

Closing the Training Gap on Addiction Can Save Lives

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Abstract

Despite treating tens of millions of Americans affected by substance use disorder, most clinicians receive little formal training on SUD. The gap leaves providers underprepared and patients feeling unwelcome, creating a cycle of avoidance that contributes to low treatment uptake and preventable overdose deaths. This piece argues that stigma and knowledge deficits, not lack of empathy, drive that breakdown. Drawing on direct experience piloting Shatterproof's Provider's Pathway training with psychiatry residents, the author shows how targeted education on non-judgmental communication, FDA-approved treatments, and screening tools can shift provider confidence and patient trust. The training is relevant beyond addiction specialists, extending to primary care, emergency medicine, and other settings where SUD routinely surfaces. Provider's Pathway is offered as one concrete, scalable intervention in a system that has consistently asked clinicians to do more with less.

If you ask clinicians which patients feel hardest to care for, many will describe a person navigating substance use disorder (SUD). Ask patients with SUD about their last visit to the doctor, and many say the same thing from the other side: walking into a doctor's office feels like the most challenging part of getting care.

As a practicing therapist working with people in all stages of recovery, including active substance use, I appreciate both sides and believe that neither is to blame. Providers and patients are navigating a system where they don't have full support or knowledge to make change, and this has drastic consequences.

Physicians are 82% more likely to experience burnout than those in other fields.¹ At the same time, they report not having enough training or knowledge around SUD to face patient interactions confidently.² Yet, in 2024, more than 48 million Americans had a substance use disorder.³ Among those who needed treatment, just over 80% did not receive it.³ Additionally, nearly 80,000 people died from overdoses in the same year.⁴

This isn't an oversight – it's a systemic failure.

Clinicians are navigating a system that has asked them to do more with less, year after year. They're managing heavy caseloads, complex patients, and endless administrative tasks. When someone comes in with SUD, it can feel like one more thing they aren't fully equipped to address.

Meanwhile, many patients arrive carrying past experiences of dismissal or judgement. They're juggling complicated health and life challenges while determining how much to share. Disclosing substance use can feel risky – not because they don't want care, but because they're unsure how they'll be received. Many might not disclose their use, or may avoid seeking care altogether.

The result is a cycle where both sides brace themselves for conflict. Not because they're at odds, but because the system hasn't given them the tools to meet in the middle.

I believe that patients and providers deserve better, and there are tools that can help. That's why,

when I heard about Shatterproof's new program – Provider's Pathway: Supporting Patients with Substance Use Disorder, created with funding from Elevance Health Foundation, I was excited to share it. This training is an effective and efficient tool to strengthen patient-provider trust by addressing stigma and providing basic knowledge on substance use disorders.

In 2025, I worked with a colleague to roll out the training to a group of psychiatry residents. They were intelligent, motivated, and eager to help patients, but hesitant about caring for patients with SUD. Despite four intense years of medical school, most had received minimal education on SUD. They weren't resistant; they were uneasy. And that unease came from gaps in training, not from a lack of empathy.

The hesitancy lifted as they learned a few core concepts: how to talk about substance use without judgement, the effectiveness of FDA-approved medications to treat substance use disorders, and how and when to administer screeners. Supporting patients with SUD began to feel less like a burden and more like a collaborative standard of care.

This training doesn't just matter for addiction specialists. Primary care physicians, dentists, surgeons, and emergency medicine doctors will all encounter patients with substance use disorders. When clinicians know how to meet people where they are, visits become smoother, treatment plans become clearer, and patients offer more information. Trust grows, and providers spend less time feeling frustrated or stuck.

The residents who learned from Provider's Pathway represent just a handful of clinicians in a massive system, but they will carry new lifesaving skills into every clinical setting they enter. In the future, when a patient discloses substance use, it won't derail the visit; it will feel like an opportunity for understanding.

I don't have the answer to fixing healthcare in America, but I love to discover tools that improve the experience for both patients and providers. Shatterproof offers more than just an opportunity for continuing education – it builds a pathway to follow that addresses the negative outcomes of addiction stigma, one provider at a time.

To learn more about Provider's Pathway and Shatterproof, visit: www.providerspathway.shatterproof.org

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