



Policy and Resource Guide

**American College of Preventive Medicine  
and American Medical Association  
National Coalition for Adolescent Health**

# Alcohol Use and Adolescents

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# Alcohol Use and Adolescents

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The following organizations' policy statements appear in this guide. Additional organizations may have contributed resources.

**American Academy of Family Physicians**

**American Academy of Pediatrics**

**American Academy of Physician Assistants**

**American College of Emergency Physicians**

**American College of Obstetricians and Gynecologists**

**American College of Preventive Medicine**

**American Medical Association**

**American Medical Women's Association**

**American Psychiatric Association**

**American Society of Addiction Medicine**

## Foreword

The American Medical Association (AMA) initiated the National Coalition on Adolescent Health in 1987 as a multidisciplinary forum through which to coordinate activities on behalf of youth in the United States. In 2004 the AMA and the American College of Preventive Medicine (ACPM) combined their coalitions and formed the ACPM-AMA National Coalition for Adolescent Health (Coalition). This Coalition's membership comprises national organizations that share concerns about adolescent health status. The Coalition addresses S-CHIP enrollment issues, policy concerns and positive youth development.

Policy and programmatic information from Coalition member groups related to the topic of alcohol use are featured in this document. The Maternal and Child Health Bureau Office of Adolescent Health established the Partners in Program Planning for Adolescent Health (PIPPAH) initiative in 1996 to contribute to the improvement of adolescent health status by promoting an adolescent health agenda among key professional disciplines likely to have encounters with adolescents and their families. The AMA has been a PIPPAH partner since 1996. Coalition activities are funded in part by the PIPPAH initiative. This document is the third in a series that includes information on policies and resources related to the Healthy People 2010 21 critical objectives for adolescent and young adults.

This guide addresses the following Healthy People 2010 objectives related to alcohol use:

- 26-10 Reduce past-month use of illicit substances
- 26-11 Reduce the proportion of persons engaged in binge drinking alcoholic beverages

This guide contains existing policies from the American Academy of Family Physicians, American Academy of Pediatrics, American Academy of Physician Assistants, American College of Emergency Physicians, American College of Obstetricians and Gynecologists, ACPM, AMA, American Medical Women's Association, American Psychiatric Association, American Society of Addiction Medicine and organizations that are currently members of the ACPM-AMA National Coalition for Adolescent Health. The information included in this document is considered current as of May 2006. Please note that this guide does not include policy statements of all health care organizations, only those who were current members of the Coalition at the time of publication.

## Foreword

This guide features policies, position statements and programmatic activities that address adolescents and alcohol use. The guide's purpose is to assist legislators, policymakers and others who work with or on behalf of adolescents to more effectively respond to the alcohol issues facing our nation's young people.

# Key facts

- Alcohol use contributes to youth suicides, homicides and fatal injuries—the leading cause of death among youth after auto crashes.<sup>1</sup>
- Approximately 11 million American youth under the age of 21 drink alcohol. Nearly half of them drink to excess, consuming five or more drinks in a row, one or more times in a two-week period.<sup>1</sup>
- Alcohol is the most frequently used drug by high school seniors, and its use is increasing. Boys usually try alcohol for the first time at just 11 years old, while the average age for American girls' first drink is 13.<sup>1</sup>
- Alcohol abuse is linked to as many as two-thirds of all sexual assaults and date rapes of teens and college students.<sup>1</sup>
- Alcohol is a major factor in unprotected sex among youth, increasing their risk of contracting HIV or other sexually transmitted diseases.<sup>1</sup>
- Alcohol use was stable in 2004 at 11 percent among eighth-graders, 22 percent among 10th-graders and 29 percent among 12th-graders.<sup>2</sup>
- Long-term trends for high school seniors indicate a peak in 1981, when 41 percent reported heavy drinking. Over the next 12 years, the percentage of high school seniors reporting heavy drinking declined gradually to a low of 28 percent in 1993. Since 1993, the prevalence of this behavior has held fairly steady.<sup>2</sup>
- In 2002 and 2003, 21 percent of persons aged 16 to 20 reported that they had driven in the past year while under the influence of alcohol or illicit drugs.<sup>3</sup>

1. Reducing Underage Drinking: A Collective Responsibility fact sheet on the 2003 Institute of Medicine study available on the American Medical Association Web site: [www.ama-assn.org/ama/pub/category/3566.html](http://www.ama-assn.org/ama/pub/category/3566.html)

2. Centers for Disease Control & Prevention. Youth Risk Behavior Surveillance—United States, 2003. May 21, 2004. *MMWR* 2004;53 (No. SS-2).

3. December 31, 2004: The NSDUH Report: Driving Under the Influence (DUI) Among Young Persons. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available online: [www.oas.samhsa.gov](http://www.oas.samhsa.gov)

# Confidentiality and consent issues

Laboratory drug tests can help identify or confirm a substance abuse problem overlooked by other detection methods when used appropriately and with prior and current informed consent.

From an ethical perspective, the most important principles involve a trusting patient-physician relationship, a focus on the benefits the patient may derive from testing, and an appreciation that patients make choices about their medical care. It is incumbent on the medical provider, as part of the procedure in obtaining consent for testing, to provide information about the nature and purpose of the test to the patient and how the results will guide management. As with other confidential medical information, the results of such tests should under no circumstances be made available to police or government agencies unless specifically required by law. Seeking obstetric-gynecologic care should not expose a woman to criminal or civil penalties or the loss of custody of her children. Because of the possible implications of a positive drug screen, the rights of patients to autonomy and privacy are to be respected.

Concerns about confidentiality may discourage adolescents from seeking necessary medical care and counseling, and may create barriers to open communication between patient and physician. Protection of confidentiality is needed to appropriately address issues such as depression, suicide, substance abuse, domestic violence, unintended pregnancy and sexual orientation. **American Academy of Family Physicians (1988, 2001)**

Confidentiality is as essential to the physician-patient relationship with adolescents as it is with adults. Many state laws protect the confidentiality of minors with regard to substance abuse detection and treatment. The American Academy of Pediatrics recommends that parental permission is not sufficient for involuntary drug testing of the adolescent with decisional capacity and that testing be conducted noncovertly, confidentially, and with informed consent in the same context as for other medical conditions. **American College of Obstetricians and Gynecologists (Substance abuse: obstetric and gynecologic implications. In: Special issues in women's health. Washington, DC: ACOG; 2005:105–150)**

Urine screening for drug use in adolescents without prior informed consent is not recommended and is illegal in many states. **American College of Obstetricians and Gynecologists (Primary and preventive health care for female adolescents. In: Health care for adolescents. Washington, DC: ACOG; 2003:1–24)**

**Confidentiality and consent issues**

Effective intervention also requires that universal screening questions, brief intervention, and referral to treatment be conducted with full protection of confidentiality. Patients who fear that acknowledging substance abuse may lead to disclosure to others will be inhibited from honest reporting to their physicians.

Concerns about protection of confidentiality and nonmaleficence can be addressed most appropriately by including only medically necessary, accurate information in the medical record and informing the patient about the purpose of any disclosure.

Confidentiality is as essential to the physician-patient relationship with children as it is with adults. Many state laws protect the confidentiality of minors with regard to substance abuse detection and treatment. **American College of Obstetricians and Gynecologists (At-risk drinking and illicit drug use: ethical issues in obstetric and gynecologic practice. ACOG Committee Opinion No. 294. *Obstet Gynecol.* 2004;103:1021–31)**

The American Society of Addiction Medicine supports the following preservation of patient confidentiality policy: No law or regulation should require physicians to violate confidentiality by reporting pregnant patients to state or local authorities for “prenatal child abuse.” **American Society of Addiction Medicine (9/25/89)**

# Defining the problem

Resolved that the American College of Preventive Medicine (ACPM) actively opposes underage, destructive, and high risk drinking by working toward a comprehensive community-based environmental approach that includes local and state policies and medical services, and be it further resolved that the ACPM supports evidence-based public health/environmental policies to curtail underage, destructive, and high-risk drinking, and be it further resolved that the ACPM designate a member(s) to participate on the American Medical Association Action Team on Alcohol and Health, and therefore, a signed copy of this resolution will be forwarded to the American Medical Association's House of Delegates. **American College of Preventive Medicine (2005-005 (C) adopted 2/18/05)**

Substance abuse and addiction are complex health and societal problems. Abuse of substances is the inappropriate and harmful use of any substance, including prescription drugs, OTC medications, supplements and alcohol. Addiction to substances includes the element of loss of control and is recognized as a chronic relapsing disease. The treatment and prevention of some addictive diseases are cost-effective as confirmed by a number of scientific studies. **American Academy of Family Physicians**

Because substance abuse and dependence are medical conditions, health care providers have a key role to play in prevention and treatment. This role may include screening patients by use of questionnaires; providing education, treatment, and referral; guiding and referring high-risk patients; advising patients about social and support groups; practicing safe prescription writing; and addressing the needs of adolescents. **American College of Obstetricians and Gynecologists (Substance abuse: obstetric and gynecologic implications. In: Special issues in women's health. Washington, DC: ACOG; 2005:105-150)**

The primary health risks to adolescents are no longer the traditional medical causes of illness; rather, they are behavioral. These risks include a sedentary lifestyle, poor nutritional habits, cigarette smoking, alcohol and illicit drug use, driving under the influence of alcohol, early initiation of sexual activity, and poor use of contraception. Most adolescents will engage in one of these unhealthy and risky behaviors, and data from the 2001 Youth Risk Behavior Surveillance Report indicate that many will begin exhibiting one of these risky behaviors by age 13 years.

## Defining the problem

Substance abuse occurs frequently in adolescence, is a major factor in injuries and deaths among adolescents, and contributes to motor vehicle accidents, homicide, and suicide. **American College of Obstetricians and Gynecologists (Primary and preventive health care for female adolescents. In: Health care for adolescents. Washington, DC: ACOG; 2003:1–24)**

Use of tobacco, alcohol, and illegal drugs constitutes a significant national health problem. In the United States, more than two-thirds (68%) of women report ever having smoked and four-fifths (80%) of women report any lifetime alcohol use... Although the prevalence of tobacco, alcohol, and illegal drug use varies, it is present in all socioeconomic, cultural, and ethnic groups. **American College of Obstetricians and Gynecologists (Substance use and abuse: tobacco, alcohol, and illegal drugs. In: Guidelines for women's health care. 2nd ed. Washington, DC: ACOG; 2002:375–81)**

Abuse of alcohol and drugs is a major health problem for American women across differences in socioeconomic status, race, ethnicity, and age, and it is costly to individuals and to society.

Use of alcohol and illicit drugs among youth is prevalent, and studies that included both male and female youth indicate that age of first use is decreasing. Youth who begin drinking at age 14 years are at least 3 times more likely to experience dependence (using criteria from the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition) than those who delay drinking to age 21 years. Early onset of drinking increases the likelihood of alcohol-related unintentional injuries, motor vehicle crash involvement after drinking, unprotected intercourse, and getting into fights after drinking, even after controlling for frequency of heavy drinking, alcohol dependence, and other factors related to age of onset... The use of alcohol and illicit substances by youth and the impact of parental alcohol and substance use on children have adverse health outcomes. Prevention (universal screening questions, brief intervention, and referral to treatment) has thus been described by leaders in obstetrics and gynecology and by pediatricians as a moral obligation. **American College of Obstetricians and Gynecologists (At-risk drinking and illicit drug use: ethical issues in obstetric and gynecologic practice. ACOG Committee Opinion No. 294. *Obstet Gynecol.* 2004; 103:1021–31)**

Assessment and treatment of children and adolescents with a substance use disorder must take into account their psychosocial development levels and the possible role of their substance use disorder in impeding the successful attainment of developmental milestones, including a sense of autonomy, the ability to form interpersonal relationships, and general integration into society. The assessment should be multidimensional and address problems in several life domains, including psychiatric co-morbidity, school or employment performance, family functioning, peer social relationships, legal status, and recreational activities. **American Psychiatric Association (2006)**

Injuries requiring medical care have been identified by the AMA as one of the most serious consequences of the use of alcoholic beverages. **American Medical Association (H-30.985, BOT Rep. T, I-85; Reaffirmed by CLRPD Rep. 2, I-95)**

# Education and training: Professional

Pediatricians are encouraged to:

- Be knowledgeable about the prevalence, patterns, cultural differences, and health consequences of substance abuse in their community; incorporate substance-abuse prevention into anticipatory guidance at routine and episodic office visits; be aware of the manifesting signs and symptoms of substance abuse, the association with other risk behaviors, and the possibility of dual diagnoses with other mental health disorders; be able to screen for and evaluate the nature and extent of substance use among patients and their families; be aware of confidentiality issues related to substance abuse, including obtaining patient consent before drug testing; be aware of community services for evaluation, referral, and treatment of substance-abuse disorders; and be available to provide aftercare for adolescent patients completing substance-abuse treatment programs and to assist in their reintegration into the community.
- Serve as a community resource for smoking prevention and cessation and as a community resource for evidence-based substance-abuse prevention initiatives.
- Advocate for community-based prevention and treatment services.

**American Academy of Pediatrics (Tobacco, Alcohol, and Other Drugs: The Role of the Pediatrician in Prevention, Identification, and Management of Substance Abuse. *Pediatrics*. March 2005;115(3):816–821)**

A comprehensive substance-abuse education curriculum should be an integral and integrated part of every training program for medical students and pediatric residents.

**American Academy of Pediatrics (Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics*. July 2001;108(1):185–189)**

Obstetrician-gynecologists are central figures in women's health care and, thus, need to be knowledgeable about substance abuse and dependence both in general and in areas of specific concern to women. **American College of Obstetricians and Gynecologists (Substance abuse: obstetric and gynecologic implications. In: *Special issues in women's health*. Washington, DC: ACOG; 2005:105–150)**

Evaluation of a patient for tobacco, alcohol, or other substance abuse requires appreciation of the high prevalence and wide distribution among the population of such disorders, along with the ability to take a thorough history. Direct questioning of patients about their use of tobacco, alcohol, or other drugs is preferable to vague

**Education and training: Professional**

inquiry. **American College of Obstetricians and Gynecologists (Substance use and abuse: tobacco, alcohol, and illegal drugs. In: Guidelines for women’s health care. 2nd ed. Washington, DC: ACOG; 2002:375–81)**

Because of a lack of medical school curricular content about addiction, physicians often are unfamiliar with [substance abuse] screening procedures. Many institutions do not have appropriate protocols in place for intervention and referral. Time constraints, mandatory reporting laws, and lack of treatment resources may impede both screening and referral, and some of these problems may be beyond the ability of the individual physician to modify. Nevertheless, in fulfillment of the therapeutic obligation, physicians must make a substantial effort to:

- Learn established techniques for rapid, effective screening, intervention, and referral, and practice universal screening questions, brief intervention, and referral to treatment in order to provide benefit and do no harm. Where possible, create a team approach to deal with barriers of time limitations, using the skills of social workers, nurses, and peer educators for universal screening questions, brief intervention, and referral to treatment. Use external resources (i.e., hospital social worker, health department, addiction specialist) to develop a list of treatment resources.

Given this capacity for dramatic improvement in health status, physicians have an obligation to be therapeutic—in this case to learn the techniques of screening and brief intervention [related to substance abuse]—and to inform themselves as they would if a new test or therapy were developed for any other recognized disease entity. **American College of Obstetricians and Gynecologists (At-risk drinking and illicit drug use: ethical issues in obstetric and gynecologic practice. ACOG Committee Opinion No. 294. *Obstet Gynecol.* 2004;103:1021–31)**

The AMA (1) will initiate and maintain an intensive campaign to encourage all physicians to take an alcohol history from all their teenage and adult patients and to warn them of the serious sequelae of alcohol consumption, and (2) will apprise all physicians of the many reasons that doctors often loathe to intervene with patients who abuse alcohol as outlined in the *Journal of the American Medical Association*, Volume 267, No. 5, “Patients Who Drink Too Much.” **American Medical Association (H-30.955, Res. 408, A-92; Reaffirmed: CSA Rep. 8, A-03)**

The use of alcohol in moderation continues to be acceptable and legal behavior in our society. Because of this, the association should serve as an example and encourage individual responsibility as the key to moderation. The prohibition of funding for alcohol at AMA-sponsored events would be counterproductive to this position. The association should continue to be a leader in educating physicians and the public on the dangers of alcoholism. **American Medical Association (H-30.970, BOT Rep. M, I-89; Reaffirmed: Sunset Report, A-00)**

AMA policy states that alcohol and other drug abuse education needs to be an integral part of medical education; and that the AMA supports the development of programs to train medical students in the identification, treatment, and prevention

**Education and training: Professional**

of alcoholism and other chemical dependencies. Our AMA (1) asks all residency review committees to review their training requirements in the treatment and management of substance abuse and addiction and to make recommendations for strengthening this provision as needed, and (2) encourages the development of specialty-specific needs assessment to determine whether targeted educational activities in substance abuse would be useful in their overall program of continuing medical education. **American Medical Association (H-295.922, Res. 303, I-94; Reaffirmed and Appended: CME Rep. 10, I-98)**

In cooperation with other organizations, the AMA supports the education of medical students and residents in the prevention and treatment of alcoholism and substance abuse in our nation's youth. **American Medical Association (H-295.988 Sub. Res. 100, A-84; Reaffirmed by CLRPD Rep. 3/1/94)**

That AMWA participate in the Council of Presidents of National Women's Organizations; and acquaint its entire membership with the values of alcohol countermeasures. **American Medical Women's Association (1971.2)**

Professional and public education about the problems and needs of this group [children of parents suffering from alcoholism or other drug dependencies] should be greatly increased. **American Society of Addiction Medicine (2/22/87)**

In order to prevent harm to mothers and infants, ASAM recommends the following:

- Improved professional education aimed at early diagnosis of alcoholism and other drug dependence in women in health care settings; and appropriate treatment and referral, including treatment for nicotine dependence.
- Education for obstetricians, pediatricians, family practitioners, and other health professionals, in the management of alcohol and other drug dependent women during pregnancy and delivery, and in the care of infants born to such women, including management of the neonatal withdrawal syndrome. **American Society of Addiction Medicine (11/6/88)**

# Education and training: Community

The American Academy of Family Physicians support the principle that health education should be included in the curriculum of grades K through 12 and continued in the community through adult education programs. Students at all levels should be provided opportunities to: ... obtain accurate information on health topics most relevant to the student population, such as substance abuse, sexual abuse, suicide, safety, nutrition, obesity, eating disorders, sexual activity, teenage pregnancy, sexually transmitted diseases, mental health, family violence, risk-taking behavior, coping with peer pressure and stress.... **American Academy of Family Physicians (1989, 2005)**

Patients and their families should be advised that even casual use of alcohol, tobacco, and other drugs by children and adolescents, regardless of amount or frequency, is illegal and has potential adverse health consequences. **American Academy of Pediatrics (Tobacco, Alcohol, and Other Drugs: The Role of the Pediatrician in Prevention, Identification, and Management of Substance Abuse. *Pediatrics*. March 2005;115(3):816–821)**

Pediatricians are encouraged to participate in school, community, and state efforts to promote alcohol-abuse prevention programs. **American Academy of Pediatrics (Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics*. July 2001;108(1):185–189)**

The AAPA advocates responsible behavior concerning alcohol use and encourages public education efforts regarding its potential for abuse. **American Academy of Physician Assistants (H-EX-4200.3.1 Adopted 1985, reaffirmed 1990 and 1995, amended 2000; reaffirmed 2005)**

Treatment programs for women should look beyond simple abstinence from further substance abuse and take into account the total health of the individual. Support services (e.g., transportation, childcare services) can affect substance abuse treatment. Social service departments in many hospitals are an invaluable source of assistance and referral of patients with substance abuse problems. **American College of Obstetricians and Gynecologists (Substance use and abuse: tobacco, alcohol, and illegal drugs. In: *Guidelines for women's health care*. 2nd ed. Washington, DC: ACOG; 2002:375–81)**

Our AMA (1) supports educational programs for students that deal with the problem of alcoholism and drugs, and (2) encourages educational institutions to continue or institute efforts to eliminate the illegal and inappropriate use of alcohol and other drugs on their premises or at their functions. **American Medical Association (H-30.961, Res. 159, A-91; Reaffirmed: Sunset Report, I-01)**

**Education and training: Community**

Our AMA (1) supports ongoing efforts to educate the public, especially adolescents, about the effects of alcohol abuse on prenatal and postnatal development; (2) favors expanding these efforts to target abuse of other substances; and (3) encourages intensified research into the physical and psychosocial aspects of maternal substance abuse as well as the development of efficacious prevention and treatment modalities.

**American Medical Association (H.420.976, Res. 244, A-89; Reaffirmation A-99)**

Our AMA urges pharmaceutical companies that manufacture over-the-counter pregnancy and ovulation tests and related products to include written or pictorial warnings against alcohol, tobacco, and illicit drug use during pregnancy in their package inserts. **American Medical Association (H-420.974, Res. 15, I-89; Reaffirmation A-99)**

The AMA supports and encourages programs in elementary, middle, and secondary schools, which provide information on the dangers of driving while under the influence of alcohol, and which emphasize that teenagers who drive should drink no alcoholic beverages whatsoever; and will work with private and civic groups such as Mothers Against Drunk Driving (MADD) to achieve the goals and intent of this resolution.

**American Medical Association (H-170.970, Sub. Res. 407, A-95)**

Our AMA (1) supports continued encouragement for increased educational programs relating to use and abuse of alcohol, marijuana, and controlled substances; (2) supports the implementation of alcohol and marijuana education in comprehensive health education curricula, kindergarten through grade twelve; and (3) encourages state medical societies to work with the appropriate agencies to develop a state-funded educational campaign to counteract pressures on young people to use alcohol.

**American Medical Association (H-170.992, Sub. Res. 63, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmation and Reaffirmed: Sunset Report, I-00; Appended: Res. 415, I-01)**

Our AMA will consult with relevant specialty societies (whose members provide care for adolescents and young adults) in order to create a higher level of awareness about the harmful consequences of underage drinking, and seek to work collaboratively to address the underage drinking problem. **American Medical Association (D-60.989, CSA Rep. 11, A-03)**

Our AMA encourages physicians to (1) be aware of motorcycle risks and safety measures, and (2) counsel their patients who ride motorcycles to wear appropriate protective gear and helmets that meet federal safety standards, receive appropriate training in the safe operation of their motorcycle, comply with state licensing laws, and avoid riding a motorcycle while under the influence of alcohol and other drugs.

**American Medical Association (H15.956, CSA Rep. 6, I-98)**

That AMWA encourage adequate, objective, and factual public education on the dangers of alcohol. **American Medical Women's Association (1971.1)**

The American Society of Addiction Medicine supports prevention policies and programs that include, but are not limited to, the following: . . . Scientifically sound education for all segments of the society, including: (a) Age-appropriate education

**Education and training: Community**

about the nature and effects of alcohol and drug use, including alternatives to such use, throughout the school curriculum. (b) Public education about the nature and causes of alcoholism and other drug dependence, the interaction of alcohol and other drugs, alternative techniques of managing stress, and the effects of alcohol and other drugs on health and safety. (c) Adequate professional education about alcohol and other drug problems in all programs which prepare students for careers in health, human services, teaching, the clergy, policy, public administration and law. (d) Programs to keep practicing health professionals abreast of new knowledge, and current laws and regulations, that relate to alcohol and other drugs. (e) Avoidance by the media of glamorizing tobacco, alcohol, and other drug use. (f) Accurate reporting in print and broadcast news of the adverse societal consequences of alcohol and other drug use. (g) Special programs aimed at populations known to be at high risk, including children of alcoholic and drug-dependent parents, pregnant women, medical, dental, nursing, pharmacy, and veterinary students, health professionals, persons recovering from alcohol or other drug dependence, persons undergoing stressful life situations, and others. (h) Education, for bartenders and others who serve alcoholic beverages (including social hosts and hostesses), about safe serving practices and preventing harm to an alcohol-impaired person. (i) Including accurate information about alcohol and other drug use in all health prevention programs. (j) Measures to discourage or deter the manufacture, sale, and promotion of drug paraphernalia (products designed to process, prepare, and administer illegal substances). **American Society of Addiction Medicine (1/11/90)**

Prevention programs to educate all members of the public about the dangers of alcohol and other drug use during pregnancy and lactation. These should include: age appropriate school-based education throughout the school curriculum; public education about alcohol and other drug use in pregnancy and lactation, including health warning labels and posters as well as radio and television messages, education programs and written materials, prenatal education about alcohol and other drugs for all pregnant women and significant others, as part of adequate prenatal care; professional education for all health care professionals, including education of obstetricians and pediatricians in the care of chemically dependent women and their offspring. **American Society of Addiction Medicine (9/25/89)**

Physicians and other health care providers should be aware of the resources available in their community for the care of children and adults who are offspring of alcoholic or drug-dependent parents. Student health programs in institutions ranging from elementary schools to universities should be particularly sensitive to this issue, and be prepared to identify, educate, assist, and refer children of alcoholic and other drug-dependent parents in need of services. **American Society of Addiction Medicine (2/27/87)**

In order to prevent harm to mothers and infants, ASAM recommends the following: Educational materials recommending abstinence from alcohol, for pregnant women, women planning pregnancy, and nursing mothers. **American Society of Addiction Medicine (11/6/88)**

# Health insurance

Substance abuse is a treatable medical illness that, if left untreated or inadequately treated, incurs undue costs for the affected individual and for society as a whole. Therefore the AAFP supports full parity for substance treatment in health care plans.

## **American Academy of Family Physicians**

Many changes need to be made to the financing and delivery of substance abuse care to improve the availability of services for all children and adolescents. Change in this area, however, is not likely to occur without the participation of a coalition of national and state legislators, public purchasers, employers, health professionals, families, and health services researchers. The American Academy of Pediatrics, together with other participating behavioral health organizations and consumer groups, released a consensus statement on insurance coverage for mental health and substance abuse services for children and adolescents, which highlights the deterioration of mental health and substance abuse services and recommends access, coordination, and monitoring strategies for achieving service improvements. That article and this policy statement on financing should serve as blueprints for Congress, federal and state policymakers, and employers.

The American Academy of Pediatrics recommends that Congress authorize the Substance Abuse and Mental Health Services Administration to conduct a comprehensive national study of the supply, distribution, financing, and quality of substance abuse prevention, assessment, and treatment of services for children and adolescents.

Additional recommendations address the needs of all children, regardless of insurance status. In addition, there are specific recommendations that apply to those with private insurance, those with Medicaid or S-CHIP coverage, and those who are uninsured.

For All Children and Adolescents, Regardless of Insurance Status:

1. Ensure that substance abuse and mental health benefits are sufficient in amount, duration, and scope to reasonably achieve their purpose.
2. Allow pediatricians and safety net providers trained or experienced in substance abuse prevention, assessment, evaluation, and management services to be included in panels of professionals that provide these services.

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3. Create an integrated system of referral and treatment for substance abuse that is consistent with the referral and treatment process of other chronic diseases.
4. Simplify and coordinate processes for families attempting to access substance abuse and mental health services for their children across public and private insurers plans and public programs.
5. Improve preauthorization and utilization review criteria to be consistent with national standards on the treatment of substance abuse among youth developed by the American Academy of Pediatrics, the Substance Abuse and Mental Health Services Administration, the National Institute on Alcohol Abuse and Alcoholism, and the American Society of Addiction Medicine.
6. Provide reasonable compensation and allow reimbursement of counseling, coordination, and consultation procedure codes to enable pediatricians and other primary care providers to provide primary substance abuse and mental health services.
7. Adjust capitation rates to take into account substance abuse service needs and recommended clinical guidelines for length of care for children and adolescents rather than relying on historic utilization rates to establish capitation amounts.
8. Encourage payers to reimburse for individual and group counseling and risk factor reduction interventions for children at risk of substance abuse problems.
9. Establish financing mechanism for smoking cessation programs for children.
10. Create financial incentives for comanagement of substance abuse treatment between primary care and behavioral health care (e.g., transferring some behavioral health dollars into primary care).
11. Create mechanisms for sharing risk among public and private payors to allow for coverage of a comprehensive set of interventions to better manage children with complex cases.
12. Establish clear delineation of responsibilities with regard to children involved with multiple state agencies and required court-ordered treatment.
13. Ensure that health plans and health care providers adopt medical record and billing procedures to protect the confidentiality of children and adolescents.

### For Privately Insured Children and Adolescents:

1. Extend benefits to include a broader array of substance abuse prevention, assessment, and treatment services.
2. Establish parity between medical services and substance abuse and mental health services so that coverage of the management of substance abuse and mental health disorders is the same as coverage of other chronic conditions.
3. Reduce limitations on substance abuse and mental health services and allow for substitution of mental health and substance abuse benefits and use of alternative sites of care, including schools and homes.

**Health insurance**

4. Eliminate exclusions for specific diagnostic categories, chronic disorders, and pre-existing conditions.
5. Reduce cost-sharing requirements for substance abuse services to encourage their use.

For Medicaid and S-CHIP Insured Children and Adolescents:

1. Target outreach efforts to ensure that Medicaid- and S-CHIP-eligible adolescents are covered.
2. Ensure that a continuum of substance abuse and mental health services for children and adolescents are specified in state Medicaid plans and contracts, using a variety of benefit categories, including Early and Periodic Screening, Diagnosis, and Treatment expanded services.
3. In non-Medicaid S-CHIP programs, offer supplemental or wraparound benefits to allow expanded behavioral health coverage for those who meet certain risk criteria.

For Uninsured Children and Adolescents:

1. Expand S-CHIP income eligibility levels to the maximum possible.
2. Expand the eligibility criteria of states' substance abuse and mental health service programs to include children with all levels of substance abuse and mental health risk.
3. Increase funding of state substance abuse and mental health programs for children and adolescents on the basis of comprehensive needs assessments and behavioral risk profiles of local communities.
4. Earmark a reasonable share of state block grants for prevention, assessment, and treatment services for children and adolescents.
5. Identify new revenue sources to increase availability of substance abuse services, including tobacco settlement funds and new taxes on alcohol.

**American Academy of Pediatrics (Improving Substance Abuse Prevention, Assessment, and Treatment Financing for Children and Adolescents. *Pediatrics*. October 2001; 108(4):1025–1029)**

Adequate health insurance and other third-party payment should be provided to cover the costs of treatment for families or alcohol/drug dependent persons.

**American Society of Addiction Medicine (2/27/87)**

# Legislative issues

The AAFP adopted as policy the following two recommendations from the proceedings of the Surgeon General's Workshop on Drunk Driving, as presented by C. Everett Koop on May 31, 1989: (a) Strong support for increased taxes on alcoholic beverages and tax on beer, wine, and distilled spirits equally based on alcohol content, (b) Support for earmarking a portion of the increased revenues to match the level of alcoholic beverages advertising with an equal number of pro-health and pro-safety messages.

## **American Academy of Family Physicians**

Although the American Academy of Family Physicians does not recommend consumption of alcohol, it does support a national standard minimum age for the legal purchase of alcohol. The AAFP publicly favors age 21 as the minimum legal age to purchase alcohol. **American Academy of Family Physicians**

There should be continued legislative efforts at the federal and state level to mandate a maximum legal blood alcohol level of 0.02% for those under 21 with appropriate penalties for those convicted of exceeding the legal level. **American Academy of Pediatrics (Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics*. July 2001;108(1): 185–189)**

The AAPA supports legislation that encourages states to impose minimum mandatory sanctions against convicted drunken drivers and that encourages states to establish comprehensive alcohol-traffic safety programs which would help to assure stronger laws, stringent enforcement, and effective rehabilitation programs. **American Academy of Physician Assistants (H-EX.4200.3.2, adopted 1982, reaffirmed 1990, 1995, 2000 and 2005)**

The AAPA supports the following recommendations to reduce underage access to alcohol and to save lives:

- That it be illegal for individuals under the age of 21 to drive with any measurable amount of alcohol in their bodies.
- That retailers and individuals be held accountable/liable for negligently providing alcohol to a minor.... **American Academy of Physician Assistants (H-EX-4200.3.3, adopted 1995, reaffirmed 2000 and 2005)**

ACEP supports taxation on the sale of alcoholic beverages to generate revenues to support the preventive, acute medical, psycho-social and long-term health care needs of individuals who suffer the effects of alcohol abuse. ACEP is opposed to the use of

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this funding by states to replace existing health care funding from other sources.

**American College of Emergency Physicians (Policy #400226, Revised and Approved April 2003)**

The American College of Emergency Physicians urges the enactment of state legislation to prohibit alcohol-impaired driving, specifically mandating the following.

- A blood alcohol concentration (BAC) of 0.08 g/dL is per se evidence of driving while impaired.
- A BAC of 0.05 g/dL is presumptive evidence of impaired driving.

Any measurable level of BAC while driving shall be illegal in persons younger than the legal drinking age in each state. **American College of Emergency Physicians (Policy #400089, Reaffirmed October 2001)**

The American College of Emergency Physicians (ACEP) supports federal and state actions that raise revenues from settlement initiatives and taxation of tobacco, alcohol, handguns, assault weapons, and ammunition for the purpose of health promotion and the provision of coverage for the uninsured. **American College of Emergency Physicians (Policy #400263, Approved July 2000)**

A difficult dilemma is created by state laws that require physicians to report the nonmedical use of controlled substances by a pregnant woman or that require toxicology tests after delivery when there is evidence of possible use of a controlled substance (e.g., Minnesota statutes 626.5561 and 626.5562). Although such laws have the goals of referring the pregnant woman for assessment and chemical dependency treatment if indicated and of protecting fetuses and newborns from harm, these laws may unwittingly result in pregnant women not seeking prenatal care or concealing drug use from their obstetricians.

...Recommended screening and referral protocols may be perceived as punitive measures when they are connected with legally mandated testing, or reporting, or both. Such measures endanger the relationship of trust between physician and patient, place the obstetrician in an adversarial relationship with the patient, and possibly conflict with the therapeutic obligation. If pregnant women become reluctant to seek medical care because they fear being reported for alcohol or illegal drug use, these strategies will actually increase the risks to the woman and the fetus rather than reduce the consequences of substance abuse. Furthermore, threats and incarceration have been proved to be ineffective in reducing the incidence of alcohol or drug abuse, and removing children from the home may only subject them to worse risks in the foster care system. Treatment is both more effective and less expensive than restrictive policies, and it results in a mean net saving of \$4,644 in medical expenses per mother/infant pair. Moreover, women who have custody of their children complete treatment at a higher rate than those who do not. Putting women in jail, where drugs may be available but treatment is not, jeopardizes the health of pregnant women and that of their existing and future children.

## Legislative issues

In the absence of appropriate and adequate drug treatment services for pregnant women, criminal charges on grounds of child abuse are unjust in that they indict the woman for failing to seek treatment that actually may not be available to her.

Justice issues also are problematic in that punitive measures are not applied evenly across sex, race, and socioeconomic status. Although several types of legal sanctions against pregnant women who abuse alcohol or drugs are being tested in the courts, there has been no attempt to impose similar sanctions for paternal drug use, despite the significant involvement of male partners in pregnant women's substance abuse.

**American College of Obstetricians and Gynecologists (At-risk drinking and illicit drug use: ethical issues in obstetric and gynecologic practice. ACOG Committee Opinion No. 294. *Obstet Gynecol.* 2004;103:1021–31)**

It is the policy of the AMA to (1) support legislation for education on alcohol and drug consumption for the safe operation of recreational water craft; and (2) support stringent enforcement of regulations regarding boating under the influence of alcohol and other drugs. **American Medical Association (H-30.951, Res. 405, I-93; Reaffirmed: CSA Rep. 8, A-03)**

Our AMA encourages (1) physicians and their state medical societies to work to create statutes that are designed to treat patients, protect the community and families, and grant immunity to physicians for good faith reporting of drug or alcohol impaired drivers for both permitted or mandated reporting, and (2) further research into and professional discussion about the issues of reporting medical information that could result in punishment or criminal prosecution. **American Medical Association (D-30.998, BOT Rep. 17, A-01)**

Our AMA (1) supports the development of model legislation which would provide for school education programs to teach adolescents about the dangers of drinking and driving and which would mandate the following penalties when a driver under age 21 drives with any blood alcohol level (except for minimal blood alcohol levels, such as less than .02 percent, only from medications or religious practices): (a) for the first offense—mandatory revocation of the driver's license for one year, and (b) for the second offense—mandatory revocation of the driver's license for two years or until age 21, whichever is greater; (2) urges state medical associations to seek enactment of the legislation in their legislatures; and (3) encourages state medical associations to participate in educational activities related to eliminating alcohol use by adolescents. **American Medical Association (H-30.959, BOT Rep. T, A-91; Reaffirmed: Sunset Report, I-01)**

It is the policy of the AMA to draft model legislation requiring state motor vehicle licensing bureaus and any store, restaurant or bar that sells alcohol to post local DUI penalties. **American Medical Association (H-30.966, Res. 288, A-90; Reaffirmed: Sunset Report, I-00)**

## Legislative issues

The AMA supports an increase in excise taxes for tobacco and alcohol in order to reduce consumption and provide funds which would be allocated to health care needs and health education. **American Medical Association (H-490.957, Res. 165, A-90; Reaffirmed: Sub. Res. 114, A-93; Reaffirmed: BOT Rep. I-93-40; Reaffirmed: Sub. Res. 233, I-93; Reaffirmed: CSA Rep. 11, A-03 and BOT Rep. 28, A-03)**

It is the policy of the AMA to (1) intensify its efforts to reduce blood alcohol limits in state legal definitions of drunk driving; (2) seek to encourage the development of reliable surveillance and testing mechanisms to detect and discourage drunk driving; and (3) seek to promote rehabilitation programs in addition to programs that focus on penalties. **American Medical Association (H-30.967, Res. 204, A-90; Reaffirmed: Sunset Report, I-00)**

Our AMA (1) favors public information and education against any drinking by drivers; (2) supports 0.04 percent blood-alcohol level as per se illegal for driving, and urges incorporation of that provision in all state drunk driving laws; (3) supports 21 as the legal drinking age, supports strong penalties for providing alcohol to persons younger than 21, and stronger penalties for providing alcohol to drivers younger than 21; (4) urges adoption by all states of legislation calling for administrative suspension or revocation of driver licenses after conviction for driving under the influence, and mandatory revocation after a specified number of repeat offenses; and (5) encourages industry efforts to develop a safety module that thwarts operation of a car by an intoxicated person. **American Medical Association (H-30.986 CSA Rep. A, A-85; Reaffirmed by CLRPD Rep. 2, I-95; Modified: Sub. Res. 401, I-97; Reaffirmed: BOT Rep. 17, A-01)**

The AMA (1) continues to oppose earmarking tax funds for categorical disease programs, and (2) continues to support research and education programs, funded through general revenues and private sources, that are concerned with health problems associated with alcohol and tobacco use. **American Medical Association (H-30.987, BOT Rep. M, I-84; CLRPD Rep. 1-A-94; CLRPD Rep. 3/I/94)**

The AMA (1) encourages each state medical society to seek and support legislation to raise the minimum legal drinking age to 21, and (2) urges all physicians to educate their patients about the dangers of alcohol abuse and operating a motor vehicle while under the influence of alcohol. **American Medical Association (H-30.989, Sub. Res. 95, A-83; Reaffirmed: CLRPD Rep. I-93-1)**

Our AMA will work with the appropriate medical societies and agencies to draft legislation minimizing alcohol promotions, advertising, and other marketing strategies by the alcohol industry aimed at adolescents. **American Medical Association (Res. 415, I-01)**

That AMWA strongly support MADD and other organizations in their efforts to have a national drinking age over 21; and that AMWA support legislation aimed at providing appropriate penalties for drunk driving, including required treatment programs. **American Medical Women's Association (1984.1)**

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That AMWA strongly recommend a significant increase in the excise tax on alcoholic beverages, such tax to be based on the actual amount of alcohol in each container, rather than on the volume in which it is diluted. **American Medical Women's Association (1993.1)**

That AMWA support drug-free zones for children and youth; and that AMWA support awareness about the dangers of drinking alcohol or taking other drugs which impair a person's ability and support designated driver programs. **American Medical Women's Association (1971.2)**

The American Society of Addiction Medicine is deeply committed to the prevention of alcohol and other drug-related harm to the health and well-being of children. The most humane and effective way to achieve this end is through education, intervention, and treatment. The imposition of criminal penalties solely because a person suffers from an illness is inappropriate and counterproductive. Criminal prosecution of chemically dependent women will have the overall result of deterring such women from seeking both prenatal care and chemical dependency treatment, thereby increasing, rather than preventing, harm to children and to society as a whole. **American Society of Addiction Medicine (9/25/89)**

The American Society of Addiction Medicine supports the following [law enforcement] policy: State and local governments should avoid any measures defining alcohol or other drug use during pregnancy as "prenatal child abuse," and should avoid prosecution, jail, or other punitive measures as a substitute for providing effective health services for these women. **American Society of Addiction Medicine (9/25/89)**

# Media and advertising

Considering the important public health concerns related to alcohol, the prevalence of underage drinking, and the association between alcohol advertising and alcohol use, it would be prudent to increase efforts to curb the negative effects of alcohol advertising. Such efforts should include a multifaceted approach with three primary goals:

- To reduce the total amount of alcohol advertising
- To remove content appealing to youth in remaining alcohol advertising
- To offer powerful educational programs and counter-advertisements painting more realistic pictures of the effects of alcohol

More specifically, it is suggested that:

- Federal, state and local authorities significantly limit alcohol advertising
- Tax advantages related to alcohol advertising be eliminated
- Alcohol advertising be strictly regulated, with removal of content and format geared toward underage audiences, minority groups and the poor
- Alcohol advertising be limited in public venues such as sporting events which are commonly attended by youth, as well as magazines and other media primarily viewed by youth
- More federal, state, and local funding be allocated to educational efforts that relate the negative effects of alcohol to children
- Media literacy programs helping youth to better understand and resist alcohol advertising counter-advertising campaigns illustrating the dangers of alcohol use.

## **American Academy of Family Physicians (Position Statement, Fall 2004)**

Pediatricians are encouraged to become familiar with the use of the Internet as a source of valuable information for themselves as well as a potential source of misinformation for, and advertising aimed at, their patients. **American Academy of Pediatrics (Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics*. July 2001;108(1): 185–189)**

Alcohol consumption should be modeled responsibly in all media, with particular attention to its impact on youth. **American Academy of Pediatrics (Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics*. July 2001;108(1):185–189)**

## Media and advertising

The AAPA supports the following recommendations to reduce underage access to alcohol and to save lives: . . . that advertisers promoting alcoholic beverages be required to provide balanced time for the promotion of responsible alcohol use.

**American Academy of Physician Assistants (H-EX-4200.3.3, adopted 1995, reaffirmed 2000)**

The American College of Emergency Physicians strongly opposes advertisements of alcoholic beverages, particularly those that are aimed at young audiences who may be especially susceptible to the advertising, those that are aired during sporting events, and those which draw a positive correlation between physical performance and the consumption of alcoholic beverages. **American College of Emergency Physicians (Policy #400225, Approved July 2000)**

Our AMA (1) supports accurate and appropriate labeling disclosing the alcohol content of all beverages, including so-called “nonalcoholic” beer and other substances as well, including over-the-counter and prescription medications, with removal of “nonalcoholic” from the label of any substance containing any alcohol; (2) supports efforts to educate the public and consumers relating to the alcohol content of so-called “nonalcoholic” beverages and other substances, including medications, especially as related to consumption by minors; and (3) expresses its strong disapproval of any consumption of “nonalcoholic beer” by persons under 21 years of age, which creates an image of drinking alcoholic beverages and thereby may encourage the illegal underaged use of alcohol. **American Medical Association (H-30.957, Sub. Res. 217, I-91; Reaffirmed: Sunset Report, I-01)**

Our AMA supports working toward more effective warnings regarding the use of tobacco and alcohol products. **American Medical Association (H-495.994, Res. 16, I-89; Reaffirmed: Sunset Report, A-00)**

The AMA commends those automobile and alcoholic beverage companies that have advertised against driving while under the influence of alcohol. **American Medical Association (H-30.991, Res. 140, A-83; Reaffirmed: CLRPD Rep. I-93-1)**

The AMA supports continued warnings against the irresponsible use of alcohol and challenges the liquor, beer, and wine trade groups to include in their advertising specific warnings against driving after drinking. **American Medical Association (H-30.978, Sub. Res. 62, I-87; Reaffirmed: Sunset Report, I-97)**

The AMA supports continued research, educational, and promotional activities dealing with issues of alcohol advertising and health education. **American Medical Association (H-30.981, Sub. Res. 74, A-87; Reaffirmed: Sunset Report, I-97)**

Our AMA recommends (1) that additional well-designed research be conducted under impartial and independent auspices to provide more definitive evidence on whether, and in what manner, advertising contributes to alcohol abuse; (2) that producers and distributors of alcoholic beverages discontinue advertising directed toward youth, such as promotions on high school and college campuses; (3) that advertisers and broadcasters cooperate in eliminating television program content that depicts the irresponsible use of alcohol without showing its adverse consequences (examples of such use include driving after drinking, drinking while

## Media and advertising

pregnant or drinking to enhance performance or win social acceptance); (4) that health education labels be used on all alcoholic beverage containers and in all alcoholic beverage advertising (with the messages focusing on the hazards of alcohol consumption by specific population groups especially at risk, such as pregnant women, as well as the dangers of irresponsible use to all sectors of the populace); and (5) that the alcohol beverage industry be encouraged to accurately label all product containers as to ingredients, preservatives, and ethanol content (by percent, rather than by proof). **American Medical Association (H-30.984, BOT Rep. Q, A-86; Reaffirmed: Sunset Report, I-96; Reaffirmation A-97; Reaffirmation I-01)**

The AMA urges the Bureau of Alcohol, Tobacco and Firearms to continue to reject proposals by the alcoholic beverage industry for authorization to place beneficial health claims for its products on container labels. **American Medical Association (H-30.946, Res. 439, A-97)**

Expresses its strong disapproval of any consumption of “nonalcoholic beer” by persons under 21 years of age, which creates an image of drinking alcoholic beverages and thereby may encourage the illegal underaged use of alcohol; (b) recommends that health education labels be used on all alcoholic beverage containers and in all alcoholic beverage advertising (with the messages focusing on the hazards of alcohol consumption by specific population groups especially at risk, such as pregnant women, as well as the dangers of irresponsible use to all sectors of the populace); and (c) recommends that the alcohol beverage industry be encouraged to accurately label all product containers as to ingredients, preservatives, and ethanol content (by percent, rather than by proof). **American Medical Association (H-30.957, Sub. Res. 217, I-91; Reaffirmed: Sunset Report, I-01)**

Actively supports and will work for a total statutory prohibition of advertising of all alcoholic beverages except for inside retail or wholesale outlets. Pursuant to that goal, our AMA (a) supports continued research, educational, and promotional activities dealing with issues of alcohol advertising and health education to provide more definitive evidence on whether, and in what manner, advertising contributes to alcohol abuse; (b) opposes the use of the radio and television to promote drinking; (c) will work with state and local medical societies to support the elimination of advertising of alcoholic beverages from all mass transit systems; (d) urges college and university authorities to bar alcoholic beverage companies from sponsoring athletic events, music concerts, cultural events, and parties on school campuses, and from advertising their products or their logo in school publications; and (e) urges its constituent state associations to support state legislation to bar the promotion of alcoholic beverage consumption on school campuses and in advertising in school publications. **American Medical Association (H-30.957, Sub. Res. 217, I-91; Reaffirmed: Sunset Report, I-01)**

. . . that the American Society of Addiction Medicine oppose continued use of the airwaves to promote drinking, and advertising of alcoholic beverages on radio and television, and be it further resolved that alcoholic beverages should not be advertised on public billboards, nor should they be advertised in print media aimed at children or adolescents. **American Society of Addiction Medicine (4/15/98)**

# Prevention

Pediatricians should discuss the issue of adolescent parties with alcohol and discourage parents from allowing underage drinking at home or other locations.

**American Academy of Pediatrics (Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics*. July 2001;108(1):185–189)**

Pediatricians should strongly advise against the use of alcohol and illicit drugs as well as the nontherapeutic use of approved psychoactive drugs by children and adolescents. **American Academy of Pediatrics (Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics*. July 2001;108(1):185–189)**

Pediatricians should use prenatal and preventive child health care visits as an ideal opportunity to explore the family history and attitudes regarding alcohol use and discuss with parents the effects of positive and negative role modeling on their children.

Pediatricians should discuss the issue of adolescent parties with alcohol and discourage parents from allowing underage drinking at home or other locations.

**American Academy of Pediatrics (Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics*. July 2001;108(1):185–189)**

Health guidance for parents includes information about the following areas...:

- Ways to minimize potentially harmful behaviors by...: Monitoring the adolescent's social and recreational activities, including tobacco, alcohol, and drug use and sexual behavior, particularly in early and middle adolescence.

Health guidance for the adolescent should address diet and physical activity, healthy sexual lifestyle, and injury prevention, as follows...

- Prevention of injuries, including:
  - Avoiding the use of alcohol or other substances
  - Avoiding driving a motor vehicle or other recreational vehicle if the adolescent has consumed alcohol or other substances
  - Avoiding riding in a car or other recreational vehicle if the driver has consumed alcohol or other substances

## Prevention

- Encouraging adolescents and their parents to develop agreements for picking-up adolescents who have consumed alcohol or other substances

**American College of Obstetricians and Gynecologists (Primary and preventive health care for female adolescents. In: Health care for adolescents. ACOG: Washington, DC. 2003:1–24)**

For those adolescents and women who are using alcohol, it is key to reinforce the message of refraining from driving or other situations requiring full attention.

The obstetrician-gynecologist should counsel adolescents and women who date that they should never drink anything that is blue, leave a drink unattended, or accept a drink directly from a stranger. **American College of Obstetricians and Gynecologists (Substance abuse: obstetric and gynecologic implications. In: Special issues in women's health. Washington, DC: ACOG; 2005:105–150)**

The AMA (1) acknowledges that all alcohol consumption, even at low levels, has a negative impact on driver skills, perceptions, abilities, and performance and poses significant health and safety risks. The AMA will be involved in efforts to educate physicians, the public, and policymakers about this issue and urges national, state, and local medical associations and societies, together with public health, transportation safety, insurance industry, and alcohol beverage industry professionals, to renew and strengthen their commitment to preventing alcohol-impaired driving; (2) encourages physicians to participate in educating the public about the hazards of chemically impaired driving; (3) urges public education messages that now use the phrase “drunk driving,” or make reference to the amount one might drink without fear of arrest, be replaced with messages that indicate that “all alcohol use, even at low levels, impairs driving performance and poses significant health and safety risks;” (4) urges all states to pass legislation mandating all drivers convicted of first and multiple DUI offenses be screened for alcoholism and provided with referral and treatment when indicated; (5) further recommends the following measures be taken to reduce repeat DUI offenses: (a) Aggressive measures be applied to first-time DUI offenders (e.g., license suspension and administrative license revocation), (b) Stronger penalties be leveled against repeat offenders, including second-time offenders, (c) Such legal sanctions must be linked, for all offenders, to substance abuse assessment and treatment services, to prevent future deaths in alcohol-related crashes and multiple DUI offenses, (d) The AMA calls upon the states to coordinate law enforcement, court system, and motor vehicle departments to implement forceful and swift penalties for second-time DUI convictions to send the message that those who drink and drive might receive a second chance but not a third; and (6) encourages the National Highway Traffic Safety Administration to investigate the feasibility of technologies that would prevent an automobile from being started or driven by an individual with an excessive blood alcohol level. **American Medical Association (H-30.945, CSA Rep. 14, A-97; Reaffirmed: BOT Rep. 17, A-01)**

The AMA (1) reaffirms its current policy pertaining to the health hazards of tobacco, alcohol, accidental injuries, unhealthy lifestyles, and all forms of preventable illness; (2) advocates intensified leadership to promote better health through prevention;

## Prevention

(3) believes that preventable illness is a major deterrent to good health and accounts for a major portion of our country's total health care expenditures; (4) actively supports appropriate scientific, educational, and legislative activities that have as their goals: (a) prevention of smoking and its associated health hazards, (b) avoidance of alcohol abuse, particularly that which leads to accidental injury and death, (c) reduction of death and injury from vehicular and other accidents, and (d) encouragement of healthful lifestyles and personal living habits; and (5) strongly emphasizes the important opportunity for savings in health care expenditures through prevention. **American Medical Association (H-425.993, Presidential Address, A-82; Reaffirmed: CLRPD Rep. A, I-92; Reaffirmed: CSA Rep. 8, A-03)**

Our AMA (1) urges the Substance Abuse and Mental Health Administration to support research into special risks and vulnerabilities, behavioral and biochemical assessments and intervention methodologies most useful in identifying persons at special risk and the behavioral and biochemical strategies that are most effective in ameliorating risk factors. (2) Urges the Center for Substance Abuse Prevention to continue to support community-based prevention strategies which include: (a) special attention to children and adolescents, particularly in schools, beginning at the pre-kindergarten level, (b) changes in the social climate (i.e., attitudes of community leaders and the public), to reflect support of drug and alcohol abuse prevention and treatment, eliminating past imbalances in allocation of resources to supply and demand reduction, and (c) development of innovative programs that train and involve parents, educators, physicians, and other community leaders in "state of the art" prevention approaches and skills. (3) Urges major media programming and advertising agencies to encourage the development of more accurate and prevention-oriented messages about the effects of drug and alcohol abuse. (4) Supports the development of advanced educational programs to produce qualified prevention specialists, particularly those who relate well to the needs of economically disadvantaged, ethnic, racial, and other special populations. (5) Supports investigating the feasibility of developing a knowledge base of comprehensive, timely, and accurate concepts and information as the "core curriculum" in support of prevention activities. (6) Urges federal, state, and local government agencies and private sector organizations to accelerate their collaborative efforts to develop a national consensus on prevention and eradication of alcohol and drug abuse. **American Medical Association (H-95.978, BOT Rep. H, A-89; Reaffirmed: CSA Rep. 12, A-99; Reaffirmation I-01)**

The AMA (1) identifies alcohol and nicotine as drugs of addiction which are gateways to the use of other drugs by young people; (2) urges all physicians to intervene as early as possible with their patients who use tobacco products and have problems related to alcohol use, so as to prevent adverse health effects and reduce the probability of long-term addiction; (3) encourages physicians who treat patients with alcohol problems to be alert to the high probability of co-existing nicotine problems; and (4) reaffirms that individuals who suffer from drug addiction in any of its manifestations are persons with a treatable disease. **American Medical Association (H-30.958, Res. 28, A-91; Reaffirmed by CSA Rep. 14, A-97)**

## Prevention

Programs to prevent alcoholism, drug dependence, and other illness should focus on the children of alcohol/drug dependent parents as a primary target group. They should include educating such children that they are not the cause of their parent's alcoholism or drug dependence and cannot cure it. **American Society of Addiction Medicine (2/22/87)**

The American Society of Addiction Medicine supports prevention policies and programs that include, but are not limited to, the following: (1) Control of quality, availability, advertising, and promotion of tobacco products and alcoholic beverages. Such controls should include: (a) establishing a national legal purchase age of 21 years for all alcoholic beverages; (b) curbs on advertising of all alcoholic beverages and tobacco products, including the voluntary elimination of radio and TV advertising, and intermediate measures, such as advertising which eliminate use of young people, athletes, persons engaging in risky activity, and sexual innuendo; (c) eliminating sponsorship of youth-oriented concerts and all sports events by tobacco and alcoholic beverage manufacturers; (d) eliminating alcohol advertising and promotion on college campuses, where a high proportion of the audience reached is under the legal drinking age; (e) eliminating alcohol advertising and promotion that portrays activities that can be dangerous when combined with alcohol use; (f) banning special low-price promotions, such as cut rate "happy hours," two-for-the-price-of-one drinks, or free drinks for female patrons; (g) counter-advertising, through paid and public advertising, including health warnings about alcoholism and alcohol-related problems, nicotine dependence, and tobacco product-related health programs; (h) requiring that alcoholic beverage containers display all ingredients and alcoholic content by volume, in addition to a rotating series of health warnings on: drinking and driving, drinking and pregnancy, alcohol and drug interactions, and links of excessive alcohol use to health-related disorders, including alcoholism, cirrhosis, heart disease, and cancer; (i) health warning posters at point of sale; (j) eliminating the sale of alcoholic beverages by gasoline retailers; (k) adjusting taxes on beer and wine to equate with those for distilled spirits, and adjusting taxes on all alcoholic beverages for inflation experiences since 1951; and (l) devoting significant additional funds derived from increased taxes to the support of prevention and research.

(2) Control of the quality, distribution, and availability of psychoactive drugs, including: (a) measures to prevent the manufacture, importation, and sale of illicit drugs; (b) programs to prevent diversion of licit drugs for illicit sale and use; (c) discouraging the inclusion of alcohol as an ingredient in the formulation of medicines, beyond the minimum required as a solvent; (d) promoting safe and appropriate prescribing practices for drugs that may produce dependency; (e) warning labels on prescription and over-the-counter drugs that describe possible adverse interaction with alcohol and other drugs. Warning labels that indicate the potential of drugs to produce dependence; and (f) programs to educate health professionals about identifying drug-abusing, manipulative patients who seek psychoactive drugs for inappropriate use. **American Society of Addictive Medicine (1/11/90)**

**Prevention**

In order to prevent harm to mothers and infants, ASAM recommends the following:

- (1) Widespread and continuing programs to educate the public about the effects of alcohol and other drugs, including tobacco, in pregnancy. These programs should include: (a) warning labels in prominent places on alcoholic beverages, nicotine-containing products, over-the-counter drugs, and prescription medicines; (b) warning posters at point of sale of alcoholic beverages, nicotine-containing products, and medicines; (c) age-appropriate education in elementary and secondary schools, colleges, graduate and professional schools, based on the best available scientific knowledge; (d) patient and family education in primary care settings, obstetric-gynecological practices, and in alcoholism and other drug dependency treatment programs; and (e) public education through community councils on alcoholism and other drug dependency and other agencies. **American Society of Addiction Medicine (11/6/88)**

# Research issues

The risks of exposure to violence, human immunodeficiency virus, and other sexually transmitted diseases; alcohol, tobacco, and prescribed and illicit drug use; and unintended pregnancy, among others, threaten the health and well-being of adolescents in the United States. Research is needed in these and other areas to improve adolescent health care and to aid in health policy decisions. **American College of Obstetricians and Gynecologists (Guidelines for adolescent health research. ACOG Committee Opinion No. 302. *Obstet Gynecol.* 2004;104:899–902)**

Our AMA (1) supports documenting the strong correlation between alcohol abuse and other substance abuse; (2) reaffirms the concept that alcohol is an addictive drug and its abuse is one of the nation's leading drug problems; and (3) encourages state medical societies to work actively with drug task forces and study committees in their respective states to assure that their scope of study includes recognition of the strong correlation between alcohol abuse and other substance abuse and recommendations to decrease the immense number of health, safety, and social problems associated with alcohol abuse. **American Medical Association (H-30.972, Sub. Res. 97, I-89; Reaffirmed: Sunset Report, A-00)**

Our AMA encourages pharmaceutical companies that manufacture medications which are high in alcohol concentrations to limit the alcohol content of their medications to the minimum amount necessary as determined solely by the physical and chemical characteristics of the medication. **American Medical Association (H-60.971, Sub. Res. 507, I-91; Reaffirmed: Sunset Report, I-01)**

The AMA recognizes the prevalence of alcohol abuse and dependence among women, as well as current barriers to diagnosis and treatment. The AMA urges physicians to be alert to the presence of alcohol-related problems among women and to screen all patients for alcohol abuse and dependence. The AMA encourages physicians to educate women of all ages about their increased risk of damage to the nervous system, liver and heart disease from alcohol, and about the effect of alcohol on the developing fetus. The AMA encourages adequate funding for research to explore the nature and extent of alcoholism among women, effective treatment modalities for women with alcoholism, and variations in alcohol use and abuse among ethnic and other subpopulations. The AMA encourages all medical education programs to provide greater coverage on alcohol as a significant source of morbidity and mortality in women. **American Medical Association (H-30.943, CSA Rep. 5, I-97)**

## Research issues

The AMA (1) encourages appropriate local, state, and federal agencies to increase their efforts to: (a) improve the overall nutritional and health status of individuals with alcohol dependency and (b) reduce alcohol dependency. (2) The AMA encourages appropriate well-designed studies to evaluate the effectiveness and cost-effectiveness of adding thiamine to alcoholic beverages to prevent Wernicke-Korsokoff syndrome.

### **American Medical Association (H-30.948, CSA Rep. 3, I-96)**

The AMA will (1) not accept funding directly from beer, wine, and distilled spirits companies for the support of any AMA program; (2) continue to accept educational grants from the Licensed Beverage Information Council (LBIC) in order to augment its current educational activities designed to protect the health of the public, provided that the following criteria are followed: (a) the AMA continues to apply the Standards for Commercial Support of Continuing Medical Education of the ACCME, but in the selection of topics and faculty, and in program development, the AMA will be independent of LBIC input; (b) the AMA maintains complete control of the promotion and distribution of the CME materials produced and accepts no accompanying informational materials to its programs without prior review and approval; and (c) all AMA video or printed continuing education programs must contain a message to physicians that explains the AMA policy regarding alcohol abuse and dependence. **American Medical Association (H-30.952, BOT Rep. AAA, A-93)**

(1) Our AMA supports further testing of on-board devices to prevent the use of motor vehicles by intoxicated drivers; this testing should take place among the general population of drivers, as well as among drivers having alcohol-related problems. (2) Our AMA encourages motor vehicle manufacturers and the U.S. Department of Transportation to monitor the development of ignition interlock technology, and plan for use of such systems by the general population, when a consensus of informed persons and studies in the scientific literature indicate the systems are effective, acceptable, reasonable in cost, and safe. **American Medical Association (H-30.969, BOT Rep. N, A-90; Reaffirmed: Sunset Report, I-00; Reaffirmed: BOT Rep. 17, A-01)**

Our AMA encourages increased medical and policy research on the harmful effects of alcohol on adolescents and young adults and on the design and implementation of environmental strategies to reduce youth access to, and high consumption of, alcohol. **American Medical Association (H-60.941, CSA Rep. 11, A-03)**

The American Society of Addiction Medicine supports the following [research] policies:

- Basic and clinical research on the effects of alcohol and other drugs used during pregnancy.
- Model programs, with evaluation component, for case finding, intervention, and treatment of chemically dependent pregnant women, and for case finding, intervention, and treatment of infants and children affected by maternal alcohol and/or other drug use.

### **American Society of Addiction Medicine (9/25/89)**

## Research issues

Public and private support should be provided for research on both prenatal and postnatal effects of parental alcohol and drug dependence. Such research will lead to more adequate prevention and treatment. **American Society of Addiction Medicine (2/27/87)**

In order to prevent harm to mothers and infants, ASAM recommends the following: Increased public and private support for research into the effects of alcohol and other drugs on pregnancy and fetal development. **American Society of Addiction Medicine (11/6/88)**

# Screening and evaluation

Pediatricians should discuss the hazards of alcohol and other drug use with their patients as a routine part of risk behavior assessment, with special attention when there are risk factors for problem drinking, such as a family history of alcoholism.

Pediatricians should assess their patients' current use of alcohol and other drugs using a nonjudgmental approach. Pediatricians should be able to recognize early signs and symptoms of alcohol abuse so they can properly evaluate, manage, and refer patients for further assessment and treatment as indicated. **American Academy of Pediatrics (Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics*. July 2001; 108(1):185–189)**

... The American Academy of Child and Adolescent Psychiatry recognizes the use of tests for drug and alcohol as an adjunct to thorough and careful psychiatric and chemical dependency examinations by qualified psychiatrists and other clinicians. These tests can help in the following way:

- To confirm the diagnosis of substance abuse suggested by history and psychiatric examination.
- To identify children and adolescents who have recently used drugs or alcohol.
- To help patients stay drug free. Clinical experience has shown that the inevitability of testing in a drug or alcohol treatment program can help patients prevent relapse.

Drug and alcohol tests are a possible adjunct in the evaluation and treatment of substance abuse. Laboratory procedures should be carried out only under the supervision of qualified specialists such as psychiatrists, pediatricians, and highly trained mental health and chemical dependency professionals. The child and adolescent psychiatrist who is uniquely qualified among mental health professionals with special training in problems of chemical dependency in children and adolescents may also be qualified to treat substance abusing patients.

The American College of Emergency Physicians (ACEP) believes alcohol abuse is a significant public health problem. Further, ACEP believes emergency medical professionals are positioned and qualified to mitigate the consequences of alcohol abuse through screening programs, brief intervention, and referral to treatment. ACEP encourages wide availability of resources necessary to address the needs of patients with alcohol-related problems and those at-risk for them. **American College of Emergency Physicians (Policy #400346, Approved January 2005)**

## Screening and evaluation

Because substance abuse and dependence are medical conditions, health care providers have a key role to play in prevention and treatment. This role may include screening patients by use of questionnaires; providing education, treatment, and referral; guiding and referring high-risk patients; advising patients about social and support groups; practicing safe prescription writing; and addressing the needs of adolescents.

Routine screening and intervention for all patients for substance abuse can improve women's present and future health and might help to avert or decrease prenatal substance exposure.

Occasions for substance abuse screening and prevention exist in daily practice. Two examples are pregnancy and visits for medical problems that may be exacerbated by substance abuse. Awareness of populations that may be at higher risk for substance abuse can aid clinicians in targeting their prevention efforts. At-risk populations may include biologic daughters of alcoholic or drug-abusing parents, spouses and partners of an alcoholic or drug-abusing individual, women who have experienced a traumatic life event (divorce or separation, death of spouse or significant other, job loss, retirement, rape or sexual abuse, or witness a traumatic event), women with a chronic disabling or painful condition, health care professionals, women who have a psychiatric disorder (e.g., depression, psychosis, anxiety, hyperactivity, post-traumatic stress disorder), and women who are victims of current or past intimate partner violence.

Clinicians should recognize presenting symptoms that might be associated with substance use problems. Frequently, psychologic problems associated with substance abuse or dependence are brought to the attention of the clinician by a relative. Vague physical symptoms, such as fatigue, insomnia, headaches, sexual problems, and loss of appetite, prompt early suspicion of substance use; however, definitive psychologic and physical evidence of substance abuse usually does not become apparent until late in the disease process. Importantly, most users of illicit drugs have no signs on physical examination. A careful history by a trusted clinician remains the most sensitive means of detecting drug use and abuse.

Discovery of substances taken by a patient may be prohibited because she may have consumed an adulterated substance (the composition of the substance taken is unknown to the patient), the patient may fear action by child welfare agencies, or the phenomenon of patient denial. In these circumstances, the clinician can use any local knowledge of what drugs are "on the street," combined with information from emergency departments, observation of the patient's behavioral status (e.g., hallucinations, agitation, drowsiness), physical examination (e.g., alcoholic fetor, white powder in nares), and, with her permission, perform tests for specific drugs to inform the clinician in counseling her.

## Screening and evaluation

Higher rates of eating disorders, panic disorders, post-traumatic stress disorder, and depression are found among women with alcohol use disorders. Women who develop alcohol dependence often are more likely than men to deny that they have a problem and to minimize the problems associated with their drinking. However, when they do seek help for problem drinking, it often is from their primary care providers. Therefore, it is essential that women be screened and diagnosed so they can receive appropriate intervention, referral, and treatment.

The use of alcohol and other drugs should be determined when taking a medical history. Direct questioning of patients about their substance use is preferable to a vague inquiry. Many of the studies that validated the use of screening questionnaires originally did not include women. However, several screening questionnaires have recently been validated for use with women. These screening tools, known by their acronyms, are the TWEAK, AUDIT, T-ACE, and 5 P's.

During pregnancy, any amount of alcohol or substance use is considered to be “at-risk” use. Screening questionnaires designed specifically for office detection of risk drinking among pregnant women include the T-ACE and 5 P's.

The CRAFFT test is used to identify substance abuse in adolescents. This test has proved to be a valid means of screening adolescents for substance-related problems and disorders that may be common in some general clinic populations.

To improve disclosure rates for substance abuse, a system of regular screening should be instituted within an office setting. The tools mentioned previously can be self-administered questionnaires; however, care must be taken to ensure privacy during completion and secure and confidential handling of the completed form. As the clinician or staff member reviews the completed form with the woman, additional information can be obtained to further assess problem substance use.

A substance abuse history should be taken from all [pregnant] patients as part of the medical and obstetric history. Those with significant alcohol use need to be counseled regarding the risk and effects of FAS [Fetal Alcohol Syndrome]. It also is important to counsel pregnant women who abuse substances about the potential risks of preterm delivery, fetal growth restriction, fetal death, and possible long-term neurobehavioral effects of continued substance abuse. A self-administered questionnaire embedded with a relational and “broad-catch” screening tool (such as the 5 P's) offers the prenatal provider a platform to educate pregnant women on substance use and, when appropriate, provide brief intervention counseling. Following screening, all pregnant women, regardless of substance use history, should be educated as to the harmful effects of substance use and the necessity to refrain from use. **American College of Obstetricians and Gynecologists (Substance abuse: obstetric and gynecologic implications. In: Special issues in women's health. Washington, DC: ACOG; 2005:105–150)**

## Screening and evaluation

All adolescents should be asked annually about their use of alcohol and other drugs, including street drugs, over-the-counter and prescription drugs for nonmedical purposes, and inhalants. Substance abuse occurs frequently in adolescence, is a major factor in injuries and deaths among adolescents, and contributes to motor vehicle accidents, homicide, and suicide. Screening for alcohol and drug use should include the following recommendations:

- Adolescents who report any use of alcohol or other drugs, or inappropriate use of medications during the past year should be assessed further regarding family history; circumstances surrounding use; amount and frequency of use; attitudes and motivation to use; use of other drugs; and the adequacy of physical, psychosocial, and school functioning.
- Adolescents whose substance use endangers their health should receive counseling and mental health treatment.
- Urine screening for drug use in adolescents without prior informed consent is not recommended and is illegal in many states. **American College of Obstetricians and Gynecologists (Primary and preventive health care for female adolescents. In: Health care for adolescents. Washington, DC: ACOG; 2003:1–24)**

Our AMA in conjunction with medical schools and appropriate specialty societies advocates curricula, actions, and policies that will result in the following steps to assure the health of patients who use alcohol: (a) Primary care physicians should establish routine alcohol screening procedures (e.g., CAGE) for all patients, including children and adolescents as appropriate, and medical and surgical subspecialists should be encouraged to screen patients where undetected alcohol use could affect care. (b) Primary care physicians should learn how to conduct brief intervention counseling and motivational interviewing. Such training should be incorporated into medical school curricula and be subject to academic evaluation. Physicians are also encouraged to receive additional education on the pharmacological treatment of alcohol use disorders and co-morbid problems such as depression, anxiety, and post-traumatic stress disorder. (c) Primary care clinics should establish close working relationships with alcohol treatment specialists, counselors, and self-help groups in their communities, and, whenever feasible, specialized alcohol and drug treatment programs should be integrated into the routine clinical practice of medicine. (2) Our AMA urges the National Committee on Quality Assurance to consider developing a HEDIS (Health Plan Employer Data and Information Set) measure for problem drinking or alcohol use disorders. **American Medical Association (H-30.942, CSA Rep. 14, I-99; Reaffirmation I-01)**

Our AMA will remind physicians of the pervasiveness of alcohol abuse and reemphasize the benefits of early detection of alcoholism in general medical populations, using measures such as a careful clinical history or standardized screening questionnaires. The use of gamma glutamyl transferase in the plasma and mean corpuscular volume assays also may be considered in certain populations. **American Medical Association (D-30.999, CMS Rep. 10, A-99)**

## Screening and evaluation

(1) The preparticipation athletic examination should remain focused on ensuring the safety of the adolescent athlete by assessing for health problems that could interfere with athletic performance and vice versa. (2) When possible, this assessment should include an interview with the adolescent to determine attitudes toward and use of illegal and ergogenic drugs, as well as use of alcohol and tobacco. (3) Athletes should be assessed for special health problems, such as anemia, amenorrhea in women, food and water restriction, and bulimia. Athletes also should be questioned about weight control methods. (4) All adolescent athletes should be provided information about the health hazards associated with use of drugs and alcohol, tobacco, ergogenic agents, excessive measures to control weight, and sexually transmissible diseases and unwanted pregnancies. **American Medical Association (H-60.966, CSA Rep. B, A-92; Amended: CSA Rep. 8, A-03)**

(1) Given the association between alcohol and family violence, physicians should be alert to look for the presence of one behavior given a diagnosis of the other. Thus, a physician with patients with alcohol problems should screen for family violence, while physicians with patients presenting with problems of physical or sexual abuse, should screen for alcohol use. (2) Physicians should avoid the assumption that if they treat the problem of alcohol or substance use and abuse they also will be treating and possibly preventing family violence. (3) Physicians should be alert to the association, especially among female patients, between current alcohol or drug problems and a history of physical, emotional, or sexual abuse. The association is strong enough to warrant complete screening for past or present physical, emotional, or sexual abuse among patients who present with alcohol or drug problems. (4) Physicians should be informed about the possible pharmacological link between amphetamine use and human violent behavior. The suggestive evidence about barbiturates and amphetamines and violence should be followed up with more research on the possible causal connection between these drugs and violent behavior. (5) The notion that alcohol and controlled drugs cause violent behavior is pervasive among physicians and other health care providers. Training programs for physicians should be developed that are based on empirical data and sound theoretical formulations about the relationships among alcohol, drug use, and violence. **American Medical Association (H-515.975, CSA Rep. A, A-93; Reaffirmed: BOT Rep. I-93-8; Reaffirmed: CSA Rep. 8, A-03)**

Our AMA (1) encourages hospital medical staffs to promote the performance of blood alcohol concentration (BAC) tests and urine drug screens on hospitalized trauma patients; (2) urges physicians responsible for the care of hospitalized trauma patients to implement appropriate evaluation and treatment when there is a positive BAC, other positive drug screen result, or other source of suspicion of a potential substance misuse disorder; and (3) encourages relevant physician organizations to develop practice parameters to assist physicians in the diagnosis and management of substance misuse disorders. **American Medical Association (H-130.956, BOT Rep. J, I-91; Reaffirmed: Sunset Report, I-01)**

Our AMA (1) supports drug and alcohol screening as an appropriate component of a comprehensive medical evaluation for pediatric and adolescent injury victims when clinically indicated, and (2) encourages physicians to actively pursue appropriate

## Screening and evaluation

referral and treatment when clinically indicated for all pediatric and adolescent injury patients who test positive for the presence of drugs or alcohol. **American Medical Association (H-60.955, Res. 408, I-94; Reaffirmation I-01)**

The AMA endorses and promotes National Alcohol Screening day; and AMA members are encouraged to participate as screeners during National Alcohol Screening Day. **American Medical Association (H-30.944, Res. 427, I-97)**

Assessment and treatment of children and adolescents with a substance use disorder must take into account their psychosocial development levels and the possible role of their substance use disorder in impeding the successful attainment of developmental milestones, including a sense of autonomy, the ability to form interpersonal relationships and general integration into society. The assessment should be multidimensional and address problems in several life domains, including psychiatric co-morbidity, school or employment performance, family functioning, peer social relationships, legal status, and recreational activities. **American Psychiatric Association (Practice guideline for the treatment of patients with substance use disorders, 2nd ed., in American Psychiatric Association Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2006. Arlington, Va: American Psychiatric Association; 2006)**

All children and adults as offspring of alcohol/drug dependent parents should be evaluated, and services should be provided appropriate to their needs. These services should recognize the role of the parent's alcohol/drug dependence in the development of the child's program, and provide for interpretation of their childhood experiences within a framework of the disease concept of alcoholism and drug dependence.

**American Society of Addiction Medicine (2/27/87)**

Interventions in families in which are found: child abuse or neglect, conduct disorders, child and adolescent suicide attempts, or alcoholism or other drug dependency in the children, should always evaluate parental alcohol and drug use. Overall case management should always include specific treatment for alcoholism and other drug dependence when these are identified. **American Society of Addiction Medicine (2/27/87)**

In order to prevent harm to mothers and infants, ASAM recommends the following:

- Improved screening for alcohol and other drug dependence in obstetric practice.
- The development of close working relationships between obstetric practices, and alcoholism and other drug dependence treatment services, including services for nicotine dependence. **American Society of Addiction Medicine (11/6/88)**

# Treatment and rehabilitation

Adolescents whose substance use endangers their health should receive counseling and mental health treatment. **American College of Obstetricians and Gynecologists (Primary and preventive health care for female adolescents. In: Health care for adolescents. ACOG: Washington, DC. 2003. p 1–24)**

Because substance abuse and dependence are medical conditions, health care providers have a key role to play in prevention and treatment. This role may include screening patients by use of questionnaires; providing education, treatment, and referral; guiding and referring high-risk patients; advising patients about social and support groups; practicing safe prescription writing; and addressing the needs of adolescents.

The role of the obstetrician-gynecologist includes referral with consultation and pretreatment for substance abuse. Pretreatment is the major contribution of the obstetrician-gynecologist or primary health care provider. It can be defined as providing immediate intervention that goes beyond screening to help the patient to come to terms with her substance abuse problem, even during the precontemplation phase when she may not be ready to accept treatment. The obstetrician-gynecologist can maintain the patient in the health care system, provide counseling on the risks and dangers of substance abuse, and treat the patient respectfully even when she continues to decline specific drug rehabilitation. Approximately 50 percent of patients who refused drug treatment eventually accepted it after a latent period during which they often tried their own solutions.

Physicians may be unaware of options and community resources available for substance abuse intervention and treatment. It is important for the clinician to identify an individual to whom patients can be referred for further assessment. Hospital social workers may be of help in obtaining this information. There are several important roles the obstetrician-gynecologist fills in the diagnosis and treatment of substance abuse that benefits these patients. Often, encouragement and support provided by the physician may lead the patient to reduce or eliminate substance use. This aids in preventing medical and psychosocial complications of substance use. Patient education, early diagnosis, and referral for treatment are key parts of total patient care for women with substance abuse issues. As the most significant health care practitioner for many women, the obstetrician-gynecologist may be influential in a patient's decision to accept treatment or referral.

## Treatment and rehabilitation

The obstetrician-gynecologist may wish to offer treatment for low-level substance abuse. This may consist of follow-up office visits to monitor substance use, substance abuse, or treatment compliance. Providing additional information through directed readings and educational materials about substance abuse is beneficial. The description and availability of local residential and outpatient services for addiction detoxification and treatment can be located through the Substance Abuse and Mental Health Services Association Web site. Self-help and other treatment programs like Narcotics Anonymous, Alcoholics Anonymous, and Al Anon are important resources. Family members may be involved to help address different aspects of the substance abuse problem. In larger metropolitan areas, support groups specifically for women have been established.

The obstetrician-gynecologist can be effective in encouraging a patient's participation in the engagement and maintenance of her treatment and in planning for relapse prevention. For these patients, prescribing potentially addictive medications should be avoided. Treatment or referral for medical or psychiatric complications and co-morbidities can be managed in accordance with the physician's expertise in this field and the patient's wishes. The role of the obstetrician does not end following referral of a pregnant woman to a drug or alcohol rehabilitation program. By design, these programs are highly regimented. Special consideration for women who are pregnant may require professional advocacy. For instance, many drug rehabilitation programs do not allow medications that have not been approved by the program's governing authority. The obstetrician may need to provide information on medications prescribed and ensure that the patient is receiving them. It also is important for the rehabilitation program to notify the clinician of medications prescribed by the program for the pregnant patient. Prenatal care appointments may coincide with mandatory program activities. The obstetrician's communication with the rehabilitation program staff will help to ensure comprehensive, coordinated care for the patient. **American College of Obstetricians and Gynecologists (Substance abuse: obstetric and gynecologic implications. In: Special issues in women's health. Washington, DC: ACOG; 2005:105–150)**

Our AMA urges its members to acquaint themselves with the various chemical dependency programs available for the medical treatment of alcohol and drug abuse and, where appropriate, to refer their patients to them promptly. **American Medical Association (H-95.991, Res. 31, I-79; Reaffirmed: CLRPD Rep. B, I-89; Reaffirmed: Sunset Report, A-00)**

The AMA (1) recognizes that (a) patients in need of treatment for alcohol or other drug-related disorders should be treated for these medical conditions by qualified professionals in a manner consonant with accepted practice guidelines and patient placement criteria, and (b) self-help groups are valuable resources for many patients and their families and should be utilized by physicians as adjuncts to a treatment plan; and (2) urges managed care organizations and insurers to consider self-help as a complement to, not a substitute for, treatment directed by professionals, and to refrain from using their patient's involvement in self-help activities as a basis for denying authorization for payment for professional treatment of patients and their families who need such care. **American Medical Association (H-95.951, Res. 713, A-98)**

**Treatment and rehabilitation**

Our AMA (1) encourages national policymakers to pursue an approach to the problem of drug abuse aimed at preventing the initiation of drug use, aiding those who wish to cease drug use, and diminishing the adverse consequences of drug use; (2) encourages policymakers to recognize the importance of screening for alcohol and other drug use in a variety of settings, and to broaden their concept of addiction treatment to embrace a continuum of modalities and goals, including appropriate measures of harm reduction, which can be made available and accessible to enhance positive treatment outcomes for patients and society; (3) encourages the expansion of opioid maintenance programs so that opioid maintenance therapy can be available for any individual who applies and for whom the treatment is suitable. Training must be available so that an adequate number of physicians are prepared to provide treatment. Program regulations should be strengthened so that treatment is driven by patient needs, medical judgment, and drug rehabilitation concerns. Treatment goals should acknowledge the benefits of abstinence from drug use, or degrees of relative drug use reduction; (4) encourages the extensive application of needle and syringe exchange and distribution programs and the modification of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes. The need for such programs and modification of laws and regulations is urgent, considering the contribution of injection drug use to the epidemic of HIV infection; (5) encourages the undertaking of comprehensive research into the potential effects, both positive and adverse, of relaxing existing drug prohibitions and controls and, that, until the findings of such research can be adequately assessed, the AMA reaffirm its opposition to drug legalization; (6) strongly supports the ability of physicians to prescribe syringes and needles to patients with injection drug addiction in conjunction with addiction counseling in order to help prevent the transmission of contagious diseases; and (7) encourages state medical associations to work with state regulators to remove any remaining barriers to permit physicians to prescribe needles for patients. **American Medical Association (H-95.954, CSA Rep. 8, A-97; Reaffirmed: CSA Rep. 12, A-99; Appended: Res. 416, A-00; Reaffirmation I-00)**

The AMA endorses the concept of prompt access to treatment for chemically dependent patients, regardless of the type of addiction, and the AMA will work toward the implementation of such an approach nationwide. The AMA affirms that addiction treatment is a demonstrably viable and efficient method of reducing the harmful personal and social consequences of the inappropriate use of alcohol and other psychoactive drugs and urges the Administration and Congress to provide significantly increased funding for treatment of alcoholism and other drug dependencies and support of basic and clinical research so that the causes, mechanisms of action and development of addiction can continue to be elucidated to enhance treatment efficacy. **American Medical Association (H-95.956, Res. 411, A-95; Appended: Res. 405, I-97)**

**Treatment and rehabilitation**

Our AMA supports (1) continued efforts to stimulate provision of a broad continuum of alcoholism treatment benefits by insurers that follow the plan of the National Institute on Alcohol Abuse and Alcoholism; and (2) continued encouragement for consideration by state legislatures of legislation providing for truth in benefits advertising and clarity of contract language. **American Medical Association (H-30.996, Sub. Res. 67, A-80; Reaffirmed: CLRPD Rep. B, I-90; Modified: Sunset Report, I-00)**

Early intervention, consultation, and case programs specifically designed to reach chemically dependent women: screening for alcohol and other drug problems in all obstetric care services, as well as in all medical settings; adequate case finding, intervention, and referral services for women identified as suffering from chemical dependency. **American Society of Addiction Medicine (9/25/89)**

Treatment services able to meet the needs of chemically dependent women:

- Appropriate and accessible chemical dependency treatment services for pregnant women and women of childbearing age and their families, including inpatient and residential treatment. Services to care for the children and newborns of these patients should be provided. Without adequate child care arrangement, chemically dependent women are often unable to engage in the treatment they need.
- Adequate facilities for the outpatient and aftercare phases of treatment for chemically dependent women.
- Adequate perinatal care for chemically dependent women in treatment, sensitive to their special needs.
- Adequate child protection services to provide alternative placement for infants or children of persons suffering from chemical dependency who are unable to function as parents, in the absence of others able to fulfill the parent role.

**American Society of Addiction Medicine (9/25/89)**

Self-help groups for young and adult children of alcohol/drug dependent parents should be encouraged as an adjunct to treatment and personal development.

**American Society of Addiction Medicine (2/27/87)**

Physicians in both pediatric and adult practice should inquire about parental and familial alcohol/drug dependency in every patient. Physicians treating patients dependent on alcohol or drugs should routinely arrange for the evaluation of the patient's children, and for their involvement in the process of rehabilitation. Health professionals should realize that the recovery of the parent may not be sufficient to lead to recovery in the child. Children require attention to their own needs. Conversely, professionals should be aware that children of alcohol/drug dependent parents can be helped, even in the absence of parental treatment of recovery.

**American Society of Addiction Medicine (2/27/87)**

# Organizational resources and activities

## **American Academy of Child and Adolescent Psychiatry**

American Academy of Child and Adolescent Psychiatry (2005). Practice Parameter for the Assessment and Treatment of Children and Adolescents with Substance Use Disorders. *J Amer Acad Child Adolesc Psychiatry*. June 2005;44(6):609–621.

## **American Academy of Pediatrics**

Tobacco, Alcohol, and Other Drugs: The Role of the Pediatrician in Prevention, Identification, and Management of Substance Abuse. *Pediatrics*. March 2005;115(3):816–821.

Improving Substance Abuse Prevention, Assessment, and Treatment Financing for Children and Adolescents. *Pediatrics*. October 2001;108(4):1025–1029.

Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics*. July 2001;108(1):185–189.

Confidentiality in Adolescent Health Care. *AAP News*. 1989;4:151 (Reaffirmed May 2004)

Academy for Eating Disorders, American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Psychiatric Association, American Psychological Association, Family Voices, International Society of Psychiatric-Mental Health Nurses, and Society for Developmental and Behavioral Pediatrics. Consensus statement on insurance coverage of mental health and substance abuse services for children and adolescents. *Pediatrics*. 2000;106:806–862.

The AAP is involved with the Office of National Drug Control Policy National Youth Anti-Drug Media Campaign, that targets both drug and alcohol use. This multimedia campaign includes five 30-second TV ads, print ads of an open letter to parents that appeared in 300 newspapers across the country, online advertising, and free resources for teens and parents. Further information about this campaign is available: [www.mediacampaign.org/early\\_intv/index.html](http://www.mediacampaign.org/early_intv/index.html)

The AAP is a participant in the newly formed National Alliance to Prevent Underage Drinking, an informal broad coalition of groups (public health, consumer, law enforcement, substance abuse and treatment, etc.) interested in supporting and promoting federal efforts toward implementation of a comprehensive science-based national strategy to reduce underage drinking as set forth in the Institute of Medicine's September 2003 report.

The AAP is also a member of the Coalition to Prevent Alcohol Problems, focused on broader issues related to alcohol (e.g., labeling, health claims, etc.).

**Organizational resources and activities****American College of Obstetricians and Gynecologists**

American College of Obstetricians and Gynecologists. Alcohol and other drug use. ACOG Fact Sheet for Teens FS003. Washington, DC: ACOG; 2003.

American College of Obstetricians and Gynecologists. Common drugs of use. ACOG Fact Sheet for Teens FS003. Washington, DC: ACOG; 2003.

American College of Obstetricians and Gynecologists. Primary and preventive health care for female adolescents. In: Health care for adolescents. Washington, DC: ACOG; 2003:1–24.

American College of Obstetricians and Gynecologists. Substance use and abuse: tobacco, alcohol, and illegal drugs. In: Guidelines for women's health care. 2nd ed. Washington, DC: ACOG; 2002:375–81.

American College of Obstetricians and Gynecologists. Substance abuse: obstetric and gynecologic implications. In: Special issues in women's health. Washington, DC: ACOG; 2005:105–150.

At-risk drinking and illicit drug use: ethical issues in obstetric and gynecologic practice. ACOG Committee Opinion No. 294. American College of Obstetricians and Gynecologists. *Obstet Gynecol.* 2004;103:1021–31.

**American Medical Association**

A Matter of Degree: The National Effort to Reduce High-Risk Drinking Among College Students

[www.ama-assn.org/ama/pub/category/3558.html](http://www.ama-assn.org/ama/pub/category/3558.html)

Reducing Underage Drinking Through Coalitions: Youth and Adults United for Change

[www.ama-assn.org/ama/pub/category/3557.html](http://www.ama-assn.org/ama/pub/category/3557.html)

Both of these programs are directed by the American Medical Association's Office of Alcohol and Other Drug Abuse.

AlcoholPolicyMD.com

[www.alcoholpolicymd.com](http://www.alcoholpolicymd.com)

This Web site is dedicated to promoting physician and community action on issues concerning alcohol and health.

**American Psychiatric Association**

American Psychiatric Association: Practice guideline for the treatment of patients with substance use disorders, 2nd ed., in American Psychiatric Association Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2006. Arlington, Va: American Psychiatric Association; 2006.

**American Society of Addiction Medicine**

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