In the Moment Anti-Racist Teaching Tools for Educators in Addiction Medicine

Anika Alvanzo, MD, MS, FACP, DFASAM
Megan Lemay, MD
Stephen M. Taylor, MD, MPH, DFAPA DFASAM

ASAM National Meeting April 14, 2023

Disclosure Information

In the Moment Anti-Racist Teaching Tools for Educators in Addiction Medicine

April 14, 2023, 10:15 AM

Anika Alvanzo, MD, MS, DFASAM, FACP

- No Disclosures

Disclosure Information

In the Moment Anti-Racist Teaching Tools for Educators in Addiction Medicine

April 14, 2023 10:15 am

Megan Lemay, MD

- No Disclosures

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Disclosure Information

In the Moment Anti-Racist Teaching Tools for Educators in Addiction Medicine

April 14, 2023 10:15 am

Stephen M. Taylor, MD, MPH, DFAPA, DFASAM

- No Disclosures

Learning Objectives

- After the workshop, participants will be able to:

1. Discuss the impact of racism on patients with addiction and Addiction Medicine
2. Recognize opportunities to address race and racism in the clinical addiction treatment setting
3. Utilize and teach tools to respond to the use of race, racism, micro-aggressions and stigmatizing/racist language in the clinical environment
4. Discuss integration of “in the moment” teaching tools into longitudinal anti-racism medical curricula

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Setting the Stage

"Race is the child of racism; not the father."

-Ta-Nehisi Coates, Author and Journalist

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Definitions

- **Race:** "social classification of people based on phenotype" — "the societal box into which others put you based on your physical features"

- **Racism:** the belief that all members of a purported race possess characteristics, abilities or qualities specific to race and is a particular form of prejudice directed toward a person or group of people based on their membership of a particular racial or ethnic group

- **Structural Racism:** Public policies, institutional practices, cultural representations, and other societal norms that contribute and perpetuate racial group inequity

Camara Phyllis Jones. Health Aff 2022

Definitions

- **Structural Competency:** a paradigm for medical education in which inequalities in health are conceptualized in relation to the institutions and social conditions that determine health related resources.

- **Antiracism:** strategies, theories, actions, and practices that challenge and counter racism, inequalities, prejudices, and discrimination based on race.

- **BIPOC/BIPoC:** Black, Indigenous and People of Color

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

(Metzl and Hansen Social Sciene & Medicine 2014. 133:126-133)

Social Determinants of Health (SDOH)

- Availability of resources to meet daily needs
- Access to quality educational, economic, and employment opportunities
- Access to health care services
- Transportation options
- Opportunities for recreational activities
- Exposure to crime, violence, and social disorder
- Socioeconomic conditions
- Social norms
  - (e.g., structural racism)
- Access to mass media and emerging technologies
  - (e.g., telehealth)

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 9/23/22, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Structural Racism → SDOH

- Redlining/residential segregation
- Unequal educational opportunity
- Employment discrimination
- Unequal access to healthcare
- Disparate criminal legal enforcement and prosecution
- Consistent diminution of opportunities

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Overview

- Intersection of racism and substance use and use disorders
  - Drug policy
  - Media portrayals
  - Healthcare disparities

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Racism and Substance Use in the US

- For millennia mind-altering substances have been used for a variety of medicinal, religious/spiritual, cultural, and recreational purposes

- In the US, substance use has often been associated with groups of marginalized and stigmatized “others”, despite comparable or greater rates of use by Whites.
  - Almost always the "others" are people of color

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Drug Policy

Events Linking Racism to US Drug Policy

- San Francisco's Opium Den Ordinance of 1875
- Harrison Narcotics Act of 1914
- Marihuana Tax Act of 1937
- "War on Drugs" in 1970's
- Anti-Drug Abuse Act of 1986

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Anti-Drug Abuse Act of 1986

- 5g of crack cocaine/500g of powder cocaine = 5-year mandatory minimum sentence in federal prison

- 1988- 1993:
  - Arrest disparity: Blacks 5X more likely to be arrested than Whites
  - Sentencing disparity: Average federal drug sentence for Blacks ↑ from 11% longer than Whites in 1986 to 49% longer in 1990

- *"On average, under the 100:1 regime, African Americans served virtually as much time in prison for non-violent drug offenses as whites did for violent offenses."*

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

U.S. Drug Policy Assigns Criminality to Personal Drug Use

- For more than a century, drug policy in the United States of America (U.S.) has labeled possession of certain drugs for personal use as a crime, thereby designating people who use those drugs (and people who engage in drug use due to a chronic illness) as deviants and criminals. **It is through policies and practice that society perpetuates this stigma.**
- The label of "criminal" carries with it negative stereotypes, perceived license for punishment and social isolation, ongoing discrimination and disenfranchisement, and "us-versus-them" narratives. The criminal designation of possession of certain drugs for personal use **justifies the "othering" of people who use those drugs**.
- Overly punitive drug policies, including drug paraphernalia laws, have exacted **substantial collateral harm** upon the lives of people who use illegal drugs, the functioning of their families, and their broader communities.

641

The U.S. Government Accountability Office noted at least 641 collateral consequences of a nonviolent drug conviction that include exclusions from employment, housing, loans, licensure, civic participation, family rights, and more.

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Media

Substance Use and Addiction in Media

- Media is, for many, a key source of information, including health information
- Media plays a significant role in shaping attitudes
  - Demonize or humanize
- Notable disparities in media portrayals of persons with a substance use disorder

McGinty, E.E., Kennedy-Hendricks, A., Barry, C.L. (2019). Stigma of Addiction in the Media. In: Avery, J., Avery, J. (eds) The Stigma of Addiction. Springer, Cham.

A Tale of Two Epidemics in the Media

Crack Cocaine Epidemic of 1980's - 1990's

police

enforcement

crime

law enforcement

Table 1 Top Words in the 1988–89 Crack Cocaine Sample (Unigram, Bigram, and Trigram)

Rank	Word	Frequency
1	drug	4650
2	cocaine	2584
3	police	2226
4	drugs	1924
5	crack	1764
6	people	1388
7	abuse	892
8	law	889
9	enforcement	841
10	crime	828

Rank	Word	Word	Frequency
1	law	enforcement	468
2	substance	abuse	406
3	substances	crime	369
4	controlled	substances	352
5	crack	cocaine	349
6	drug	trafficking	306
7	drug	dealers	263
8	drug	abuse	248
9	illegal	drugs	200
10	drug	policy	171

Rank	Word	Word	Word	Frequency
1	controlled	substances	crime	343
2	drug	enforcement	administration	113
3	special	investigative	forces	83
4	law	enforcement	officials	69
5	law	courts	tribunals	54
6	substance	abuse	treatment	43
7	students	student	life	39
8	national	football	league	38
9	substance	abuse	facilities	38
10	regional	local	governments	33

Note: Language related to criminal justice flagged in dark gray.

Opioid Epidemic of 2016 - 2017

Table 2 Top Words in the 2016–17 Opioid Sample (Unigram, Bigram, and Trigram)

Rank	Word	Frequency
1	health	10652
2	drug	8987
3	opioid	6955
4	people	6045
5	care	5817
6	trump	4580
7	drugs	4364
8	public	3975
9	law	3713
10	abuse	3625

Rank	Word	Word	Frequency
1	health	care	3444
2	substance	abuse	1846
3	public	health	1832
4	opioid	crisis	1227
5	law	enforcement	1143
6	presidential	candidates	1066
7	health	departments	945
8	opioid	epidemic	883
9	white	house	836
10	donald	trump	753

Rank	Word	Word	Word	Frequency
1	affordable	care	act	560
2	health	care	reform	454
3	public	health	administration	443
4	controlled	substances	crime	442
5	health	care	policy	365
6	health	care	professionals	359
7	substance	abuse	treatment	352
8	health	care	law	334
9	special	investigative	forces	246
10	drug	enforcement	administration	237

Note: Language related to health and medicine flagged in light gray.

health

care

public

health care

Schacar et. al., 2020

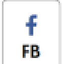
The Opioid Epidemic in the Media

XPLORE **People**

Faces of an Epidemic: Stories of the Victims of America's Opioid Crisis — and the Fight to Save Lives

Newlyweds, honor students and executives are just a few of the lives lost to overdoses so far in 2017

By Steve Helling and Alexandra Rockey Fleming | August 09, 2017 08:00 AM


FB

Tweet

More

News anchor shares personal story of loss to opioid epidemic

Four months ago, Angela lost her own daughter to the epidemic when she overdosed on the opioid fentanyl. When Angela returned to work this week, she shared her personal story with viewers.

Amid the opioid epidemic, white means victim, black means addict

Brian Broome, for PublicSource
The Guardian April 28, 2018

ASAM

Health Inequities

Inequities in Consequences of SUD

- Psychosocial Consequences
  - Employment
    - Increased work-related problems
  - Family/Social
  - Criminal Legal Problems
  - Psychiatric comorbidity
    - Posttraumatic stress disorder (PTSD)
      - Higher prevalence of PTSD and comorbid AUD and PTSD

- Medical Consequences
  - Nicotine-associated morbidity
  - Alcohol –associated morbidity
    - Liver cirrhosis
    - Alcohol-associated cancers
      - Head and neck, esophageal
    - HIV transmission
    - Alcohol-associated injuries
  - Racial and ethnic differences in alcohol-related mortality
  - Opioid-related deaths

White, A.M., Castle, I.-J.P., Hingson, R.W. and Powell, P.A. (2020), Alcohol Clin Exp Res; Witbrodt, J., Mulia, N., Zemore, S.E. and Kerr, W.C. (2014), Alcohol Clin Exp Res,

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Overdose Deaths Inequities

HEALTHCITY

Home | Policy and Industry | Popula

POPULATION HEALTH

Progress Against the Opioid Epidemic Is Not Reaching Black Americans

Treatment and harm reduction approaches for opioid use disorder have failed to effectively meet the needs of people of color, experts say.

By Caitlin White February 08, 2021

Caitlin White, HealthCity Newsletter Feb 8, 2021

Access to Addiction Medications Disparities

- Segregation of methadone and buprenorphine clinics
  - Black resident: Each 1% ↓ in probability of interaction with a White resident was associated with 0.6 more facilities providing methadone
  - White resident: Each 1% ↓ in the probability of interaction with a Black resident was associated with 8.17 more facilities providing buprenorphine

- Disparities in access to buprenorphine
  - Black patients with an opioid use disorder were 72% less likely to be prescribed buprenorphine when compared to Whites.

- Medications for alcohol use disorder (MAUD) disparities
  - Blacks less likely than Whites to be prescribed MAUD (OR 0.68)

Goedel W. et. al., 2020; Lagisetty P et. al., 2019; Williams EC. et al., 2017

Other Treatment and Services Disparities

- Telehealth
  - Black patients less likely to have access to technology for telemedicine
    - Particularly synchronous audio-visual visits
- Mental Health (MH) treatment
  - MH/SUD visits pre-pandemic, during surge, clinic re-opening
    - Non-Hispanic Whites increased by 10.5% relative to pre-pandemic
    - Blacks decreased by 33.0% and Hispanics decreased by 24.6%
- Harm Reduction
  - Racial/ethnic minorities less able to access syringe exchange services (OR 7.8) and naloxone (OR 9.9)

JGIM. 2022;37(5); J Subst Abuse Treat. 2022 Jan; 132: 108648; Gen Hosp Psychiatry. 2020; 67

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

ASAM Course on the Intersection of Racism and Substance Use

- Found in ASAM's eLearning Center
- Module 1: **Setting the Stage: Racism in the History of Substance Use and Addiction**
  - https://elearning.asam.org/products/setting-the-stage-racism-in-the-history-of-substance-use-and-addiction
- Module 2: Health Disparities in Substance Use Disorder
  - https://elearning.asam.org/products/health-disparities-in-substance-use-disorder

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Identifying Racism

- A microaggression is a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group
- What microaggressions do you observe in this video?
- https://www.youtube.com/watch?v=qokQ22l29TE

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Your Experiences

- Where have you observed or experienced racism in your clinical practice?

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Small Group Work

- We will divide you into 3 groups
- Each group will have 20 minutes to review the case and references/tools
- At the end of 20 minutes, each group will demonstrate a role-play using their tool/reference
  - You will have 5 minutes to demonstrate and we will take 10-15 minutes for large group discussion of each case

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Case 1

- Mr. Grey is a 45 year old man with a history of severe opioid use disorder, hypertension, and chronic knee pain who presents to the outpatient addiction clinic for treatment of his opioid use disorder. Mr. Grey is black. He has previously been treated with methadone, but self-tapered because he felt "drugged up" when taking it. He has been seen in two different primary care and pain clinics in the past year seeking treatment for knee pain. You are the attending physician or psychologist. Before seeing the patient, the nurse notes to you and your intern that the patient is "angry" and "demanding."

- The intern has interviewed the patient and returns to discuss the case with you. The intern reports that Mr. Grey is "a really angry guy." They say "it seems like he's really not going to be happy with anything we have to offer him. He's already failed other treatments. He's just a difficult patient" Mr. Grey has made no verbal or physical threats to staff.

- You are concerned that Mr. Grey being perceived as "angry" and "difficult" is a microaggression. What can you do?

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

One Minute Preceptor

1. Get a commitment (about one aspect of the case)
2. Probe for supporting evidence (by asking the learner to explain his/her reasoning)
3. Reinforce what was done well
4. Give guidance about errors and omissions
5. Teach a general principle

Neher JO, J Am Board Fam Pract 1992

Using OMP for Social Determinants of Health

Step	For Example, Say
Get a commitment	“What part of this patient’s life may be affecting his ability to seek or adhere to treatment?” “What part of this patient’s experiences do you think have led to him feeling this way?”
Probe	“I hear you say that Mr. Grey appears ‘angry.’ How did you come to that conclusion?” “What do you know or have you observed about this patient that makes you feel this way?”

Cacace F. SGIM Forum. 2022

Using OMP for Social Determinants of Health

Step	For Example, Say
Teach General Rule of Principle Customize to learner based on whether probe step demonstrates that they: -Acknowledge -Empathize -Activate -Engage	-Acknowledge "Have we considered the societal or structural issues that may led Mr. Grey to feel this way, including racism?" -Empathize "When I find myself thinking of a patient as 'difficult,' I feel it is a good opportunity to examine my own experiences and biases. Can we take a moment to consider how this visit feels for Mr. Grey?" "Do you think Mr. Grey may be frustrated by the barriers that may have prevented him seeking care for his substance use?"

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Using OMP for Social Determinants of Health

Step	For Example, Say
Teach General Rule of Principle Customize to learner based on whether probe step demonstrates that they: -Acknowledge -Empathize -Activate -Engage	-Activate "We can use the Structural Vulnerability Assessment Tool to help us understand the power relationships and hierarchies that could exacerbate Mr. Grey's health problems" -Engage "With his structural vulnerabilities in mind, let's create a treatment plan for his substance use that includes working with our social work team."

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Using OMP for Social Determinants of Health

Step	For Example, Say
Reinforce What Was Right	"I'm very impressed that you took a moment to consider our privilege and bias in the care of this patient." "Taking time to explore this patient's structural vulnerabilities made a big difference to his treatment today."
Fill in Gaps/Advance Stage	"Let's be sensitive to this patient's experience of racism." "There are far fewer options to buprenorphine therapy than methadone in this patient's neighborhood. Let's keep that disparity in mind when we're creating a treatment plan for this patient."

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Table 13.2 Structural Vulnerability Assessment Tool

Domain	Screening questions
Financial Security	Do you have enough money to live comfortably – pay rent, get food, pay utilities, telephone?
Residence	Do you have a safe, stable place to sleep and store your possessions?
Risk environments	Do the places where you spend your time each day feel safe and healthy?
Food access	Do you have adequate nutrition and access to healthy food?
Social network	Do you have friends, family, or other people who help you when you need it?
Legal status	Do you have any legal problems?
Education	Can you read?
Discrimination	Have you experienced discrimination (being treated differently)? Do some service providers (including me) make you feel unwelcome or make it hard for you to access treatment?

Directly from: Jordan, A., (2021). Incorporating a Race Equity Framework into Opioid Use Disorder Treatment. Treating Opioid Use Disorder in General Medical Settings. Springer, Cham.

Adapted from: Bourgois Acad Med 2017

Role Play Demonstration

- Group 1

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Case 2

- You are a medical student on an Inpatient Substance Use Consult Service. You are following a 29 year-old woman, Ms. Green, with opioid use disorder, admitted for mitral valve endocarditis. Ms. Green is currently on buprenorphine therapy for OUD and is interested in attending residential treatment after hospital discharge. Given the large size of Ms. Green's vegetation and continued signs of sepsis and bacteremia despite optimal antibiotic therapy, the medical team consulted Cardiothoracic Surgery to seek surgical management. After evaluation, the surgical team declined intervention, though Ms. Green has now clinically worsened and is now in the ICU. You know that earlier in the week, another patient (who is white and from an affluent family) received a valve replacement for endocarditis. When you ask the surgical team why they chose not to operate on Ms. Green, the surgical resident replies, "I know you haven't seen this much, but we see people like her come in all the time, then they just end up right back in here with endocarditis again. There's only so many resources to go around!"

- You are worried that Ms. Green is not being offered the same care because she is a black woman and not in a position of power.

- As a medical student, how can you respond to this?

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

The Five D's

DIRECT

DELEGATE

DISTRACT

DISPLAY DISCOMFORT

DELAY

York M, MedEdPORTAL. 2021
*Adapted framework, the 5 D's, developed by Kimberly Manning, MD, of Emory University

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

The Five D's- DIRECT

DIRECT

STEP 1: OBJECTIVE – State the facts of what you heard or saw.

STEP 2: SUBJECTIVE – Share your interpretation and how this affected you. Use "I" statements

STEP 3: LISTEN – Be open to hearing what the other person has to say in response to your feedback

York M, MedEdPORTAL. 2021
*Adapted framework, the 5 D's, developed by Kimberly Manning, MD, of Emory University

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Role Play Demonstration

- Group 2

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Case 3

You are an attending physician in a residential substance use treatment center with medically supervised withdrawal. You have a medical student (who is a Hispanic woman) rotating with you at the center. While entering a treatment room, you observe a colleague (who has not met the student yet) asking the medical student to empty the trash of the room next door due to the smell. The student looks confused and leaves the room.

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

PEARLS Framework

- P=Partnership. The function is for joint problem solving.
- E=Empathy. The function is to show understanding and compassion.
- A=Apology. The function is to show concern for errors and hurts. Say “I’m sorry” for hurting/offending you (or for how you observed them being hurt/offended)
- R=Respect. The function is to value the person’s choices, traits, behaviors and special qualities.
- L=Legitimation. The function is to let the person know that their response is normal and respected. Validate their response.
- S=Support. The function is to let the person know that you are not abandoning them and you will be there to help them.

Acholonu RG MedEdPORTAL. 2020

Role Play Demonstration

- Group 3

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Continuing to Learn

- MedEd PORTAL Anti-Racism Collection: https://www.mededportal.org/anti-racism

- Emory SOM Bystander Training: https://www.youtube.com/watch?v=VdyxaffeM1Y

- AAMC Anti-racism resources: https://www.aamc.org/about-us/equity-diversity-inclusion/anti-racism-resources

Continuing to Learn

- ASAM Resources
- Found in ASAM's eLearning Center
- Module 1: **Setting the Stage: Racism in the History of Substance Use and Addiction**
  - https://elearning.asam.org/products/setting-the-stage-racism-in-the-history-of-substance-use-and-addiction
- Module 2: Health Disparities in Substance Use Disorder
  - https://elearning.asam.org/products/health-disparities-in-substance-use-disorder
- ASAM Racial Justice Policy Series
  - https://www.asam.org/advocacy/national-advocacy/justice

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Continuing to Learn

- Incorporating tools into your curricula
- How will you utilize these tools and resources?

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Final Takeaways/Summary

- Racism is a public health crisis which directly affects our patients with addiction
- Structured tools can assist in directly addressing racism in the clinical environment including:
  - The One Minute Preceptor for assessing a patient's SDoH
  - The 5D Framework to address a microaggression
  - The PEARLS framework to support someone affected by racism
- Anti-racism is a duty and ongoing process of learning for all healthcare providers

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Questions and Discussion

References

1. Camara Phyllis Jones. "Confronting Institutionalized Racism." *Phylon (1960-)* Braveman PA Health Aff 2022
2. Adepoju OE, *et al.* Utilization Gaps During the COVID-19 Pandemic: Racial and Ethnic Disparities in Telemedicine Uptake in Federally Qualified Health Center Clinics. *J GEN INTERN MED* **37**, 1191–1197 (2022)
3. Arendt, D. (2022), Pain and prejudice: Exploring the racist origins of US drug policy and its impact on the modern opioid epidemic. J Am Coll Clin Pharm, 5: 118-122. https://doi.org/10.1002/jac5.1532
4. Friedman J, et al. (2021). Growing racial/ethnic disparities in overdose mortality before and during the COVID-19 pandemic in California. *Preventive Medicine*, *153*, 106845.
5. Goedel WC, et al. Association of racial/ethnic segregation with treatment capacity for opioid use disorder in counties in the United States. *JAMA Netw Open.* 2020;3(4):e203711.
6. Hagle HN, et al. Dismantling racism against Black, Indigenous, and people of color across the substance use continuum: A position statement of the association for multidisciplinary education and research in substance use and addiction. Subst Abus. 2021;42(1):5-12.
7. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 9/23/22, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

7. Lagisetty PA, et al. Buprenorphine treatment divide by race/ethnicity and payment. *JAMA Psychiatry.* 2019;76(9):979.
8. Larochelle MR, et al. Disparities in Opioid Overdose Death Trends by Race/Ethnicity, 2018–2019, From the HEALing Communities Study. *American Journal of Public Health.* 2021;111(10):1851-1854.
9. Mark, G. Y. (1975). Racial, Economic and Political Factors in the Development of America's First Drug Laws. *Issues in Criminology*, *10*(1), 49–72. http://www.jstor.org/stable/42909717
10. McGinty EE, Kennedy-Hendricks A, Barry CL. (2019). Stigma of Addiction in the Media. In: Avery, J., Avery, J. (eds) The Stigma of Addiction. Springer, Cham.

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

References cont…

11. Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Soc Sci Med. 2014 Feb;103:126-133. doi: 10.1016/j.socscimed.2013.06.032. PMID: 24507917; PMCID: PMC4269606.
12. Rosales R, et al. Persons from racial and ethnic minority groups receiving medication for opioid use disorder experienced increased difficulty accessing harm reduction services during COVID-19. J Subst Abuse Treat. 2022 Jan;132:108648.
13. Shachar C, et al., Criminal Justice or Public Health: A Comparison of the Representation of the Crack Cocaine and Opioid Epidemics in the Media. *J Health Polit Policy Law* 1 April 2020; 45 (2): 211–239. doi: https://doi.org/10.1215/03616878-8004862
14. White AM, Castle I-JP, Hingson RW, Powell PA. Using Death Certificates to Explore Changes in Alcohol Related Mortality in the United States, 1999 to 2017. *Alcohol: Clinical and Experimental Research.* 2020;44(1):178-187.
15. Williams EC, et al. Variation in receipt of pharmacotherapy for alcohol use disorders across racial/ethnic groups: A national study in the U.S. Veterans Health Administration. *Drug and Alcohol Dependence.* 2017;178:527-533.
16. Witbrodt J, et al. Racial/Ethnic Disparities in Alcohol-Related Problems: Differences by Gender and Level of Heavy Drinking. *Alcoholism: Clinical and Experimental Research.* 2014;38(6):1662-1670.
17. Yang J, Landrum MB, Zhou L, Busch AB. Disparities in outpatient visits for mental health and/or substance use disorders during the COVID surge and partial reopening in Massachusetts. *General Hospital Psychiatry.* 2020;67:100-106.
18. Neher JO, Gordon KC, Meyer B, Stevens N. A five step microskills model of clinical teaching. J Am Board Fam Pract 1992;5:419-24.
19. Cacace F. APPLICATION OF ONE MINUTE PRECEPTOR TO TEACHING SOCIAL DETERMINANTS OF HEALTH. SGIM Forum. 2022;43(4).
20. Jordan, A., Martinez, C.P., Isom, J. (2021). Incorporating a Race Equity Framework into Opioid Use Disorder Treatment. In: Wakeman, S.E., Rich, J.D. (eds) Treating Opioid Use Disorder in General Medical Settings. Springer, Cham. https://doi.org/10.1007/978-3-030-80818-1_13

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

References cont…

21. Bourgois P, Holmes SM, Sue K, Quesada J. Structural vulnerability: operationalizing the concept to address health disparities in clinical care. Acad Med: journal of the Association of American Medical Colleges. 2017;92(3):299.
22. York M, Langford K, Davidson M, Hemingway C, Russell R, Neeley M, et al. Becoming Active Bystanders and Advocates: Teaching Medical Students to Respond to Bias in the Clinical Setting. MedEdPORTAL. 2021;17:11175.
23. Acholonu RG, Cook TE, Roswell RO, Greene RE. Interrupting Microaggressions in Health Care Settings: A Guide for Teaching Medical Students. MedEdPORTAL. 2020 Jul 31;16:10969. doi: 10.15766/mep_2374-8265.10969. PMID: 32754633; PMCID: PMC7394346.
24. Shachar C, et al., Criminal Justice or Public Health: A Comparison of the Representation of the Crack Cocaine and Opioid Epidemics in the Media. *J Health Polit Policy Law* 1 April 2020; 45 (2): 211–239. doi: https://doi.org/10.1215/03616878-8004862
25. White AM, Castle I-JP, Hingson RW, Powell PA. Using Death Certificates to Explore Changes in Alcohol Related Mortality in the United States, 1999 to 2017. *Alcohol: Clinical and Experimental Research.* 2020;44(1):178-187.
26. Williams EC, et al. Variation in receipt of pharmacotherapy for alcohol use disorders across racial/ethnic groups: A national study in the U.S. Veterans Health Administration. *Drug and Alcohol Dependence.* 2017;178:527-533.
27. Witbrodt J, et al. Racial/Ethnic Disparities in Alcohol-Related Problems: Differences by Gender and Level of Heavy Drinking. *Alcoholism: Clinical and Experimental Research.* 2014;38(6):1662-1670.
28. Yang J, Landrum MB, Zhou L, Busch AB. Disparities in outpatient visits for mental health and/or substance use disorders during the COVID surge and partial reopening in Massachusetts. *General Hospital Psychiatry.* 2020;67:100-106

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM