



ASAM American Society of
Addiction Medicine

Public Policy Statement on Advancing Racial Justice in Addiction Medicine

Recommendations

- 1) Addiction medicine professionals should examine their own motivations, biases, and practices related to BIPOC to deliver equitable, compassionate, and anti-racism-informed¹ medical care to all patients. Research is needed to identify best practices for motivating and facilitating such an examination.
- 2) Addiction medicine professionals must lead medical practices and treatment programs that acknowledge and respond to patients' experiences of racism by (a) trusting and respecting patients' experiences through trauma-informed care, (b) assessing patients for social determinants of health, including those that are linked to racism, and connecting them with community resources, and (c) evaluating their medical practices based on staff diversity and BIPOC patient satisfaction and retention in treatment.
- 3) Addiction medicine professionals should develop proficiency² in, practice, and demonstrate leadership in trauma-informed care as well as structural competency, so that they can (a) understand patient experiences in the context of structural factors that influence their health; (b) intervene to address those structural factors, such as inequalities in law enforcement, housing, education, access to health care, and other resources, that put patients at risk for unhealthy substance use and addiction or limit their access to prevention, treatment and recovery supports; and (c) collaborate with community leaders and health professionals with humility and patience.³
- 4) Providers of addiction medicine training in medical school, residency, fellowship and continuing medical education (CME) programs should review their curricula to identify gaps related to trauma-informed care, structural competency, and racial understanding. Clinical educators should develop and promote training courses grounded in trauma-informed care and structural competency to improve the outcomes of patients who are socially marginalized by virtue of their race, e.g., those who are identified more frequently by the criminal legal system due to disparate policing and then are referred or mandated to addiction treatment.
- 5) Addiction medicine professionals should advocate for policies that lead to a more diverse addiction treatment workforce and should seek opportunities to mentor BIPOC clinicians into the field. Robust funding should be made available and targeted for scholarships and loan repayment for BIPOC addiction medicine professionals.
- 6) Addiction medicine professionals should advocate for policies that ensure BIPOC at risk of, or with, addiction have equitable access to evidence-based prevention, early intervention, treatment, and harm reduction services. Further, addiction medicine professionals should advocate for policies that are designed to eliminate structural inequalities in social and economic factors that influence substance use and addiction (e.g., law enforcement practices and access to housing, education, and health care), as these

social determinants of health contribute to health disparities between BIPOC and white people.

- 7) Addiction-related research should strive to include an equitable representation of BIPOC researchers and participants in study design, implementation, and dissemination of results. Addiction-related research should evaluate the impact of systemic racism on drug use; risk and protective factors for addiction; and access to prevention interventions, treatment and harm reduction options, and recovery support services. Clinical resources and recommendations should be designed with consideration of the broad social, political, and economic structures that affect health and illness. Community-based participatory research methods can help build trust between researchers and BIPOC given historical research practices.

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¹ Being anti-racist is fighting against racism. See National Museum of African American History and Culture: Talking About Race. <https://nmaahc.si.edu/learn/talking-about-race/topics/being-antiracist>

² Proficiency is reflected in knowledge, attitude and behaviors.

³ Hansen H, Braslow J, and Rohrbaugh RM. From Cultural to Structural Competency—Training Psychiatry Residents to Act on Social Determinants of Health and Institutional Racism. *JAMA Psychiatry*. 2018;75(2):117-118.