ASAM
American Society of Addiction Medicine

Public Policy Statement on Prevention

Background

The American Society of Addiction Medicine supports a wide variety of measures to prevent alcohol- and other drug-related problems in contemporary society, understanding that carefully thought out prevention measures have demonstrably reduced the early onset of alcohol, nicotine, and other drug use and addiction in some populations[1] and contributed to a reduction in deaths and serious injury resulting from drug-related illnesses and accidents. These and other identifiable results have major economic implications.

U.S. Government studies have concluded that the annual national costs of substance use disorders soar above those of other chronic diseases, such as diabetes and cancer, while also noting that alcohol, nicotine and other drug use is directly responsible for as many as 30% of cancer and cardiovascular disease deaths each year. Alcohol and illicit drugs are involved in a large percentage of fatal traffic accidents, [2] child abuse incidents, and major crimes against persons, including homicide, theft and assault. Increasingly, the misuse of licit drugs, both prescription and over-the-counter, has been identified as a source of grave societal problems.[3]

Recommendations

The American Society of Addiction Medicine, therefore, supports prevention policies and programs that include, but are not limited to, the following recommendations:

1. **A comprehensive and coordinated national program involving a combination of approaches:**

    a. **Education about the nature and causes of addiction will be required by both the public and private sectors to develop support for comprehensive prevention. Physicians have an indispensable and ongoing role in this education process.**

    b. **Sound scientific research into the causes of addiction, and the careful evaluation of prevention measures undertaken, are needed in order to improve the fund of knowledge upon which more effective prevention strategies may be based. The American Society of Addiction Medicine,**

therefore, recommends that such research be given high priority by government, universities, foundations, and other research institutions.

2. **Controls on the availability, advertising and promotion of alcoholic beverages and tobacco products:**

   a. **Maintaining a national minimum legal drinking age of 21 years for all alcoholic beverages and a minimum legal smoking tobacco age of 18 years ~~old~~.[4]**

   b. **Curbs on advertising of all alcoholic beverages and tobacco products, including:**
      i. **the voluntary elimination of radio and TV advertising;**
      ii. **as an intermediate step, establishing and enforcing national standards for radio, TV, print and internet advertising which eliminate use of teenagers and young adults, athletes, persons engaging in risky activity, and sexual innuendo;**
      iii. **eliminating alcohol advertising and promotion that portrays activities that can be dangerous when combined with alcohol use;**
      iv. **eliminating sponsorship of youth-oriented concerts and all sports events by tobacco and alcoholic beverage manufacturers;**
      v. **eliminating alcohol advertising and promotion on college campuses, where a high proportion of the audience reached is under the legal drinking age;**
      vi. **banning special low-price promotions, such as cut rate "happy hours," "two-for-the-price-of-one drinks", or free drinks for female patrons;**
      vii. **counter advertising, through paid and public advertising, including health warnings about alcoholism and alcohol-related problems, nicotine dependence, and tobacco product related health problems;**
      viii. **requiring that alcoholic beverage containers display all ingredients and alcohol content by volume, in addition to a rotating series of health warnings[6] on:**
         - **drinking and driving**
         - **drinking and pregnancy**
         - **alcohol and drug interactions**
         - **links of excessive alcohol use to health-related disorders, including alcoholism cirrhosis, heart disease and cancer.**
      ix. **health warning posters at point of sale.**
      x. **eliminating the sale of alcoholic beverages by gasoline retailers.**
      xi. **adjusting taxes on beer and wine to equate with those for distilled spirits, and adjusting taxes on all alcoholic beverages for inflation experienced since 1951.**
      xii. **devoting significant additional funds derived from increased taxes to the support of prevention and research.**

3. **Control of the quality, distribution, and availability of psychoactive drugs, including measures and educational programs to:**

   a. **prevent the manufacture, importation and sale of illicit drugs.**

   b. **prevent diversion of licit drugs for illicit sale and use.**

c. discourage the inclusion of alcohol as an ingredient in the formulation of medicines, beyond the minimum required as a solvent.

d. promote safe and appropriate prescribing practices for drugs that may produce dependency.

e. include warning labels on prescription and over-the-counter drugs that describe possible adverse interaction with alcohol and other drugs and to indicate the potential of drugs to produce dependence.

4. Provision of <u>scientifically sound education</u> for all segments of society, including:

a. age-appropriate education about the nature and effects of alcohol and drug use, including alternatives to such use, throughout the school curriculum, as well as public service educational announcements in TV, print, and electronic media.

b. public education about the nature and causes of alcoholism and other drug addiction, 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, police, 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. programs to educate health professionals about identifying and managing patients who suffer from substance use disorders.

f. education of the media to avoid glamorizing tobacco, alcohol, and other drug use.

g. scientific evidence of the adverse personal and societal consequences of alcohol and other drug use[7] reported in print and broadcast news.

h. 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.

i. 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.

j. inclusion of accurate information about alcohol and other drug use in all health prevention programs.

Endnotes:

1. See ASAM Public Policy Statements on *Underage Drinking* (April 2005) and *Nicotine Addiction and Tobacco* (***rev.*** October 2008).
2. See ASAM Public Policy Statements on *Highway Safety in Relation to Alcohol and Other Drug Use and Addiction* (February 1987, **rev.** May 2006) and *Driving Under the Influence of Illicit Drugs* (October 2008).
3. See ASAM Public Policy Statement on *Measures to Counteract Prescription Drug Diversion* (February 1989).
4. See ASAM Public Policy Statements on *Underage Drinking* (April 2005) and *Nicotine Addiction and Tobacco* (***rev.*** October 2008).
5. See ASAM Public Policy Statement on *Advertising of Alcoholic Beverages* (April 1983, **rev.** October 1996, April 1998).
6. See ASAM Public Policy Statement on *Labeling* (October 1979, **rev.** April 2005, April 2008).
7. *Principles of Addiction Medicine, Third Edition* by Graham AW, Schultz T, Mayo-Smith M, Ries R, and Wilford B. American Society of Addiction Medicine, 2003.

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American Society of Addiction Medicine

4601 North Park Avenue • Upper Arcade Suite 101 • Chevy Chase, MD 20815-4520
TREAT ADDICTION • SAVE LIVES
PHONE: (301) 656-3920 • FACSIMILE: (301) 656-3815
E-MAIL: EMAIL@ASAM.ORG • WEBSITE: HTTP://WWW.ASAM.ORG