



Health Workforce Projections: Addiction Counselors

This fact sheet presents the national supply of and demand for addiction counselors for 2013 through 2025 using HRSA's Health Workforce Simulation Model (HWSM).^{1,2} While the nuances of modeling supply and demand differ for individual health professions, the basic framework remains the same. For supply modeling, the major components (beyond common labor-market factors like unemployment) include characteristics of the existing workforce in a given occupation, new entrants to the workforce (e.g., newly trained workers), and workforce decisions (e.g., retirement and hours worked patterns). For demand modeling, the major components include population demographics, health care use patterns (including the influence of the increased insurance coverage), and demand for health care providers (translated into requirements for full-time equivalents). Over the period studied, the model assumes that current national patterns of labor supply and service demand remain unchanged within each demographic group.³ These projections do not account for the geographical distribution of providers which may impact access to care in certain areas.

The following two scenarios are simulated: **Scenario One** assumed supply and demand were in equilibrium at baseline, and **Scenario Two** adjusted current and projected demand based on findings from the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2013 National Survey on Drug Use and Health^{4,5} which found that approximately 20 percent of the 2013 U.S. population that reported having a behavioral health disorder did not receive treatment.

BACKGROUND

Licensed addiction counselors provide treatment and support to people who suffer from addiction to alcohol and other drugs, or other behavioral problems. Their duties may include conducting mental and physical health assessments; developing treatment goals and plans; reviewing and recommending treatment options; helping people to develop the skills and strategies necessary for recovery; making referrals for resources and services; and conducting outreach to help people identify and better understand

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The National Center for Health Workforce Analysis informs public and private-sector decision makers on health workforce issues by expanding and improving health workforce data, disseminating workforce data to the public, and improving and updating projections of the supply and demand for health workers.

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¹ This model uses a micro-simulation approach where supply is projected based on the simulation of career choices of individual health workers. Demand for health care services is simulated for a representative sample of the current and future U.S. population based on each person's demographic and socioeconomic characteristics, health-related behavior, and health risk factors that affect their health care utilization patterns. For more information on data and methods, please see [Health Workforce Supply and Demand Simulation Model](#).

² This fact sheet describes the workforce projections for one of nine behavioral health professions that are detailed in HRSA's "National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025."

³ Ono T, Lafortune G, Schoenstein M. "Health workforce planning in OECD countries: a review of 26 projection models from 18 countries." *OECD Health Working Papers, No. 62*. France: OECD Publishing; 2013: 8-11.

⁴ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2014. *Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD.

⁵ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2014. *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD.

substance abuse and behavioral disorders.⁶ Addiction counselors in private practice are licensed by the state in which they practice. Requirements for addiction counselors not in private practice vary significantly by state.

FINDINGS

At the national level, the supply of addiction counselors is projected to increase by 24 percent between 2013 and 2025 (Exhibit 1), reflecting growth over the past decade in the annual number of new addiction counselors trained. Under Scenario One, the demand for addiction counselors is expected to increase by 15 percent by 2025 although supply will exceed demand, suggesting a surplus of addiction counselors of approximately 7,930 FTEs. Under Scenario Two, which adjusts for the 20 percent of the population reporting lack of care, demand is projected to increase by approximately 15 percent to 122,510 FTEs, resulting in a deficit. However, Scenario Two assumes that all of the individuals reporting lack of care in SAMHSA’s survey actually needed or would have sought care. Therefore, Scenario Two should be viewed as an upper bound on demand.

Exhibit 1. Estimated Supply of and Demand for Addiction Counselors in the United States, 2013-2025

	Scenario One (Assumes equilibrium)	Scenario Two (Adjusted for SAMHSA survey)
Supply		
Estimated supply, 2013 ^a	85,120	85,120
Estimated supply growth, 2013-2025:	20,850 (24%)	20,850 (24%)
<i>New entrants</i>	47,050	47,050
<i>Attrition^a</i>	-25,850	-25,850
<i>Change in average work hours^b</i>	-350	-350
Projected supply, 2025	105,970	105,970
Demand		
Estimated demand, 2013 ^c	85,120	106,380
Estimated demand growth, 2013-2025:	12,920 (15%)	16,130 (15%)
<i>Changing demographics impact</i>	12,400	15,500
<i>Insurance coverage impact^d</i>	500	630
Projected demand, 2025	98,040	122,510
Projected Supply (minus) demand^e	7,930	-16,540

Notes: All numbers reflect full time equivalents. Numbers may not sum to totals due to rounding.

^aIncludes retirements and mortality.

^bThis represents the change in addiction counselors full time equivalents resulting from a change in the demographic composition of the future workforce and the associated effect on average number of hours worked.

^cThe baseline scenario assumes that national supply and demand are in approximate equilibrium in 2013.

^dThis model reflects expanded insurance coverage of mental health and substance use disorder services associated with Medicaid expansion and Affordable Care Act marketplaces, as well as federal parity protections.

^eThe demand for addiction counselors may lag behind supply due to projection models’ use of current utilization patterns as the basis for future projections. This pattern of utilization may be due to lack of access to behavioral health care.

⁶ US Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2014-15 Edition*, Substance Abuse and Behavioral Disorder Counselors. Accessed 5/6/2016: <http://www.bls.gov/ooh/community-and-social-service/substance-abuse-and-behavioral-disorder-counselors.htm>.