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**Leading Addiction and Mental Health Experts Urge Congress to Empower the
Addiction Workforce to Save Lives**

*Congressional Briefing Highlights Critical Need to Equip America's Frontline Health Professionals
Who Provide Treatment, Prevention, Harm Reduction and Recovery Services for Substance Use
Disorder*

Washington, DC – Leading addiction and mental health experts today convened on Capitol Hill to urge lawmakers to make immediate and strategic investments in the substance use disorder (SUD) workforce during a Congressional briefing titled, ***“Equipping the Frontline of a Crisis: How Congress Can Empower the Addiction Workforce to Save Lives.”***

Sponsored by the [Coalition to Stop Opioid Overdose](#) (CSOO) and the [Mental Health Liaison Group](#) (MHLG), the briefing was held in coordination with U.S. Representatives **Katherine Clark** (D-MA) and **Hal Rogers** (R-KY), both of whom serve on the House Committee on Appropriations. Beth Connolly, Project Director for the Substance Use Prevention and Treatment Initiative at The Pew Charitable Trusts, served as moderator.

“Addiction is not a moral failing. It is a chronic brain disease affecting millions of Americans that requires evidence-based treatment and ongoing disease management. Unfortunately, our healthcare workforce is woefully underequipped to make a meaningful and sustainable impact on the opioid overdose epidemic and prevent future crises related to substance use disorder,” said **Yngvild Olsen, MD**, Medical Director of the Institutes for Behavior Resources/REACH Health Services based in Baltimore, MD. “If we do not address this severe shortage of addiction treatment providers, the current treatment gap will not be closed and more lives will be lost.”

“Thankfully, Congress recognized the need to bolster the SUD workforce when it authorized funding for two important programs in last year’s historic opioid package: one that would increase training opportunities in addiction medicine and another that would provide student loan relief to SUD professionals who serve in high-need communities,” added Dr. Olsen. “We

must now ensure Congress fully funds these programs so we can train more addiction treatment providers and save lives. We know what needs to be done and how, we just need the resources to do it.”

According to [recent estimates](#), 21 million Americans needed treatment for SUD in 2017, but only 4 million received any form of care. The [President’s Commission on Drug Addiction and the Opioid Crisis](#) recognized the need to grow the addiction services workforce, calling for more resources to “recruit and increase the number of addiction-trained psychiatrists and other physicians, nurses, psychologists, social workers, physician assistants, and community health workers and facilitate deployment in needed regions and facilities.”

“Many patients with SUD who are treated by emergency room (ER) physicians are close to death when they arrive. Providing the right interventional treatment in this setting is absolutely critical, since every second counts,” said **Eric Ketcham, MD**, an ER physician for the Santa Fe Medical Center, Presbyterian Healthcare System. “Unfortunately, most ER physicians lack the resources and training necessary to implement evidence-based practices, which include the use of medications for the treatment of opioid use disorder – beyond rescuing the patient from an acute overdose. It is critical that we fully fund programs that equip doctors to provide evidence-based addiction care in the ER, which can be sustained beyond the ER visit. This is the best way to ensure that a well-trained ER workforce is ready to save lives and give patients a chance to recover when they walk out of our doors.”

Panelists also noted that stemming the tide of deadly drug overdoses and other negative consequences associated with substance use requires a diverse and well-trained SUD workforce that is equipped to provide services across the spectrum of prevention, harm reduction, treatment and recovery.

“A harsh reality is that a growing population of children are at high risk of developing a SUD due to traumatic childhood experiences they often carry into adulthood,” said **Shannon Gresham**, Director of Residential Services for the Council on Alcoholism and Drug Abuse of Northwest Louisiana. “For us on the front lines witnessing this every day, it is tragic and heartbreaking, but with a sufficient addiction services workforce we can help guide prevention and intervention efforts in this and other critical areas.”

Panelists also discussed how a robust workforce can better implement harm reduction strategies for at-risk individuals.

“Harm reduction services, such as syringe exchange and community-based naloxone distribution, as well as services provided by peer support specialists, play a critical role in mitigating the risks associated with drug use and preventing a return to problematic use. If we are serious about reducing overdose deaths related to opioid use in this country, we need expand these services,” said **Daniel Raymond**, Deputy Director of Planning and Policy for the Harm Reduction Coalition. “We know that stigmatizing and marginalizing individuals impacted by this nationwide epidemic does not work. Instead, we need to invest in a comprehensive addiction workforce that can meet

people where they are and address the conditions of substance use, in addition to the substance use itself.”

Another key subject addressed was how federal investments can better serve Medicaid beneficiaries impacted by SUD.

“My organization has directly benefitted from an effective program designed to expand patient outreach and services as part of a community behavioral health demonstration funded by Medicaid – but it is set to expire,” said **Mary-Catherine Bohan**, Vice President of Outpatient Services, Rutgers University Behavioral Health Care. “We can and should continue to expand access to SUD services in vulnerable communities through innovative demonstration projects that bolster the field of mental health and addiction treatment providers. Lives, families and communities are at stake.”

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About the Coalition to Stop Opioid Overdose

Founded in 2016, the Coalition to Stop Opioid Overdose (CSOO) brought together a diverse range of mental health, substance use disorder, and health care professional organizations united around common policy goals to reduce opioid overdose deaths. Together with the 40 groups that make up our membership, CSOO aims to elevate the national conversation around opioid overdose and works to enact meaningful and comprehensive policy change that supports prevention, treatment, harm reduction, and recovery services.

About the Mental Health Liaison Group

The Mental Health Liaison Group (MHLG) is a coalition of national organizations representing consumers, family members, mental health and addiction providers, advocates, payers and other stakeholders committed to strengthening Americans’ access to mental health and addiction care. As trusted leaders in the field, our 70+ member organizations are dedicated to elevating the national conversation around mental health and addiction. Together, we work to advance federal policies that support prevention, early intervention, treatment and recovery services and supports.