

Spring of Hope

By Diane Sevening, EdD, LAC, MAC, NAADAC President

Charles Dickens stated it very well in *A Tale of Two Cities*: “It was the best of times, it was the worst of times...” For the addiction profession today, it truly is the best of times and the worst of times. The National Institute on Drug Abuse (NIDA) reported that in 2016, synthetic opioids were involved in nearly 50% (19,413) of opioid related deaths, which is up from 14% (3,007) in 2010. In 2016, 42,429 drug overdose deaths involved opioids. Among the 42,249 opioid-related overdose drugs in 2016, 19,413 involved synthetic opioids (primarily illegal fentanyl), 17,087 involved prescription opioids, and 15,469 involved heroin (NIDA, 2018). As a result of these devastating statistics, the federal government declared an opioid epidemic and grant monies became available for treatment services, education, trainings, and recovery management.

However, drug use goes in cycles. In the 1930s, alcohol was the drug of choice. The 1940s saw a rise in stimulants like amphetamines, and in the 1950s, sedatives and barbiturates topped the list. The early 1960s brought a resurgence of amphetamines, followed by a rise in marijuana and LSD in the late 1960s, heroin in the 1970s, and cocaine/crack in the 1980s. By the time the 1990s arrived, synthetic heroin (fentanyl), sedatives, MDMA (ecstasy) and inhalants were the drugs of concern. In the 2000s, there was a rise in methamphetamines made from pseudoephedrine, synthetic marijuana (K2), and synthetic stimulants (bath salts). Today, common drug use concerns include the abundance of opioids/synthetic opioids, the legalization of marijuana, and the resurgence of methamphetamines. It seems as though when a particular drug is identified as creating an epidemic by the media and federal government, emphasis is taken away from the other drugs that are being used. For example, alcohol use and problems associated with alcohol use always remain a constant concern.

The addiction profession today is changing and evolving at a rapid rate in an increasingly complex and challenging world. Addiction professionals are dealing with the need for constant communication and challenges associated with social media and the internet, as well as an increasingly mobile workforce. There are funding

cuts, changes in law (particularly with regard privacy protection laws), states legalizing marijuana, synthetic drug use, vaping, low pay, legislative issues, telehealth, Medicaid concerns, the opioid crisis, increasing methamphetamine use, continued concerns regarding alcohol use, and workforce shortage issues to contend with. Modern technology and social media have made drug use more appealing and accessible, but also often fail to provide sufficient information and education regarding the addictive



properties and associated health hazards, such as with respect to vaping. In order to address all the issues surrounding drug addiction today, advocacy, research, higher education, credentialed addiction professionals, and peer recovery specialists are necessary.

Individuals diagnosed with substance use disorders tend to have more complexities today than in the past. Today more than ever, addiction professionals are needed for their expertise and experience and play a vital role in addressing these challenges and our current national crises. The amount of individuals who are seeking treatment is increasing (SAMHSA, 2017), but our workforce is not. Between 2005 and 2015, there was more than a 17% increase in individuals seeking treatment for substance use disorder and co-occurring disorder (SAMHSA, 2017). In September 2018, Health Resources and Services Administration (HRSA) presented a factsheet on the national-level supply and demand projections for addiction counselors from 2016–2030 using HRSA’s Health Workforce Simulation Model (HWSM)(HRSA, 2018). Two scenarios were simulated. Scenario One assumed supply and demand were in equilibrium in 2016, and Scenario Two adjusted current and projected demand based on estimates of unmet need from recent studies. In Scenario One, the demand for addiction counselors is expected to increase 21% by 2030, demand exceeding supply and leading

to a deficit of addiction counselors of approximately 13,600 full-time equivalents (FTEs). In Scenario Two, adjusting for the 20% of the population reporting unmet behavioral health needs due to barriers in receiving care, demand is projected to exceed supply by 38% in 2030, with demand increasing by over 22,000 FTEs.

NAADAC and the Substance Abuse & Mental Health Services Administration (SAMHSA), with the support of other professional associations, developed a career ladder identifying criteria for all levels of entry for care to individuals with substance use disorders. As leaders in the field, we need to address the addiction workforce shortage from all angles and at all levels—attracting people into the field, helping those in the field to grow and stay in the field, developing true portability through national credentialing, raising wages, and raising the profile of and need for properly trained addiction professionals in the continuum of care. While addiction professionals are recognized and respected for their knowledge and skills today more than ever before, there is so much more work to be done.

In positive news, after years of NAADAC advocating for loan forgiveness for addiction professionals, substance use disorder treatment providers with a higher education degree now have the opportunity to apply for student loan repayment through two separate government programs. The new 2019 National Health Service Corps (NHSC) Substance Use Disorder Workforce Loan Repayment Program (SUD Workforce LRP) expands access to evidence-based substance use disorder treatment in underserved, high-need communities across the country by providing up to \$75,000 in loan repayment for professionals willing to commit three years of full-time work at a NHSC-approved site. Professionals committed to working half-time for three years can get up to \$37,500. In addition, the successful 2018 passage of the SUPPORT for Patients and Communities

Act (commonly known as H.R.6) included the Substance Use Disorder Workforce Loan Repayment Act which will provide up to \$250,000 in student loan repayment for those who work as substance use disorder treatment professionals in areas of need.

As Dickens' *Tale of Two Cities* says, "Nothing that we do, is done in vain. I believe, with all my soul, that we shall see triumph." Addiction professionals are working hard every day to be able to see triumph and now is the time to raise our voices, mentor, recruit, and share our passion with future, career-seeking individuals. To borrow another phrase from *Tale of Two Cities*, I believe there is nothing better in this world than the faithful service of the heart – it is the spring of hope.

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