

# Critical Actions to Fight the Substance Use Disorder Crisis

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Issue Brief

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# Acknowledgments

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## About

Co-founded by former Congressman Patrick J. Kennedy and his wife, Amy L. Kennedy, The Kennedy Forum (TKF) is creating a future where all people can access effective prevention and treatment of mental health and substance use disorders (MH/SUD).

TKF uniquely cultivates relationships with key leaders to advance sweeping change for major MH/SUD issues, including inequity in insurance coverage and the escalating youth mental health crisis.

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## Ten-Year Goal: 90-90-90 by 2033

The Kennedy Forum's strategic initiative, [Alignment for Progress](#), sets forth a [ten-year 90-90-90 goal by 2033](#):

# 90%

of individuals screened  
for MH/SUDs

# 90%

receiving evidence-  
based treatment

# 90%

managing symptoms  
and achieving recovery

One element of the Alignment for Progress is its [National Strategy for Mental Health and Substance Use Disorders](#), a reference for federal policymakers to attain better access to MH/SUD care for all.

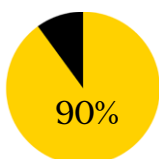


# Evidence-Based Care Save Lives, But Most Do Not Have Access

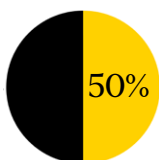
The U.S. has the beginnings of a lifesaving system for addressing substance use disorder (SUD), but most people do not get care. Even those who do get care often do not get evidence-based services.

**The National Survey on Drug Use and Health** finds that almost 1 in 10 Americans experienced a SUD in the past year in 2023. More than 2 in 10 reported misusing opioids in the past year. Between 2003 and 2023, **the rate of overdose deaths in the U.S. more than tripled**, increasing from 8.9 deaths per 100,000 to 31.3 deaths per 100,000.

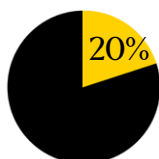
The research is also clear: existing programs save lives.



- Naloxone distribution strategies are **more than 90% effective** in saving lives for those reached.



- FDA-approved medications for opioid use disorder, either integrated into primary care or through community-based treatment centers, **reduces the risk of opioid mortality by more than half**.



- **Prevention programs can reduce** the odds of young people starting to use drugs by more than 20%.



## 1 in 10

Americans experienced a SUD  
in the past year in 2023

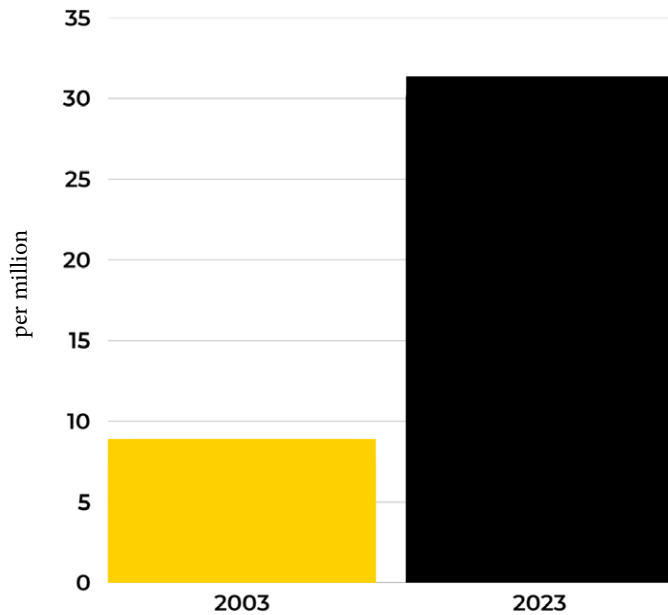


More than  

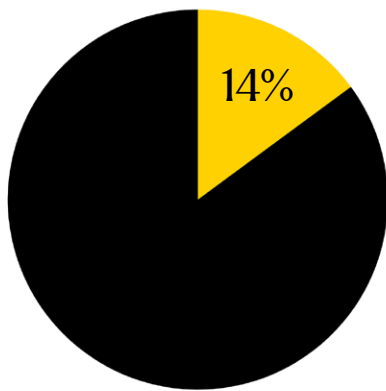
## 2 in 10

reported misusing opioids  
in the past year

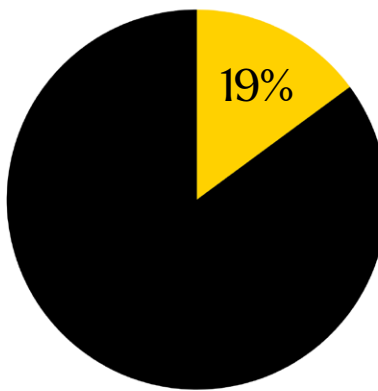
Between 2003 and 2023, the rate of overdose deaths in the U.S. more than tripled



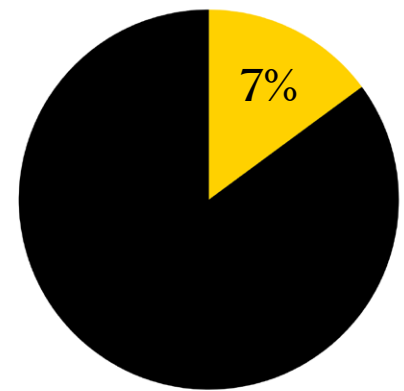
Unfortunately, most people who need SUD services do not get them. Only 14% of adults and 19% of youth with a SUD received any amount of treatment in the past year in 2023. Only 7% of people with an opioid use disorder received medications.



Percentage of youth with an SUD who received treatment



Percentage of adults with an SUD who received treatment



Percent with an opioid use disorder who received medication

## Bottom Line

America's evidence-based SUD systems save lives for those that it reaches. The systems reach far too few people though and often only after people have experienced substantial suffering. For those getting care, it is critical that they not experience disruptions during shifts in national or state policy. Disruptions in care could be fatal.

## Recommendation

For any policies that might impact coverage or access to services, include safeguards to ensure that people with SUD do not lose access to life saving care. The federal budget should also direct adequate resources toward addressing the SUD crisis.

# Effective SUD Care is Critical to Make America Healthy Again

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President Trump declared, “It shall be the policy of the Federal Government to aggressively combat the critical health challenges facing our citizens,” including overdoses. The declaration outlines several strategies for achieving this, including increasing healthcare transparency, access to lifestyle-based approaches, and a focus on root causes. Each of these strategies can improve SUD outcomes to address the current crisis and Make America Healthy Again.

## **Transparency should prioritize SUD quality, outcomes, and access.**

Right now, consumers do not know what SUD care is available or how well it might work for them. This is inefficient and ineffective. Our nation should make existing data usable for consumer decision-making and promote the uptake of key measures that matter most to consumers.

## **Lifestyle approaches should include integrated SUD care.**

People have the best SUD outcomes when receive care early. Sometimes early action can even prevent SUD entirely. Evidence-based models integrating SUD prevention and treatment in primary care are effective for reaching people early. These models also work well with whole person approaches that include nutrition and physical activity. Our nation should support widespread adoption of integrated SUD care models to improve overall health and wellness.

## **Attention to root causes should include SUD prevention and recovery.**

Decades of research finds that community-based strategies are effective for both preventing SUD as well as promoting recovery. These strategies support families, workplaces, schools, and communities to keep people connected and engaged, but they do not exist in most communities. Our nation should expand community-based prevention and recovery strategies to address the SUD crisis and promote overall health as part of its focus on root causes.

# Six Key Recommendations for the Current Moment

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Building on opportunities in the effort to Make America Healthy Again is one important part of addressing the SUD crisis. There are other critical actions that our country can take to fight the current epidemic.

## **1. Align financial incentives with quality and outcomes in SUD.**

Our nation needs widespread adoption of a few key measures that matter most to people for SUD outcomes. Payment flows should be connected to these measures. This gives flexibility to personalize care, while also making sure that people get care that works. Public agencies should partner with payers, providers, employers, and consumers to align incentives with measures that matter most to SUD outcomes.

## **2. De-regulate harmful barriers to life saving treatment options.**

Despite the evidence for how effective interventions like FDA-approved medications for addiction treatment can be, people still face outdated regulatory barriers to accessing them (i.e., methadone). These gaps cost lives and exacerbate the crisis. Our nation must identify barriers to care and de-regulate outdated policies.

## **3. Expand the workforce and build out career pathways.**

Who gets reimbursed and for what in SUD care is built on outdated models that limit the available workforce. As a result, certain providers included in the system get completely overwhelmed while other potential providers are extremely under-utilized. A fully functioning system should use all available providers to the top of their licensure in effective teams. Our nation must de-regulate current barriers, modernize reimbursement policies, and build toward a clear vision for bringing in the full SUD workforce to address the crisis.



#### **4. Break down program silos that prevent whole person care.**

People and families facing SUD challenges benefit from support that addresses other areas of life, like work, education, or housing. Unfortunately, different policies can make it hard for programs to coordinate on the ground to effectively serve people. Approaches like the federal Performance Partnership Pilots have demonstrated a promise by breaking down regulatory barriers and instead focusing on outcomes, but have not reached scale. Our nation must help communities effectively serve people by supporting a focus on outcomes and removing other barriers to coordination.

#### **5. Protect young people from THC-induced psychosis.**

Increasing evidence indicates that THC in marijuana may cause young people to experience psychosis. Few SUD service providers have been equipped to manage these needs. Our nation must support policies that prioritize protecting youth in marijuana legalization and from and equip SUD providers to effectively meet the needs of people experiencing THC-induced psychosis.

#### **6. Account for the budget savings from improving SUD outcomes.**

Improving SUD outcomes leads to downstream budget benefits, such as greater labor productivity and less healthcare utilization. However, policymakers do not currently consider these benefits in their decision-making, in large part due to resource limitations. Our nation must consider the budget benefits of improving SUD outcomes to ensure that we invest wisely to address the current crisis.

# National Strategy Policy Recommendations

The National Strategy for Mental Health and Substance Use Disorders exists as one element of the Alignment for Progress Movement. The Strategy is the first-of-its-kind, comprehensive set of policy recommendations for federal policymakers. No matter which congressional committee or federal agency, every part of the federal government has a role to play as demonstrated by the recommendations in the National Strategy.

**Congress should establish a National Coordinator for the MH/SUD Workforce.** Similar to the National Coordinator for Health Information Technology, the National Coordinator for the MH/SUD Workforce could work with stakeholders to set common standards and streamline processes to ensure an adequate workforce nationwide for SUD prevention and treatment. The National Coordinator could also highlight gaps and ensure that the distribution of providers currently in practice and in the pipeline is on track to meet future needs.

**Eliminate out-of-state licensure requirements.** To address the continued need for provider flexibility and remove federal barriers to meeting workforce demands, Congress should permanently eliminate or otherwise streamline the out-of-state licensure requirements under Medicare and Medicaid. Congress should also direct the Department of Health and Human Services (HHS) to convene a working group representing state health profession licensure boards to identify barriers to participation in state licensure compacts and develop a framework or model application for reciprocity to facilitate provider approval to practice across state lines.

**Create a special DEA registration.** The Drug Enforcement Administration (DEA) should create a special registration to allow for one DEA registration in coordination with a valid medical license in each state the practitioner is practicing medicine, rather than a separate medical license and DEA registration in every state.

**Increase Medicare payment rates for care integration.** Congress should increase Medicare payment rates for mental health and substance use disorder (MH/SUD) integration services to help defray a portion of the startup costs that providers incur when they begin delivering care through models that integrate MH/SUD and primary care and to adequately compensate for ongoing care.

**Improve training for diagnosis and treatment of addiction.** All federally-supported medical, nursing, and other clinician training programs should be required to incorporate training on the diagnosis and treatment of addiction into their curricula.

**Expand eligibility for loan repayment programs.** Congress should expand funding the eligibility criteria for national and state loan repayment programs to include bachelor-level social workers, health and human services providers, and certified drug and alcohol counselors, while also expanding service delivery location sites to include more home, school, and community-based settings.

**Expand use of medications for addiction treatment in hospitals.** Congress should require the Centers for Medicare and Medicaid Services (CMS) to include provisions for appropriate use of medications for addiction treatment in the conditions for participation for hospitals in Medicare.

**Expand value-based payments to encourage care integration.** Congress should require the Centers for Medicare and Medicaid Services (CMS) to conduct an analysis of integration models in Medicaid and publish guidance describing state options for adopting or expanding value-based payment arrangements that integrate mental health or substance use disorder (MH/SUD) care within the primary care setting and best practices.

**Develop quality measures to assess care integration.** Congress should require the Centers for Medicare and Medicaid Services (CMS) to develop Medicare quality measures that assess the degree to which clinician practices integrate mental health and substance use disorder (MH/SUD) and primary care.

**Increase access to Naloxone.** Federal agencies and Congress should dramatically expand the distribution of Naloxone, the lifesaving opioid overdose reversal medication, utilizing the widespread distribution of Automated External Defibrillators (AEDs) for heart attacks as a possible model. Policymakers should ensure that no-cost naloxone is available to respond to opioid overdoses.

**Maintain telehealth access post COVID-19.** Congress should pass legislation to ensure the availability of mental health and substance use disorder (MH/SUD) services via telehealth, which is critical to expanding access to treatment.