

One of NAADAC's central objectives as an organization is to solidify the addiction professionals' place in the public health continuum. There is a need to improve and build upon the workforce infrastructure. From the federal perspective, this objective can largely be achieved by the fostering of proactive relations with two key subsidiaries of the Department of Health & Human Services (HHS). These entities are the Substance Abuse and Mental Health Services Administration (SAMHSA), which oversees the majority of federal behavioral health initiatives, and the Health Resources and Services Administration (HRSA), which plays a prominent role in assessing areas of underserved populations and finding members of the health professionals to practice in them.

The need to seek an enhanced workforce infrastructure has grown exponentially in the past several years. Public and private sector surveys point out some startling facts, particularly SAMHSA's finding that in 2002, 26 million people were estimated to have an addictive disorder issue, yet only 3 million (11 percent) were able to access services. Given the onset of retirement for many baby boomers, it has become increasingly apparent that the addiction professional shortage will only worsen. Overall programmatic reforms are necessary but so are several key initiatives that seek to enhance education, recruitment, retention, and clinical training.

NAADAC will continue to seek various ways to further integrate with the public health community. One of those ways is to play an active role in the reauthorization of the Health Professions Act, which currently houses the National Health Service Corps (NHSC). Twenty-two thousand health professionals have served with the Corps since its inception in 1972 and have benefited from its scholarship and loan forgiveness programs. Throughout the past 32 years though, addiction professionals have not played a prominent role in the Corps. NAADAC will work to improve the overall appropriation for the NHSC. In addition, NAADAC will advocate for the creation of a behavioral health banner under the NHSC, which will include addiction professionals and advocate additional funding for those who specialize in the prevention and treatment of addictive disorders.

The NHSC is clearly one of the most effective training grounds in the public health workforce. It has demonstrated over its history that it is committed to improving the health of the nation's underserved by recruiting and retaining health professionals to practice in underserved areas. Moreover, the NHSC could be a useful training ground for new recruits in the addictions field as it strives to prepare and support dedicated students and clinicians through scholarship and loan repayment programs.

NAADAC will continue to partner with other entities in establishing demonstration projects nationwide that will develop pathways for the education, recruitment, retention, clinical training, and advancement of professionals who specialize in addictive disorders. Additionally, NAADAC will continue to try and meet the workforce needs for populations that are underserved as well as assess different areas of the United States that have witnessed a recent targeted capacity addictive disorder issue.