

APA Official Actions

Position Statement on Addressing Racial and Ethnic Health Disparities in Substance Use Disorder Treatment in the Justice System

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Issue:

In the United States, the prevalence of substance use and substance use disorders is equal across racial lines, though more common in gender and sexual minorities. Despite these findings, racial and ethnic minority groups are prosecuted and incarcerated for substance-related offenses at higher rates than their racial and ethnic majority counterparts, who have access to more effective legal representation and are more likely to be offered drug court or drug treatment in lieu of incarceration. These disparities are further worsened when considering gender and sexual minority status in addition to racial and ethnic minority status. Neither discrepancies in treatment nor legal consequences match the demographics of drug use, drug dealing and drug-related crimes.

Justice involvement leads to difficulties in obtaining housing, social services, and employment, and to higher rates of criminal recidivism. For youth, involvement in the juvenile justice system is associated with greater risk for school failure, further promoting the likelihood of these adverse consequences in adulthood. While substance use disorders (SUDs) are overrepresented among the incarcerated population, SUD treatment in U.S. correctional facilities is scant and infrequently evidence-based, and further exacerbates treatment disparities among racial and ethnic minority groups.

Restricting access to appropriate, evidence-based SUD treatment within and outside of the criminal justice system leads to higher rates of relapse, lost productivity, crime, and adverse health outcomes including overdose and death. Completing evidence-based treatment allows for better health, fewer relapses, fewer readmissions, reduced criminal recidivism, improved employment, and longer-term abstinence.

Despite the many individual and societal benefits of providing SUD treatment, disparities persist in the availability of resources, referral processes, quality and completion of treatment. Offering SUD treatment as an alternative to incarceration for nonviolent drug-related crimes and allocating public funding for SUD treatment can mitigate these disparities in the criminal justice system and enhance the likelihood of successful societal re-entry.

APA Position:

It is the position of the American Psychiatric Association that:

- 1. The proposal and implementation of national legislation to address barriers and improve access for evidence-based substance use disorder treatment for individuals from all racial and ethnic backgrounds who come into contact with the justice system will help diminish inequities in access and retention in clinically indicated SUD treatment.**
- 2. Diversion to treatment in lieu of incarceration should be considered (when clinically and legally appropriate) for all defendants charged with non-violent drug offenses. Efforts should be made to ensure that racial and ethnic minority populations have equal access to diversion programs. In order to achieve this, federal and state level support and promotion for diversion programs and not from solely local/district based to ensure local and demographic equity - resources and mandates from above.**
- 3. Access to clinically indicated evidence-based treatments for substance use disorders, including the use of indicated medications for SUDs, should be equitably available among all incarcerated individuals, including racial and ethnic minorities. Measures to equitably increase retention within evidence-based treatments for SUDs should be implemented among those individuals qualifying for SUD treatment, including racial and ethnic minorities.**
- 4. All institutions providing treatments for substance use disorders should implement policies to routinely monitor the application of equitable and accessible SUD treatment.**

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