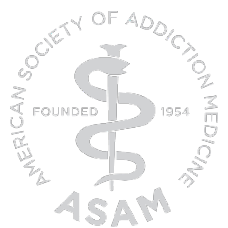
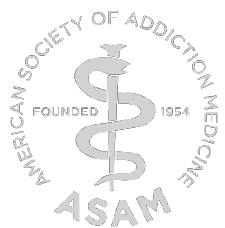




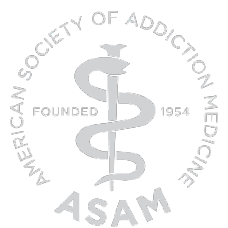
**ASAM** American Society *of*  
Addiction Medicine



ASAM, founded in 1954, is a professional medical society representing over 7,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.



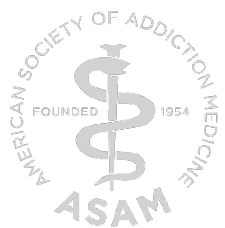
# Public Policy Statement



# Advancing Racial Justice in Addiction Medicine

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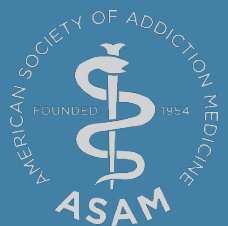
Adoption Date: February 25, 2021



# AGENDA

01 - Background

02 - Recommendations



# Systemic Racism Influences BIPOC's Risk of Addiction and Access to Treatment Services

**Addiction involves complex interactions among an individual's brain circuits, genetics, the environment, and their life experiences.**

Racism disproportionately shapes the environment and life experiences of BIPOC,<sup>1</sup> influencing both their risk of developing addiction and their access to evidence-based addiction treatment services.

The long-standing impact in the U.S. of **systemic racism**, or “a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity,” has been highlighted in police and civilian murders of Black people.



<sup>1</sup>Black, Hispanic/Latinx, Asian, Pacific Islander, Native American, and other racially oppressed and disenfranchised people



# ASAM is Working to Counteract Systemic Racism as a Social Determinant of Health (SDoH)

ASAM reiterates the fundamental axiom that **systemic racism is a SDoH** that has had profound, deleterious effects on the lives and health of BIPOC. This is part of ASAM's effort to recognize, understand, and counteract the adverse effects of America's **systemic racism**, with respect to addiction prevention, early intervention, diagnosis, treatment, and recovery.

**The goal is to increase structural competency,**



or “the capacity to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures,”

**among addiction medicine professionals, public health authorities,**



**policymakers, and others with societal influence.**

Structural competency bridges research on SDoH with clinical interventions and prepares clinical trainees to act on systemic causes of health inequalities.

# ASAM Recognizes the Racism and Discrimination BIPOC Face and is Working Toward Solutions in the Addiction Crisis

BIPOC patients, their families, and addiction medicine professionals face racism and discrimination consistently in their personal and professional lives.

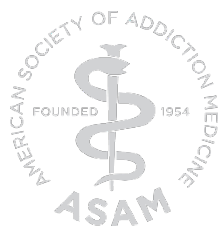
Addiction medicine professionals confront the tragic consequences of racial injustice among the patients and communities we serve every day, including:

Disproportionate incarceration of BIPOC with the disease of addiction

Treatment barriers for many BIPOC

Rising overdose deaths and ongoing discrimination

ASAM denounces and commits to challenging racial injustice by working toward solutions to the addiction crisis that recognizes the role of **systemic racism in creating and reinforcing health inequities.**





# Drug Policy has Supported Systemic Racism

**Drug controls arose from a mix of motives, some laudable, but many based in racist ideology. Racial bias has emerged in drug policy and practice.**

The impact of systemic racism in drug policy and addiction medicine is evident in:

**De-medicalization** (from medicalization to criminalization)

**Criminal legal reform failures**

**Selective and discriminatory recognition of addiction as a medical condition**

- Passage of the 1914 Harrison Narcotic Tax Act was dominated by explicit racism.
- Mandatory sentencing guidelines were codified in the 1984 Sentencing Reform Act worsened inequities; most easily recognized in the Anti-Drug Abuse Act of 1986 that enacted 100-fold greater sentencing disparity for “crack” versus powder cocaine.
- Policies funded in response to “crack” versus opioids disproportionately focused on law enforcement rather than research, treatment, and prevention, or vice versa.

# Drug Policy has Supported Systemic Racism

**Drug controls arose from a mix of motives, some laudable, but many based in racist ideology; racial bias has emerged in drug policy and practice.**

The impact of systemic racism in drug policy and addiction medicine is evident in:

## Media portrayals

- BIPOC who use heroin are portrayed as criminals while White people who use prescription opioids are portrayed as victims.

## Inequitable expansion of treatment

- The Drug Addiction Treatment Act of 2000 expanded addiction care in medical settings, but benefits have been unequal.
  - BIPOC with opioid use disorder (OUD) are less likely to receive treatment and are more likely to receive methadone. White people with OUD are more likely to receive buprenorphine, which is available in office-based settings.

## Neglect of other health concerns of BIPOC communities

- Menthol cigarettes and alcohol are disproportionately marketed to Black and/or Hispanic/Latinx communities; policy efforts to restrict sales may reflect racism in built environment.

# Evidence of Contemporary Consequences of Racist History of Drug Policy

**Lack of research focus among BIPOC** on evidence-based SUD prevention.



**Lack of access to prevention interventions in BIPOC communities,** such as overdose education and naloxone distribution.

**Lower availability of evidence-based treatment for BIPOC** (particularly buprenorphine).

Unequal deployment of drug testing (toxicology) for BIPOC, and markedly different consequences for positive test results.



**Continued BIPOC discrimination** within treatment programs and systems.

**Underrepresentation of BIPOC in scientific studies,** yielding culturally inappropriate interventions.

**Markedly different rates of incarceration of BIPOC and White people,** despite similar substance use rates.



# Effects of Discrimination of BIPOC with Addiction are Devastating and Lasting

**Overcriminalization of substance use by BIPOC and disparate policing of BIPOC who use drugs is well documented.**

Addiction medicine professionals are too often silent and accepting of a system that mandates inappropriate treatment.

This statement focuses on steps addiction medicine professionals and all health care professionals who treat patients with addiction can take to advance racial justice.

Subsequent statements focus on broader policy and societal change.





# Trauma-Informed Care Can Help Counteract Racism and Promote Healing

## Racism and criminal-legal system involvement are traumatizing.

Addiction medicine professionals can **counteract that trauma** in their practices through trauma-informed care, a strengths-based care delivery approach to engaging people with histories of trauma, which recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

Trauma-informed care can promote a culture of safety, empowerment, and healing.



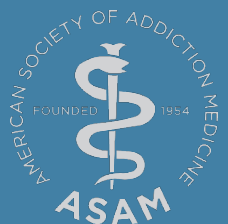
**Increasing the diversity of the addiction medicine workforce can help improve:**

- Patient care
- Satisfaction
- Outcomes
- And, alleviate health disparities

# AGENDA

01 - Background

02 - Recommendations





# ASAM recommends that addiction medicine professionals should:

1

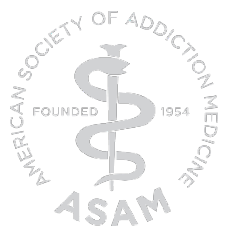
Examine their own motivations, biases, and practices related to **BIPOC to deliver equitable, compassionate, and anti-racism-informed medical care** to all patients.

- Research is needed to identify best practices for motivating and facilitating such an examination.

2

Lead medical practices and treatment programs that **acknowledge and respond to patients' experiences of racism** by:

- **Trusting and respecting patients' experiences** through trauma-informed care.
- **Assessing patients for SDoH**, including those that are linked to racism, and connecting them with community resources.
- **Evaluating their medical practices** – based on staff diversity and BIPOC patient satisfaction and retention in treatment.



# ASAM recommends that addiction medicine professionals should:

3

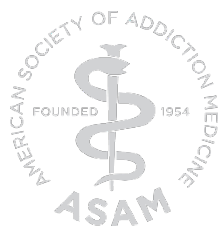
Develop proficiency in, practice, and demonstrate leadership in **trauma-informed care and structural competency**, so that they can:

- **Understand patient experiences** in the context of structural factors that influence their health.
- **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.
- **Collaborate with community leaders** and health professionals with humility and patience.

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.
  - These patients are identified more frequently by the criminal legal system due to disparate policing and then are **referred or mandated to addiction treatment**.



# ASAM recommends that addiction medicine professionals should:

5

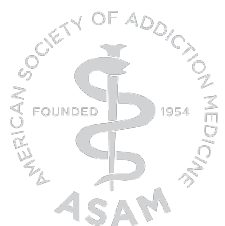
Advocate for policies that lead to a **more diverse addiction treatment workforce** and should seek opportunities to mentor BIPOC clinicians into the field.

- Robust funding should be made available and targeted for scholarships and loan repayment for **BIPOC addiction medicine professionals**.

6

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.

- Advocate for policies that **eliminate structural inequalities** in social and economic factors **that influence substance use and addiction**, such as law enforcement practices and access to housing, education, and health care.
  - These SDoH contribute to health disparities between BIPOC and White people.



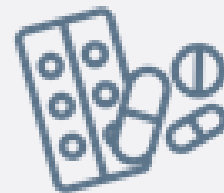
# ASAM recommends that addiction medicine professionals should:

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 and risk and protective factors for addiction



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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