

ABSTRACT

In 2024, 84,334 Americans lost their lives to fatal overdoses, and the CDC reports more than 178,000 deaths due to excessive alcohol use in a single year. Yet, only one in four people with a substance use disorder (SUD) receives treatment, and even fewer have access to timely, high-quality, individualized support. A well-trained and adequately staffed workforce is necessary to address our nation's addiction epidemic, improve treatment outcomes, and prevent overdose deaths.

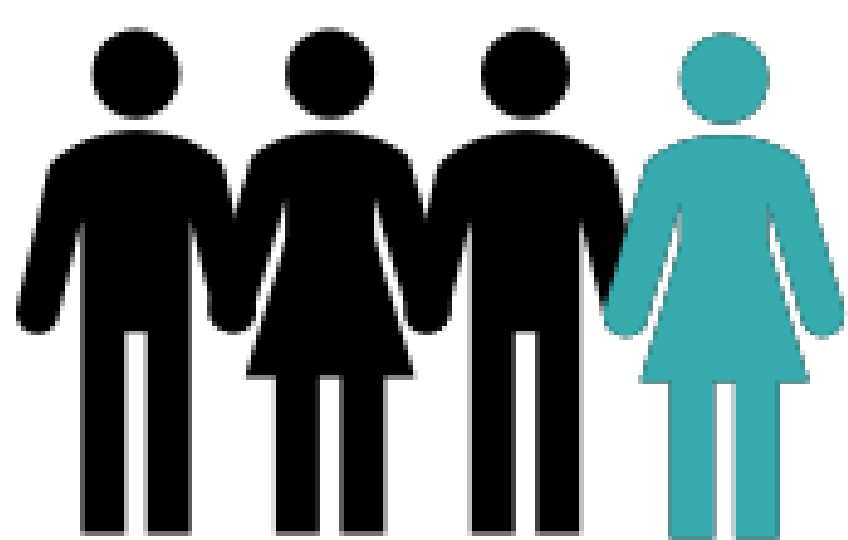
The SUD workforce encompasses both clinical and non-clinical roles, including peer support, across the SUD continuum of care and in adjacent systems, such as the criminal-legal system, housing, and family-serving agencies. As the demand for SUD services continues to grow, states, service providers, payers, and communities must develop innovative solutions to recruit, retain, and sustain a workforce that meets the evolving needs of individuals, families, and communities impacted by addiction.

Drafted by the O'Neill Institute at Georgetown Law Center in collaboration with the Legislative Analysis and Public Policy Association (LAPPA), the White House Office of National Drug Control Policy (ONDCP), and an interdisciplinary panel of subject matter experts, the "Building the Substance Use Disorder Workforce of the Future" model law provides a framework for states to evaluate their current and future SUD workforce gaps, develop a strategy to strengthen and grow the quantity and quality of SUD services in their state, and implement accountability measures to promote successful, holistic outcomes.

Untreated substance use disorder (SUD) affects every community

The broad reach of untreated substance use disorder (SUD) has been felt across the United States. Since 2003, the number of fatal overdoses has nearly quadrupled, with 105,002 overdose deaths in 2023 alone. Another estimated 178,000 deaths are attributed to alcohol use disorder (AUD). Despite this devastating impact, only a fraction of Americans with SUD received any SUD treatment in 2023. Those that do not seek treatment cite stigma, cost, lack of readiness, and lack of clarity about the logistics of seeking or receiving treatment as reasons for not seeking treatment.

In 2023, 48.7 million American has a substance use disorder (SUD).



Less than 25% of those with SUD received any treatment.

42% of Americans know someone who has died of an overdose.

More than 300,000 children have lost a parent to overdose since 2011.

12% of children live in households with at least one parent with an untreated SUD.

The NIH estimates that the economic cost of SUD is more than **\$700 billion** per year.

The community, public health, and economic impact of SUD underscores the importance of a robust, diverse SUD workforce providing evidence-based, holistic SUD services and supports across the continuum of care.

The SUD workforce is currently experiencing a worsening shortage across the United States

The SUD workforce comprises a broad array of disciplines, occupations, and roles, requiring varying levels of education, training, credentialing, certification, and licensure, each with state-specific scopes of practice. Members of the SUD workforce provide services in a variety of settings, including residential and outpatient treatment programs, opioid treatment programs, primary care settings, emergency rooms, schools, harm reduction organizations, recovery support settings, and the criminal-legal system. According to the Health Services Research Administration (HRSA), there is a current and worsening shortage for behavioral health workers across the United States.

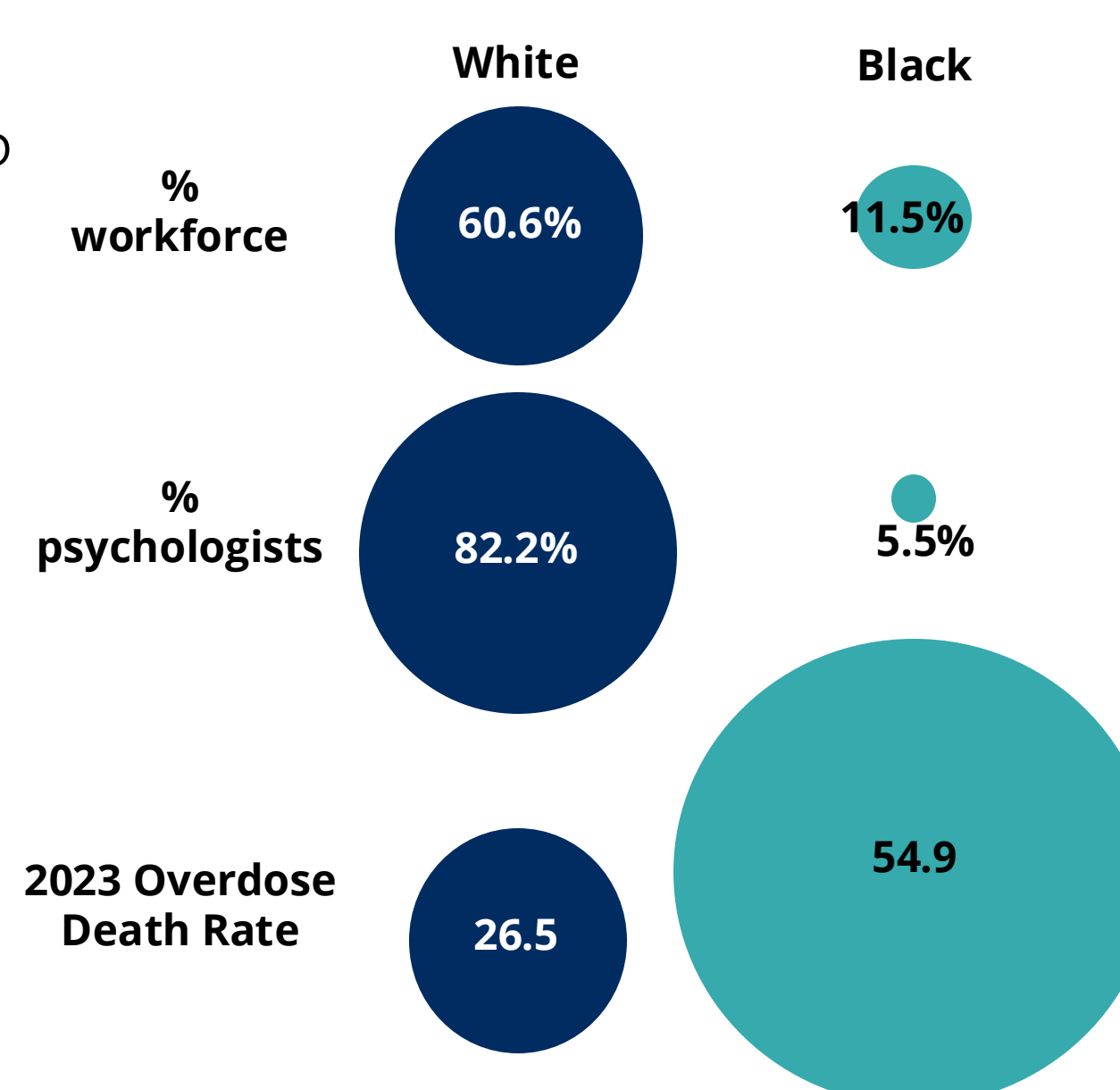
Addiction Counselors (2022–2037)



The SUD, workforce shortage is broadly felt across the United States.

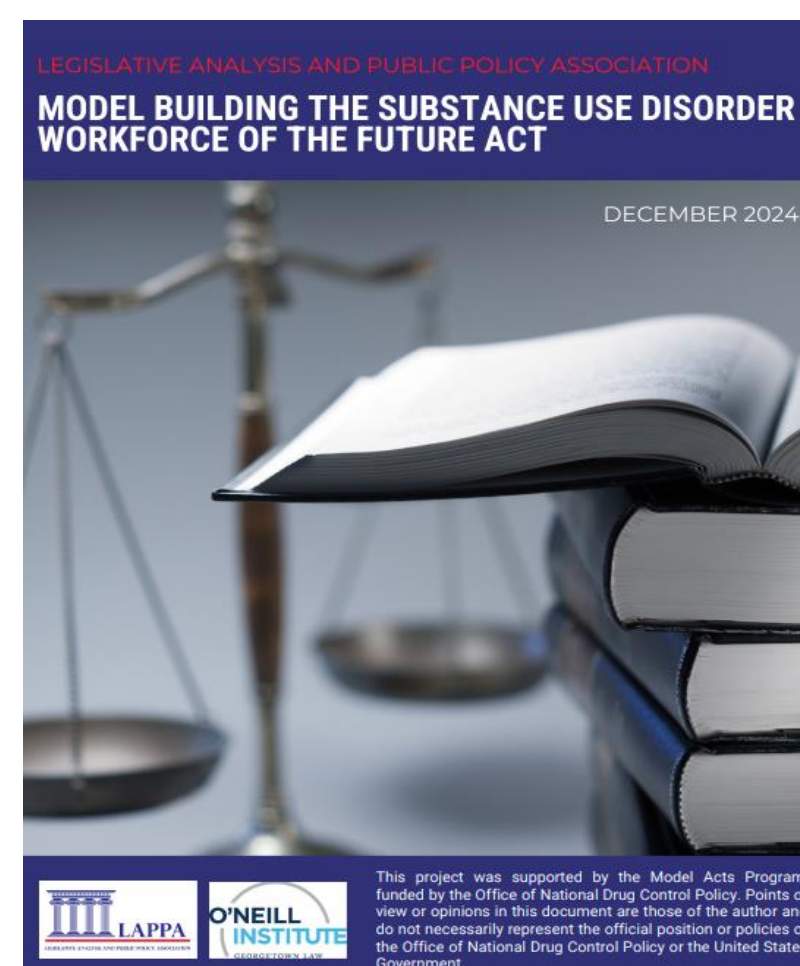
- Over **122 million Americans** live in a Mental Health Professional Shortage Area (HPSA).
- 62%** of Mental HPSAs are rural.
- 95%** of all zip codes are without an OTP.
- 70%** of people in SUD recovery are employed.

Racial and ethnic groups are underrepresented across the behavioral health workforce.



Model Building the Substance Use Disorder Workforce of the Future Act

The need for solutions to the SUD workforce shortage across a variety of settings and time horizons is particularly urgent given the current scale and impact of SUD.



Create the **Independent Commission** on SUD Workforce

Conduct **Preliminary Report** with Landscape Review, Needs Assessment, & Gap Analysis

Develop data-driven **Strategy** to build SUD workforce

Create the **Office of SUD Workforce Transformation** (OSWT) to implement the strategy

Create the **Center for SUD Workforce Excellence** to provide TA to providers & job seekers in the SUD field

Provides **funding** and accountability mechanisms



Independent Commission

- Appointed by all 3 branches and Tribal Nations,
- Includes representatives across state government
- Represent communities disparately impacted by SUD
- Represent racial, ethnic, geographic, or other diversity of state
- Experience with SUD service provision, public health policy, law enforcement, workforce development, **SUD lived or living experience**, etc.

The Model Act's data-driven strategy to build the SUD workforce of the future is guided by five key priorities

Increase the SUD workforce to meet the needs of a diverse population with SUD and their families across the continuum of care and settings where services and supports are provided

- Recruiting, partnerships, and retention to ensure a SUD workforce that is concordant with and can meet the needs of the identified patient base
- Promote SUD workforce concentration in areas of greatest need to reduce disparities in access to services

Improve **recruitment and retention** to promote the long-term sustainability of the SUD workforce

- Build a pipeline of new workers sufficient to meet needs:
 - Colleges, with a focus on HBCUs and community colleges
 - Internships, fellowships, residencies,
 - Micro-credentialing
- Provide incentives and address barriers to education, licensure, certification, and credentialing
- Salary, benefits, and addressing burnout
- Ensure adequate and continuous training

Maximize the use of resources and administrative efficiency

- New and emerging technology to improve care delivery and reduce administrative burdens
- Building the infrastructure for the SUD workforce and their workplaces
- Financial and technical assistance for treatment providers and non-clinical settings

Incentivize integrative, cross-systems approaches to achieve holistic outcomes

- Alignment with economic development, workforce development, and labor goals
- Community engagement and education on the SUD continuum of care
- Reciprocity & interstate compacts in professional licensing

Identify and **leverage funding and financing** mechanisms

- Identify opportunities to maximize all sources of funding and financing, including federal, state, and private sources
- Expand Medicaid coverage for a range of SUD services across the continuum of care

CONCLUSION

This Act is intended to be a framework, tool, and template for states to strategically envision and build the community of professionals - across all disciplines - to help people live and thrive. The SUD workforce is comprised of dedicated and trained individuals who strive to provide quality SUD support and services across the continuum of care. States have often been pioneers in the public health policy space. Here, states have an opportunity to continue their investment in the SUD workforce, by building and training a diverse and adaptable SUD workforce that reflects and meets the unique needs of people with SUD within their state. Together, we can achieve our collective goal to improve outcomes for individuals with SUD and their communities.

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