Student National Medical Association
Statement on Alcohol and Substance Abuse

Health Policy and Legislative Affairs Committee
Statement on Alcohol and Substance Abuse

Second Revision

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Revised and prepared for the 51st SNMA House of Delegates
April 1-5, 2015
New Orleans, LA

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Background

Drug abuse in the United States including the abuse of tobacco, alcohol, marijuana and illicit substances such as cocaine, is implicated in one third to half of lung cancers and coronary heart disease in adults and in the majority of violent deaths (homicide, suicide, and accidents) in youth. Recognizing the role that drug abuse plays in chronic disease and premature mortality, the federal government continues to the trend of emphasizing substance abuse as a leading health indicator for population wellness in its decennial Healthy People report. Healthy People 2020, the most recent initiative published in December 2010 specifically emphasizes adolescent use of alcohol or illicit substances and adult binge drinking behaviors as population health indices with respect to substance abuse.¹

Scope of the Problem

Despite progress in reducing the overall burden of substance abuse and drug-related crime, the public health toll of substance across all ethnic distributions remains alarmingly apparent. Eighteen to 25 year olds report the highest prevalence of illicit substance use and prescription medication abuse.² Recent data suggests that the rate of illicit drug use is statistically similar across all groups except Hispanics. There are demonstrable differences, however, in penal consequences for drug use within minority communities.³ These anticipated discrepancies may prevent patients from seeking much needed treatment for substance addiction and abuse. Supporting medical students and patients in a manner that is complicit with the mission of the Student National Medical Association requires awareness and deliberate action.

The following data help to frame the issue of alcohol and substance abuse

- Factors associated with substance abuse include gender, race and ethnicity, age, income level, educational attainment, and sexual orientation.¹
- In 1997, Black men and women accounted for 12% of cocaine users, but 60% of drug-related rests and felony convictions.³
In 2011, illicit drug use was found to be 17 times higher among youth aged 12 to 17 who both smoked cigarettes and used alcohol compared to those who either smoked nor drank.\(^4\)

In 2007, drug-related homicides numbered 14,831 and accounted for 3.9% of all homicides. This is an absolute decrease of 3,132 homicides and a percentage point decrease of 1.0 compared to 1987.\(^5\)

Since 1970, drug abuse violation arrests have increased by more than 1 million. The majority of this increase has been due to possession law violations, while sales/Manufacture violations have remained relatively stable.\(^5\)

The rate of alcohol use trends positively with level of education with adults with some college education showing the highest frequency of drinking, binge drinking, and heavy drinking.\(^4\)

Rates of illicit drug and alcohol use are lowest among Asian, Black, and Hispanic adolescents, but highest in adolescents who identify as Native American or with 2 or more races.\(^1\)

The women most likely to report alcohol use during pregnancy self-identified as 35-44 years old, college graduates, employed, and unmarried. There is no statistically significant difference between women of varying ethnicities.\(^6\)

**Statement of Position and Recommendations**

The Student National Medical Association is the largest independent minority medical student organization focused on the needs and concerns of minority medical students in the country. Established in 1964, the SNMA has the longest history of commitment to minority medical education of any medical student organization. The SNMA maintains an active participation as a member of the Consortium of Medical Student Organizations and also as an official organizational delegate of the American Medical Association (AMA) Medical Student Section House of Delegates. Through these representative seats, the SNMA is also able to boast the strongest student voice on matters of minority medical education. Therefore, in addressing the aforementioned issues the SNMA hereby commits itself to the following organizational policies:
1. The SNMA does not endorse the recreational use of alcohol nor smoking by any individual.

2. The SNMA Board of Directors does not endorse the utilization of any monetary funds nor/advertising from alcohol or tobacco companies to subsidize any SNMA events or publications.

3. The SNMA will pursue opportunities to discuss the effects of alcohol and substance abuse on the minority community at each national convention until the need no longer exists.

4. The SNMA will develop strategies to offer externships with medical programs that specialize in alcoholism and addictive diseases to offer our membership increased knowledge in these areas.

5. The SNMA decry all forms of alcohol and tobacco product advertisements on television, in print media, and at various athletic and media events.

6. The SNMA recommends that education on alcohol and substance abuse be integrated into all levels of general education.

7. The SNMA encourages efforts that include working with responsible parents and adults within the community, emphasizing that they can indeed have an effect on the behavior of their children's life choices and values.

[Items 1-7 were approved at the December 1989 Board of Directors Meeting.]

8. The SNMA will annually include sessions on alcohol and substance abuse in various activities related to high school and college student functions nationally.

9. The SNMA recommends that a portion of Medicare funds currently used to support graduate medical education (which are proposed for reduction) be restored to hospitals which will or can show that they are involved in the education of their primary care staff on alcohol and chemical dependency.

10. The SNMA encourages the formation of partnerships between the federal government and private foundations which would be used to fund a series of faculty development centers, which could serve as a resource for training faculty on
instructing medical students and residents about alcohol, alcohol-related disease and chemical dependency.

11. The SNMA recommends that the National Board of Medical Examiners, and Specialty Boards encourage greater emphasis on alcohol and substance abuse in poor and minority communities.

12. The SNMA recommends that culturally sensitive education be taught at all levels of medical education and to all population groups concerning the disproportionate prevalence of alcoholism and substance abuse in poor and minority communities.

13. The SNMA encourages any efforts in working with or training peer counselors to assist young people in not only dealing with their substance abuse problems, but encourage alternative activities and follow-up to keep former addicts from returning to old habits.

14. The SNMA does not allow sponsorship of nor free distribution of alcoholic beverages at SNMA events. Furthermore, the SNMA does not allow other organizational or corporate entities to sponsor alcoholic beverages to be freely served at SNMA events. These sponsors will be encouraged to sponsor other beverages or events (i.e. sodas, fruit drinks, quality foods, research awards, etc.)

By adopting the above policies, the SNMA, as a body of minority medical students, can serve as a role model to all minority groups, other medical organizations, and all corporate groups by echoing that alcoholism is a disease, and that the use of alcohol is not necessary at various conventions and events. We can also take a stand, leading the path against alcohol is not necessary at various conventions and events.
References


