Investing in the Addiction Workforce

The addiction crisis impacts millions of Americans. According to SAMHSA’s 2021 National Survey on Drug Use and Health, 15.6% of people aged 12 or older (43.7 million people, up 2.6 million from the prior year) were classified as needing substance use treatment in the past year; however, only 6.3% (2.7 million people) received that treatment. These numbers are staggering and illustrate the clear demand for increased access to services.

With data showing that substance use and overdose deaths have been increasing in recent years, accelerated by the COVID-19 pandemic, we must continue our commitment to building and maintaining a strong addiction workforce that is trained specifically to address our nation’s growing addiction crisis.

Support Funding for SUD Programs to Increase Workforce Recruitment and Retention

NAADAC commends Congress for providing robust funding for addiction and mental health treatment and recovery programs as part of the Consolidated Appropriations Act, 2023. It is imperative that Congress sustain and increase these programmatic funding levels in FY2024 in order to ensure a sufficient workforce and resources to combat the addiction crisis. Currently, only 6.3% of those with substance use disorder (SUD) receive the treatment they need, and there has been a 7.8% increase in substance use in the past three years.

Funding increases are essential to attract and retain addiction professionals. The work is challenging and even more complex with the fentanyl crisis. Additionally, now that there is a national workforce crisis in most every industry, we are losing trained addiction professionals to higher-paying jobs, including unskilled labor positions. Employment needs for SUD counselors are projected to grow 22% from 2021 to 2031, significantly faster than the average across all occupations (US Dept. of Labor). We encourage lawmakers to continue these important investments when Congress considers FY2024 spending priorities.

| At least $3 billion for the Substance Use Prevention and Treatment (SUPT) Block Grant. This program provides infrastructure support for public-funded facilities. The SUPT Block Grant system of selection and payments are well established with a distribution plan in place, resulting in efficient and timely disbursements to meet the need of the communities across the nation. | At least $44 million for the Loan Repayment Program for Substance Use Disorder Treatment Workforce (STAR LRP). This program was established in 2018 by the SUPPORT for Patients and Communities Act (PL 115-271) to help incentivize students to pursue substance use disorder treatment professions by providing up to $250,000 toward student loan repayment. It is essential that Congress reauthorize this program and prioritize its appropriation. | At least $24.3 million for the Minority Fellowship Program. This program awards funding to organizations to support the development of behavioral health practitioners. NAADAC has worked over the past two decades to increase the diversity of the behavioral health workforce in order to improve prevention, wellness, and treatment for minority populations. |
Support Additional Addiction Workforce Initiatives

- Increase funding and financial incentives to attract and retain individuals within addiction treatment and recovery support services.

- Support funding for diversity, equity, and inclusion (DEI) focused demonstration projects to ensure an inclusive and culturally competent addiction workforce. This includes continued higher funding for the Minority Fellowship Program for Addiction Counselors.

- Support incentives for states to address systemic barriers for entry into the addiction workforce for individuals with lived experiences or criminal justice system involvement. This includes allowing for employment despite past felony convictions.

- Provide resources and encouragement to state governments to enact counseling compact legislation to enable interstate privileges to practice. Due to varied licensure and certification regulation requirements across the country, as well as inconsistent reimbursement and standards of practice, state compacts will allow for more mobility and better competition in the marketplace.