Statement on Substance Use Disorder

Student National Medical Association
Health Policy and Legislative Affairs Committee
Statement on Substance Use Disorder

Fourth Revision

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**INTRODUCTION**

Founded in 1964 by medical students from Howard University School of Medicine and Meharry Medical College, the Student National Medical Association (SNMA) is the nation’s oldest and largest, independent, student-governed organization focused on the needs and concerns of medical students of color. The SNMA is committed to supporting current and future underrepresented minority medical students, addressing the needs of underserved communities, and increasing the number of clinically excellent, culturally competent and socially conscious physicians.

Eliminating disparities in health care delivery, disease morbidity, and disease mortality are among the highest priorities of the SNMA. These priorities evolved from its continuing mission to improve the quality of life of all individuals, including those in underserved communities. The toll of substance use disorder (SUD) in the US is immense, with overdose deaths exceeding 70,000 in 2019. More alarmingly, a recent California study found that stimulant overdose deaths are on the rise among youth. Overdose mortality increased most rapidly among Black/African-American and Latinx communities in the years prior to the Coronavirus disease (COVID-19) pandemic and research has shown that the pandemic has led to increasing rates of substance use across all populations. Though the data on substance use during the COVID-19 pandemic has not yet been analyzed by race, Black, Indigenous, and People of Color (BIPOC) likely carry a greater burden of pandemic-related SUD. Further, addressing these SUD disparities is complicated by historical stigma--beliefs that people living with SUD are moral failures--and racial targeting in drug policies that now often discourages patients from disclosing substance use, leading to delays in treatment and care. For this reason, the SNMA is particularly concerned with the impact of SUD on the BIPOC community. The SNMA’s areas of focus for SUD include health outcomes, prevalence, treatment access, and criminalizations among the BIPOC community.

**BACKGROUND**

Substance use disorder in the United States (US)--including both prescription and illicit drugs--continues to increase, thus perpetuating a health crisis at the national level. In the US, SUD is implicated in 33% of lung cancer cases and contributes to both coronary artery disease in adults and violence in youth. In addition, SUD is associated with
increasing rates of drug overdose related mortality and has become an epidemic. Route of substance administration has also become a concern as infectious disease can result as a consequence of intravenous drug use. The scope of the problem is made evident by the HIV outbreak in rural Scott County, Indiana.10 and subsequent increase in the hepatitis C infection amongst people who inject drugs intravenously.10,11

The burden of SUD continues to affect public health and social welfare across the country, with the gravest consequences being its impact on children, families, and college-age students.12 In the United States, about 1 in 8 children ages 17 or younger are living in households with at least one parent who has a substance use disorder. In an attempt to aid families impacted by SUD, the U.S. Department of Health & Human Services compiled a database of organizations and treatment options available to those impacted by SUD that features resources for all members of the family. Recognizing the role SUD plays in chronic disease and premature mortality, the federal government continues to acknowledge SUD as a leading health indicator for population wellness in its decennial 2020 Healthy People report.8 The Centers for Disease Control and Prevention (CDC) also took action by monitoring trends in recreational drug use, funding related research, funding treatment centers nationally, increasing public awareness, and providing healthcare professionals with evidence-based decision making protocols to improve patient well-being and safety.13

**SCOPE OF THE PROBLEM**

The national SUD crisis that arose from the misuse of both prescription and illicit drugs has had profound and far-reaching health impacts in the US. This includes the increasing rates of drug overdose mortality to infectious diseases. Despite progress in reducing the overall burden of SUD and drug-related crime, the public health toll of SUD in adolescents of all ethnicities remains alarmingly apparent.13 Of all age groups, adolescents and young adults report the highest prevalence of recreational drug use and prescription medication abuse.7,13-18 Data suggests by the time they are seniors in high school, nearly 70% of US students will have tried alcohol, 50% will have used an illegal drug, nearly 40% will have smoked a cigarette, and over 20% will have misused a prescription drug for a nonmedical purpose.

In addition, some of the gravest consequences of the opioid crisis are seen among newborns. Use of opioids or other addictive drugs (including legal sobriety maintenance
medications such as methadone) by pregnant women can result in infants developing Neonatal Abstinence Syndrome (NAS), a condition in which a neonate born to a mother who used addictive substances during pregnancy exhibits substance use-related withdrawal symptoms during their first days of life. Infants diagnosed with NAS are at increased risk of being admitted to the neonatal intensive care unit (NICU) and/or requiring medication-assisted treatment (MAT) after birth. In addition to the risk of NAS, infants exposed to opioids in utero are at higher risk of preterm birth, low birthweight, and birth defects. Unsurprisingly, evidence suggests that there is a connection between opioid use during pregnancy and an increased risk of infant mortality. A Canadian study found the infant mortality rate among neonates born to opioid-dependent women was 12.21 per 1,000 live births, which is more than double the aggregated national rate. Fittingly, according to a report by Ko in 2016, areas in the US heavily burdened by the opioid crisis have seen increases in their preterm birth rates and prevalence of NAS. Among states reporting data on the incidence of NAS, West Virginia has the highest rate (33.4 cases per 1,000 hospital births). West Virginia, Kentucky, Ohio, and Indiana have not only some of the highest drug overdose mortality rates, but also have seen an increase in both their preterm birth incidence and infant mortality rate.

The preterm birth rate and incidence of NAS as indicators for infant mortality track closely to the state of the opioid crisis. While the problem has increasingly been recognized and efforts to address the crisis have begun, the problem is worsening. As the opioid crisis has garnered more attention from the public, there is increasingly more effort to identify people who misuse opioids who have yet to seek medical care. According to the CDC, for every person who died of an opioid overdose in 2015, there are about 62 people who have opioid use disorder who may or may not have sought care for this problem. Further, although the aforementioned behaviors penetrate all ethnic groups, there are demonstrable differences in penal consequences for drug use within BIPOC communities and in treatment seeking behaviors across racial/ethnic groups. Given this disparity, supporting affected medical students and patients in a manner that is in accordance with the mission of the SNMA requires awareness and deliberate action.
Finally, the following data helps to frame the issue of alcohol and SUD:

- Factors associated with SUD include gender, race and ethnicity age, income level, education attainment, and sexual orientation.\(^8\)
- As of 2013, although rates of drug use and sales are similar across ethnicities, Black/African American and Latinx persons are far more likely to be criminalized than white people.\(^{19}\)
- 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 or drank.\(^{32,33}\)
- From 1987 to 2007, drug-related homicide decreased from 14,831 to 11,699 deaths per year. This accounts for 3.9% of all homicides.\(^{34}\)
- Since 1970, the gross number of substance abuse violation arrests has increased by over 1 million. The majority of this increase has been due to possession law violations while sales/manufacture violations have remained relatively stable.\(^{34}\) Anecdotal evidence suggests a hierarchy in which Black/African American persons are more likely to possess these drugs (a criminalized act) while working for white employers who sell and manufacture the drugs (an act for which laws have remained stable). However, more research is needed to develop a full and accurate understanding of the aforementioned hierarchy.
- The rate of alcohol use trends positively with level of education. For example, adults with some college education demonstrate the highest frequency of drinking, binge drinking, and heavy drinking.\(^{35}\)
- Women who are between 35 and 44 years old, are college graduates, are employed, and are unmarried are most likely to report alcohol use during pregnancy. Notably, there is no statistically significant difference in the amount of drinking between women of varying ethnicities.\(^{23}\)
- Overall rates of recreational drug and alcohol use are lowest among Asian, Black/African American, and Hispanic adolescents, but highest in adolescents who identify as Native American or with 2 or more races.\(^8\)
STATEMENT OF POSITION AND RECOMMENDATIONS

The SNMA is an active participant in the Consortium of Medical Student Organizations and an official organizational delegate of the American Medical Association (AMA) Medical Student Section House of Delegates. Through these representative seats, the SNMA is able to boast the strongest student voice on matters related to minority medical education. The SNMA is tremendously concerned about the impact of SUD on the BIPOC community. 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 or advertisements from alcohol or tobacco companies to subsidize any SNMA events or publications.
3. The SNMA decries all forms of alcohol and tobacco product advertisements on television, in print media, and at various athletic and media events.
4. The SNMA will pursue opportunities to discuss the effects of alcohol and SUD on the BIPOC community level at each national convention until the need no longer exists.
5. The SNMA will develop strategies to offer externships with medical programs that specialize in alcohol use disorder and addictive diseases in order to offer our membership increased knowledge in these areas.
6. 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 non-alcoholic beverages, items, or events (i.e. sodas, fruit drinks, quality foods, research awards, etc.).
7. The SNMA recommends that education on alcohol and substance use disorder be integrated into all levels of general education. Further, the SNMA recommends culturally sensitive education be taught at all levels of medical education and to all population groups concerning the disproportionate prevalence of alcohol use disorder and other SUDs in underserved communities.
8. The SNMA supports educating parents on how they can encourage and demonstrate healthy life choices and values that positively impact their children’s trajectories.
9. The SNMA will include sessions on alcohol and substance use disorder in high school and college student functions annually.

10. The SNMA recommends a portion of Medicare funds currently used to support graduate medical education (which are proposed for reduction) be restored to hospitals for the purpose of education programming of primary care staff on topics such as alcohol use and chemical dependency.

11. The SNMA encourages the formation of partnerships between the federal government and private foundations to help 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.

12. The SNMA recommends that the National Board of Medical Examiners (NBME) and Specialty Boards encourage greater emphasis on the impacts of alcohol and SUD in BIPOC communities.

13. The SNMA will encourage members’ collaborative efforts with obstetrician-gynecologists to stress the effects of SUDs on prenatal care, pregnant women, and newborns at-risk for NAS. The SNMA encourages any efforts to work with or train peer counselors to assist adolescents and young adults with not only coping with their SUD, but finding alternative activities and engaging in regular follow-up to maintain sobriety.

14. The SNMA encourages collaboration with organizations in which health promotion and education is a primary goal, especially in underserved areas.

15. The SNMA supports efforts to research SUD and its impacts on BIPOC communities.

   By adopting the above policies, the SNMA, as a body of minority medical students, can serve as a role model to all students and professionals, other medical organizations, and corporate groups by maintaining that alcohol use should not be encouraged at events.

**Recommendations to address and rectify identified problem**

1. While some states have attempted to levy punishment on women who use recreational drugs during pregnancy through criminal prosecution, the American Academy of Pediatrics recommends primary prevention strategies, such as education, and access to long-acting reversible contraceptives, prenatal care, and medication-assisted treatment.40
2. Living in poverty, where health disparities are present, can contribute to post-traumatic stress disorder (PTSD). Recognizing that PTSD is a risk factor for SUDs can help us address the impact of living conditions and lack of resources on mental health disorders, such as SUD. Educating patients with PTSD and at risk for PTSD on how to receive both psychotherapy and psychopharmacologic treatment could decrease substance use dependency. Current guidelines for treating PTSD focus on the combination of psychotherapy and psychopharmacology, with cognitive-behavior therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) having the most evidence.

3. As with many stigmatized topics, words matter. Person-first language when discussing patients that have SUDs (“person with a SUD” rather than “addict”) reduces stigma, avoids punitive judgment, and creates a more open environment for seeking treatment. Such language must be taught and encouraged in undergraduate medical education and throughout the healthcare system.

4. Barriers to accessing SUD treatment continue to involve stigma and financial and geographic burdens. Familial and legal barriers also impact youth and adolescents with SUD. Moving towards the collaborative care model, in which primary care providers, care managers, and psychiatric consultants work together to provide care and monitor patients’ progress, provides an approach for building on patients’ relationships with primary care physicians and improving care management to navigate these barriers.

5. The criminalization of SUDs prevents society from treating them as medical concerns, thus preventing access to treatment, especially in the BIPOC community. Adopting strategies for reducing contact with law enforcement in mental health crises, such as normalizing unarmed responders reporting for nonviolent emergency calls, may prevent persons with mental health conditions from being subjected to unnecessary arrests. One of the oldest programs to adopt this strategy is the CAHOOTS public safety system in Eugene, OR, started in 1989. Similar programs have been successfully implemented in various cities throughout the US and more are being increasingly proposed in others.
REFERENCES


33. Msi MSI. Substance Abuse and Mental Health Services Administration. 2013.