

Availability of employment services for people with opioid and other substance use disorders

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Key findings

- Forty-five percent of substance use disorder treatment facilities reported offering employment counseling or training for clients in 2020. The percentage of facilities offering these services has increased since 2010, with the greatest increases evident since 2018.
- Access to facilities that offer both employment services and medication-assisted treatment for opioid use disorder may be limited, thereby potentially limiting employment outcomes for this population.
- Facilities offering a substance abuse treatment program or group specifically tailored for veterans or criminal justice-involved clients were more likely to offer employment counseling or training. This is consistent with heightened federal attention on employment among these populations.
- Availability of employment services relative to the size of the population and geographic area varied across states. A higher percentage of substance use disorder treatment facilities offered employment services in large central metropolitan counties than in less urbanized counties.

National reports suggest that the opioid crisis has had a substantial effect on the employment and economic prospects of people with opioid use disorder. Studies have shown that worse economic prospects at the community level are associated with higher rates of opioid prescriptions, opioid-related hospitalizations and emergency department visits, and drug overdose deaths.^{1,2,3} Studies have also found associations at the individual level of opioid misuse and use disorder with poverty,⁴ and of use of pain medication with being out of the labor force.⁵ People with opioid and other substance use disorders face challenges obtaining and retaining employment due to stigma and discrimination in the workplace, past employment gaps and poor work history, relapse, the need to attend appointments during work hours for treatment or as required as a condition of probation, lack of jobs open to people with a history of drug-related criminal offenses, loss of licenses for driving under the influence, co-occurring health issues related to drug use, lack of education (not finishing high school), and other causes.⁶

Such reports have generated interest among federal agencies—including the Department of Labor,⁷ the Administration on Children and Families,⁸ and the Substance Abuse and Mental Health Services Administration⁹—in identifying and supporting interventions aimed at increasing the employment of people with opioid and other substance use disorders. Employment is an important contributor to recovery capital, that is, it is a resource on which individuals can draw to begin and sustain recovery from substance use disorder.¹⁰ Despite the need, however, people with substance use disorder might not have the same access to mainstream employment services as the general public. A recent evaluation found that in most local study areas, public workforce systems considered people with current substance use problems ineligible for intensive employment services and often referred them to substance abuse programs instead.¹¹ Therefore, the availability of employment services offered by substance use disorder treatment facilities is particularly important. Little is known, however, about the current availability of these services or changes in their availability over time.

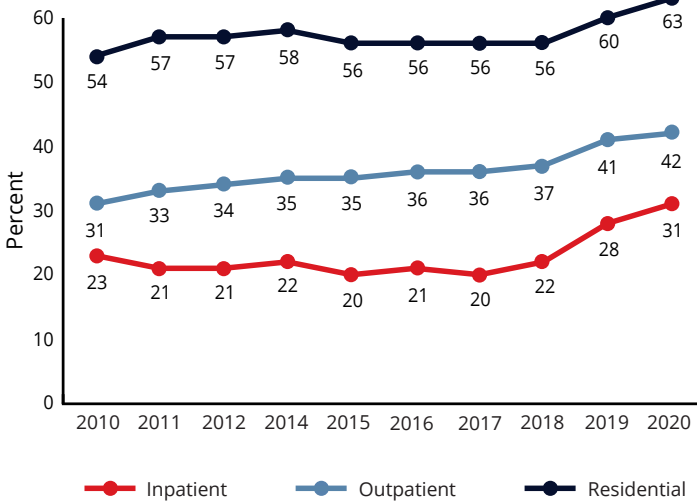
In this brief, we use data from the National Survey of Substance Use Treatment Services (N-SSATS) to document changes from 2010 to 2020 in the percentage of substance use disorder treatment facilities offering employment services. Given particular interest in employment services for people with opioid use disorders, we also present the specific proportion of facilities treating opioid use disorder that offer employment services. Because federal agencies—including the Departments of Veterans Affairs¹² and Justice¹³—have sought to address particular employment needs among veterans and people involved in the criminal justice system with substance use disorder, we also present analyses of facilities with programs specifically targeting these populations. Finally, we show variations in the percentage of facilities offering employment services by urban-rural classification and state.

Current availability of employment services and changes over time

The analysis revealed that, in 2020, 45 percent of substance use disorder treatment facilities (excluding those that offer only detoxification) reported offering employment counseling or training for clients. Sixteen percent of facilities reported offering vocational training or educational support, such as high school course work or GED preparation, which helps people obtain credentials that could lead to better employment opportunities.

The percentage of substance use disorder treatment facilities that offered employment counseling or training increased from 2010 to 2020, with the greatest increases evident since 2018 (Figure 1). This increase suggests an increase in availability relative to need, as the percentage of the population with substance use disorder remained stable or slightly decreased from 2015 to 2019, the latest year for which the Substance Abuse and Mental Health Services Administration reported data.¹⁴

Figure 1. Percentage of substance use disorder treatment facilities offering employment counseling or training, by year and treatment settings offered



Source: N-SSATS 2010 to 2020

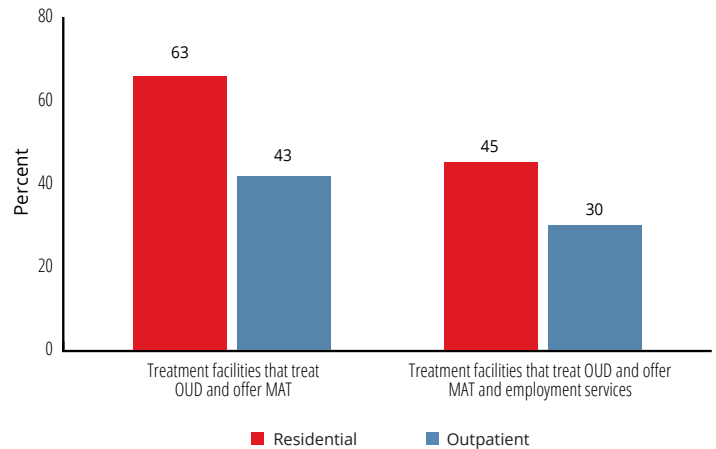
Notes: The 2014 N-SSATS did not ask whether facilities offered employment services. Facilities that offer treatment in inpatient, residential, and outpatient settings are not mutually exclusive. We excluded facilities that offer only detoxification within a given setting.

Facilities that offered residential treatment were the most likely to offer employment services. Residential treatment offers more intensive services than outpatient settings and longer-term treatment than inpatient service settings, thereby providing an opportunity to address employment along with other recovery goals. However, because in 2020, 74 percent of substance use disorder treatment facilities offered outpatient treatment only (N = 11,791 out of 15,895 total facilities), outpatient treatment facilities are the most abundant source of employment services.

Employment services for specific populations

The percentage of residential and outpatient treatment facilities treating opioid use disorder that offer employment counseling or training (Figure 2) is almost identical to the percentage of all substance use disorder treatment facilities offering employment these services (Figure 1). This is not surprising because 95 percent of facilities that offer residential treatment and 89 percent of facilities that offer outpatient treatment include opioid use disorder among the conditions they treat.

Figure 2. Percentage of substance use disorder treatment facilities treating opioid use disorder that offer employment counseling or training and medication-assisted treatment for opioid use disorder, 2020



Notes: Facilities that offer medication-assisted treatment include facilities that prescribe naltrexone or buprenorphine to treat opioid use disorder; federally-certified opioid treatment programs; and facilities that accept clients using medication-assisted treatment of opioid use disorder for whom the medications originate from or are prescribed by a prescribing entity in the facility's network or with which the facility has a business, contractual, or formal referral relationship. Facilities that offer treatment in a residential or outpatient setting are not mutually exclusive.

MAT = medication-assisted treatment, OUD = opioid use disorder.

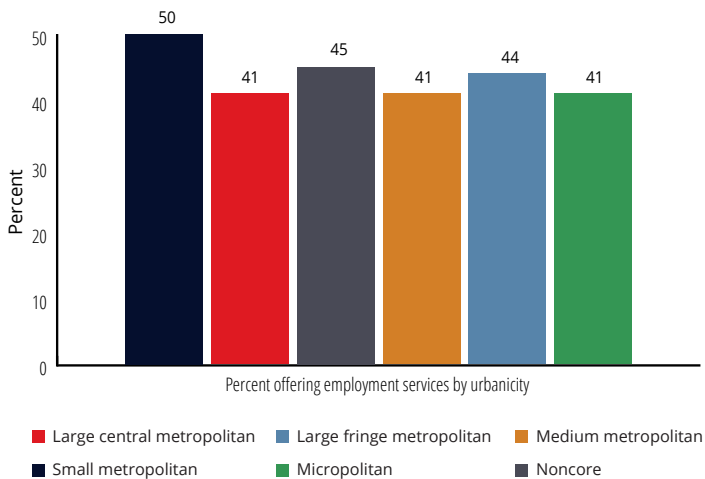
A recent literature review of employment interventions for people with substance use disorder found that each intervention specifically targeting people with opioid use disorder was tested on a population that received concurrent medication-assisted treatment.¹⁵ This suggests that medication-assisted treatment could be an important factor in improving employment outcomes for people with opioid use disorder. Our analysis revealed, however, that only 45 percent of facilities that offered treatment in a residential setting and treated opioid use disorder offered both employment counseling or training and medication-assisted treatment for opioid use disorder; the corresponding rate for facilities that offered treatment in an outpatient setting was only 30 percent. This suggests that access to the combination of services that could best support people with opioid use disorder to achieve their employment goals may be limited.

Among facilities offering a substance abuse treatment program or group specifically tailored for veterans (including facilities operated by the U.S. Department of Veterans Affairs) or criminal justice-involved clients (not including jails, prisons, or other organizations providing treatment exclusively for incarcerated persons or juvenile detainees, which are excluded from N-SSATS), 58 percent and 55 percent, respectively, offered employment counseling or training. This higher rate, relative to the overall percentage of facilities that offer employment services, is consistent with heightened federal attention to employment among these populations.

Employment services by urban-rural classification and state

We examined the availability of employment services by urban-rural classification using the 2013 National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties.¹⁶ The scheme groups all U.S. counties and county-equivalent entities into six urbanization levels (four metropolitan and two nonmetropolitan) on a continuum ranging from most urban to most rural. The most urban are large central and fringe metropolitan counties, which are akin to inner cities and suburbs, respectively, in metropolitan statistical areas of 1 million or more population. The most rural are counties in micropolitan statistical areas (areas with one or more urban clusters and 10,000 – 49,999 population) and noncore counties (nonmetropolitan counties that do not qualify as micropolitan). The availability of employment counseling or training was highest in large central metropolitan counties, with little variation among the other urbanization levels (Figure 3).

Figure 3. Percentage of substance use disorder treatment facilities offering employment counseling or training, by urban-rural classification of the county in which the facility resides, 2020



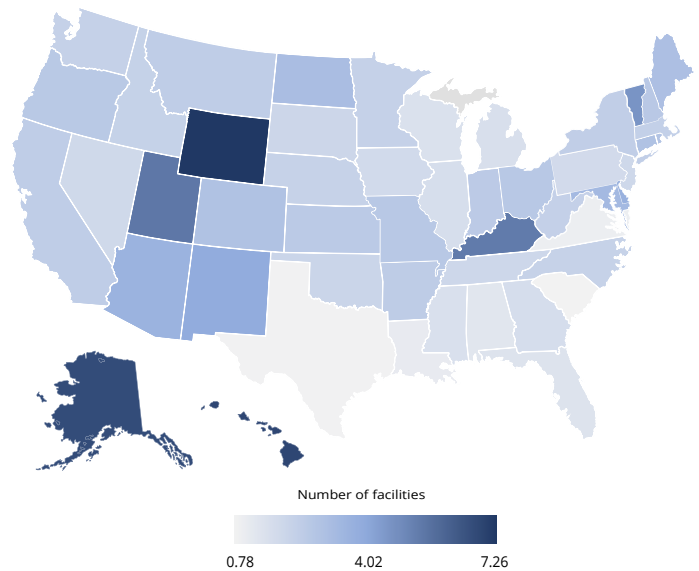
Sources: N-SSATS 2020 and 2013 NCHS Urban-Rural Classification Scheme for Counties.

Note: We excluded facilities that offer detoxification but no other treatment services.

Lastly, we assessed the availability of employment services by state. Employment service availability among substance use disorder treatment facilities varied across the country. In three-fourths of all states, fewer than three facilities offered employment services per 100,000 population (Figure 4). According to the National Survey on Drug Use and Health, 7.4 percent of the U.S. population had a substance use disorder in 2019.¹⁷ Therefore, our N-SSATS estimate suggests that in

three-fourths of all states, fewer than three facilities offered employment services for every 7,400 people with substance use disorder. Employment services were least available relative to population in southern states including South Carolina, Texas, and Virginia.

Figure 4. Number of substance use disorder treatment facilities offering employment counseling or training per 100,000 population, 2020

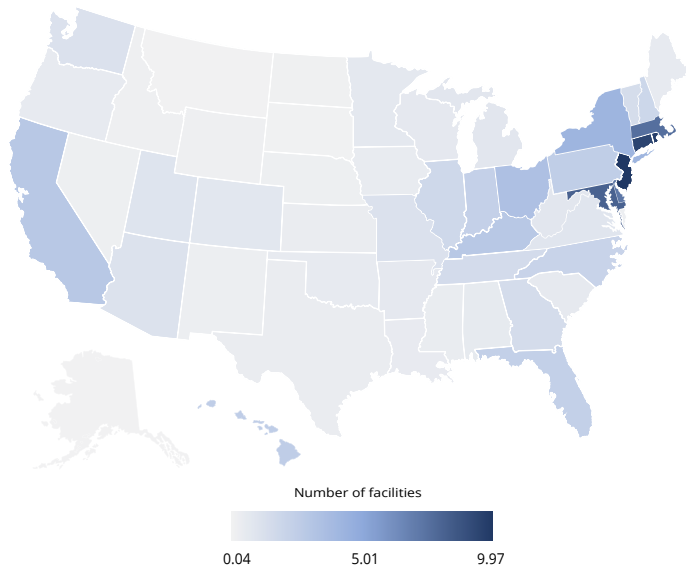


Source: N-SSATS 2020 and U.S. Census Bureau (2021).¹⁸

Note: We excluded facilities that offer detoxification but no other treatment services.

We calculated the number of facilities offering employment services per 500 square miles in each state as a proxy for how far a person might have to travel to receive employment services from a substance use disorder treatment facility. Within a 500 square-mile area, the farthest a person would have to travel would be 32 miles. In three-fourths of states, 2.6 or fewer substance use disorder treatment facilities per 500 square miles offered employment counseling or training. If three facilities were evenly spaced across a 500 square-mile area, a person would only have to travel about 11 miles at most to receive employment services. Although this might be considered an easy driving distance, it could present challenges for those without ready access to a motor vehicle who must rely on public transportation (which might not be available, might be cost prohibitive for those without earned income, or might be time-consuming for traveling more than a few miles). Moreover, facilities offering employment services might not be evenly spaced across a state, thereby requiring some people to travel much farther. The availability of employment services per 500 square miles was most concentrated in smaller, northeastern states (Figure 5).

Figure 5. Number of substance use disorder treatment facilities that offer employment counseling or training per 500 square miles, 2020



Source: N-SSATS 2020 and U.S. Census Bureau (2010).¹⁹

Note: We excluded facilities that offer detoxification but no other treatment services. We excluded the District of Columbia because its area is less than 500 square miles.

Discussion

The availability of employment services in substance use disorder treatment facilities is important because integrating these services with substance use disorder treatment may lead to better outcomes²⁰ and because people with substance use disorder may not qualify for mainstream employment services offered through the workforce system. Yet, overall, fewer than half of substance use disorder treatment facilities offered employment services in 2020. Although a 2018 study found that many substance use disorder treatment providers in Ohio said their communities lacked sufficient employment services or that the services offered were not effective, many also felt that employment services were outside of their scope of practice or that their clients were not ready for employment (requiring sustained sobriety first).²¹ Increasing access to employment services for people with substance use disorders might require consideration of these perspectives, as well as dedicated funding and staffing (as suggested by the same study).

The extent to which the employment counseling and training services offered by substance use disorder treatment facilities are evidence-based and effective is unknown. N-SSATS does not include a definition for the employment counseling or training item, so we do not know what such services comprise or even the extent to which services are offered in-house versus through referral. The aforementioned 2018 study from Ohio described employment services offered by substance use disorder treatment facilities as including referrals to outside employment agencies and other community agencies that provide vocational training and GED courses, job readiness preparation, transportation to employment services, assistance with resume writing and completion of job applications, interview skills training, and provision of job lists.²² The study did not assess the effectiveness of these services or the similarity to services provided in other states. None of the providers in Ohio offered the individual placement and support model of supported employment for people with substance use disorders, which is the model with the most evidence of effectiveness.²³

The opioid crisis has greatly affected the workforce. Increasing the availability of employment services for people with opioid use disorder, especially among facilities that offer medication-assisted treatment, as recommended by the Substance Abuse and Mental Health Services Administration,²⁴ could improve employment outcomes. A 2019 survey found that although federally certified opioid treatment programs are required to provide vocational services, the majority reported they did not, with only 25.4 percent saying they provide job or vocational training and 12.5 percent saying they provide job placement services.²⁵ Additional efforts to document compliance with this requirement and exploration of the barriers that prevent opioid treatment programs from providing employment services might help to increase their availability. The extent to which employment services offered to people with any type of substance use disorder should be customized for the population with opioid use disorder to obtain the best outcomes is unknown.

Lastly, the effect of variation in availability of employment services relative to population versus the size of the geographic area would benefit from further attention. For example, although Alaska and Wyoming had the highest count of facilities per 100,000 population (Figure 4), they had few facilities per 500 square miles (Figure 5), which could impact the distance people must travel to access a substance use disorder treatment facility that offers employment services.

Endnotes

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