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## **Dear ASAM Members:**

No community or institution is untouched by our country's shameful legacy of slavery, segregation, and discriminatory policies, nor the subsequent socioeconomic and health disparities that linger today.

The killings of George Floyd, Ahmaud Arbery, and Breonna Taylor—among others—have once again brought into sharp and painful relief the persistent structural racism and racial injustices that permeate American life.

As a specialty comprising of diverse members, we recognize the racism and discrimination that Black members of the addiction medicine workforce face every day in their personal and professional lives. While ASAM is proud of its efforts to date in fostering diversity, the work of dismantling structural racism must continue in our own house – including how we cultivate our leaders and determine our strategic priorities. Therefore, ASAM will conduct a systematic review of our current internal processes for diversity, equity, and inclusion—from membership, leadership development, and advocacy to education, quality and science— in order to ensure our work better reflects and reinforces these goals going forward.

And then there are our patients and their families. On a daily basis, addiction medicine specialists confront the tragic consequences of racial injustice among the patients and communities we serve — from the incarceration of individuals with addiction to treatment barriers for many persons of color to rising overdose deaths and ongoing stigma. As leaders in addiction medicine, we have both the power and the responsibility to denounce and challenge racial injustices.

ASAM is committed to embracing that power and doing our part. We know that we cannot talk about solutions to the addiction crisis without recognizing the role of structural racism in creating and reinforcing health inequities. We will continue to advocate for policies that shatter the stigma and discrimination surrounding addiction, expand access to evidence-based care for individuals who are incarcerated or otherwise marginalized, and remove the structural barriers that prevent many Americans from accessing quality addiction treatment.

This is just a start. We are committed to learning, listening, and continuing this dialogue with, and on behalf of, our members and the communities they serve. As we implement the above actions, we call on our members to share their questions, suggestions, and experiences with us to help us form a more diverse, equitable, and inclusive organization—and society.

Sincerely,

Paul H. Earley, MD, DFASAM

Paul H Earley M.D.

President