the rules and regulations governing those programs.</li> <li>Individuals engaged in the sale, service, or mixture of alcoholic liquor, in providing security, or in verifying customers' ages will need a certificate of completion that must be submitted to the LCC within 90 days of the start of employment.</li> <li>The training fee may not exceed \$30.</li> <li>Businesses that do not keep documentation on premises of an employee's certificate or their employment records may have their license suspended, cancelled, or revoked.</li> <li>For events primarily staffed by volunteers, under a special designated license (SDL), only the manager on duty is required to have completed mandatory server alcohol training; peace officers are exempt from training</li> </ul> <a href="#">AM199</a> – adopted
<a href="#">LB186</a> +* Oppose	Dover <a href="#">General Affairs</a> Raybould name added	Change provisions relating to entertainment districts under the Nebraska Liquor Control Act	Amended into LB 113 as AM 843	<ul style="list-style-type: none"> <li>Changes the food service requirement for alcohol consumption in the commons area of an entertainment district to allow consumption as long as at least one holder of an entertainment district (E) license is serving food.</li> <li>Adds language to relax restrictions for entertainment districts located in cities of the first and second class, counties, and/or villages to allow pedestrians to cross an open street or highway while carrying open containers of alcohol as long as those pedestrians are traveling between two businesses that hold an entertainment district license.</li> </ul>

<a href="#">LB330*</a> Support	Juarez <a href="#">Revenue</a>	Change provisions relating to the sales tax rate and create the Alcohol Addiction Prevention and Treatment Fund	<a href="#">Hearing 3/20/25</a>	<ul style="list-style-type: none"> <li>• Sets the sales tax at five percent pursuant to section 77-2703 except for transactions that occur within a good life district, then the sales tax is two and three-quarters percent of the transaction.</li> <li>• Sets sales tax on alcoholic liquor at fifteen and one-half percent.</li> <li>• Requires proceeds of the sales tax from alcoholic liquor to be distributed 50% to the Alcohol Addiction Prevention and Treatment Fund and 50% to the Education Future Fund.</li> <li>• Creates the Alcohol Addiction Prevention and Treatment Fund which will be administered by the Department of Health and Human Services to fund prevention and treatment of alcohol addiction.</li> </ul>
<a href="#">LB478</a>	General Affairs Committee <a href="#">General Affairs</a>	Provide for an auction permit and a wholesalers shipping license and change other provisions of the Nebraska Liquor Control Act	Approved by Governor 4/7/25	<ul style="list-style-type: none"> <li>• Creates an auction permit for auction houses to be allowed to sell alcoholic products; requires auction houses to notify the LCC of all auctions and provide inventories of products to be sold.</li> <li>• Creates a wholesale shipping license to allow wholesalers outside of Nebraska to obtain a Nebraska shipping license to ship product only to a Nebraska wholesale license holder.</li> <li>• Removes fees for the issuance of a duplicate airline, special party bus, pedal pub vehicle, and railroad license.</li> <li>• Clarifies that public notice of a liquor license hearings may be published in a legal newspaper in statewide or general circulation in a city, village, or county.</li> <li>• Sets the annual brand registration renewal fee to be no more than \$30.</li> <li>• Exempts retailers who hold a shipping license for products outside of Nebraska and ship directly to consumers from filing a brand registration report.</li> </ul>

\* Testimony provided by Project Extra Mile  
+ Emergency clause included

## TRAINING TOPICS INCLUDE:

- Creating Awareness of Enforcement Efforts;
- Report Writing,
- Sales to Minors Investigations,
- Sales to Visibly Intoxicated Patrons,
- Source Investigations,
- License Inspections, and
- Nuisance Establishments



Space is limited to 20 officers per training site. Registration is available at [www.projectextramile.org](http://www.projectextramile.org) or by scanning the QR code.

## OUR TRAINERS:



Carrie Christofes,  
National Liquor Law  
Enforcement  
Association



Todd Merlina,  
Pennsylvania Liquor  
Control Board Nuisance  
Bar Program



Israel Morrow,  
North Carolina  
Department of Public  
Safety Alcohol Law  
Enforcement



Representatives from  
the National Alcohol  
Beverage Control  
Association

Contact Project Extra Mile at  
402-963-9047 -or-  
[info@projectextramile.org](mailto:info@projectextramile.org)

## LAW ENFORCEMENT TRAINING

### Alcohol Enforcements



**30 Years** projectextramile  
1995-2025 PREVENTING ALCOHOL-RELATED HARM

August 4-5, 2025 Kearney, NE  
August 6-7, 2025 Omaha, NE

Funding provided by:





# Law Enforcement Training 2025



In collaboration with the  
Nebraska Department of  
Transportation-Highway Safety  
Office, Project Extra Mile is  
coordinating a FREE Law  
Enforcement Training on the  
topic of  
**Alcohol Enforcement**



**This training is  
FREE  
for all Law Enforcement**

This project is supported by the Nebraska  
Department of Transportation - Highway Safety  
Office (CFDA 20.600) .



## Training Locations

**Kearney, NE**  
August 4-5, 2025

**Omaha, NE**  
August 6-7, 2025

### Who should attend?

#### Law Enforcement:

- Liquor Investigators,
- Patrol Officers,
- Traffic Officers,
- City/County/State Attorneys

#### Liquor Regulators

#### Health Departments

- Health Inspectors

### Daily Schedule

#### **Day 1: 9am - 4pm**

Breakfast and Lunch  
will be provided.

#### **Day 2: 9am - 3pm**

Breakfast and Lunch  
will be provided.

**Deadline to register  
is July 25, 2025**

Registration is limited to 20 participants per site.  
Law Enforcement will be prioritized over other interested parties.

# Project Extra Mile's **YOUTH** LEADERSHIP RETREAT

Project Extra Mile is a network of community coalitions across the state of Nebraska working to prevent excessive alcohol consumption, including underage drinking and its harms.

This is only possible through improved laws, increased enforcement, media advocacy, increased awareness and most importantly, powerful young voices leading the way!

## LEARN TO USE YOUR VOICE TO BRING ABOUT CHANGE!

### Where:

Haven150  
12370 S 150th Street, Omaha, NE

### Who:

Students in grades 8-12 who are interested in becoming an effective leader to make change in their community are encouraged to attend.

### When:

June 3-5, 2025

### Cost:

Cost is \$90 per student and includes overnight lodging, food, t-shirt, activities, and of course the leadership retreat!

**REGISTRATION ENDS  
5/21/2025**

☎ 402-963-9047

🌐 [www.projectextramile.org](http://www.projectextramile.org)

**3Years**  
**projectextramile**  
1995-2025  
PREVENTING ALCOHOL-RELATED HARM



This project is supported by the Nebraska Department of Transportation - Highway Safety Office (CFDA 20.600) and the Region 6 Behavioral Healthcare Block Grant, CFDA 93.959/Federal Award Number B08TI084658, through the Department of Health & Human Services, SAMHSA, and NE DHHS.





**RESEARCH SUMMARY**  
Date Compiled: May 2025

**Key takeaways from included research:**

- Parental permission for adolescents to drink alcohol is often seen as a harm reduction strategy, but research shows it leads to increased alcohol use and related harms in young adulthood. This study found no difference in outcomes based on the age at which parental permission was given, suggesting that any early permission carries the same risk. Researchers emphasized that public health efforts should focus on correcting the misconception that supervised drinking is beneficial.
- This study found that drinking motives—whether for reward or relief—moderate the relationship between pain and alcohol-related negative consequences. Specifically, higher pain levels led to more negative outcomes in students with higher relief or lower reward drinking motives, suggesting that addressing pain could help prevent alcohol-related harm in these individuals.
- A new study found that Latino adults with alcohol use disorder are less likely than White adults to seek specialty alcohol treatment, partly due to cultural and immigration-related barriers. These include concerns about cultural acceptance, provider understanding, and fears about disclosing immigration status. Addressing these concerns through culturally tailored services may help improve treatment use among Latino adults.
- Trends in alcohol-related cirrhosis (AC) in women show a slight global decline in incidence, mortality, and disability-adjusted life years (DALYs) from 1992 to 2021. However, significant regional disparities remain, with lower-Socio-Demographic Index (SDI) regions bearing the highest burden, especially in older women. Projections suggest a continued decline by 2030, but targeted public health interventions are needed, particularly in these high-burden regions, to address the ongoing challenges of AC.

## **Alcohol causes cancer, and less than 1 drink can increase your risk – a cancer biologist explains how**

Written by Pranoti Mandrekar

Alcohol, whether consumed regularly or only on special occasions, takes a toll on your body. From your brain and heart, to your lungs and muscles, to your gastrointestinal and immune systems, alcohol has broad harmful effects on your health – including causing cancer.

Alcohol is the third-leading preventable cause of cancer in the U.S., responsible for about 100,000 cases of cancer and 20,000 cancer deaths annually. In comparison, alcohol-related vehicle crashes cause around 13,500 deaths each year in the U.S.

As early as the 1980s, researchers suspected that alcohol can cause cancer. Epidemiological studies have shown that alcohol is causally linked to cancer of the oral cavity, throat, voice box, esophagus, liver, colon and rectum, and breast. Another study reported an association between chronic and binge drinking and pancreatic cancer.

In 2000, the U.S. National Toxicology Program concluded that consuming alcoholic beverages is a known human carcinogen. In 2012, the International Agency for Research on Cancer, which is part of the World Health Organization, classified alcohol a Group 1 carcinogen, the highest classification indicating there is enough evidence to conclude a substance causes cancer in people. Both the Centers for Disease Control and Prevention and the National Institutes of Health concur that there is conclusive evidence that alcohol causes several types of cancer.

U.S. dietary guidelines state that even low amounts of alcohol – less than a single drink a day – increase cancer risk. Despite this, many Americans are not aware that alcohol causes cancer. A 2019 survey found that less than 50% of U.S. adults are aware of the cancer risks of alcohol consumption. The 2023 National Survey on Drug Use and Health found that over 224 million Americans ages 12 and older drank alcohol at some point in their lifetime – over 79% of people in this age group. Alcohol consumption was increasing even before the COVID-19 pandemic, reflecting an alarming public health issue.

I am a researcher studying the biological effects of moderate and long-term alcohol consumption. My team is working to uncover some of the mechanisms behind how alcohol increases cancer risk, including damage to immune cells and the liver.

How does alcohol cause cancer?

Cancer occurs when cells grow uncontrollably in the body. Alcohol may lead to tumor formation by damaging DNA, causing mutations that disrupt normal cell division and growth.

Researchers have identified several mechanisms associated with alcohol and cancer development. A 2025 report from the U.S. surgeon general highlights four distinct ways alcohol can cause cancer: alcohol metabolism, oxidative stress and inflammation, alterations in hormone levels, and interactions with other carcinogens such as tobacco smoke.

Alcohol metabolism is the process by which the body breaks down and eliminates alcohol. When alcohol breaks down, its first byproduct is acetaldehyde, a chemical that is itself classified as a carcinogen. Researchers have found that certain genetic mutations can lead the body to break down alcohol faster, resulting in increased levels of acetaldehyde.



There is also considerable evidence that alcohol can trigger the body to release harmful molecules called free radicals. These molecules can damage DNA, proteins and lipids in cells in a process called oxidative stress. My lab has found that free radicals formed from alcohol consumption can directly affect how well cells make and break down proteins, resulting in abnormal proteins that promote inflammation that favors tumor formation.

Alcohol can also directly affect hormone levels in ways that increase cancer risk. For instance, estrogens can increase breast cancer risk. Moderate alcohol drinking can both elevate estrogen levels and promote further drinking. Alcohol also amplifies breast cancer risk by reducing levels of vitamin A, a compound that regulates estrogen.

People who drink and smoke have an elevated risk of developing cancer of the mouth, pharynx and larynx. Alcohol makes it easier for the body to absorb the carcinogens in cigarettes and e-vapes. Smoking by itself can also cause inflammation and induce free radicals that damage DNA.

How much alcohol is safe?

You may be wondering how much alcohol you can safely drink and avoid harm. If you ask clinicians and scientists, you might not like the answer: none.

The Centers for Disease Control and Prevention and American dietary guidelines recommend consuming no more than one drink a day for women and no more than two drinks for men. The National Institute for Alcohol Abuse and Alcoholism and the U.S. surgeon general's recent advisory have similar recommendations to limit alcohol consumption.

Alcohol consumption is a highly preventable cause of cancer. However, there isn't currently a way to determine someone's personal cancer risk from alcohol. Each person's individual genetic background, lifestyle, diet and other health factors can all influence the effects of alcohol on tumor formation. Nevertheless, rethinking your alcohol drinking habits can help protect your health and reduce your cancer risk.

## Heavy drinking linked with lasting impact on the brain, study finds

Written by Katia Hetter

Heavy drinking is associated with increased risk of a type of brain injury linked with memory and thinking problems. That's according to a new study in which researchers defined heavy drinking as eight or more alcoholic drinks per week.

This study, which was published in the journal *Neurology*, comes when clinicians and public health advocates are raising awareness of alcohol use disorder and issues related to excessive alcohol consumption.

To help people think about their drinking habits, given the key takeaways of this report, I spoke with CNN wellness expert Dr. Leana Wen. Alcohol affects the brain, but how much alcohol is too much? How can people recognize signs of problem drinking in themselves and in their loved ones? Is it necessary to totally abstain, or are there ways to have a healthy relationship with alcohol?

Wen is an emergency physician and adjunct associate professor at George Washington University. She previously was Baltimore's health commissioner.

CNN: What does this new study show about alcohol and possible damage to the brain?

Dr. Leana Wen: This study involved a postmortem analysis of over 1,700 people who had an average age of 75 at the time of their death. Scientists examined their brain tissue to look for signs of brain injury, including a lesion called hyaline arteriolosclerosis, which is associated with memory and cognitive problems, and tau tangles, which are associated with Alzheimer's disease.

Separately, the researchers queried family members about participants' alcohol consumption. The participants were divided into four groups: those who never drank; those who had seven or fewer drinks weekly; those who had eight or more drinks a weekly, which was defined as heavy drinking; and former heavy drinkers who have stopped drinking.

Heavy drinkers had a whopping 133% higher likelihood of having hyaline arteriolosclerosis compared with nondrinkers, and that's after accounting for other factors that could affect brain health such as smoking. Former heavy drinkers had 89% higher odds of developing this lesion, and moderate drinkers had 60% higher odds.

Heavy drinkers also had a higher likelihood of developing tau tangles. Moreover, these participants were more likely to die an average of 13 years earlier compared with those who never drank.

I think these are compelling results that link heavy alcohol consumption with lasting impacts on the brain. It's especially telling that former heavy drinkers have evidence of sustained damage, although halting that heavy drinking does appear to lower risk.

There are caveats to this study. It is important to point out that these findings are associations that are suggestive, rather than proof of cause and effect. In addition, one limitation of the study is that it didn't measure duration of alcohol consumption or distinguish between those people who regularly consumed one or two drinks a night versus those who drank sporadically but heavily.

CNN: What is already known about how alcohol can affect the brain?

Wen: In the short term, alcohol use can disrupt the brain's communication pathways and make it harder for the brain to control thinking, coordination, balance, speech and judgment. High amounts of alcohol in a short time can lead to such significant impairment that key areas that control breathing and heart rate begin to shut down.

People with alcohol use disorder can have progressive brain changes that affect thinking and cognition. For example, a condition known as Wernicke-Korsakoff syndrome that is linked with severe alcohol use can be permanently disabling, with long-term memory loss. Smaller amounts of alcohol have been linked to premature aging and shrinking of the brain.

Given the plethora of studies demonstrating the effect of alcohol use on the brain, the findings from this new study aren't a surprise.

CNN: How much alcohol is considered too much?

Wen: Adults of legal drinking age should not drink more than one drink a day for women and two drinks a day for men, according to the US Dietary Guidelines for Americans.

But these guidelines are controversial. Earlier this year, then-US Surgeon General Dr. Vivek H. Murthy issued guidance that alcohol consumption within the guideline amounts can be linked with elevated cancer risk.

Some people who are following these guidelines could be considered heavy drinkers, according to this new study. A man could consume, say, two drinks a day for five days a week and exceed eight drinks a week, which in this study is linked with signs of brain injury.

Another way to assess for excess alcohol consumption is whether there is binge drinking. Binge drinking is defined as four or more drinks on one occasion for women and five or more drinks on one occasion for men, according to the US Centers for Disease Control and Prevention. People who engage in binge drinking are at higher risk from injuries such as car accidents and falls. Moreover, the large amount of alcohol their bodies are exposed to is thought to cause more stress to their organs than if the drinks were metabolized over time.

CNN: Does drinking a lot result in addiction? How can people recognize signs of problem drinking in themselves or in their loved ones?

Wen: There are two separate but related issues. One is drinking levels of alcohol that exceed recommended amounts, whether over a weekly basis or heavily at once via binge drinking. Either type of excessive drinking can result in long-term problems, including impacts on the brain, heart and liver.

Another issue is physiological dependence from alcohol and problems stemming from a condition called alcohol use disorder. Alcohol Awareness Month is a time to raise awareness of this disorder, which is the most common substance use disorder in the United States. Nearly 29 million Americans age 12 and older meet criteria for diagnosis, which include loss of control over how much they drink, difficulty fulfilling work and caregiving responsibilities, and physical symptoms when they stop drinking such as nausea and sweating.

People can take several different self-questionnaires to screen for problem drinking. They also can look out for signs of alcohol use disorder in their loved ones. It's crucial everyone knows effective treatment exists for alcohol use disorder. No one should have to suffer alone.

CNN: Is it necessary to totally abstain, or are there ways to have a healthy relationship with alcohol?

Wen: This is an area that is hotly debated among clinicians and public health experts. The consensus is generally that less is better. Medical professionals are not going to tell someone who doesn't drink to start drinking. Moreover, the consensus is clear that excessive drinking is a problem. Binge drinking is associated with many risks, as is heavy alcohol use.

Where to draw the line on defining heavy alcohol use is not entirely clear. More and more research, including this study, are beginning to show that even alcohol usage within currently recommended guidelines could be associated with negative consequences.

At the same time, I think it's possible for people to have a healthy relationship with alcohol. One way to assess one's relationship with alcohol is with sobriety challenges such as Dry January and Sober October. These experiences can help people take stock of exactly how much they are drinking, how they feel when they abstain, and when and why they drink.

For instance, do they drink to mask negative feelings? Are they ashamed or feel loss of control by how much they drink? These are warning signs that people need to seek help from a mental health specialist or their primary care provider. Individuals who drink heavily also should be careful not to stop suddenly because the effects of sudden withdrawal can be dangerous. Those people who wish to cut back should do so under the care of their medical provider.

## Government shuts CDC office focused on alcohol-related harms and prevention

Written by Isabella Cueto

A small office that produced data on alcohol-related deaths and harms, and worked on policies to reduce them, has been shuttered by the Trump administration. Those involved with the work say it was the only group in the federal government focused on preventing excessive drinking and the many problems associated with it, including chronic diseases.

At least 11 states directly relied on the Alcohol Program in the Centers for Disease Control and Prevention for funding, data assistance and other guidance. The three-person, 24-year-old program was cut by the large reduction-in-force that began April 1 at Health and Human Services.

Most recently, the alcohol program was allocated \$6 million for its work. Much of that went out the door, in grants to nearly a dozen state health departments so they could hire alcohol epidemiologists, conduct studies on excessive alcohol use, and try to reduce associated harms. Now, without the staff to tend to those five-year agreements, states are not sure if they will receive their final round of funding come fall.

In Idaho, where researchers use the money to run public dashboards and a website about alcohol-related harms, losing the grant would mean shutting down their program. In North Carolina, where alcohol contributed to 6,000 deaths and 66,000 emergency department visits in 2023, the CDC has helped pay for a dedicated alcohol epidemiologist and research at the Injury Prevention Research Center of the University of North Carolina.

The alcohol program was part of the CDC's Division of Population Health, which government officials gutted last week. Unlike its counterparts in the division, like the Office on Smoking & Health, which had over 100 employees, the alcohol program was a barebones operation from the start, former staff say. Nonetheless, it was the main tool created by Congress to combat a major driver of illness and death.

And unlike scientific studies funded by the National Institutes of Health, which mostly live in the lab, and work on substance use, the bulk of the CDC team's work was on prevention — getting ahead of the harm at the population level.

"You need a broad-based public health approach that prevents people from drinking excessively to begin with," said Timothy Naimi, an alcohol epidemiologist who co-founded the CDC alcohol program. "If you're waiting to identify people who already have an established alcohol use disorder, you're a day late and a dollar short."

Recent estimates suggest excessive alcohol use causes 178,000 deaths each year, or nearly 500 deaths per day, in the U.S. Myriad chronic diseases and at least half a dozen cancers have also been linked to alcohol use. As of 2010, excessive drinking cost the U.S. \$249 billion. These very statistics are products of the CDC alcohol team.

The team's work ranged from documenting Americans' patterns of drinking over time and by group, to understanding what health problems resulted, and studying and implementing prevention strategies. "We're going to pay for this for years," said David Jernigan, a professor of health law, policy and management at the Boston University School of Public Health. Jernigan helped secure the initial funding to create the CDC's alcohol program.

At the state level, CDC resources allowed health departments to take on alcohol, studying local impacts and methods of curbing high-risk drinking. Many grants run along the fiscal year, so money would run out sometime in late summer or early fall, at which point CDC workers in other departments could renew grant agreements or let them lapse. Several states receiving CDC alcohol funding told STAT they don't know what will happen.

Without those grants, health departments often lack the bandwidth and specialized knowledge to address what is often a key driver of ill health.

"We're not talking of a trivial issue here," said Bob Brewer, who co-founded the program and ran it for 18 years. "We have an administration now that has said that they're very committed to reducing chronic diseases ... I don't see any way that you're gonna do that without making some dent in excessive drinking."

Mike Dolan Fliss, a core faculty member at the Injury Prevention Center in North Carolina, has worked closely with the CDC alcohol team to create a national toolkit for measuring how many alcohol-selling stores there are in an area. Alcohol outlet density, as researchers call it, helps local and state officials understand problem areas where people may be likely to drink heavily and experience more alcohol-related harms.

But it's a challenging calculation for a public health worker to take on alone. CDC "coordinated my time to work with many other states, including N.C., to not just help them calculate that for themselves, but to draw common lessons across states and put together this toolkit," Fliss said.

In Nebraska, public health advocates rely on the CDC for research on the harms associated with alcohol, and evidence-based tactics that can be used locally, said Chris Wagner, executive director of the nonprofit Project Extra Mile. "It's probably the most uncertainty we've ever faced as an organization working to improve public health and safety over our 30-year history," said Wagner, who has been pushing for alcohol control measures across Nebraska. (Project Extra Mile does not receive CDC grant funding.)

Other states, such as New Mexico — which has a CDC-funded epidemiologist working on alcohol — are trying to reverse serious and long-standing problems, including alcohol-attributable death rates far above the national average.

The cuts come at a time when public health advocates are still struggling to pass state laws increasing the price of alcohol, or limiting hours of sale or alcohol outlet density — policies that data suggest can blunt alcohol-related problems. State alcohol epidemiologists and researchers can help support the passage of such laws, and assess how well different approaches are working in their communities.

Alcohol, despite its great toll, has continued to be a politically unpopular issue with strong lobbying from industry groups. That tension is playing out at the federal level, too, with dueling reports on the health effects of drinking that are supposed to inform the next iteration of dietary guidelines.

"Alcohol historically gets lost, constantly gets lost. And here it is getting lost again," Jernigan said.

## Lawsuit against an Omaha club now includes a wrongful death allegation

Written by Maddie Augustine

OMAHA, Neb. — A multi-million dollar lawsuit against a local club now includes a wrongful death accusation.

The original lawsuit was filed on April 1, and it included allegations of labor law violations, sex trafficking, theft and even drug trafficking. More plaintiffs have now joined the lawsuit, including a widow who alleges that her husband was over-served and drugged at the club.

Evan Spencer, the attorney representing the plaintiffs in this lawsuit, said this is not just a case of a business not following the laws, but he said Club 180 is a danger to the public.

"I've been practicing law for 28 years, I've litigated over a thousand civil cases, and I've never seen a case with this much evidence at the beginning, prior to discovery," Spencer said.

Spencer said the evidence points to numerous crimes committed by dozens of people, including owners and employees of Club 180 and other local club and lounge owners like Krush Ultra Lounge owner Tony Pham.

The lawsuit alleges Krush and Club 180 "have held illegal poker games with drugs and Club 180 dancers for years."

Pham said the accusations are slander and defamation.

"We have no idea why we are even named in this ridiculous lawsuit. We have nothing to do with 180 or club Omaha or many of the others named. All the allegations are fabricated and not true 100%. We will be taking appropriate legal action to rectify these accusations against all parties involved in this slander and defamation," Pham said in a statement made to KETV.

The newest allegation in the lawsuit is for wrongful death of 35-year-old Gordon Brummel.

"After the original lawsuit was filed, a woman reached out to me on Facebook and said she had some information about Club 180," Spencer said. "When we got together, she told me that her husband had been drugged, overserved alcohol, and that he got in a terrible car wreck on the way home, and he died two days later."

Omaha police said Brummel died from injuries after a crash on Sept. 15.

The lawsuit laid out a timeline of events hours before the crash, alleging Brummel was a customer at Club 180. Within the lawsuit, it says a dancer served him "at least 15 shots/ounces of hard alcohol," and a security guard saw the dancer "put something in Mr. Brummel's mouth the night of the incident." It continued on to say "Club 180 was negligent, careless, and reckless in allowing Mr. Brummel to leave Club 180 and drive in the condition he was in."

Now, Spencer said Brummel's widow is working to find answers.

"She just wants to make sure that this doesn't happen to anyone else," Spencer said.



KETV Investigates did reach out to the owner of Club 180, and he said his lawyers have never been contacted.

"No authorities have asked any questions about this accident. This is the first I'm hearing of the accident. The club does not serve alcohol, so we can't over serve anyone," the owner said in a statement made to KETV.

However, Spencer said he has shared evidence with law enforcement and will wait a few days to see if Club 180 gets shut down. If that does not happen, he said he will file an injunction in federal court for Club 180 to be closed for being a public nuisance and safety hazard.



## **Krush plans to re-open as BYOB 'klub,' but Nebraska Liquor Control Commission says that would be illegal**

Written by Aaron Hegarty

OMAHA, Neb. — Once called Krush Ultra Lounge, a downtown Omaha club now calls itself Krush Private Klub and plans to reopen on May 2.

Earlier this month, Krush closed after surrendering its liquor license, rather than face a process before the Nebraska Liquor Control Commission where the license could have been canceled.

Now without a license, Krush posted on social media it intends to reopen as a bring-your-own-bottle club.

Nebraska state law says no place "open to the general public" can "allow any person to consume alcoholic liquor upon the premises except as permitted by a license."

"If you don't have the license, you're subject to a misdemeanor citation," Nebraska Liquor Control Commission Executive Director Hobert Rupe told KETV.

But Krush Owner Tony Pham told KETV on Friday they are not public.

"We are a private byob members only club," he said in a text. "Not for general public entry with cover charge."

Their website says they'll charge \$25 for a day-long membership, and \$100 for a month-long membership.

Rupe said that doesn't change anything in the eyes of the commission.

He said the commission offers bottle club licenses, but Krush hasn't sought one and that process would take months.

Pham also said he and his attorney "did our due diligence to make sure we will be operating within state law."

He said other Omaha clubs are doing the same.

Councilmember Danny Begley is frustrated with Krush's plan to reopen after fielding complaints from his constituents over the years.

In February, police used body camera video as evidence to the Omaha City Council as they recommend canceling the bar's liquor license. Law enforcement said they responded to incidents there often.

"My colleagues and I know very well the problems that have happened... here for the last four years," Begley said. "And I don't see any reason that's going to change. And that's very concerning to me."

## **Alcohol could be shipped by USPS under newly proposed Newhouse bill**

Written by Ripon Advance Staff

The United States Postal Service (USPS) would be able to ship alcoholic beverages to consumers under a bipartisan bill proposed on April 24 by U.S. Rep. Dan Newhouse (R-WA).

“This legislation supports small craft breweries and wineries in rural areas like central Washington and offers new opportunities for market access through the USPS,” Rep. Newhouse said.

The congressman sponsored the USPS Shipping Equity Act, H.R. 3011, alongside lead original cosponsor U.S. Rep. Suhas Subramanyam (D-VA) to amend U.S. Code to allow the USPS to ship directly from licensed producers and retailers to consumers over the age of 21, in accordance with state and local laws at the delivery location.

In turn, this would level the playing field and increase consumer and manufacturer choice while bringing in millions of dollars in revenue per year, according to the lawmakers.

“The wine, beer, and spirits industries are at a real disadvantage in delivering their high-quality products across the country,” said Rep. Newhouse. “While other carriers deliver alcohol, current law prohibits the [USPS] from doing so. I thank Rep. Subramanyam for joining me in introducing this bipartisan legislation as we work to unlock the USPS for our local producers.”

The legislation is supported by the American Craft Spirits Association and the National Rural Letter Carriers Association.

“This prohibition era restriction on the Postal Service is unnecessary and imposes on consumers and our small businesses,” said Rep. Subramanyam. “I’m thrilled to partner with Congressman Newhouse on a bipartisan fix to expand opportunities available to our local breweries, vineyards, and distilleries and provide a new source of revenue for USPS.”

H.R. 3011 has been referred to both the U.S. House Oversight and Government Reform Committee and the U.S. House Judiciary Committee.

## **Alaska becomes first state to require warnings about alcohol link to colon, breast cancers**

Written by Yereth Rosen

Alaska bars and liquor stores will be required to post signs warning of alcohol's link to cancer, under a bill that became law on Friday.

The new sign mandate, to go into effect on Aug. 1, makes Alaska the first U.S. state to require such health warnings specifically related to colon and breast cancers.

The warnings about the alcohol-cancer relationship will be added to already mandated warnings about the dangers that pregnant women's consumption can lead to birth defects.

The requirement is part of a measure, Senate Bill 15, that allows employees under 21 to serve alcohol at restaurants and breweries. Lawmakers last year passed a similar bill, with the same combined provisions, but House members gave their final approval just minutes after the midnight adjournment deadline. It was one of five bills that Dunleavy vetoed because of passage after that deadline.

Rep. Andrew Gray, D-Anchorage, was the leading proponent of the new signage. He sponsored a stand-alone measure, House Bill 37, that became combined with the alcohol-server measure; the same process was used last year, though passage of that bill was after the adjournment deadline.

This time, the combined bill on alcohol servers and cancer warnings was approved by lawmakers well before they adjourned. It won final passage with a unanimous vote in the Senate on April 4. Dunleavy allowed the measure to become law without his signature.

Alcohol consumption has been shown to increase risks of certain types of cancer, including breast and colon cancer.

Gray said the relationship has gained more attention in recent years, and he some gave credit to former U.S. Surgeon General Vivek Murthy. In January, Murthy issued an advisory report describing how alcohol consumption, even at moderate levels, increases risks of at least seven types of cancer. "Alcohol consumption is the third leading preventable cause of cancer in the United States, after tobacco and obesity," said the report.

Murthy recommended that the label on packaging for alcoholic drinks be updated to include the cancer-risk link.

Currently, South Korea is the only nation that requires warning labels about alcohol consumption increasing cancer risks. A similar warning is set to go into effect in Ireland next year.

## Why Alcohol Needs a Cancer Warning Label

Written by Morgan Coulson

More than six in 10 Americans drink alcohol. But less than half of them know that they're increasing their cancer risk while they're doing it.

Alcohol consumption is the third-leading preventable cause of cancer in the U.S., after tobacco and obesity, and leads to a higher risk of at least seven types of cancer, including colorectal, liver, esophageal, laryngeal, throat, mouth, and breast—the link to which was demonstrated in 1987.

Based on mounting evidence connecting alcohol consumption—even in small amounts—to increased risk of cancer, on January 3, then-U.S. Surgeon General Vivek Murthy issued a health advisory on the link between alcohol and cancer, and recommended that the warning label on alcohol containers be changed to reflect the connection. The WHO, which in February issued a similar call for alcohol labels to carry a cancer warning, declared alcohol a Class I carcinogen—in the same category as cigarette smoking and asbestos—in 1990.

To raise awareness about the risk of cancer from drinking, experts say it's time to update U.S. alcohol warning labels.

### A Long History of Labels in Limbo

The concept for a federally mandated label was introduced to Congress in 1967, but it wasn't until 1988 that a warning label was approved, with the passage of the Alcoholic Beverage Labeling Act (ABLA). The label reads:

GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.

The ABLA was enacted in 1989, and the label hasn't been updated since.

It is incredibly outdated, says Jennifer Brown, PhD '20, MPH, assistant scientist in Health, Behavior and Society. "In order for [the labels] to really be effective at preventing alcohol use and encouraging moderation for those who use alcohol, they should be updated."

The ABLA is enforced by the Secretary of the Treasury. The law states that if the USSG alerts the treasury secretary to alcohol-associated health harms that would justify a change in the warning label, they must report such information to Congress. No such reports have been made—even though "we have a lot more evidence on the health risks of alcohol consumption since the current labels were implemented," Brown says.

Even if a report were made, she adds, Congress would have to authorize new warning labels of the sort Murthy recommended, and it's not clear whether the current administration would support the change.

### An Educational Opportunity

Research cited in Murthy's advisory shows that cancer risk increases as drinking increases, and for breast, mouth, and throat cancers, that risk may increase with just one drink a day. Research also shows that cancer risk increases regardless of the type of alcohol consumed.

"We have known since the 1920s that alcohol ... causes cancer, but no one had brought together all the literature," Otis Brawley, MD, a Bloomberg Distinguished Professor of Oncology and Epidemiology, told the Hub.

Yet "the fact that alcohol causes cancer is not widely known in the U.S.," Johannes Thrul, PhD, MS, associate professor in Mental Health says. Only 45% of Americans recognize alcohol use as a risk factor for cancer. "Warning labels can be one tool to literally give people an opportunity to make an informed decision."

"It's been well documented empirically: People are really ignorant about the harms of alcohol," says Jeffrey Drope, PhD, a research professor in Health, Behavior and Society. But, he says, stronger warning labels could serve as educational reminders of the powerful research connecting alcohol intake with an increased risk of cancer.

"The precautionary principle is, if it might cause cancer, you should warn people that it might cause cancer," Brawley said. "This is not a 'might cause cancer.' This is 'it does cause cancer.'"

#### Risk Without Benefit

2.51 gallons – Average amount of ethanol (pure alcohol) consumed by an adult in the U.S. annually - NIH / NIAA

100,000 / 20,000 – Cases of cancer and cancer deaths, respectively, caused by alcohol in the U.S. each year - HHS

>16% – Share of breast cancer cases attributable to alcohol consumption - American Cancer Society

>80% – Share of alcohol-related cancer deaths in the U.S. caused by drinking more than recommended U.S. Dietary Guidelines limits (two drinks daily for men and one drink daily for women). - American Journal of Preventive Medicine / CDC

#### Do Warning Labels Work?

According to a WHO snapshot series on alcohol control policies and practice, warning labels on alcohol containers increase awareness, slow down drinking, decrease drinking events, and reduce purchase occasions.

Labeling does influence consumer behavior, Brown says. "Strong health warning labels on tobacco products, for example, are effective at informing consumers about the dangers of smoking, keeping people from starting to smoke, and motivating people who do smoke to quit."

There is a growing body of evidence that this could be effective for alcohol. A 2024 study from the Institute of Alcohol Studies, for example, found that the warnings significantly increased people's awareness that alcohol can cause cancer, with about one-third of survey participants showing a marked increase in understanding. And Thrul points to a 2020 study published in the Journal of Studies on Alcohol and Drugs that found that when large colorful labels were added to bottles of

alcohol warning it can cause cancer, sales of labeled products in a state-run Canadian liquor store decreased by more than 6%.

However, data like this could also energize manufacturers and distributors. “The industry knows that this will hurt their bottom line,” Thrul says. “They know awareness works, and they are not pleased about it. We expect that there will be some sand in the gears of the political decision-making, lobbying efforts, and implementation.”

Changing consumers’ perspectives with alcohol labels might be a long game, Drope says. “Having warning labels on alcoholic products is a great thing from the sheer perspective of education. Whether it will hugely shift behavior, time will tell. If every time you pick up a bottle of wine and it says, ‘drinking alcohol causes cancer’—the message will eventually start to sink in.”

### Size (and Image) Matters

To be impactful, experts agree that an updated version of the label would need to shift from the current simplified text form to something more eye-catching.

“A small text box on the back of a product is very different from, for example, the warning labels on Australian cigarette packages, where three-quarters of the front of the pack and 90% of the back is a graphic warning label representing some of the health consequences of smoking,” says Thrul. “These are both warning labels, but one is much more impactful than the other.”

A shift toward icons, rotating graphics, realistic photos, and colors that pop on the front, back, and all sides—as opposed to only the sides or back—of the container would make the label most effective, Brown says. “Graphic tobacco labels, for example, usually depict the negative consequences of smoking, like cancer and lung disease.”

Other countries have been more aggressive about their alcohol health warnings: Beginning in 2026, Ireland will require labels that read “There is a direct link between alcohol and fatal cancers” and “Drinking alcohol causes liver disease” in red capital letters on all containers of beer, wine, and liquor sold in the country.

South Korea has had a warning about liver cancer, along with other mandated labels, since 2016. Thailand is now working on regulations that would require alcohol to have labels with graphic images and text warnings.

Thrul says that the current labels probably aren’t making a huge dent on alcohol consumption, but hopes that “if we change them, put them more front and center, and make them more explicit, we would expect to see many more effects from them.”

Labeling does take marketing power away from industry advertising, Brown says. Cigarette packs, for example, are a key marketing and communications tool for Big Tobacco. “It becomes a way for them to advertise their product, to inform consumers about different product characteristics. By filling some of the space on the package with a health warning label, you’re also taking away space for advertising on the pack.”

### A Multifaceted Approach

In addition to updating the label, Murthy’s recommendations for increasing public awareness of the dangers of alcohol included calling on the public health community to create educational

messaging, reassessing recommended alcohol consumption limits, and urging health care providers to discuss the link between alcohol and cancer and to promote alcohol screenings and treatment.

To be most effective, these elements must be synchronized. “The messages that are on liquor bottles should be the same ones that public health agencies are spreading,” Drope says. “The countries where these messages are loud, consistent, and understandable are where the messages are resonating. Folks are getting the same messages over and over again from different sources. That is when we really start to have that effect, where we start to actually see norms changing.”