Substance Use and Addictions Work in Massachusetts



An Overview of the Substance Use & Addictions Workforce and State Workforce Development Efforts

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Workforcenoun work·force \ 'wərk-ˌförs *



- 1: the workers engaged in a specific activity or enterprise the factory's workforce
- 2: the number of workers potentially assignable for any purpose the nation's workforce

When I talk about the workforce, I'm referring specifically to the workers, or potential workers, whose focus is primarily on preventing, intervening in, treating, and supporting recovery from substance use and addictions.



^{*}Merriam-Webster.com

Workforce Development



An interconnected set of solutions to meet employment needs: prepares workers with needed skills, emphasizes the value of workplace learning, and addresses hiring demands¹.

Two types of strategies

- 1. Place-based: addressing needs of people living in a particular area
- Sector-based: matching workers' skills to needs in an industry already present in the region²

When I talk about WD, I'm specifically referring to the second strategy here – I'm talking about preparing the SUD workforce, in it's many varied forms, to do their jobs through education, training, mentoring, coaching, and having access to information about jobs, career ladders, networking, etc. through the COS website



¹ Workforce Connections

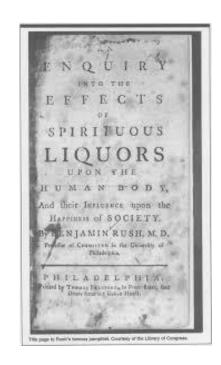
² Wikipedia

Background: From peer volunteers to licensed professionals and back again...



1700s & 1800s

- Mutual aid societies
- Sobriety circles¹
- Benjamin Rush (1791):
 alcoholism = disease
- Sober Homes & Inebriate Asylums
- Alcohol to slaves during harvest and holidays²
- Opium & Morphine used liberally for many ailments



A MORAL AND PHYSICAL THERMOMETER. A scale of the progress of Temperance and Intemperance.—Liquors with effects in their usual order.

70	TEMPERANCE. Health and Wealth.
50-	Milk and Water, Serenity of Mind, Reputation, Long Life, & Happiness.
40-	Cider and Perry,
20-	Wine, Checafulness, Strength, and Nourishment, where taken only in small quantities, and at meals.
10-	Strong Beer,

INTEMPERANCE.

° E E	VICES.	DISEASES.	PUNISH- MENTS.
10- Punch,	Idleness, Gaming,	Sickness,	Debt.
20- Toddy and Egg Rum,	peevish-	Tremors of the hands in the morning, puking,	
30- Grog-Brandy and Wa-	quarrelling		Black eyes,
40- Fin and Shrub,	Horse-Ra-	and face, Sore and swelled legs.	Hospital or
50- Bisters infused in Spirite and Cordials.	Lying and		1
60- Drams of Gin, Brandy,	Stealing &	ling in the hands, and feet	State prison
70 - and Rum, in the morning. The same morning and	Perjury,	Melancholy, palsy, appo-	do. for Life.
ning, The same aur-	Murder,	plexy, Madness, Despair	Gallows

Reproduced from pages 2 and 3 of Benjamin Rush's An Inquiry Into the Effects of Ardent Spirits Upon the Human Body and Mind, the eighth edition.









Early 1900s

- Treatment clinics and hospitals for the wealthy
- "Cures": elixir, spiritual, religious
- Temperance movements; KKK³; Prohibition (1920)
- Asylums close







1933-1950

- 21st Amendment (1933)
- Alcoholics Anonymous (1935)
- Antabuse to treat alcoholism





BSAS

1950s & 1960s

- Halfway Houses
- MA DPH Division of Alcoholism (1950)
- Narcotics Anonymous (1953)
- MN creates "Counselor on Alcoholism" (1954)
- New York City Medical Society on Alcoholism (ASAM)
- Therapeutic Communities
- Federal funding for addiction counseling
- Debates about counselor qualifications become heated





1970s

- NIAAA (1970)⁴
- MA DMH Division of Drug Rehabilitation (1970)
- Association of Labor-Management Administrators and Consultants on Alcoholism (1971)
- Naloxone (Narcan) approved by FDA
- Methadone approved by FDA (1972)
- Acupuncture used to treat withdrawal
- NIDA (1974)⁴
- Professional Certification studies begin⁵









1980s & 1990s

- International Certification & Reciprocity Consortium (1981)
- MA DPH Bureau of Substance Abuse Services (1986)
- Office of SU Prevention, Tobacco lawsuits
- Increased criminalization of drug use; "War on Drugs" (1987)
- ASAM Patient Placement Criteria (1991)
- SAMHSA (1992) Federal Block Grant program - Single State Authorities
- Licensing of Alcohol and Drug Counselors



Prevent • Treat • Recover • For Life





BSAS

2000 to present

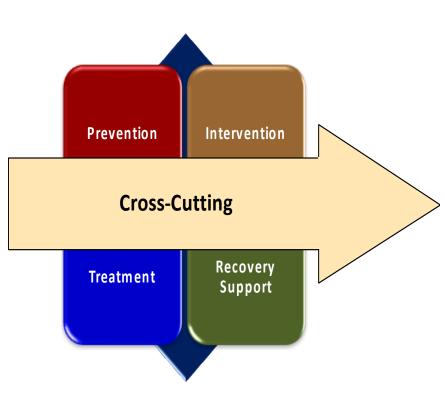
- Naltrexone and Buprenorphine approved by FDA
- Recovery Support Centers (2007)
- Certified Prevention Specialist (2010)
- Recovery Coaches volunteer/paid
- IC&RC Recovery Coach certification requirements
- Opioid epidemic renewed funding treatment vs. incarceration
- SUD Core Competencies/Principles medical, dental, nursing, PA, social work students (2015-16)



Bureau of Substance Addiction Services



BSAS is Massachusetts' Single State Authority



FY 2017 Service Data:

- 111,362 admissions to services
- 52,869 unique individuals served

Among FY 2017 admissions:

- 31.7% female
- 52.6% between ages 26 and 40
- 36.2% homeless





Prevention

What: Preventing underage drinking/drug use

Who: Prevention specialists (Some certified)

Where: Community Coalitions

- Substance Abuse Prevention <u>SAPCs</u>
- ➤ MA Opioid Abuse Prevention MOAPCs





Intervention

What: Screening, Brief Intervention, & Referral

to Treatment (SBIRT), Family Intervention

Who: Medical providers, school nurses;

treatment providers; outreach workers,

first responders

Where: Primary Care, Hospitals, EDs, Schools, Behavioral Health Settings, Treatment programs, Opioid Overdose Education and Naloxone Distribution sites (OENDs)





Treatment

What: Range of options to support people in

reducing addictive behaviors

Who: Counselors/Clinicians/Recovery

Specialists, Clinical Supervisors, Program

Directors, Nurses, Psychiatrists, Intake

staff, etc.

Where: Various program types





Recovery Supports

What: Services to support people from early to

long-term recovery

Who: Recovery Coaches, Peers

Where: Recovery Support Centers (10),

Self-help groups (12-Step, Smart, Wellbriety)



Where are services provided?





Methadone clinics



Recovery support centers



Medical facilities



Schools



Faith communities



Residential programs



Needle exchanges



Who makes up the SUD Workforce?





Faith-based providers



Nurses, NPs, PAs

Outreach workers





Prevention specialists



Physicians

Community health workers





Counselors, clinicians, case managers

Where do they get trained?



- On the job
- Continuing education trainings
- Human service-related certificate, associate's, and bachelor's degree programs
- Master's degree programs in social work, psychology, counseling psych, public health, education, etc.
- Medical programs (MD, RN, NP, PA, etc.)



Recovery Coach Trainings Offered



RCA

- 5 days
- Application
- Offered Regionally

Ethical Considerations

- 2.5 days
- Offered Regionally

RC Supervisors

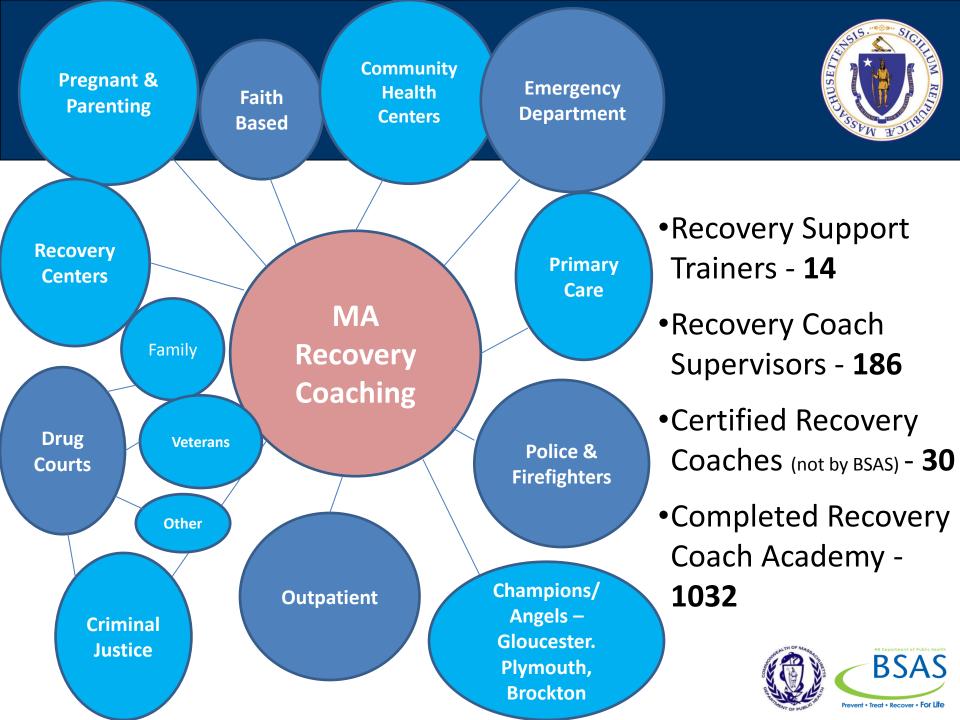
- 3 days
- Coaching
- Webinars
- Offered Regionally

Other RC Trainings

- Motivational Interviewing
- Mental Health
- Advocacy
- Cultural Comp.
- Addictions 101
- MAT
- Self-Care







Recovery Coach Workforce Issues & Concerns



Recovery Coaches help:

- ☑ Link to recovering community
- ☑ Provide resources

Recovery Coaches are not:

- **区** Sponsors

- **⋈** Babysitters
- Banks
- □ Personal Drivers





Recovery Coach Workforce Issues & Concerns



- Misunderstanding & misuse of peer roles
- Inadequate, inappropriate or unqualified supervision
- Peers working in isolation, unsupportive environments
- Potential of being exploited as cheap labor
- Undervalued, undermined and/or co-opted
- Asked to perform tasks inappropriate for their role



Main workforce challenges faced in the Substance Use/Addictions field



- High turnover (60%)
- Inadequate numbers entering workforce due to:
 - Low salaries/inadequate benefits packages
 - Inadequate supervision
 - Difficulty getting staff to trainings
 - Limited access to loan repayment
 - Stigma



How is BSAS addressing the challenges?



Current Efforts

- Careers of Substance website
- One-day and multi-day trainings
- Learning communities
- <u>Latinx</u> and <u>Black</u> Addiction Counselor Education programs
- Prevention training for school nurses and in Native American communities
- Collaborations with higher ed programs
- Workforce data analysis





How is BSAS addressing the challenges?



Looking ahead - aspirations

- Focus groups with HR directors
- Regional meetings for providers and educators/career centers
- Staff recruitment & retention learning community
- Exploring loan repayment programs



Thank you!





Questions, comments?



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References/Resources



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