

# Crisis in the Substance Use Disorder Workforce: Help Needed Now!

By Gerard J. Schmidt, MA, LPC, MAC, NAADAC President

The current state of the addiction profession is under an extreme strain due to the increased demand for substance use disorders (SUDs) treatment. Unfortunately, there is no easy fix as the issues that come into play when looking at the increased demand for services compared to the availability of care for these individuals are very complex.

According to *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*, released in November 2016, although 20.8 million people in the United States met the diagnostic criteria for a substance use disorder in 2015, only 2.2 million people (10.4%) received any type of treatment. Of those treated, only 63.7% received treatment in specialty substance use disorder treatment programs, in part due to a nationwide shortage of professionals trained to work in this specialty field. The addiction, mental health, and professional workforce must grow and strengthen to be able to manage this increased demand for its vital services, especially in those states that have the highest rate of deaths from drug overdoses. It is more imperative now than ever that we recruit and retain our professional addiction and mental health workforce.

Even as early as 2004, SAMHSA stated in its Report to Congress:

*"Nationally, addictions treatment capacity is insufficient to accommodate all those seeking services and is substantially inadequate to serve the total population in need. Capacity issues vary by geographic area, population and the type of treatment required. Per capita funding for treatment services also differs by State. Some States are able to invest substantial State and local resources into treatment, whereas others rely primarily on Federal funding. Given limited resources, States and localities are faced with difficult decisions, such as limiting the types or number of services individuals can receive and/or limiting the number of individuals who can receive services. Moreover, in recent years, many States have experienced severe revenue shortfalls that have reduced treatment capacity, despite Federal budget increases."*

The opioid addiction problem has become a national focus and public awareness continues to grow as state and federal initiatives take root. At the same time, and perhaps as a result of this new awareness, there is an increased demand for intervention and treatment services. During this same period, many states adopted enhanced Medicaid provisions, causing an immediate influx of those with health care coverage to explode across the country. Treatment providers could not expand service delivery fast enough to meet these demands. This, coupled with the aforementioned shortage of skilled substance use disorders treatment professionals, has left many in need waiting for care.

There are several factors that come into play when assessing the current state of the addiction work force crisis:

- **High staff turnover** of all levels of clinicians has, and continues to be, a major factor. There are several issues that come into play here; the first and foremost of which is the inequity in pay for qualified and trained addiction treatment specialists. These specialists are

constantly competing for pay equal to other similarly qualified treatment specialists in behavioral health. The issue becomes further complicated within the specialized addiction service areas such as the adolescent, court ordered, and female populations where providers require an enhanced skill set. The negative effect is even more pronounced in less urban and more rural areas of the country.

- **The age of the current work force** is another factor as many qualified and specialized addiction treatment providers are reaching or exceeding retirement age and "graying out." This, combined with the increased demand for services as a result of the Affordable Care Act and Medicaid expansion, has compounded the shortage of addiction professionals and the lack of professionals to meet the current demands for treatment services nationwide.

- **Stigma surrounding those with SUDs** and the resulting discrimination is another factor that has contributed to lower numbers of people entering the profession as specialized treatment providers. This decrease coupled with unequal pay — as much as \$5,000 to \$7,000 lower than similar behavioral health service providers — has thwarted the needed increase in addiction service providers.

While there are a multitude of factors that come into play regarding the shortage of qualified addiction treatment professionals, one thing is clear: there are not enough trained and qualified addiction treatment professionals to meet the current demand for services. Because of this, and the projected increased demand in the coming years, we all need to closely look at what our role can be in attracting more providers to our profession. Consider mentoring new clinicians, speaking to graduate classes, monitoring and mentoring a graduate student, and encouraging your local college or university to develop addiction courses within their schools. We all play an integral part in increasing the number of qualified addiction treatment providers. If we do not act now, we run the risk of not only there not being enough providers to meet the demand, but also abdicating our profession to the unskilled and unqualified as a treatment option for those most in need.



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