Summary

NAADAC, the Association for Addiction Professionals, recognizes that significant gaps exist in the provision of equitable services and treatment outcomes for people in the Black community with substance use and behavioral addiction disorders, which create disparities in healthcare access and service delivery. Similarly, there are immense deficits in training, recruitment, and other workforce opportunities for Black addiction-focused and allied mental health professionals.

Through the creation of NAADAC’s Critical Issues in the Black Community (CIBC) Committee, we are advocating for our political leaders, addiction, behavioral, and medical health professionals to listen, learn about, and assume an active role in mitigating these inequities. Specifically, NAADAC is advocating for (1) the building of a stronger Black addiction professional workforce, (2) addressing white privilege in the addiction profession, and (3) reforming drug laws.

Enacting these changes will begin to address and mitigate the disparities in treatment experienced in the Black community. It is our responsibility to ensure that everyone, regardless of race, can seek treatment and support with the goal of long-term recovery.

Introduction

As addiction professionals, we often see firsthand the disastrous impact of unaddressed conflict, systemic racism, and health inequities throughout our nation’s system of care. All healthcare professionals share concerns about the condition of their clients and the environment in which they live. Recovery, hope, and healing are possible for all people when these inequities are addressed and taken seriously.

NAADAC, the Association for Addiction Professionals, recognizes that significant gaps exist within the provision of equitable services and treatment outcomes for those in the Black community, which create disparities in healthcare access and service delivery. Similarly, there are immense deficits in training, recruitment, and other workforce opportunities for Black addiction-focused and allied mental health professionals.

Through the creation of NAADAC’s Critical Issues in the Black Community (CIBC) Committee, the addiction profession is listening, learning, and demanding equal opportunities in addiction treatment, for the recovery workforce, and for the clients we serve.

The addiction profession has contributed to and been witness to the negative impacts of systemic racism. Our call to action emphasizes the three most critical issues facing the Black community and the addiction profession: the need for workforce development, the eradication of white privilege, and the reform of current drug laws.

Build a Stronger Black Addiction Professional Workforce
It is imperative that we recommit our efforts to the recruitment and training of Black individuals to build a powerfully diverse substance use and mental healthcare workforce. This begins with educating a more culturally-humble and aware workforce that is trained to competently treat and support Black individuals, families, and communities. In 2018, 19.3 million Americans aged 18 or older had a substance use disorder and 2.2 million of these individuals (11.4%) identified as African American (McCance-Katz, 2019; SAMHSA, 2019). However, as of 2013, 83.6% of mental health professionals identified as non-Hispanic White, and only 5.3% of psychologists were Black; as of 2018, only 5% of Black students are enrolled in graduate-level psychology programs (St. Louis, 2018). We must provide greater opportunities and incentives for Black individuals to join the addiction workforce. This requires multifaceted efforts towards diversification, which includes making it more accessible for members of the Black community to enter the educational pipeline and achieve advanced degrees—especially in addiction studies—to expand and build a stronger addiction professional workforce.

The existing addiction workforce and all of its members need to better tailor care to individuals of every background. Treatment measures cannot be identical for every person. Treatment and recovery initiatives have been catered specifically to white Americans for so long that the Black population lacks adequate treatment resources, resulting in recurrence of use and other outcomes.

Addiction professionals have a duty to demonstrate cultural humility and to advocate for the needs of the clients they serve (NAADAC, 2021, Principle IV). They must “recognize that conventional counseling styles may not meet the needs of all clients,” and have a duty to “determine the best manner in which to service the client” (NAADAC, 2021, Principle IV). Exercising cultural humility and striving toward cultural competence is necessary to meet the needs of those with addiction. Cultural competence in the addictions treatment workforce is increasingly recognized as an important characteristic of high-quality healthcare delivery and will become paramount as the behavioral health industry becomes increasingly diverse (McGregor et al., 2019).

Looking forward, to achieve optimal levels of service efficiency in treating the Black community who suffer from addictive disorders, we offer the following considerations:

- The addictions treatment workforce must be replete with highly skilled, culturally aware practitioners who more accessible. This includes both providing opportunities for Black individuals to join and progress within the workforce and creating a more culturally aware and culturally competent workforce.
- Healthcare associations must provide opportunities to improve inclusivity and grow the skill of its workforce in serving diverse populations.
- Advocacy for the Black community and other underserved populations must become a permanent fixture of the addictions treatment paradigm.

The intention of organizations to increase the ratio of the racial makeup of the workforce is not enough. As Kathleen Davis points out, “No matter how well-intentioned your company’s diversity efforts are, they will always fail to retain people of color until you eliminate your cultural bias toward white supremacy.” (Davis, Kathleen, 2021). Thus, to successfully develop a more inclusive and diverse workforce, it is essential to recognize, address, and rectify the systemic racism that impacts our organizations. In addition to confronting the cultural bias embedded in our systems, it is also crucial to equip and expect addiction professionals of non-color to possess the competence to provide culturally-sensitive services to those in the Black community.
The addiction field is not immune to systemic racism (Lee, Esposito, Edwards, Chun and Wales. “The demographics of racial inequality in the United States” Brookings July 27, 2020). Research studies identify racial disparities and barriers for Black persons to access and receive quality treatment. For example, of the people with higher levels of alcohol use, Black and Latinx clients were less likely than white clients to use substance use treatment services due to economic barriers, and Black individuals have lower treatment retention rates compared to white individuals (Sara Matsuzaka & Margaret Knapp, 2019). The disparate treatment provided to people of color, including members of the Black community, in comparison to their white counterparts is due in part to the existence of white privilege.

As addiction professionals, we have a moral and ethical mandate to rectify these disparities and remove barriers to ensure that all people, regardless of race, have equitable access to quality treatment. As reflected in the article by Matsuzaka & Knapp (2019), it is critical that addiction professionals recognize the impact of having been socialized within the context of institutional racism. This requires moving beyond a defensive stance and possessing an openness to and respectfulness of the clients we serve and to identify the impact of racial inequality within our systems of care in the field of addiction, individually and within the organizational structures of our treatment facilities.

As we work to eradicate white privilege within our profession, members of the white community can serve as allies and work to amplify the voices and needs of the Black community. When white privilege is recognized, it can be harnessed in a way that is beneficial to all people (Collings, Cory, 2018). Together, we can work more effectively to dismantle systemic racism and allow for the privilege of quality substance use treatment and care for all. We offer the following considerations for addressing racial inequality in the white privilege in the addiction profession:

- Practice cultural humility through self-reflection and critique, work toward mitigating imbalances, and advocate for meaningful change within our systems of care.
- Require cultural humility training for staff and implement an antiracist framework within the workplace.
- Support funding programs and legislation for those who are uninsured and in need of treatment.

Reform Drug Laws

Punishment for problematic substance use accentuated during America’s War on Drugs initiative has not only been shown to be ineffective but very costly both socioeconomically and geopolitically, yielding a disparate impact in both its enforcement and its results (Johnson, 2021; Drug Policy Alliance, 2021; Beckett, Katherine, and Marco Brydolf-Horwitz, 2020; Potter, 2020; The Open Society Foundations, 2011). Many researchers, community advocates, and federal and state government agencies are increasingly understanding addiction to be a disease that affects every American demographic and that treatment rather than punishment is a much more effective and humanizing approach in helping people with substance use disorders (NIH/NIDA, 2021; Drug Policy Alliance, 2021; Murray, 2021). Therefore, new laws and policies are necessary to reflect our increased understanding of addiction as a disease that can be treated, rather than a moral failing or innate deviancy that requires penalty.

Moreover, punishment for problematic substance use has its roots in racists ideologies that have historically targeted racial minorities and the poor. The passage of the Harrison Act of 1914 set a precedent for future laws linking substance use, race, and fears of violent crime (Farahamand, et al. 2020). Additional examples include the sensationalized propaganda against “marijuana” use in the 1930s which vilified Mexicans and African Americans (Drug Policy Alliance, 2021) and the racialization of cocaine use in the 1980s that maligned African Americans and disproportionately led to harsher punishment in Black communities, even though cocaine was present in well-respected white communities. (Beckett, Katherine, and Marco Brydolf-Horwitz, 2020)
The implementation of the Violent Crime Control and Law Enforcement Act of 1994 helped to increase the incarceration of nonviolent drug offenses in the US population from 50,000 to 400,000 by 1997 (Farahamand, et al. 2020). The new policies intended to address drug use were developed using a racialized framework, and Black people were criminalized at much higher rates than their white counterparts (Farahamand, et al. 2020).

Regardless of the original intent of these and many other laws and policies, the lasting consequence remains the same: generational devastation of Black families and communities (Ghandooosh 2015; Travis, Western, & Redburn 2014; Alexander, 2012; Drucker 2013, Murray, 2021). Beckett, Katherine, and Marco Brydolf-Horwitz (2020) wrote, “Although the intensity of the most recent drug war has many causes, the most consistent theme in scholarly investigations of its causes and consequences has been the centrality of race (pg. 510).” This explains why more than 60% of people penalized within the criminal justice system are racial/ethnic minorities, even though these communities only make up about 30% of the U.S. population. Simply, the focus on punishment rather than treatment has been disastrous, traumatic, and dehumanizing, especially to Black people. This has perpetuated generational traumas such as higher incarceration rates and unemployment due to incarceration history, family separation, financial hardships, and lack of access to equitable treatment and prevention resources and so much more (Rosenberg, Groves, & Blankenship, 2017; McElrath, Taylor, and Tran, 2016; SAMSHA, 2019). This patchwork of laws and policies spans decades and is interwoven in Federal, state and other governmental bureaucracies.

Drug laws and policies not only need to reflect our increased understanding of addiction but also be inclusive of supporting all people battling the disease of addiction. We must enact laws that create equitable opportunities for treatment and restoration of human dignity for all people. To achieve this, we offer the following considerations:

- Call, write, or meet with your members of Congress.
- Provide programs and wrap-around services in facilities that are easily and specifically accessible to the Black community.
- Promote Black health, wellness, and recovery initiatives, particularly within underserved areas.

**Conclusion**

As our society advances in knowledge and our understanding of mental health and addiction, it becomes our responsibility to examine our history to evaluate and revise policies and practices that have not only been harmful to the Black community but are also ineffective and irresponsible.

It is our personal and professional responsibility, as well as our ethical and civic duty, to address these disparities in substance use treatment by implementing strategies so that each member of society can seek treatment with the goal of recovery, free from oppression, both individual and institutionalized. We can create a community of love, justice, equality, and self-actualization that sustains all of its members.
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<tr>
<th>Build the Addiction Workforce</th>
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<td><strong>Individual Addiction Professionals</strong></td>
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<tr>
<td>Pursue general and advanced culturally-specific education and training specific to the Black community.</td>
<td>Educate yourself and develop awareness of racial disparities and the role white privilege plays in your life.</td>
<td>Educate yourself on the unintended consequences of drug laws at the local, state, and federal levels.</td>
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<tr>
<td>Advocate for local, state, and federal funding and initiatives that support the Black addiction workforce.</td>
<td>Practice cultural humility through self-reflection</td>
<td>Educate yourself on the history of criminalizing substance use disorder and the disparate impact on the Black community.</td>
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<td>Advocate for more culturally-relevant treatment services and programming to support the Black addiction workforce.</td>
<td>Work toward developing competencies in cultural humility and acknowledging your responsibility to take action.</td>
<td>Contact your local and federal representatives about the racial disparities that result from existing drug laws.</td>
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<td>Enhance and develop skills through education, training, clinical supervision, mentorship, and allyship to address the diverse needs of the Black community.</td>
<td>Take action toward mitigating racial disparities in your professional and personal life</td>
<td>Attend NAADAC’s Advocacy in Action Conference and Hill Day.</td>
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<td>Engage in federal, state, and local advocacy to support meaningful change and eliminate racial disparities.</td>
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<td>Join or establish committees and organizations that advocate for racial justice for those in the Black Community.</td>
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<td><strong>Treatment Centers</strong></td>
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<td>Recruit, train, and retain a more diverse addiction workforce who understand the needs of the Black community.</td>
<td>Require cultural humility training for staff.</td>
<td>Recognize that treatment centers have an amplified voice for lawmakers.</td>
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<td>Ensure the inclusion of Black people within leadership roles.</td>
<td>Examine and take steps to correct the systemic racism within the organization affecting both employees and those in the Black Community who the organization serves</td>
<td>Develop policies to support drug law reform and advocacy.</td>
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<td>Establish mentoring programs, professional advancement opportunities, and robust hiring practices for Black professionals specializing in addiction treatment.</td>
<td>Examine procedures and policies to uncover unintentional racial disparities in hiring/promoting a diverse workforce. Recognize that retaining a consultant may be helpful in analyzing the effects of existing policies and providing and following through with a recommended action plan.</td>
<td>Support legislation that revises drug laws that harm the Black community.</td>
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| Support legislation that provides funding for workforce initiatives that positively impact the Black community, such as the Minority Fellowship Program (MFP) funded by the Substance and Mental Health Services Administration (SAMHSA). The Build Back Better Act (H.R. 5376) would provide $50 million in funding for the Minority Fellowship Program. | Support legislation that provided programs and support for members of the Black Community, including but not limited to:  
- Support the Pursuing Equity in Mental Health Act (H.R. 1475/S. 1985) establishes and expands programs to address racial and ethnic disparities in mental health and SUD.  
- Support the Parity Implementation Assistance Act (S. 1962) that provides grants to states to implement federal mental health and SUD parity requirements.  
- Support extending mental health and SUD parity to Medicare, Medicaid, and TRICARE.  
- Support the Medicaid Reentry Act (H.R. 955/S. 285) that would allow states to restart Medicaid coverage for eligible incarcerated individuals up to 30 days before their release from jail or prison. The letter thanks the original bipartisan, bicameral sponsors of the legislation.  
- Support SUD treatment options as alternative to incarceration,  
- Support funding programs for uninsured individuals in need of treatment. | Rebuff actions that limit access to the ballot box and advocate for civil rights reforms, such as the John Lewis Voting Rights Act.  
Promote Black health, wellness, and recovery initiatives within underserved areas.  
Support alternatives to punitive punishments and restorative justice practices.  
Support legislation that values treatment over punishment.  
Support federal and state legislation that improves access to behavioral healthcare services in Black communities. |


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