Behavioral Health Business

New Generation of Workers Revitalizes Addiction Treatment Services

By **Ashleigh Hollowell** | July 7, 2025

The retirement trend dominating employment conversations may be taking a turn – at least for the addiction treatment industry, where longtime professionals are noticing renewed attention from the younger side of the workforce.

The growing demand for addiction treatment services is still swept up in the behavioral health industry's ongoing workforce woes, where elevated needs are outpacing the number of professionals to meet them. However, the destigmatization of substance use disorders (SUDs) and more professionalization of this sector are two key aspects driving interest from the younger generation. This could help fuel the SUD workforce and change the workforce trajectory, industry insiders told Behavioral Health Business.

Fresh faces transforming care

Terrence Walton, executive director and CEO of the National Association for Alcoholism and Drug Abuse Counselors (NAADAC), said he sees a few major factors influencing the rise of a younger addiction treatment workforce: an increase in the number of young peer professionals, the field's growing professionalization and college degree requirements creating the opportunity for earlier entry into the field.

"When I began in my field, it generally did not require a degree of any kind," Walton told BHB. "Most of the people who entered this field were people in long-term recovery themselves who got credentialed later in life. From my observation, that's no longer the predominant pathway into the field."

NAADAC is a global organization representing 13,000 addiction-focused professionals.

That trend is also being reflected on the medical side of addiction treatment and slowly across the C-suite.

"It makes sense that the field is getting younger. The fact that the opioid crisis happened and just inundated the country is such a huge part of it," Marvin Ventrell, CEO of the National Association of Addiction Treatment Providers (NAATP), said. "But the other side of that is people now get sober younger. If they want to enter the field because of their life experience, they've just gotten sober a lot younger. There are the clinicians, the folks who work as counselors, but then the executive leadership, the CEOs and they're also getting younger, although I would say not as much anecdotally."

NAATP is a professional society representing addiction treatment providers with more than 900 nonprofit and for-profit member organizations.

The opioid crisis has also changed the number of early-career physicians and residents who have come in contact with substance use disorders. Dr. Cara Poland, vice president of the American Society of Addiction Medicine (ASAM), said five years ago, when she asked residents to raise their hand if they'd ever prescribed medication for opioid or alcohol use disorder, no one did. Now, it's almost a full room.

"I see entire classrooms of students that are raising their hands saying, 'I've provided this treatment,' which is so amazing," Poland said. "However, we do know that most board-certified addiction doctors in the United States are in the 57-plus, so we do have an older physician population, but that's somewhat true across medicine."

ASAM is a professional medical society representing over 8,000 physicians and clinicians in the field of addiction medicine.

Still, graduate programs for substance use counseling are seeing more mature students enrolled. But compared to decades ago, the average overall age is down, Dr. Kevin Doyle, president and CEO of the Hazelden Betty Ford Graduate School, explained.

"The average age is currently 45. They're mature, motivated, serious learners. We love that. It's great to see," Doyle told BHB. "It's been trending up a little bit the last couple of years, from 42, 43 to 45, but that's ultimately not particularly sustainable. I do worry about the long-term viability of the counseling profession on the addiction side. We're concerned because it can't keep going up."

Since these professionals are pursuing an advanced degree later on, the span of their career in addiction treatment will be shorter if they work until age 65 or 70, he explained, as compared to someone who earns the same degree at 26.

However, that might change in time on the counseling side. Since 2010, the number of addiction medicine fellowships across the U.S. designated by the Accreditation Council for Graduate Medical Education has grown 1250% – from just eight to 108. This alone has created a low-barrier pathway to earlier entry into the field for younger addiction medicine physicians rather than older professionals, Joseph Skrajewski, national director of business development, and executive director of medical and professional education at Hazelden Betty Ford Foundation, said.

"There are a lot of younger people, traditionally going through undergraduate training, medical school training, residency training, right into a fellowship, which is fueling this trend too," Skrajewski said. "By going right into a fellowship, we now have a 28-year-old addiction medicine physician who's providing services instead of everybody being 50, 60, or 70 doing this work. Now we have 20, 30, and 40-year-olds, and I am proud of that because they're going to be able to provide services for the next three or four decades."

The Hazelden Betty Ford Foundation is a nonprofit organization that provides addiction treatment services, including both inpatient and outpatient mental health care, across nine states. Its

counterpart graduate school, led by Doyle, offers online and in-person master's degree programs in addiction counseling.

What a workforce wants

An exhaustive amount of research and reporting has been published on the expectations of today's young professionals entering the workforce – and that's no different when it comes to the addiction medicine profession.

Burnout, high turnover, staffing shortages and capacity issues persistently strain the already overburdened field. In addition to this, the Health Resources and Services Administration's (HRSA) National Center for Health Workforce Analysis anticipates that the field will experience shortages of 87,630 addiction counselors, 69,610 mental health counselors, 62,490 psychologists and 42,130 psychiatrists through 2036.

Given that, retention and attraction to the SUD workforce are critical for providers and organizations to address. For younger generations, this often includes professional development, work-life balance, competitive pay, flexibility and agency over tasks.

While Skrajewski noted that addiction medicine salaries are becoming more competitive, student loan debt and relatively lower pay compared to peers overall are still among concerns for those entering the field.

"We've been trying to market addiction medicine and addiction psychiatry as being comparable or better than a lot of the other specialties when it comes to pay," Skrajewski said. "I think there's a big industry and world movement towards attracting a younger workforce … But we're playing a long game here. In doing so, we need to provide high-quality training experiences for them, high-quality medical opportunities for them, continuing education to keep their licenses active and intriguing to them, and then mentoring them, so the work is valuable and meaningful as well."

There isn't a one-size-fits-all model of mentorship, but implementing mentoring programs either formally or informally at some level as an SUD provider or health system is key to growing the workforce and can boost retention, helping employees feel connected.

"Strategies such as mentoring programs, internships, apprenticeships, educational scholarships, loan forgiveness, and post-graduate job placement opportunities should be considered as methods to expand the workforce," the HRSA report on the state of the SUD workforce notes.

Walton worries that some opportunities for these efforts get lost with the increasing number of addiction treatment professionals who only work in remote or virtual settings.

"My concern is those who are addiction professionals who work primarily in remote settings – sometimes they lose the informal mentoring that happens when you're in a physical workplace with other co-workers of varying ages and experience," Walton said. "There's some informal mentoring that happens there that is very valuable. I am increasingly concerned about the loss of that."

Formal mentoring structures that Walton has seen work well, particularly with younger professionals in the addiction treatment field, prioritize pairing a protégé with experienced professionals and establishing a regular meeting cadence. This works best, Walton said, when the incoming younger professional is paired with someone different from their clinical supervisor or program supervisor so they can ask questions and get guidance without leadership pressures.

The Minority Fellowship Program offered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is one longstanding example of formal mentoring structures for the field that could soon go away, something Walton also worries about.

Between the Trump administration's axing of diversity, equity and inclusion programs and policies and funding cuts to health care agencies like SAMHSA, it is on the chopping block.

"There are other programs to benefit addiction studies, including a loan repayment program, which is in the present 2026 budget, but the Minority Fellowship Program is not and we don't know what will happen," Walton said. "It's not a done deal yet, but it's at risk."

Building new models into current organizational structures and professional development plans is crucial if some federally funded mentor opportunities disappear, as the newest generation entering the workforce values these programs.

There's also quite an appetite from the older side of the workforce to mentor, Skrajewski said.

"Nowadays there are a lot of providers and a lot of health care professionals who do want to train the workforce, who do want to serve as mentors, who do want to guide them along, who do want to share their lived experience with them so that they can be better providers too," Skrajewski said. "So I do think there is a good amount of continuity that comes with mentorship. These professionals want to share freely with others what was shared freely with them as well."

Care delivery and practice transitions

With shifting employer expectations and workplace desires, the emerging generation of addiction treatment professionals also has a refreshed approach to care that, in time, could reshape delivery and practice philosophies.

"I think that there will be a greater openness to innovation and a greater openness to a variety of different helping approaches, including the use of devices, electronics and other mechanisms for helping people work," Walton said. "But mostly, I believe the current younger workforce wants to have an impact. They want to not just be impacting the person in front of them, but also having an impact on issues that matter to them and the larger problems in the field."

Understanding the younger generation's openness to new practices, innovation and ways of thinking is essential to account for in succession planning as generational turnover happens, he said.

Along with a higher rate of embracing innovation in the field, the emerging workforce has also embraced a reduction of stigma when it comes to addiction. That aspect could be a significant driver of change in care across the field as these younger professionals grow into their roles.

“The older school of thought around recovery is abstinence. You no longer use any substances. That’s not wrong. Abstinence is good,” Ventrell said. “But I think the younger workforce will improve that by understanding the brain science better and being flexible and open to different pathways to recovery. The notion that there are many pathways, and it takes time and people can choose harm reduction models is very different than traditional thinking, and that comes with the modernization of the field.”

This generation of professionals is also much more trauma-informed – something Poland has already noticed and believes will continue to shape the field as well as care delivery over time.

“There’s a high risk of trauma for patients in the field of addiction … and with that comes a lot of responsibility in terms of ensuring you create a safe, trauma-informed care environment for those patients so that they can feel safe,” Poland said. “When I started learning about trauma-informed care, which is more common now, I thought, ‘this is just what all of medicine should do.’ When we treat people with a trauma-informed lens, we create a safer environment.”

That lens of care is one aspect she expects will accelerate as more young professionals enter the field of addiction treatment, and it’s one older professionals should take note of, as it will benefit them just as much as their patients, she said.