Statement on Substance Use Disorder

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

Third Revision

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INTRODUCTION

The Student National Medical Association (SNMA) is the nation's oldest and largest organization focused on the needs and concerns of medical students of color. 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. As such, the SNMA is concerned with the impact of substance use disorder in underserved communities. The SNMA’s areas of focus include; health outcomes pertaining to substance use disorder, prevalence of the disorder, national and state level legislature that prevent and promote access to treatment and those that lead to criminalization of inhabitants of underserved communities.

BACKGROUND

Substance use disorder in the United States, including the use of both prescription and illicit drugs, continues to increase thus creating a health crisis at the national level.\textsuperscript{1,2} Substance use disorder in the United States is implicated in about one third to half of lung cancers.\textsuperscript{3} It has also been linked to coronary artery disease in adults and contributes to the majority of violence in youth.\textsuperscript{3} In addition, substance use disorder 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 recent HIV outbreak in rural Scott County, Indiana\textsuperscript{4} and subsequent increase in the hepatitis C infection amongst intravenous drug users.\textsuperscript{5}

The burden of substance use disorder continues to affect public health and social welfare across the country; with the gravest consequences being the impact on children, families, and college-age students.\textsuperscript{6} Recognizing the role that substance use disorder plays in chronic disease and premature mortality, the federal government continues to the trend of emphasizing substance use disorder 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 use disorder.\textsuperscript{2}
SCOPE OF THE PROBLEM

The national crisis that has risen from the misuse of both prescription and illicit drugs and has had profound and far-reaching health impacts in the United States. This includes the increasing rates of drug overdose mortality to infectious disease as a consequence of illicit intravenous drug use. Despite progress in reducing the overall burden of substance use disorder and drug-related crime, the public health toll of substance use disorder across all ethnic distributions in adolescents remains alarmingly apparent. Adolescence and young adults report the highest prevalence of illicit substance use and prescription medication abuse. Data suggests that the rate of illicit drug use is statistically similar across all groups except Hispanics (needs citation). There are demonstrable differences, however, in penal consequences for drug use within minority communities, and in treatment seeking behaviors across racial/ethnic groups. These anticipated discrepancies might prevent patients from seeking much needed treatment for substance use disorder. 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.

Some of the gravest consequences of the opioid crisis are seen among newborns. Use of opioids or other addictive drugs by pregnant women can result in the infant developing Neonatal Abstinence Syndrome (NAS). NAS is described as a condition where the infant exhibits substance use related withdrawal symptoms. Infants exposed to opioids in utero are at higher risk of preterm birth, low birthweight, and birth defects. Infants diagnosed with NAS are at increased risk of being admitted to the neonatal intensive care unit (NICU) and/or requiring medication-assisted treatment after birth. The evidence suggests that there is a connection between opioid use during pregnancy and an increased risk of infant mortality. A Canadian study found that the infant mortality rate among infants born to opioid-dependent women was 12.21 per 1,000 live births, more than double its national rate. According to a report by Ko in 2016, areas in the United states that have been heavily burdened by the opioid crisis have seen increases in their preterm birth rate and high prevalence of NAS. Among the states reporting data on the incidence of NAS, West Virginia has the highest rate (33.4 cases per 1,000 hospital births). West Virginia and other states in the Ohio River Valley, including Kentucky, Ohio, and Indiana, also have poorer outcomes with respect to both preterm birth incidence, and their state infant mortality rate. This region of the country is composed of many of the states with the highest drug overdose mortality rates in the country – West Virginia, Ohio, and Kentucky are all among the top five states by this metric.
The preterm birth rate and incidence of NAS as indicators for infant mortality connected to substance use disorder track closely to the state of the opioid crisis more generally. To this end, 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 not been identified through interactions with the healthcare system. 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.25

The following data help to frame the issue of alcohol and substance use disorder:

- Factors associated with substance use disorder include gender, race and ethnicity age, income level, education attainment, sexual orientation.2
- As of 2013, although rates of drug use and sales are similar across ethnicities, black and Latino people are far more likely to be criminalized than white people.13
- 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.26,27
- 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 1987.28
- 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.28
- 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.29
- The women who self-identified as 35-44 years old, college graduates, employed, and unmarried are most likely to report alcohol use during pregnancy. There is no statistically significant difference between women of varying ethnicities.17
• 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.²

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 use disorder 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 decries 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 use disorder 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.
8. The SNMA will annually include sessions on alcohol and substance use disorder 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 use disorder 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 use disorder in poor and minority communities.

13. The SNMA will encourage collaborative efforts with obstetricians, as well as gynecologists, to stress the effects of substance use disorders on prenatal care, pregnant women, and newborns being at-risk for neonatal abstinence syndrome. The SNMA encourages any efforts in working with or training peer counselors to assist young people in not only dealing with their substance use disorder 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.)

15. The SNMA encourages collaboration with organizations in which health promotion and education is a primary goal, especially in the underserved areas where many are at risk for substance use disorders.

16. The SNMA supports efforts to research substance use disorders and its impacts on minority and underserved communities.
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.

**Recommendations to address and rectify identified problem**

1. Pregnant women with opioid use disorders are be encouraged to seek medication-assisted treatment[^31]. While the drug methadone is used for medication-assisted treatment, it has been associated with a significantly increased risk for infant mortality among pregnant women who use methadone[^32]. Newer medication-assisted treatments like naltrexone and buprenorphine are not associated with high rates of infant mortality nor the birth defects that are associated with opioid use during pregnancy[^31,33].

2. While some states have attempted to levy punishment on women who use substances during pregnancy through criminal prosecution, the body of evidence supports, and the American Academy of Pediatrics recommends, primary prevention strategies such as education and access to long-acting reversible contraceptives, and access to both prenatal care and medication-assisted treatment[^34].

3. PTSD plays a vital role as a risk factor in substance use disorders. Living in poverty, where health disparities are present, can also contribute to PTSD[^35].

4. Proper education on how these at risk populations can receive aide in treatment, in order to mitigates the effects of this mental health disorder could lead to decreased instances of substance use disorders[^35].
REFERENCES


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


