



# ASAM

American Society of Addiction Medicine

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## **Public Policy on Discrimination and the Addicted Professional**

*(This is the third in a set of eleven policy statements of the American Society of Addiction Medicine addressing Healthcare and Other Licensed Professionals with Addictive Illness)*

### **Background**

As seen in the general population, a significant portion of healthcare and other licensed professionals are impacted by the disease of addiction. As presented in the second policy statement in this series, addictive illness is a potentially impairing condition which, left unaddressed, may eventually impair job performance and interfere with the public health, safety and welfare. Addictive illness is a primary, progressive illness that can result in disability; yet it is highly amenable to treatment and chronic disease management. Professional organizations should not discriminate on the basis of race, religion, age, gender, disability, national ancestry, sexual orientation, or economic conditions. This includes discrimination based on an individual having a chronic medical illness such as addiction. It is important that all involved do their part to eliminate arbitrary and capricious discrimination against recovering healthcare and other licensed professionals.

Employers may have little interest in, or understanding of, the complex illness of addiction. In fact, employers may not view it as an illness but as a behavioral matter - a manifestation of personal irresponsibility and nothing more - or an issue of moral turpitude warranting scorn, discipline or job dismissal. Additionally, employers may inadvertently be hesitant to hire a recovering professional based on their own lack of education, fear, prejudice and stigma. Recovering people generally, and the recovering professional particularly, face discrimination in a number of ways. This discrimination carries over into the pursuit of life, health, disability, malpractice and other insurance coverage. Specialty boards often discriminate on the basis of a history of addictive illness or a related regulatory agency disciplinary action. Hospitals or professional associations may choose to revoke credentials or memberships of recovering professionals based on prior disciplinary actions or a long-past medical history irrespective of associated treatment history, current stability and sustained remission of illness. In some cases honesty regarding past treatment generates discriminatory responses on the part of an employer or potential employer. Professional colleagues may hire an otherwise less-qualified, non-recovering applicant based on the recovering applicant's history of addictive illness or treatment. Examples of these and other forms of discrimination are well known and all too common. Like the recovering public, healthcare and other licensed professionals recovering from addictive illness face local, state, federal and private-sector policies that impose barriers to reintegration

into the workplace during recovery. These include, but are not limited to, policies that restrict access to appropriate healthcare, employment, public benefits, education and training, parental rights, and housing. Discriminatory policies discourage recovering professionals and the public from seeking treatment. Such discrimination inhibits disease remission, restricts hope for recovery, and ultimately costs society untold billions of dollars in future preventable expenses.

Healthcare and other licensed professionals hold a position of public trust. Many occupy safety-sensitive positions. Regulatory agencies have an obligation and duty to see that such individuals are capable of conducting their professional duties in a manner consistent with promoting the health, safety and welfare of the public. Early identification, evaluation, treatment, and monitoring with contingency management for healthcare and other licensed professionals with addictive illness are an effective and important means to enhance the public health, safety and welfare. Any and all barriers to the goal of facilitating public safety through early identification, evaluation, treatment, and monitoring are counterproductive and must be eliminated.

**The American Society of Addiction Medicine recommends:**

- 1) All parties should regard addiction as a chronic, potentially impairing, progressive, yet highly treatable illness.. Discrimination based solely on a person having a history of addictive illness is inappropriate and should not be tolerated. Any restriction of access to the rights and privileges of membership or certification in a professional organization or serving in a professional role should be based on just cause only, irrespective of any particular diagnosis (See *Public Policy #10 –Recovering Physicians, Specialty Society Standing, and Specialty Board Certification*).
- 2) “Safe harbor” should exist whereby healthcare and other licensed professionals who seek, or are motivated to accept, assistance and guidance to address their addictive illness. Such individuals should not be subject to automatic discriminatory actions such as professional sanction, public disclosure, dismissal or other punitive actions related to their behavior which directly resulted from untreated addictive illness.
- 3) Employers should adhere to the Americans with Disabilities Act and carefully avoid discrimination based on a history of Addictive Illness. Appropriate non-discriminatory policies would include requirements of healthcare and other licensed professionals with addictive illness having an obligation to comply with recommendations for evaluation, treatment, and continuing care monitoring with earned advocacy reports sent to employers, regulatory agencies and other entities as may be indicated. .
- 4) Professional Organizations should actively engage the legislative process, educational institutions, and the general public to improve public and private sector policies in a manner supportive of recovering healthcare and other licensed professionals. Policies should also address discrimination against persons who have received addiction treatment. Laws, regulations, and policies that sanction discriminatory practices under the guise of appropriate deterrence or sanction are counterproductive, unacceptable, outmoded and should be eliminated.