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NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG AGENCY DIRECTORS

THE SUBSTANCE USE WORKFORCE CRISIS:
DRIVERS, CHALLENGES, AND PROMISING STRATEGIES

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TABLE OF CONTENTS

BACKGROUND

In 2023, 167.2 million people aged 12 or older (or 59 percent) used tobacco, vaped nicotine, used alcohol, or used an illicit drug in the past month. Of those who used substances, 48.5 million people aged 12 or older (or 17.1 percent) had a substance use disorder (SUD) in the past year.[1] This illustrates the critical need to increase efforts to prevent substance use and treat SUDs. To address this need, unprecedented levels of funding have been invested over the past seven years in publicly funded substance use prevention, treatment, and recovery support services, particularly to counter the opioid crisis. However, this same level of investment has not been made to bolster the substance use workforce, and consequently, the number of substance use professionals has not kept pace with the need to maintain and expand substance use services.

The substance use workforce is composed of a wide range of service providers including doctors, physician assistants, nurses, pharmacists, psychologists, licensed or certified counselors, social workers, marriage and family therapists, case managers, outreach workers, prevention specialists, and peer workers. These professionals deliver services across the continuum of prevention, intervention, treatment, and recovery support services. They prevent the use and misuse of alcohol and other drugs, engage individuals that use drugs to provide them with life-saving tools and information, provide behavioral and pharmacological therapies to people with SUD to restore healthy brain functioning, and provide a range of social and peer supports to promote long-term recovery.

FRAMING THE ISSUES

LONGSTANDING AND EMERGING ISSUES THAT CONTRIBUTE TO THE WORKFORCE CRISIS

The substance use field has historically faced a workforce crisis including significant staff shortages, high-turnover rates, and inadequate training for general healthcare and specialty substance use providers.[2,3] Further compounding this problem has been the dual crises of opioid overdose deaths and the COVID-19 pandemic. The opioid crisis has taken a large toll on individuals and communities across the nation with more than 80,000 people a year dying from an opioid overdose.[4] During the COVID-19 pandemic, the U.S. population was further impacted by the grief, isolation, job loss, and policy changes that made substances more accessible. The pandemic has been associated with a high prevalence of anxiety and depression in adults and a 50% increase in the national overdose death rate. The highest drug overdose death rates were among American Indian and Alaska Native (AIAN), and Black populations. Alcohol-induced death rates also increased by 38% during the pandemic, with rates highest among AIAN people, followed by Hispanic and Black people.[5] These crises have created an even greater need for substance use services and have exacerbated burnout and psychological stress among healthcare workers due to insufficient support.[6]

The lack of workforce capacity, as well as the increased need for services, has created even greater pressure on an already overburdened and under-resourced profession. Comprehensive, coordinated, and sustained investments in the human infrastructure that provides substance use services are needed to make gains in addressing the workforce crisis. Key to addressing these needs is the development of a comprehensive workforce strategy that includes staff pathway, recruitment, retention, and professional development initiatives.

To address the workforce crisis, states and providers are implementing promising practices to expand and fortify staff. However, most lack the resources for comprehensive, long-term solutions to this complex and critical problem.

LONGSTANDING AND EMERGING ISSUES THAT CONTRIBUTE TO THE WORKFORCE CRISIS

While many of the challenges facing the substance use workforce have been longstanding, others have emerged more recently. The persistent shortage of substance use professionals is compounded by the lack of formal pathways to recruit and develop talent that meets both current and future workforce needs. For example, fewer than 2,500 physicians are certified in addiction medicine, and approximately 2,000 are certified in addiction psychiatry nationwide.[7] Unfortunately, this problem is not expected to improve without deliberate action. Based on projections by the Health Resources and Services Administration (HRSA) National Center for Health Workforce Analysis (NCHWA), an increased demand for substance use, mental health, and co-occurring services will continue to grow in the United States along with staff shortages. Through 2036, NCHWA projects shortages across key SUD and mental health occupations including:[8]

- **87,630 ADDICTION COUNSELORS**
- **69,610 MENTAL HEALTH COUNSELORS**
- **62,490 PSYCHOLOGISTS**
- **42,130 PSYCHIATRISTS**
- **27,450 MARRIAGE AND FAMILY THERAPISTS**
- **21,030 SCHOOL COUNSELORS**

OTHER CONTRIBUTING FACTORS

Current data on the substance use workforce is lacking. For example, national data on the substance use prevention and recovery support workforce is not available. Although national data on the SUD treatment workforce is available, it is not routinely updated. The lack of current data on the full range of substance use staff limits the ability to understand specific workforce challenges, employee service gaps, and progress made in addressing these issues.

Research on successful workforce strategies in other professions exists, but is limited for the substance use profession, often focusing on specific initiatives rather than systematic approaches. The dearth of studies limits understanding of effective substance use workforce strategies.

Individuals with SUDs experience complex clinical conditions (e.g., co-occurring mental and physical conditions, polysubstance use, and trauma).[9,10] These conditions require SUD providers to employ, or have access to, multi-disciplinary staff and additional training on condition identification, assessment, and treatment.

Increasingly, substance use services are being delivered in non-traditional settings (e.g., primary care settings, correctional settings, and schools). Additional cross training is required to partner with and provide services in these settings. The expansion of services in new settings has also created increased competition for staff that work in the substance use specialty profession.

The substance use landscape is constantly changing with the introduction of new and altered substances, emerging medications and practices, and new service settings. Insufficient substance use training in college/university programs, as well as field training and continuing education opportunities hampers the ability of workers to perform effectively in their positions.

Negative attitudes, stigma, and a lack of knowledge about substance use services contributes to a poor understanding of the workforce and their value. Adverse attitudes about individuals who provide substance use services hinders efforts to attract and retain individuals in substance use services.

IMPLICATIONS OF THE WORKFORCE CRISIS

The implications of not effectively responding to the workforce crisis are vast. Staff shortages limit access to substance use services that save lives and reduce costs (e.g., medical, criminal legal, child/family assistance) associated with substance use.[11,12,13] Inadequate numbers of prevention staff impede prevention messaging and services to youth in schools and to individuals of all ages in medical and community settings. The lack of outreach workers reduces the ability to engage people who may benefit from substance use services. Inadequate treatment and recovery support staff results in providers having to reduce service hours and increases wait times for services and supports.

The lack of a workforce that reflects the needs of the communities they serve discourages access to and satisfaction with services, and contributes to an unhealthy work environment, poor employee morale, and high turnover. High staff turnover destabilizes organization and necessitates repeated investments in orienting, training, and retaining employees.

PROMISING STRATEGIES

Although tackling the substance use workforce crisis is complex and requires significant investments in planning and implementing short and long-term initiatives, several promising strategies and state examples can be leveraged to make a positive impact. These strategies include pathway programs, financial incentives and increased compensation, professional development, a supportive organizational culture, career paths, marketing and advertising, and the integration of people with lived experience in recovery. By leveraging these approaches, states can build a more robust and capable workforce to tackle substance use challenges.

STRATEGY 1: PATHWAY PROGRAMS

Pathway programs create exposure and opportunities to encourage individuals to enter the workforce, by preparing individuals for a career in the substance use field. They include high school and college and university mentoring programs, internships, and practicums to provide students with real-life exposure to the work. Further, pathway programs may involve working with professional associations to advertise and promote positions in the substance use field, including through career fairs and workshops that offer individuals a chance to learn about the field and the various positions that are available. These programs have shown a positive impact in attracting a broader range of individuals to the substance use workforce through exposure, training, support, and funding.

INNOVATIVE STATE EXAMPLE: CALIFORNIA

The California Department of Health Care Services (DHCS) has provided funding to assist providers with recruiting students into the substance use workforce. The DHCS' Mentored Internship Program provides grants to county, nonprofit, and tribal organizations to cover both mentor and intern salaries, training, professional development, and educational institution outreach initiatives to increase student referrals at the undergraduate and graduate levels. Each grantee utilizes employee mentors to support interns in positions across the substance use and mental health spectrum and in on-the-job supervisory relationships. Participating organizations must partner with at least one educational institution and provide a mentored internship experience for a minimum of two interns at no less than 10 hours per week, per intern.

California's Department of Health Care Access and Information (HCAI) funds the Substance Use Disorder Earn and Learn Program. This program funds organizations to offer education and paid job experience directly to students pursuing their SUD counseling certification.

STRATEGY 2: FINANCIAL INCENTIVES AND INCREASED COMPENSATION

Providing staff with a living wage and other financial incentives is key to attracting and retaining them in the substance use field. In addition to adequate salaries, other financial incentives can also entice individuals to pursue a career in the field. Benefits, such as paid time off, medical and dental coverage, life insurance, a retirement plan, family leave, loan repayment, and tuition reimbursement, can be job motivators.

INNOVATIVE STATE EXAMPLE: MICHIGAN

The State of Michigan enacted bipartisan legislation to ensure parity in insurance coverage for mental health and SUD treatment. This legislation helps increase compensation for substance use professionals by requiring that the services they provide are properly reimbursed by insurance providers. Michigan has also raised Medicaid payment rates for various SUD services, which contributes to higher overall compensation for providers.

STRATEGY 3: ORGANIZATIONAL CULTURE

A healthy organizational culture creates an environment that supports staff wellbeing, growth, contributions, and values transparency and frequent communication. Strategies to improve organizational culture include:

- Flexibility in staff work hours and hybrid in-person and virtual schedules to balance personal and professional responsibilities and better manage an employee's commute.
- Recognition of employees through awards and promotions.
- Wellbeing programs, such as fitness programs, breaks, and workshops on preventing burnout and compassion fatigue.
- Open communication and regular feedback to create a supportive environment where employees feel heard and can grow professionally.

INNOVATIVE STATE EXAMPLE: MISSOURI

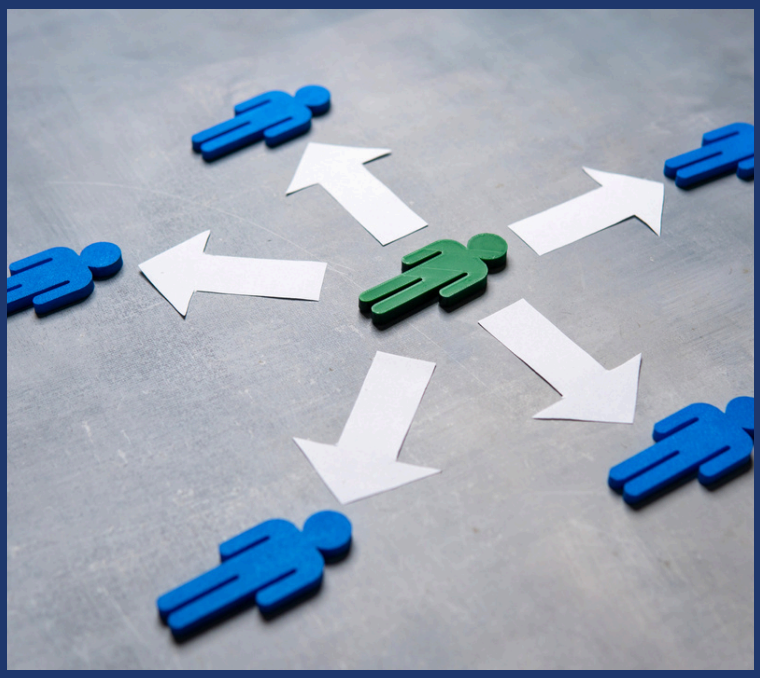
The Missouri Department of Mental Health Division of Behavioral Health (DBH), the University of Missouri School of Social Work, and Missouri substance use providers have implemented the following strategies to create a healthy work culture:

- Transparent use of staff satisfaction surveys to enhance decision-making and show tangible results from feedback.
- Self-care promotion that includes initiatives from a care team that offers counseling, stress management resources, and other supports to help staff cope with the emotional toll of working in high-stress environments.
- Recognition programs, such as quarterly and annual awards.
- An employee engagement director and a Wellness Committee focused on staff feedback, wellbeing, and engagement activities.
- Quarterly open discussions to allow staff to ask questions on various topics.
- Pay scale evaluations to create more equitable wages.
- A career ladder that enables counselors to enter the field at various educational levels within a five-tiered system, facilitating opportunities for advancement and increased compensation.

STRATEGY 4: PROFESSIONAL DEVELOPMENT

Professional development initiatives ensure the substance use workforce is well-equipped to address the complex and evolving needs of individuals of all ages that use and misuse substances and with SUDs. They promote employee competence and opportunities for career growth. Professional development can be delivered through regular workshops, e-learning modules, trainings, certification programs, leadership development initiatives, and staff coaching to stay current on evidence-based practices and cutting-edge approaches that help employees succeed in their jobs. Professional development includes education, training, and skills development, and often requires regular participation in continuing education (CE) courses to maintain certifications and licensure. Maintaining CE requirements can be challenging for substance use professionals due to educational costs, inability to participate while managing service needs and maintaining billable hours, and access issues. To address these barriers, several free courses are funded through federal and state sources; partnerships have been established with training centers and universities to provide free and low-cost training; and technology has been expanded to offer accessible e-learning platforms and online trainings.

STRATEGY 5: CAREER PATHS



Career paths provide staff who are currently working in the field options for advancing or moving to another substance use position. They are a defined set of positions, knowledge, skills, expectations for movement or advancement, and compensation through which an individual may progress professionally or change positions to achieve their career goals. Career paths boost employee satisfaction, retention, and succession planning.

INNOVATIVE STATE EXAMPLE: LOUISIANA

The Louisiana Department of Health (LDH) Office of Behavioral Health (OBH) has a tiered credentialing system for addiction professionals that expands the workforce capacity by credentialing both licensed and unlicensed counselors and prevention professionals. Through this system, individuals with a high school diploma or a Bachelor's degree can become a Registered or Certified Addiction Counselor, respectively, working under the supervision of a Master's-level Licensed Addiction Counselor. These same levels apply to the prevention field with Registered, Certified, and Licensed Prevention Professionals.

STRATEGY 6: MARKETING AND ADVERTISING

Marketing and advertising efforts help raise public awareness about the substance use workforce and highlight the specific and critical roles its professionals play. These efforts also highlight the benefits of the substance use workforce by emphasizing the professionalism, importance, and rewarding nature of these careers. Marketing and advertising strategies may include developing career websites, social media ads, billboard and public transits ads, and using college job boards.

INNOVATIVE STATE EXAMPLE: MASSACHUSETTS

The Massachusetts Department of Public Health's Bureau of Substance Addiction Services (BSAS) operates a website, Careers of Substance, aimed at developing a strong, competent, and varied workforce. The website is a centralized hub employing various marketing strategies such as job and internship listings and career fairs. This centralized workforce hub includes:

- Employer job openings in the substance use field.
- Guidance on educational paths for those looking to start a career in the substance use field.
- A cross-collaboration tool to facilitate communication and collaboration among organizations throughout the state.

STRATEGY 7: INTEGRATION OF PEOPLE WITH LIVED EXPERIENCE IN RECOVERY

People with lived experience in recovery (often referred to as peers) are a critical part of the workforce that engage individuals, support connection to treatment, and support long-term recovery. They offer unique insights and empathy from their personal experiences, which helps create a deeper connection with individuals and offers relatable perspectives that can inspire and motivate those with substance use problems.

INNOVATIVE STATE EXAMPLE: ARKANSAS

The Arkansas Peer Specialist Program (APSP), a collaboration between The Association for Addiction Professionals (NAADAC) and the Arkansas Department of Human Services (DHS) Division of Aging, Adult, and Behavioral Health Services, Office of Substance Abuse and Mental Health Services (OSAMH), developed a credentialing process that allows career progression for peer specialists. This innovative three-tiered credentialing system, developed with peer involvement, allows individuals to progress through core, advanced, and supervision levels, earning the Arkansas Core Peer Recovery Specialist (PR), Arkansas Advanced Peer Recovery Specialist (APR), and Arkansas Peer Recovery Peer Supervisor (PRPS) credentials. Each level of this career ladder has specific training, education, experience, and supervision requirements, all designed to develop highly skilled and knowledgeable peer specialists. The initiative also provides eligible candidates financial assistance with testing fees and continued education opportunities related to certification.

STATE STRATEGIES IN PRACTICE

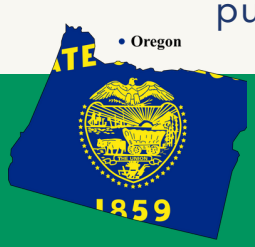
To address the increasing demand for a skilled workforce in the substance use field, states such as New York and Oregon have invested in comprehensive workforce initiatives. These investments support a variety of strategies, such as offering financial incentives, enhancing professional development, supporting marketing and advertising, and strengthening pathway programs.

OREGON

In response to Oregon's substance use and mental health workforce crisis, the legislature passed House Bills 2949, 4004, 4071 and 5202 in 2021 and 2022. The legislation provided funds to the Oregon Health Authority (OHA) to improve the recruitment and retention of providers. These bills targeted various aspects of the substance use and mental health workforce, collectively aiming to address critical staff shortages. A few key studies helped pave the way for passing the legislation, including a 2019 assessment, An Analysis of Oregon's Behavioral Health Workforce: Assessing the Capacity of Licensed and Unlicensed Providers to Meet Population Needs and a 2019 report of recruitment and retention recommendations, Recruitment and Retention Recommendations for Oregon's Behavioral Health Workforce. These documents identify scalable workforce initiatives related to address gaps in the workforce.

Workforce Strengthening: To increase the number and range of providers, OHA implemented two initiatives:

- A Behavioral Health Workforce Initiative provided $60 million for financial incentives, including scholarships, loan repayments, retention bonuses, and housing stipends for both licensed and non-licensed mental health and substance use professionals. Additionally, licensing fees and stipends for internships were funded.
- An additional $20 million was provided for clinical supervision grants to support new practitioners in completing their required supervised clinical experience. These funds enabled licensed substance use and mental health providers to supervise associates, interns, and others, with priority given to clinicians in public settings.



Investment Impacts, by Awardee

"Wow! I am humbled and honored to be selected as a recipient of the Oregon Behavioral Health Loan Repayment Program. Thank you, thank you, thank you! This will open a myriad of opportunities for me, increasing the ability to have a family sometime soon(er) and spend more time volunteering. I am so grateful for the award, thank you very much!"

Workforce Stability: To address immediate workforce shortages exacerbated by the COVID-19 pandemic, OHA allocated $132 million in grants to substance use and mental healthcare providers. Eligible grantees included mental health or substance use crisis line providers, urban Indian health programs, tribal behavioral health programs, and other providers serving significant portions of uninsured, Medicaid, or Medicare populations. At least 75% of the grant funds had to be used to support staff incentives (e.g., wages, benefits, bonuses, and hiring incentives). Up to 25% could be used to improve the workforce environment.

Rate Increases and Parity: To help improve provider compensation, OHA received $42.5 million to increase substance use and mental health provider rates for fee-for-service (FFS) and coordinated care organizations (CCOs) by an average of 30%. Additionally, the initiative established parity between substance use and mental health rates, offering a 22% rate differential for providers delivering services to underserved areas and populations (with an additional 10% for rural providers), and increased peer support specialist wages from $17.70 to $24.78 per hour. This change represented the greatest wage increase for Oregon's peer workforce, highlighting a significant improvement in compensation for this group.

NEW YORK

Since 2021, the New York State Office of Addiction Services and Supports (OASAS) has developed comprehensive strategies to build a skilled substance use prevention, treatment, and recovery workforce. Strategies included investments in professional development, pathway programming, and increased staff compensation. These initiatives aimed to strengthen the pool of qualified professionals and increase and sustain the number of skilled substance use professionals through enhanced recruitment, training, and retention efforts. Additionally, in 2021, a $19 million investment was made in professional development initiatives for substance use providers, and in 2022 a multi-media campaign was launched to help recruit substance use professionals.

Professional Development: To strengthen the skills of substance use professionals, funding was provided for tuition reimbursement, certification application and exam fees, and continuing education courses. The initiative assisted in supporting new staff certifications and certification renewals for Credentialed Alcoholism and Substance Abuse Counselors (CASACs), Credentialed Prevention Professionals (CPPs), Credentialed Prevention Specialists (CPSs), and Certified Recovery Peer Advocates (CRPAs). The funding also covered conference registration fees, professional development courses, stipends, and training events, including developing or acquiring training curricula. Part of the funding was dedicated to training and implementing evidence-based models that focus on trauma-informed practices and person-centered services, ensuring the workforce is equipped to provide sensitive and care to all individuals affected by substance use and SUD.

Marketing and Advertising: To support workforce recruitment and raise public awareness about prevention, treatment, and recovery services in New York, a multi-media campaign was launched by OASAS in 2022. It utilized various media channels, including TV, radio, billboards, and digital platforms, to reach a wide audience and highlight the importance of substance use services and the substance use field as a rewarding career. The campaign emphasized eliminating the stigma associated with addiction, inspiring hope, and educating the public. It also highlighted the importance of SUD treatment, encouraging individuals to become CASACs, CPPs, and CPSs. An additional $22 million in funding was provided in 2023 for pathway programs and a provider cost-of-living increase.

Pathway Programs and Curriculum Integration: To introduce students to the SUD treatment field, OASAS funded high schools to provide psychology electives, which can be credited toward obtaining an SUD treatment credential. High school students can earn credits that count toward future SUD educational and credentialing requirements to help increase the presence of professionals in the state. OASAS also funded paid internships in prevention provider organizations. Providers received up to $21,000 to attract individuals to provide substance use prevention services and provide a pathway to professional credentials such as the CPP or CPS. The paid prevention internships were designed to recruit skilled staff, offer valuable job experience, and meet community needs. The program also promoted collaboration with college programs.

OASAS has partnered with 54 colleges and universities to offer degree programs at various levels, designed to meet the educational requirements for obtaining substance use prevention or treatment certification. The state also launched multi-disciplinary addiction fellowships to provide advanced training for professionals in fields such as social work, psychology, medicine, and nursing. These fellowships offer specialized knowledge and experience in SUD treatment through hands-on clinical practice, research, and interdisciplinary collaboration. Together, these efforts enhance the competencies of professionals in addressing substance use and SUD, ensuring a well-prepared workforce dedicated to tackling these challenges.

Increased Compensation: To maintain competitive compensation and incentivize workforce retention, OASAS provided a 5.4% cost-of-living increase and $3,000 bonuses for existing professionals. Additional financial assistance covered credentialing costs (e.g., exam fees, books, and other certification-related costs), reducing the financial burden on aspiring substance use professionals.

KEY TAKEAWAYS

1. Data on the state of the substance use workforce is essential to develop effective strategies. Ongoing data collection on the size and composition of the workforce, as well as employee challenges and expectations, is needed to guide appropriate actions that can address current staff and future candidates' needs. Data is also required to assess the effectiveness of workforce initiatives.

2. Workforce challenges are interrelated and require a comprehensive and coordinated plan. Workforce issues are interrelated and cannot be effectively tackled in isolation. For example, low compensation contributes to difficulty in both recruiting and retaining staff. Insufficient professional development hampers an employee's ability to succeed in their work and can lead to dissatisfaction and turnover. The complexity of the workforce crisis requires an approach that assesses and operationalizes initiatives across the workforce continuum (pathway development, recruitment, retention, and professional development).

3. Specific attention is required to expand and broaden the workforce. A broad range of staff (e.g., doctors, nurses, licensed or certified counselors, case managers, outreach workers, prevention specialists, and peer workers) is necessary. Strategies such as mentoring programs, internships, apprenticeships, educational scholarships, loan forgiveness, and post-graduate job placement opportunities should be considered as methods to expand the workforce.

4. Workforce investments require a long-term commitment. History has shown that investments in the workforce cannot be short-term. The substance use workforce is a human infrastructure that provides life-saving services, and long-term investments are needed for this infrastructure to operate effectively.

5. Leadership and input from stakeholders are required to strengthen the workforce. The workforce problem is complex, and involvement is needed from multiple stakeholders (e.g., workers, payers, and policy makers at all levels of government) to improve the problem. Workforce challenges require an "all hands-on deck" response from a network of stakeholders that prioritize and coordinate investments in the profession.

6. Funding is needed to support a full array of workforce strategies. Additional financial resources are needed for workforce development (e.g., hiring and retention bonuses, loan forgiveness for prevention professionals). States and service providers frequently rely on the Substance Use Prevention, Treatment, and Recovery Services Block Grant and federal discretionary grants to support the substance use workforce. However, these grants do not support a full array of workforce strategies. Dedicated and flexible funding is needed that can support a range of workforce strategies.

7. Education about substance use and the professionals that provide care is needed. The general public, allied healthcare professionals, and policymakers require greater understanding of substance use, SUD, and the service discipline. Investments in education will help reduce the stigma associated with substance use and create a more positive perception of the substance use workforce.

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