

#### **H-515.975 Alcohol, Drugs and Family Violence**

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. (Amended CSA Rep. A, A-93; Reaffirmed: Amended BOT Rep. I-93-8)

#### **H-515.980 Update on the AMA's National Campaign Against Family Violence**

Ongoing efforts on family violence will continue to be an action item at each annual meeting of the AMA and the impact of drugs and alcohol on family violence will be studied and included in future updates.  
(Amended BOT Rep. FF, A-92)