

# ALCOHOLISM & SUBSTANCE ABUSE POSITION STATEMENT

by  
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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 1979 report by the U.S. Surgeon General, entitled "Healthy People 2000", and subsequent national reports targeted the primary prevention of tobacco, alcohol, and other drug abuse as a high priority for health promotion efforts in the United States.

Despite the progress which has been made, the toll which alcohol and other drug abuse exerts on our society, our health and our economy remains staggering. In our inner cities, the drug problems appears to be worsening with a concomitant increase in violent crime. In 1988, the nation's capital experienced an average of one murder a day, over 70% of which were drug related.

## Major Issues Affecting the Minority Community

Major issues affecting the minority community include:

- o Alcohol and Substance abuse frequently is unidentified and therefore goes untreated in minority individuals.
- o The availability and easy access of legal and illegal substances is a blight on the social existence of minority inner city youth.
- o Many of the present treatment facilities for substance abusers are essentially adult-oriented, having evolved through traditional community based drug and alcohol agencies.
- o Some programs focused on drug and alcohol in the school setting, producing pamphlets and brochures and classroom curricula. Unfortunately, most of the young people these programs could best serve are not in school or are unable to read the printed materials.
- o Blacks are more likely to be involved in more dangerous routes of administration of drugs, such as intravenous administration. Consequentially, Blacks are more likely to suffer medical complications such as Hepatitis B, AIDS, and bacterial infections.
- o Drug and alcohol abuse significantly increase the risk of transmission of the Human Immunodeficient Virus (HIV) directly through the sharing of contaminated needles, and indirectly through adverse effects on immune system functioning and the increase risk of unsafe sexual practices.
- o Other drug abuse syndromes clinically similar to fetal alcohol syndrome been identified. It is now recognized that the use of cocaine during pregnancy poses serious threats to the fetus including the risk of in-utero cardiovascular accidents and strokes.
- o Although alcoholic cirrhosis rates have been dropping in the general population, rates for non-whites remain almost seventy percent higher at close to 20 deaths per 100,00 population. Despite the fact that over the past two decades death rates from cirrhosis among Black males have decreased more rapidly than those for white males, at present mortality rates for Black males remain nearly double those for White males.

- o Blacks make up about 12% of the United States population yet concerning alcohol we purchase:
  - 24% of Old Taylor
  - 23% of Johnny Walker Red
  - 16% of J&B
  - 35% of Scotch

We spend 6-8 billion dollars a year on alcohol, something that does not contribute anything to our health.
- o Deaths from motor vehicle crashes remain a major public health problem. In 1986, motor vehicle crashes were the fourth leading cause of death in the U.S. and a significant portion of these were alcohol related. There has been a significant increase in the attention given to the alcohol-related crash problem in the first half of this decade. As a result of this attention and the program efforts that have accompanied it, the alcohol-related portion of the fatalities dropped by 10-15 percent from 1982-1986. However, drunk driving remains one of the nations most serious problems.
- o Cirrhosis of the liver, which is associated with excessive use of alcohol, accounts for 13% of excess mortality among Native Americans males and 22% among Native Americans females under 70 years of age.
- o Alcohol is implicated in nearly half of all fatal intentional injuries such as suicides, and homicides, and victims are intoxicated in approximately one third of all homicides, drownings, and boating crash fatalities.
- o Alcohol abuse rates among homeless Americans are significantly higher than for the general population, and homeless alcohol abusers are at substantially increased risk of trauma, victimization, hypothermia, frostbite, and tuberculosis infection.
- o Recent studies estimate the incidence of alcohol use by pregnant women range between 40 and 86 percent.(within certain minority communities)

#### SNMA Organizational Policies Regarding Alcohol

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. With its national headquarters in Washington D.C. the SNMA boasts 10 regional offices and over 130 local chapters in medical schools across the nation.

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 use of alcohol nor smoking by any individual because of its medically well known deleterious effects upon good medical health.
2. The SNMA Board of Directors does not endorse the utilization of any monetary funds nor/advertising from Alcohol nor Tobacco Companies to subsidize any SNMA events nor publications.
3. The SNMA will sponsor workshops on the effects of Alcohol and Substance Abuse in the Minority Community at each SNMA Convention until the need no longer exist.
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 is against all forms of alcohol and Tobacco product advertisements on television, in journals and newspapers, and at various athletic and media events. These multimillion dollar groups exploits these various entities at the expense of the medical health of innocent individuals.
6. The SNMA recommends that education on alcohol and Substance abuse should be incorporated at all levels of education including public, private and parochial institutions.
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. (Young people who begin smoking in childhood are more inclined toward heavy smoking or drinking at an earlier age than those youngsters who do not start in childhood or who start later.)
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 (defined as emergency medicine, pediatrics, internal medicine, obstetrics & gynecology, psychiatry and family medicine) on alcohol and chemical dependency.
10. The SNMA encourages the formation of a partnership between the Federal Government and private foundations which would be used to fund a series of faculty development centers, strategically located across the country, that could serve as a resource for training faculty on instructing medical students and resident 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 to be freely served 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.

#### Other Strategies

We can also take a stand, leading the path against alcohol and tobacco companies taking out advertisements in many of our community journals (such as EBONY, ESSENCE, JET, etc.) and speak out to the bombardment of advertising that takes place on billboards and at varied community events in our neighborhoods to solicit use of their harmful products.

The enforcement of the above policies will also allow us to speak out against persons from our [African

American] community that are used by alcohol companies to advertise to us (such as Billy D. Williams-Colt 45 commercials, Herbie Hancock-Hennessy commercials, Fat Boys-Budweiser commercials, and most recently the incident with Louis Sullivan-Secretary of the Department of Health and Human Services who spoke out against R.J. Reynolds and their attempts with Uptown cigarettes that was thwarted etc.)

### Conclusion

The January 18, 1990 issue of the New England Journal of Medicine recently published an article "Excess Mortality in Harlem". For Harlem, the age-adjusted rate of mortality from all causes was the highest in New York City, more than double that of U.S. Blacks. Almost all the excess mortality was among those less than 65 years old. The chief causes of this excess mortality were:

1. Cardiovascular disease -- 23.0% of the excess deaths (smoking)
2. Cirrhosis -- 17.9% (alcohol)
3. Homicide -- 14.9%
4. Neoplasms -- 12.6%

Survival analysis in the above study showed that Black men in Harlem were less likely to reach the age of 65 than men in Bangladesh!

Please think seriously about the aforementioned points, and *Do the Right Thing!*

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