



**WURZWEILER SCHOOL OF SOCIAL WORK
YESHIVA UNIVERSITY**

2495 Amsterdam Avenue, New York, NY 10033

General Information
212-960-0800

Admissions
212-960-0810

Fax
212-960-0821

**TESTIMONY OF TIMOTHY B. CONLEY AND DR. DEBBIE AKERMAN OF YESHIVA
UNIVERSITY'S WURZWEILER SCHOOL OF SOCIAL WORK
SUBMITTED TO THE HOUSE COMMITTEE ON ENERGY AND COMMERCE
HEARING ON "AN EPIDEMIC WITHIN A PANDEMIC: UNDERSTANDING
SUBSTANCE USE AND MISUSE IN AMERICA."**

APRIL 14, 2021

Chair Eshoo and Ranking Member Guthrie, thank you for affording us the opportunity to provide this testimony to the subcommittee on the important topic of understanding substance use and misuse in America in the midst of a pandemic.

My name is Timothy B. Conley and I have been a Certified Addiction Specialist (C.A.S.) with the American Academy of Health Care Providers in the Addictive Disorders since 1993. I have both a Master's degree (M.S.W.) and Ph.D. in Social Work - I have held a license to practice since 1990 and have treated people with substance use disorders since 1987. Initially I worked in the greater Boston area; I have been teaching and practicing in rural Montana since 2003, serving the entire state. After 11 years earning tenure as an Associate Professor at University of Montana, I moved on to become an Associate Clinical Professor at Yeshiva University in NY, NY teaching fully online - even before the pandemic. Yeshiva hired me to develop a graduate level program for social workers specializing in the treatment of addictions

(which we now have). My current educational mission is preparing the next generation of highly qualified and credentialed professionals to work with those afflicted by substance use disorders. I am writing to you in collaboration with my colleague Dr. Ackerman who will briefly introduce herself before we offer ideas and suggestions.

My name is Dr. Debbie Akerman. I earned my M.S.W. (2010) and Ph.D. (2019) in Social Welfare from Yeshiva University, Wurzweiler School of Social Work. I maintain a private practice where I specialize in treating addiction and I am a Clinical Assistant Professor at Wurzweiler where, along with Dr. Conley, I teach several graduate courses on addictions. My foray into the world of addiction, like many others, came from personal experience and devastation. It is no coincidence that one of the sayings in the 12-step recovery programs is that “Addiction starts with pain and ends with pain”. Addiction remains the most misunderstood, stigmatized, and moralized diagnosis in the professional world; current legislative proposals have an opportunity to change that.

Between us we have counseled thousands of individuals toward recovery while watching the treatment workforce gray and retire, with too few replacements to fill ranks as an epidemic descended on our country and our professional world. We have seen, in our own offices, the faces behind the statistics citing over eighty-eight thousand (88,000) individuals died of overdoses in a single 12 month period. This is why we are increasingly committed to training a next generation of counselors to address America’s most recent substance use epidemic: opioid use disorder.

The problem

We suggest that of all the text in all the bills under consideration by your subcommittee, the most important single sentence is in HR 2366, page 5, lines 19 and 20 “...and expanding access to treatment.” We take this to mean access to qualified and trained treatment providers. This assumes enough treatment providers exist: *they do not*.

The United States has effective evidence based treatment models for addiction; we have Federally Qualified Health Centers; we have state licensed and accredited inpatient and outpatient treatment programs and the ability to start more; we have a sympathetic wave of goodwill towards people suffering addiction the likes of which has not been seen since the 1970s but – these are carts without horses. Programs must be staffed and we desperately need more qualified addiction treatment providers. According to the current U.S bureau of Labor Statistics, Occupational Outlook Handbook

“Employment of substance abuse, behavioral disorder, and mental health counselors is projected to grow 25 percent from 2019 to 2029, much faster than the average for all occupations. Employment growth is expected as people continue to seek addiction and mental health counseling.”

This was *before the pandemic*. Given the adverse impact of Covid on mental health issues, particularly substance use disorders, we must assume the need for qualified treatment professional is even greater now.

Looking at this issue from a macro or educational level, Dr. Akerman’s research indicates 75% of behavioral health clinic administrators stated their clinicians could not diagnose or treat

addiction. In a country where addiction cases continue to rise, to cost this country where billions of dollars in forensics, health costs, and lost productivity are prevalent. it is imperative that the behavioral health workforce numbers change to meet the problem. Addiction and its sequelae cannot be addressed if there is not an adequate work force that understands this disease process from all fronts. Treatment centers cannot be effective if they do not have the adequate numbers of well-trained staff to implement evidence based treatment. Clients, their families and communities will all continue to suffer if there are not enough clinics and rehabs for those who seek treatment, if we do not have enough manpower to educate, and support the recovery community.

The 2019 National Survey on Drug Use and Health (NSDUH) states **“80% of individuals with a substance use disorder (SUD) do not get needed care”** (1). This was a conservative estimate, again made pre-pandemic. Most people suffering an opioid or other substance uses disorder would choose to get the needed care were it available – but it is not, particularly in rural America (like Montana where Dr. Conley lives) because there are nowhere near enough addiction treatment service providers. Even those qualified to treat other mental illness are most often not trained to treat addiction. Therefore, re-training is in order. It takes about 100 hours of additional professional training for individuals with a Master’s degree or higher to become credentialed and proficient at treating addiction.

A well-intentioned pouring of support into the treatment system will result in unspent dollars if treatment settings cannot find qualified personnel to hire.

The following anecdote is informative. Dr. Ackerman has been treating a young man for about four years (early recovery may take 3-5 years) who had a fairly significant addiction issue. Luckily for this individual, he was able to get into recovery while still a teen and embraced the concepts of a higher power, gratitude and acceptance in relatively short time. From a teen who was unable to go to school, work or function in any meaningful capacity due to his addiction and mental health issues he has emerged a sensitive, cheerful young man who has started his own business and immersed in the 12 step world of daily prayer, humility and gratitude which includes sponsoring several newcomers with his “experience, strength and hope.” This young man is just one of millions of individuals who have had the benefit of workers trained with the principles of both social work and addiction.

The problem we see is making sure that this positive experience can be replicated and for that to happen we need workforce.

Solution

The United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) 2019 “Behavioral Health Workforce Report” concluded that the United States should:

- (Address) ...the need for behavioral health providers and encourage students to pursue careers in behavioral health.

- Provide funding to healthcare practitioner education programs to embed information on care and treatment of serious mental illness and substance use disorders into standard undergraduate curriculum.
- Encourage clinical placements/practicums in mental health and substance use disorder settings to increase the knowledge base of practitioners in behavioral health services.
- Increase loan forgiveness programs for all behavioral health specialties to encourage entry to the field.

At this point in time, a critical part of solving the opioid and other substance use disorder epidemic is incentivizing careers for qualified treatment professionals. This translates into tuition remission and loan forgiveness programs (going forward) for those completing formal education in social work, mental health and addiction counseling degrees. These must be specific to earning state-level addiction counseling credentials like the Joint Masters in Social Work / Credentialed Alcoholism and Substance abuse Counseling (MSW/CASAC) program we have built at Yeshiva University.

“Nothing changes if nothing changes” is a phrase persons in recovery from addiction are aware of, and we humbly testify that it is time to provide additional funding so that we may train more qualified workers to bring hope and recovery to a nation in desperate need of recovery.

References

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2. U.S bureau of Labor Statistics, Occupational Outlook Handbook <https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm> Retrieved 4-11-21