



ASAM American Society of
Addiction Medicine

**Public Policy Statement on Racial Justice Beyond Health Care:
Addressing the Broader Structural Issues at the Intersection of Racism, Drug Use, and Addiction**

Recommendations

- 1. ASAM supports shifting the nation's response to personal substance use away from assumptions of criminality towards health and wellness; BIPOC disproportionately bear the brunt of criminal legal responses to personal drug use, notwithstanding that White people use illegal drugs at similar rates.⁴⁷**
 - a. Policymakers should eliminate criminal and onerous civil penalties for drug and drug paraphernalia possession for personal use as part of a larger set of related public health and legal reforms designed to improve carefully selected outcomes.⁵⁵ In the interest of harm reduction, policymakers should also eliminate criminal penalties for the manufacture and delivery of drug paraphernalia. Those decriminalization efforts should (i) include consideration of expungement of records of such prior offenses, so that people do not remain marginalized for them and (ii) prioritize eliminating the over-policing of BIPOC who use illegal drugs and racial disparities in related civil enforcement. Concurrently, policymakers should support robust policies and funding that facilitate people's access to evidence-based prevention, early intervention, treatment, harm reduction, and other supportive services – with an emphasis on youth and racially and ethnically minoritized people – based on individualized needs and with availability in all communities.
 - b. Policymakers should consider new clemency efforts that encourage people who are incarcerated in federal or state prison for nonviolent drug offenses – many of whom are BIPOC⁴² – to petition authorities for appropriate sentence commutations or reductions.
 - c. Federal lawmakers should pass legislation that would eliminate the federal crack and powder cocaine sentencing disparity and apply it retroactively to those already convicted or sentenced.
 - d. Policymakers should support robust investments in research efforts that aim to evaluate alternative public health approaches to drug use, with a focus on different types of drug policies, laws, and law enforcement practices.^{44,56–58}
 - e. The criminal legal system should not be used to interfere with, or influence, the assessment, diagnosis, or treatment decisions of those with SUD. Given that the criminal legal system has had inequitably detrimental effects on BIPOC, reforms within this system are particularly needed to achieve racial justice.
 - f. Evidence-based addiction care, including the use of medications for addiction treatment, should be available to all in need, including people in prisons, jails, drug

courts, child protection systems, or on probation or parole. Engaging in addiction treatment should not be a precondition for people who use illegal drugs or have SUD accessing other medical care or support services, including housing.

2. ASAM supports policies and programs that help address underlying structural and social determinants of addiction; such policies and programs are critical to advancing racial justice and improving access to high-quality addiction care for all people, especially BIPOC.

- a. Policymakers should support interagency collaborations and cost-effective programs that address social determinants of addiction⁵⁹ – with a particular focus on determinants that impact racially and ethnically minoritized people.
- b. Policymakers should eliminate drug conviction bans⁶⁰ and drug testing requirements⁶¹ for public assistance programs, such as the Supplemental Nutrition Assistance Program and the Temporary Assistance for Needy Families program, and for programs providing financial aid for education.
- c. Policymakers should end evictions and remove housing bans based solely on nonviolent, drug-related activities and support policies that promote the safety and well-being of all people.⁶²
- d. Policymakers should implement universal health care coverage that will support equitable access to evidence-based or evidence-informed addiction care for all, regardless of ability to pay. Initial federal reforms should include expanding Medicaid and Medicare coverage to include people who are in carceral settings or under community correctional control⁶³ and who are otherwise eligible.
- e. Policymakers should ensure that existing mental health and addiction parity laws are vigorously enforced and support federal policies that fully extend mental health and addiction parity and benefits to Medicare, all of Medicaid, and TRICARE.⁶⁴
- f. Accreditation and licensing bodies should work towards improving accountability for evidence-based, patient-centered, and culturally competent addiction care that includes addressing social determinants of addiction.

3. ASAM supports policies and programs that equip addiction medicine and other professionals, as well as people with lived experience, with the data, knowledge, and skills that are necessary to engage in effective advocacy for dismantling structural racism and advancing racial justice and health equity for all people.

- a. Philanthropic organizations and persons should invest in advocacy infrastructures and organizations that can advance racial justice in addiction care.
- b. Training programs for addiction medicine professionals should review their curricula to identify gaps related to structural competency, racial understanding, and advocacy. Clinical educators should develop and promote addiction medicine training courses that communicate the impact of stigmatizing language on people with SUD, the necessity of harm reduction tools and interventions, and the benefits of addiction medications.
- c. Policymakers and program developers should engage people with lived experience with substance use in the development of policy and services related to addiction and its social determinants, and the positive contributions of people with lived experience should be compensated and recognized.

- d. Public health agencies should report and widely disseminate data related to substance use and SUD by race and ethnicity and monitor for improved, equitable outcomes.

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