

The Substance Use Prevention Workforce: Results of a National Assessment

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Contents

I. EXECUTIVE SUMMARY	1
FINDINGS AND IMPLICATIONS	1
II. INTRODUCTION.....	4
CONGRESSIONAL INSTRUCTIONS.....	4
PURPOSE	5
III. BACKGROUND	5
THE NEED FOR SUBSTANCE USE PREVENTION AND AN ADEQUATE AND SKILLED WORKFORCE	5
FUNCTIONS OF THE SUBSTANCE USE PREVENTION WORKFORCE	6
NATIONAL ASSESSMENT DEVELOPMENT	8
IV. WORKFORCE FINDINGS	9
COMPOSITION OF THE WORKFORCE	9
<i>Age</i>	8
<i>Sex</i>	8
CHARACTERISTICS THAT DEFINE THE LABOR FORCE	9
<i>Employment Status</i>	11
<i>Occupational Titles and Functions</i>	11
MOTIVATORS AND CHALLENGES THAT IMPACT STAFF RECRUITMENT	11
<i>Motivations to Enter the Workforce</i>	11
<i>Methods of Recruitment</i>	12
<i>Salaries and Other Compensation</i>	12
MOTIVATORS AND CHALLENGES THAT IMPACT STAFF TURNOVER AND RETENTION.....	13
<i>Motivations to Remain in the Workforce</i>	13
<i>Job Stability</i>	13
<i>Staff Retention and Turnover</i>	14
<i>Workplace Environment</i>	15
PROFESSIONAL DEVELOPMENT	17
<i>Education</i>	17
<i>Certification</i>	18
<i>Training</i>	18
V. CONCLUSION	19
VI. REFERENCES.....	20

Contents

APPENDIX 1: ASSESSMENT METHODS A1-1

APPENDIX 2: NATIONAL SUBSTANCE USE PREVENTION WORKFORCE ASSESSMENT A2-1

APPENDIX 3: ENVIRONMENTAL SCAN OF THE SUBSTANCE USE PREVENTION WORKFORCE A3-1

 APPENDIX 3A 14

 APPENDIX 3B 22

 REFERENCES..... 26

APPENDIX 4: STAKEHOLDER MEETINGS..... A4-1

I. EXECUTIVE SUMMARY

Substance misuse is among the most urgent and costly public health issues in the United States. It contributes to hundreds of thousands of preventable deaths each year. In 2023 alone, there were more than 105,000 drug overdose deaths—over 72,000 of which involved synthetic opioids like fentanyl.¹ In 2020-2021, alcohol-related causes were responsible for approximately 178,000 deaths², and a recent study projects an average of 450,000 smoking-attributable deaths annually from 2020-2030.³

The economic burden of substance misuse is equally severe. For opioid use disorder and fatal overdose alone, the combined costs of healthcare utilization, lost productivity, and criminal justice expenses were estimated to exceed \$1 trillion in 2017.⁴ An evaluation of medical expenditures for all substance use disorders found a total estimated cost in 2018 of \$35.3 billion.⁵

Delivering substance use prevention through a skilled workforce offers a cost-effective and lifesaving way to address these consequences.⁶ Yet the nation's substance use prevention infrastructure is under-resourced and lacks a consistent pipeline of trained professionals. Until now, no comprehensive data existed to understand or address these workforce challenges. At the direction of Congress, SAMHSA conducted the first national assessment of the publicly funded substance use prevention workforce to establish a baseline understanding of its composition, challenges, and opportunities for federal action. The inquiry used a mixed-methods approach that included an environmental scan, stakeholder meetings, and a national assessment.

Findings and Implications

Key findings and implications are summarized here with full details provided in the main report.

Composition of the Workforce

1. Fifty-one percent of respondents were middle-aged or older, which reinforces the need to recruit younger individuals into the prevention workforce.
2. The workforce is predominantly female, with only 18.5 percent of the workforce being male. This composition identifies an opportunity to recruit more males into the field.

Characteristics that Define the Labor Force

3. Ninety percent of respondents work full-time in prevention, and forty-seven percent often juggle both direct service and supervisory roles, indicating the need for professional development related to providing direct services and supervision.
4. Staff reported a wide range of job functions, suggesting areas for continued training, including time management.

Motivators and Challenges that Impact Staff Recruitment

5. Seventy-eight percent of respondents joined the prevention field to help others and are often driven by personal or family experiences with substance use, providing insights into individuals who may be attracted to working in the field.
6. Respondents often (over 76%) worked in other occupations before working in prevention, e.g., education, suggesting possible additional avenues to attract prevention professionals.
7. The mean salary of \$45,000 a year for prevention professionals is significantly below similar occupations, creating a disincentive to enter and remain in prevention positions.

Motivators and Challenges that Impact Staff Turnover and Retention

8. A significant percentage of respondents (37 %) plan to leave their positions or the field in the next 3 years, creating a high level of staff turnover that is destabilizing to organizations and expensive to manage.
9. Respondents identified several workplace characteristics not aligned between respondents' stated importance and the benefits their employers offered or paid for, such as a career ladder, credentialing reimbursement, and continuing education credits. This lack of alignment indicates areas where employers can enhance incentives to work in the prevention field.

Professional Development

10. The workforce is well-educated, with 87 percent holding a college degree; however, there is limited access to prevention-specific degree programs.
11. Sixty percent of prevention workers are not certified, and while many want credentials, they often lack the support or incentives to pursue them.
12. Ninety percent of employers provide professional development, but high turnover and ongoing changes in prevention science call for continuous training.

II. INTRODUCTION

Substance misuse and substance use disorders are long-standing public health concerns that continue to affect individuals, families, and communities across the country. These problems affect individuals of all ages and in all communities. They are associated with significant health, social, and economic consequences, including increased risk of injury, chronic disease, premature death, and adverse impacts on child and family well-being.⁷ Individuals with a family history of substance use disorders, co-occurring mental health conditions, exposure to trauma, and persistent poverty face heightened vulnerability.⁸

An effective response to strengthening the prevention workforce requires an adequate and stable number of well-trained substance use prevention professionals capable of implementing evidence-based prevention services. However, national data on the size, composition, and characteristics of this workforce has been limited, including its strengths, challenges, and areas for investment. Prior to this report, no systematic national assessment of the substance use prevention workforce had been conducted.

Recognizing this gap, Congress directed the Substance Abuse and Mental Health Services Administration (SAMHSA) to assess the national characteristics and needs of the substance use prevention workforce.

Congressional Request

The FY 2022 House and Senate Appropriations Subcommittee Reports (H. Rept. 117-96 and S. Report 118-84) and the FY 2024 Senate Appropriations Subcommittee Report (S. Rept. 118-84) for the Departments of Labor, Health and Human Services, Education, and Related Agencies instructed SAMHSA to conduct a study on the substance use prevention workforce. The instructions called upon SAMHSA to assess the challenges in maintaining an adequate workforce and to identify gaps in training and data. The subcommittee reports provided the following instructions:

“The Committee recognizes that the nation’s work on substance use disorder prevention relies on an adequate supply of educated prevention professionals. The Committee is aware, however, that more data and information is needed about the substance use disorder prevention workforce. Therefore, the Committee directs SAMHSA to complete a comprehensive national study regarding the substance use prevention workforce. The Committee directs SAMHSA to develop the study in consultation with relevant stakeholders, including the Association representing State alcohol and drug agencies, researchers and others.”

Purpose

This report responds to Congress' request by conducting a systematic national assessment of the current substance use prevention workforce. Using a mixed-methods approach, the report offers a comprehensive overview of the *substance use prevention workforce administering SAMHSA-funded prevention programs*. Specifically, it provides data on essential workforce elements, including:

- Demographic and other labor force characteristics
- Recruitment and retention motivators and challenges
- Professional development

The findings in this report are intended to inform future policy development, investment, and coordination to strengthen the prevention workforce and enhance the delivery of prevention services nationwide.

III. BACKGROUND

The Need for Substance Use Prevention and an Adequate and Skilled Workforce

The negative consequences of substance misuse and use disorders are well-documented and deeply felt by individuals, families, and communities nationwide. Preventing and delaying the initial substance use of alcohol and other drugs among youth and decreasing substance misuse among people of all ages before it progresses to addiction or a substance use disorder improves health, saves lives, and reduces societal costs. An adequate and skilled substance use prevention workforce is essential to achieving these outcomes. On the other hand, unaddressed substance misuse has the following preventable consequences:

- In 2023, there were more than 105,000 drug overdose deaths—over 72,000 of which involved synthetic opioids like fentanyl.¹
- The combined costs of healthcare utilization, lost productivity, and criminal justice expenses related to opioid use disorders and fatal overdoses were estimated to exceed \$1 trillion in 2017.⁴
- In 2020- 2021, alcohol-related causes were responsible for approximately 178,000 deaths.²
- Medical expenditures for all substances were estimated at a total annual cost of \$35.3 billion in 2018.⁵
- An average of 450,000 smoking-attributable deaths annually from 2020-2030.³
- Smoking-related illness and death cost the nation over \$600 billion in 2018.⁹
- Individuals can experience medical challenges, such as injuries, accidents, physical and mental health problems, addiction, and death.¹⁰
- Social consequences for individuals and families may include substance-related violence, school absenteeism, criminal behavior, and reduced labor productivity.¹¹

Studies have also shown that evidence-based prevention interventions can reduce smoking, alcohol, and other substance use by young people. Specifically, several outcome studies of prevention programs in educational, community, and family settings have demonstrated evidence of short- and long-term positive effects on substance use behavior in youth and young adults.^{12 13 14 15}

Given the significant economic, social, and health costs of substance misuse and substance use disorder, and the proven benefits of substance use prevention, a well-trained workforce is essential. These professionals are critical to implementing evidence-based prevention strategies in schools and communities that raise awareness about the potential consequences of alcohol and other drug use and change unhealthy behaviors. These practices can delay the initiation of substance use among youth and mitigate the potential consequences of substance misuse among people of all ages.^{16 17}

Functions of the Substance Use Prevention Workforce

Although there is currently no singular definition for substance use prevention, the common elements of stopping or reducing the harms associated with substance misuse guide the functions of the substance use prevention profession. The International Standards on Drug Use Prevention state that the primary objective of prevention is to “avoid or delay the initiation of the use of psychoactive substances, or, if they have already initiated use, to avert the development of substance use disorder.”¹⁸ According to SAMHSA, the goal is to “prevent initiation of substance use; prevent the progression of substance use; and prevent and reduce the harms associated with substance use.”¹⁹

The Institute of Medicine (IOM) identifies three types of prevention interventions: universal, selective, and indicated (each targeting different risks for substance misuse).²⁰ **Exhibit 1** illustrates IOM’s Continuum of Care model, which places these intervention types within the broader context of substance use disorder health promotion, treatment, and recovery. **Exhibit 2** below summarizes what each prevention category looks like in practice, including descriptions and examples of evidence-based programs that illustrate how they work in real-world settings.

Exhibit 1. *Institute of Medicine’s Continuum of Care*

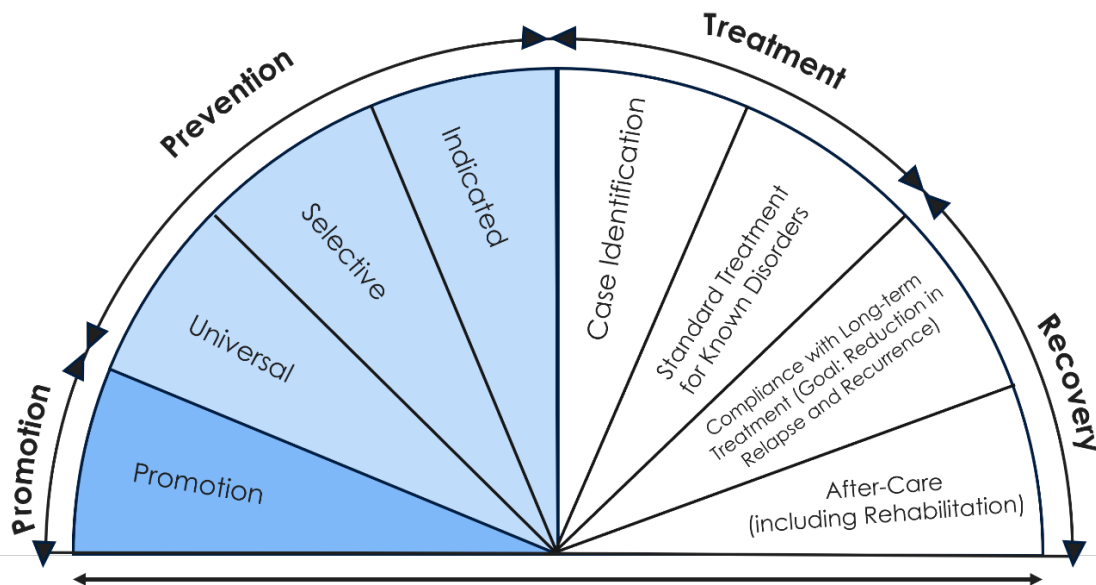


Exhibit 2. Prevention Types, Descriptions, and Examples

Prevention Type	What It Means in Practice	Example Intervention
Universal	These interventions are offered to everyone, regardless of their individual risk for substance misuse. They are often school or community-wide efforts aimed at building knowledge, life skills, and resilience before a problem starts. The goal is to set a healthy foundation for the entire population.	A local prevention organization works with the state education department to provide substance use prevention information in schools during classes and at open houses, parent events, and faculty meetings.
Selective	These interventions are designed for subgroups of individuals who are at high risk for substance use, for example, youth with a family history of addiction or justice-involved youth.	A local prevention organization partners with the NASCAR Experience to provide at-risk youth with exposure to positive role models, educational information about drugs and alcohol, and the message that they can thrive without using substances.
Indicated	These interventions are for individuals who are already showing early signs of substance misuse, but do not meet clinical criteria for a substance use disorder. These interventions aim to interrupt progression before it worsens.	Trained Student Assistance Professionals (SAPs) are placed in schools to provide services for at-risk youth, including identification of substance misuse or a disorder and referral to treatment, family support services, and student support groups.

To deliver these interventions, substance use prevention professionals plan, coordinate, and deliver evidence-based prevention policies and programs in states, tribes, territories, and local communities. Their responsibilities include conducting local needs assessments, educating youth and families about the risks of substance misuse, and organizing prevention programs in schools and neighborhoods. They build partnerships that strengthen community capacity, such as training volunteers and supporting coalitions, as well as working with local leaders to shape policies, like limiting alcohol or tobacco access among minors. The prevention workforce also evaluates what is working and uses those findings to guide future planning.

Substance use prevention professionals work primarily through nonprofit organizations that receive federal and state funding for prevention programs and to support community coalitions. According to a recent report by the National Academies of Sciences, Engineering, and Medicine, SAMHSA is the largest federal funder of substance use primary prevention.²¹ The agency administers the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS Block Grant), which awards funds to states and territories to provide substance use prevention. The SUPTRS Block Grant recipients are required to spend at least 20 percent of their award on primary prevention.

Additionally in FY 2026, SAMHSA will fund several other grants that are either dedicated specifically to providing substance use prevention or may be used for prevention services — for example, the Strategic Prevention Framework Partnerships for Success and State Opioid Response grants. Based on SAMHSA’s

statutory authority and significant financial investments in substance use prevention, this first-ever national assessment of the substance use prevention workforce focuses on professionals implementing SAMHSA- funded prevention initiatives.

National Assessment Development

As stated, several methods were used to gather data and information for the national assessment of the substance use prevention workforce. (See **Appendix 1** for further details on methods.)

The environmental scan assessed the extant literature and other available data to provide context and inform the development of questions for the workforce assessment.

Seven stakeholder meetings with 8 to 10 participants in each group helped to better understand issues impacting the workforce and to inform development of the questions for the national assessment.

Participants included:

- State substance use prevention leaders (2 groups)
- State prevention providers (2 groups)
- Human resource professionals who work within substance use provider agencies
- Representatives from national and state certification boards
- Representatives and faculty from colleges and universities with certificate and degree programs in substance use prevention

An assessment of substance use prevention professionals supporting SAMHSA-funded programs was conducted in the following domains: demographics, position characteristics, job stability, motivations and barriers to working in the field, and certification.

These methods gathered information on the current conditions in which the substance use prevention workforce operates and its needs. The environmental scan confirmed that very little is known about the substance use prevention workforce and revealed a lack of consistent information on its composition. Additionally, it identified a lack of information on investments in the workforce and limited information on how to attract new staff and retain existing professionals. The scan also identified a limited number of substance use prevention degree programs in institutions of higher education but noted that some of the larger investments in the workforce are in training and education through free and low-cost national and state trainings.

Stakeholder meetings identified a lack of stability in the occupation due to time-limited positions, high turnover, and difficulty filling positions. Many stakeholders shared that staff often do not remain in prevention positions and that the occupation is often seen as a steppingstone to other professions. They also noted low pay due to lack of recognition of the profession.

These methods provided valuable information to develop questions for the systematic assessment of prevention professionals' characteristics and challenges. These are presented in detail in the next section of the report.

IV. WORKFORCE FINDINGS

Composition of the Workforce

Understanding the demographic makeup of the current substance use prevention workforce is critical for both retention and recruitment efforts. These data can help inform strategies to support those already in the field while also identifying individuals that may be interested in entering the workforce. This insight is important for expanding the pipeline of prevention professionals to meet both current service needs and future demand. This section provides an overview of the age and sex of individuals currently working in substance use prevention.

Age

The workforce is largely middle-aged (period of life from about 45 to about 64) and older, with more than 51 percent being over the age of 45. The mean age of the assessment respondents was 45.4 years. The breakdown of staff age ranges is shown in **Exhibit 3**.

Exhibit 3. Prevention Workforce Age Breakdown (n=232)

Age Range (years)	Percentage
18-24	4.3% (n=10)
25-34	21.6% (n=50)
35-44	22.8% (n=53)
45-54	24.6% (n=57)
55-64	15.1% (n=35)
65+	11.6% (n=27)

Sex

The substance use prevention respondents were predominantly female (81%). Eighteen and a half percent of respondents were male. Data from the U.S. Bureau of Labor Statistics indicates that employees working in related occupations have a similarly high percentage of female staff, as shown in **Exhibit 4**.

Exhibit 4. Sex Breakdown of Employees in Related Occupations²²

Occupation	Female
Substance Use Prevention Professionals	81.0%
Social Workers	83.4%
Substance Use Disorder and Behavioral Disorder Counselors	72.5%
Educational, Guidance, and Career Counselors and Advisors	76.9%
Community and Social Service Occupations	69.6%

Summary of Findings on Staff Composition

Demographic data indicate that the majority of respondents were middle-aged or older, highlighting the need to bring younger staff into the occupation. Recruiting more students into prevention careers will be one key way to help replace a workforce that is rapidly aging and approaching retirement. Additionally, the workforce is predominantly female. Only 18.5 percent of the workforce are male, compared to 49.1 percent of the U.S. population, suggesting opportunities to recruit more males into the discipline.²³

An expanded workforce that resembles the communities it serves can enhance communication, increase satisfaction with care, and improve service quality.^{24 25} Understanding workforce composition, as well as gaps in composition, is essential for designing relevant and effective recruitment strategies and addressing future service delivery needs.

Characteristics that Define the Labor Force

Data on employment status and job roles provides valuable insight into the structure and stability of the substance use prevention workforce. This includes information about staff availability, supervisory support, potential eligibility for benefits, and job responsibilities. Understanding these characteristics is important for identifying workforce strengths and challenges, improving workplace conditions, sustaining motivation, and supporting long-term staff retention. This section describes employment status, job titles, and the functional roles of professionals working in substance use prevention.

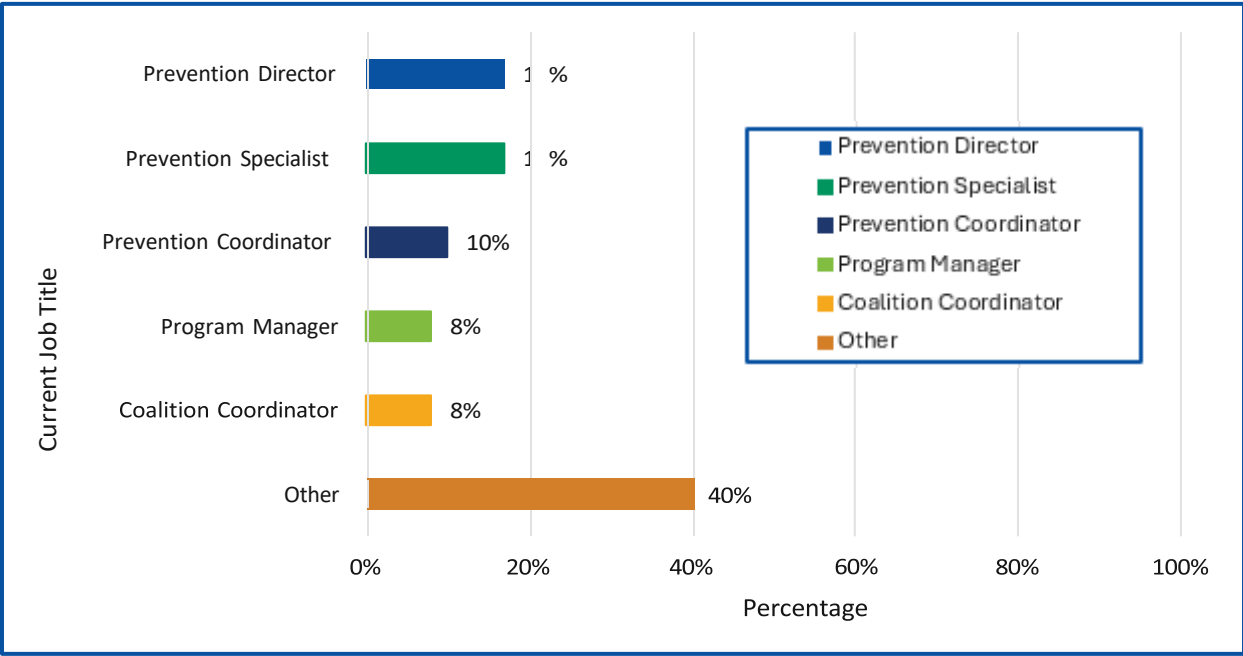
Employment Status

More than 90 percent of respondents were employed full-time, with approximately 6 percent in part-time positions. The remaining 4 percent were contract employees.

Occupational Titles and Functions

Respondents reported holding a number of job titles. **Exhibit 5** illustrates those reported. Seventeen percent of staff held the title of *Prevention Director*, another 17 percent were *Prevention Specialists*, 10 percent were *Prevention Coordinators*, 8 percent were *Program Managers*, and another 8 percent were *Coalition Coordinators*. However, the largest percentage (40%) held job titles outside of the choices provided in the assessment. These titles included: *Executive Director*, *Project/Program Director*, *Outreach Specialist*, *Manager of Prevention Services*, and *Education Specialist*.

Exhibit 5. Current Job Title (n=230)



Approximately 41 percent of staff were in direct service roles with no supervisory responsibilities. **Exhibit 6** shows the number of respondents that held supervisory responsibilities, with just under half (46%) supervising a small staff (1-10 individuals). Interestingly, almost half of supervisors also provided direct prevention services, such as prevention in schools (47%) and communities (49%).

Exhibit 6. Percentage of Employees that Supervise Staff (n=230)

Number of Employees Supervised	Percentage (n=230)
0	41%
1-5	33%
6-10	13%
10 or more	13%

Most staff indicated multiple job functions. As shown in the table below, the most common function reported was *building strategic partnerships among different sectors* (78%), followed by *providing prevention services in communities* (69%), *data collection* (66%), *providing prevention services in schools* (66%), and *community prevention planning* (66%). The least common functions were *overseeing organizational operations* (50%) and *grant writing* (45%). **Exhibit 7** presents respondents' job functions.

Exhibit 7. Percentages of Job Functions Performed (n=230)

Job Function	Percentage (n=230)
Building Strategic Partnerships	78%
Providing Prevention Services in Communities	69%
Data Collection	66%
Providing Prevention Services in Schools	66%
Community Prevention Planning	66%
Developing Prevention Messages/Resources	58%
Reporting to Funders	57%
Coalition Building	55%
Overseeing Organizational Operations	50%
Grant Writing	45%
Other	10%

Summary of Findings on Workforce Characteristics

The majority of respondents were full-time staff dedicated to providing substance use prevention services. A significant percentage reported delivering direct services while also carrying out supervisory functions. Job titles varied, including Prevention Specialist, Prevention Coordinator, and Coalition Coordinator. Staff also reported performing a wide range of job functions (e.g., building strategic partnerships among different sectors and providing prevention services in communities), indicating the need for ongoing training in these areas.

Motivators and Challenges that Impact Staff Recruitment

Information about what motivates people to enter the substance use prevention field can help shape outreach strategies that appeal to others with similar interests and values. Likewise, data on barriers to entry can inform efforts to reduce obstacles and expand the pool of potential candidates. Understanding how professionals are recruited into the field can also support more effective promotion of job opportunities. This section presents data on motivators for entering the occupation and common recruitment methods.

Motivations to Enter the Workforce

The largest motivations reported for entering the prevention workforce were altruistic, with 79 percent of respondents indicating they wanted to help people and 78 percent wanting to help their community. Over 40 percent of respondents indicated that personal experience or having a family member with a substance

use problem was a driving motivation for entering the field, while one-third (33%) reported an interest in substance use issues as a motivator.

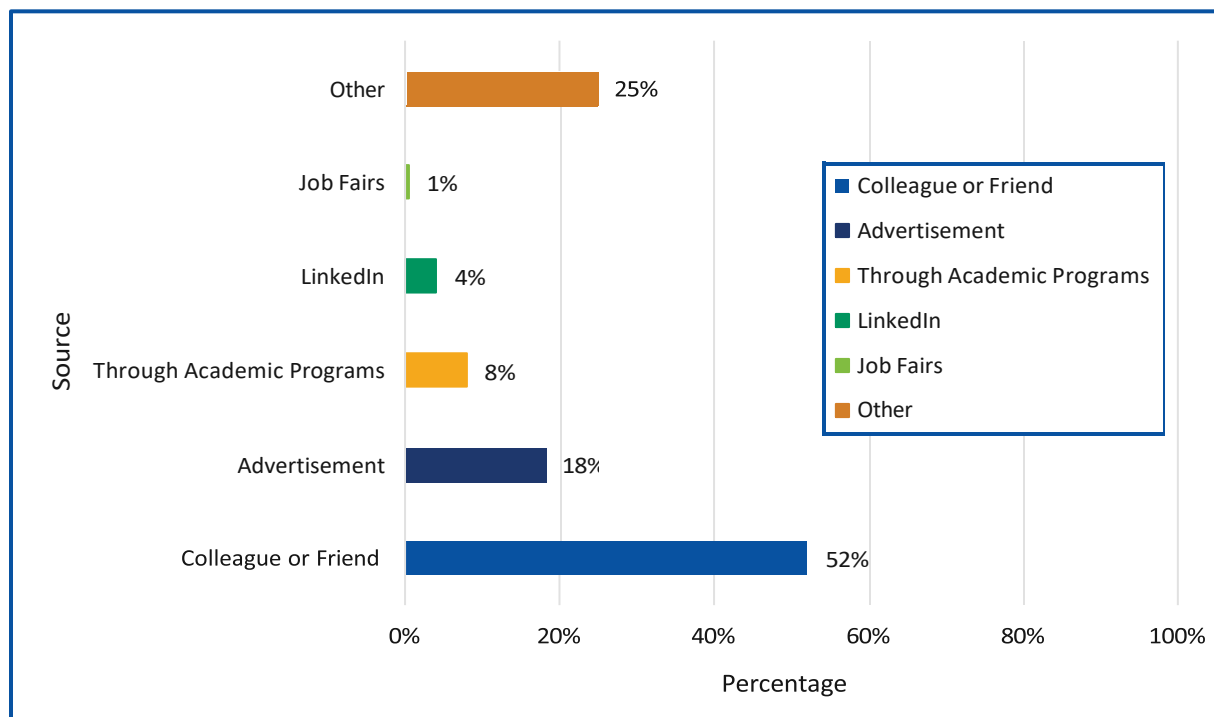
Methods of Recruitment

The majority of the workforce learned about their position through a colleague or friend (52%). Other methods for learning about staff positions included job advertisements (18%) and academic programs (8%). A smaller percentage of individuals learned about their current job through LinkedIn (4%) or job fairs (< .5%). Approximately a quarter of the workforce learned about their position through a variety of other sources, such as Indeed, Google search, prevention coalition meetings, and social media platforms.

Exhibit 8 presents data on the ways respondents learned about their current position.

Furthermore, almost 76 percent of respondents reported having a career or job in a related sector like education, public health, or child welfare prior to working in substance use prevention.

Exhibit 8. *How Did the Workforce Learn about Their Current Position (n=226)*



Salaries and Other Compensation

Salaries reported by respondents ranged from under \$15,000 to over \$75,000 annually. The mean salary of \$45,000 is significantly below salaries in similar occupations. Additional data on salaries suggested that about 63 percent of the workforce is “not satisfied” or “a little satisfied” with their salary. Further, half of respondents reported that they were earning less than they expected to be at this point in their careers, while 38 percent reported making “about what they expected.”

The annual mean wages for similar occupations, according to the U.S. Bureau of Labor Statistics, are presented below in **Exhibit 9**.

Exhibit 9. Comparable Occupations and Annual Mean Wages²⁶

Occupation	Annual Mean Wage
Substance Use Prevention Professional	\$45,000
Social Worker	\$61,330
Substance Use Disorder and Behavioral Disorder Counselor	\$59,190
Educational, Guidance, and Career Counselors and Advisors	\$65,140
Community Health Worker	\$51,030

Eighty-four percent of respondents indicated being “a little” to “extremely” satisfied with their benefits (n=229). However, over half (51%) reported a desire for better benefits, specifically:

- Lower-cost health care insurance (e.g., co-pays and deductibles), paternity/maternity leave, and vision and dental coverage (51%)
- Paid vacation or more vacation time (29%)
- Employer-offered retirement plan (33%)

Motivators and Challenges that Impact Staff Turnover and Retention

Data on what motivates staff to remain in the substance use prevention workforce, as well as the challenges they face in staying, offer critical insight into how to improve retention and reduce turnover. Information on job stability, anticipated career changes, and length of time in current roles provides a fuller picture of workforce sustainability. This section explores the factors that influence staff decisions to stay or leave the field, including motivation, job security, tenure, turnover projections, workplace conditions, and compensation.

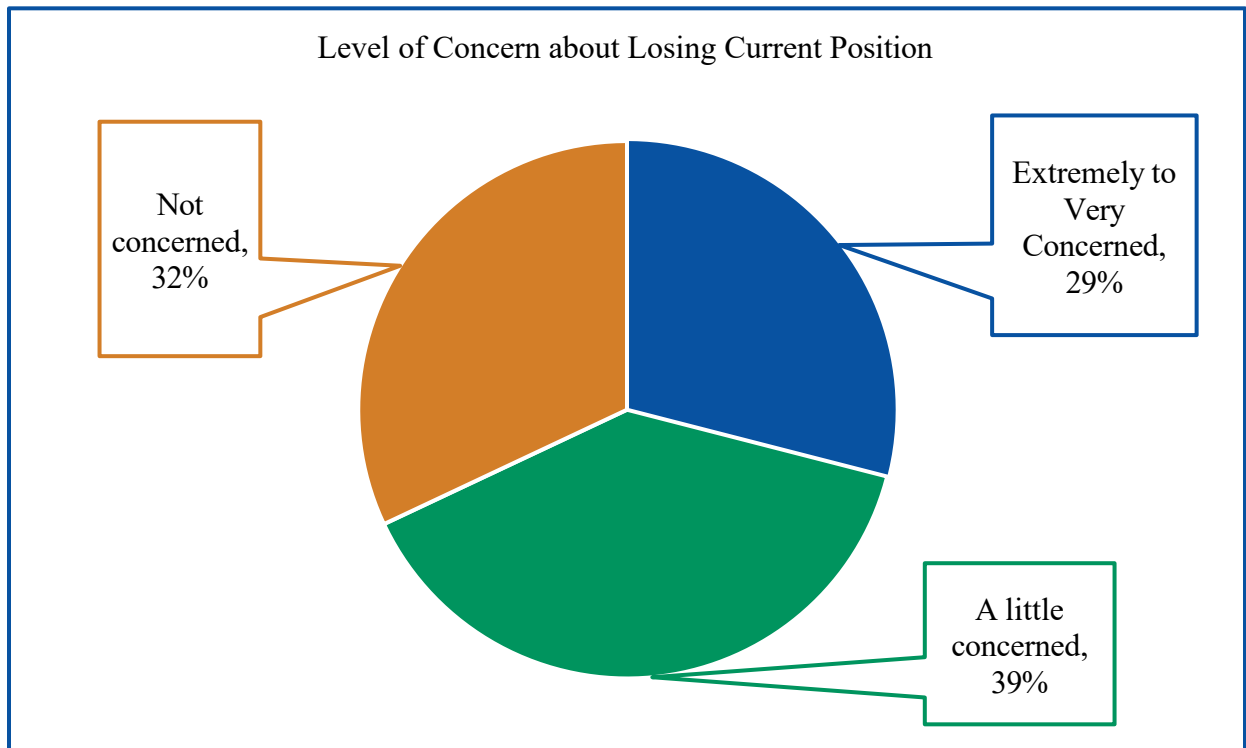
Motivations to Remain in the Workforce

Similar to the motivations to work in the field, most respondents stay in the field because of a desire to help others. Eighty-five percent said they are motivated to stay in the field to help people, 79 percent because they like their job, and 73 percent because they like the people and communities they serve. Other reasons were that they like their colleagues (65%), find the work interesting (61%), and that their job provides an opportunity to learn new things (58%).

Job Stability

Twenty-nine percent of staff reported being extremely to very concerned about job stability and losing their position in the next few years. About 35 percent were working in a time-limited position, as defined by a lack of secure funding for the position over the next two to three years. **Exhibit 10** presents the respondents’ level of concern about losing their current position.

Exhibit 10. *Concerns about Job Loss in the Next Two to Three Years (n=230)*



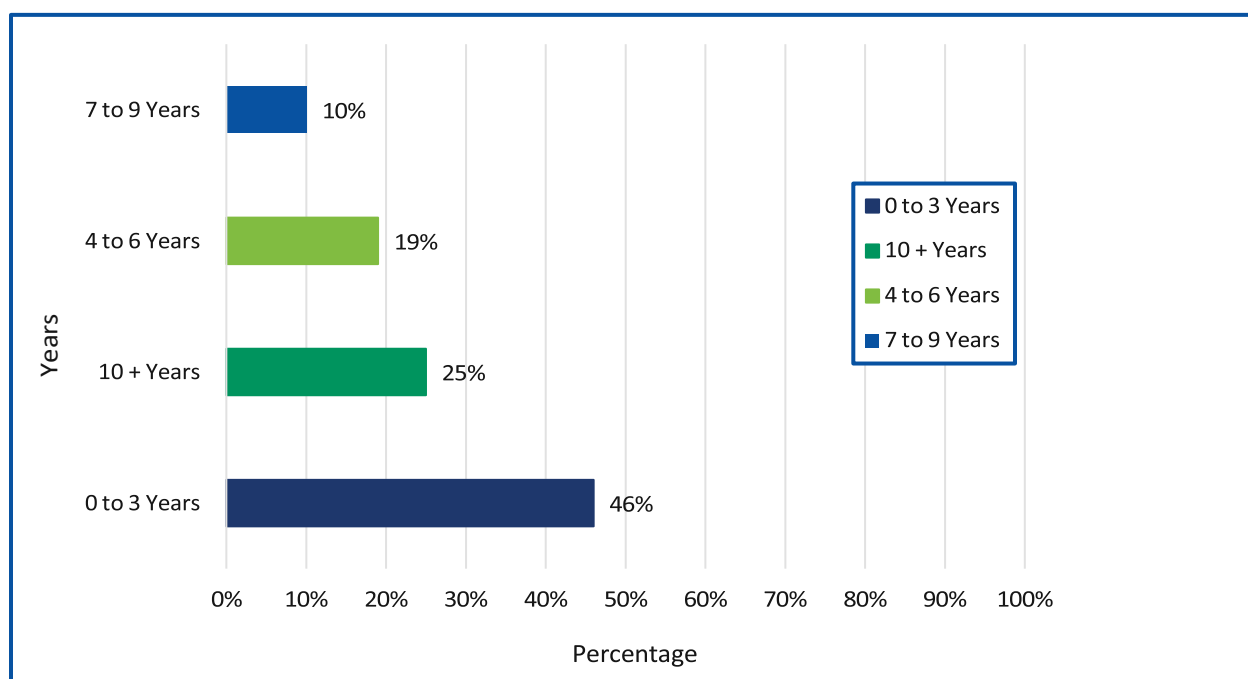
A large percentage of respondents (almost 78%) indicated that if they lost their current job, finding a comparable position would be difficult or very difficult.

Staff Retention and Turnover

Pay and job stability are key drivers of whether prevention professionals stay in the field or move on. Forty-six percent of the respondents were fairly new to their positions, having been in their current role for three years or less. Nineteen percent had been in their position for 4 to 6 years, 10 percent for 7 to 9 years, and 25 percent had ten or more years. **Exhibit 11** presents the number of years respondents have worked in their current position.

In the next three years, 30 percent of respondents said they plan to leave the substance use prevention field and another 7 percent said they plan to look for a new job in the field. Of the 30 percent who indicated they plan to leave the field, 80 percent plan to retire, 6 percent plan to stop working for personal reasons, 4 percent are going back to school, and 12 percent plan to look for a job in a different field in the next three years.

Exhibit 11. Years in Current Position (n=240)



Workplace Environment

When asked about the characteristics of the work environment that professionals value, over 90 percent of respondents (n=222) reported that a positive work culture (e.g., fair and supportive work environment) was very or extremely important to them. Almost three-quarters (74%) reported that flexible workdays were very or extremely important. Similarly, 74 percent reported that flexible work hours were very or extremely important. Over 58 percent reported that the ability to work from home was very or extremely important.

Assessment results showed that there was alignment in several key areas between the workplace characteristics respondents valued and the benefits or supports their employers provided. More than 90 percent of respondents indicated that their employer offered flexible work hours and workdays, 87 percent offered paid vacation, 92 percent provided a healthy work culture, and 90 percent offered professional development training.

Conversely, there were several workplace characteristics where there was not alignment between respondents' stated importance and the benefits their employers offered (**Exhibit 12**). The largest gap was in employers' lack of support for continuing education credits, which are important for professional development and maintaining certifications.

Exhibit 12. *Workplace Characteristics Importance and Employer Offerings (n=223)*

Workplace Characteristics	Very or Extremely Important	Employer Offers or Pays For
Career Ladder/Pathways	62%	31%
Credentialing Reimbursement	62%	38%
Continuing Education Credits	62%	46%
Performance Incentives	53%	27%
Tuition Reimbursement	49%	22%

Further, 47 percent of respondents reported that they hoped to advance in rank in their current organization; however, 44 percent also reported that such opportunities do not currently exist.

Summary of Recruitment and Retention Findings

Data suggests most respondents enter the prevention workforce because of a desire to help others and their community. Many aspire to help others due to a personal or family member's experience with substance use problems. Entities that represent and serve individuals and families in recovery may serve as valuable avenues to engage individuals interested in working in the substance use prevention workforce. Additionally, workers in similar sectors, such as education, may be good candidates for the prevention workforce. Several recruitment methods are used to attract prospective substance use prevention staff. Notably, however, the majority of respondents learned about their position through a colleague or friend. This finding suggests that current staff are the best ambassadors for recruiting others. Additional support and resources for current staff to share information about the discipline can strengthen recruitment efforts. Further, additional innovative recruitment methods can be explored, e.g., working with high school guidance counselors and prevention certification bodies.

Similarly, staff remain in the field to help people and the communities they serve and because they like their job. Although more than half of respondents reported being motivated to remain in the field, 75 percent had been in their positions for less than ten years. This supports the need to focus on workforce retention strategies to keep people in the field longer.

Unfortunately, 37 percent of staff plan to leave their prevention positions or the field entirely in the next three years. This turnover rate is disruptive to the field and limits the ability to provide services. High staff turnover negatively impacts organizations due to the costs associated with recruiting, hiring, and training, as well as lost productivity.^{27 28}

Contributing to both recruitment obstacles and high staff turnover is the fact that compensation for substance use prevention professionals is significantly lower than in related health and social service professions.

Additionally, a high percentage of respondents were concerned about losing their jobs. Issues that serve as impediments to working in the field include low salaries, high healthcare insurance costs, lack of

retirement programs, lack of reimbursement for professional development, and limited opportunities for career advancement. These issues indicate areas where workforce benefits can be enhanced.

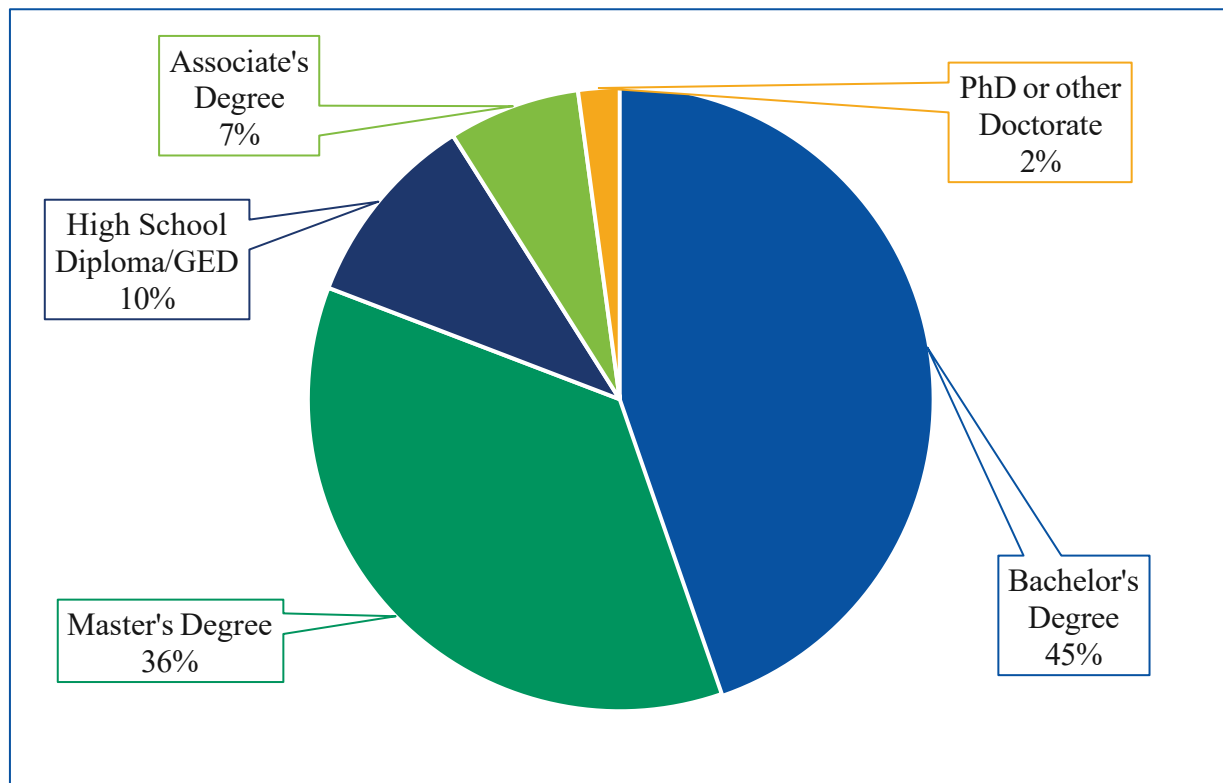
Professional Development

Professional development plays a crucial role in preparing and sustaining a qualified prevention workforce. This includes both formal education and access to ongoing training and certification opportunities. While the majority of the workforce holds a college degree, fewer staff have obtained a specialized credential in substance use prevention. Barriers like cost, few incentives, and a lack of training time can limit access to certification. This section presents data on the workforce's educational attainment, certification status and goals, training needs, and access to professional development resources.

Education

The vast majority (87%) of respondents reported holding a college degree. This percentage is similar to substance use disorder treatment counselors and social workers. **Exhibit 13** illustrates the highest level of education for substance use prevention professionals. About 6 percent hold an associate's degree, 44 percent hold a bachelor's degree, 35 percent have a master's degree, and 2 percent hold a PhD or other doctorate. Ten percent of the workforce holds a GED or high school diploma as their highest degree.

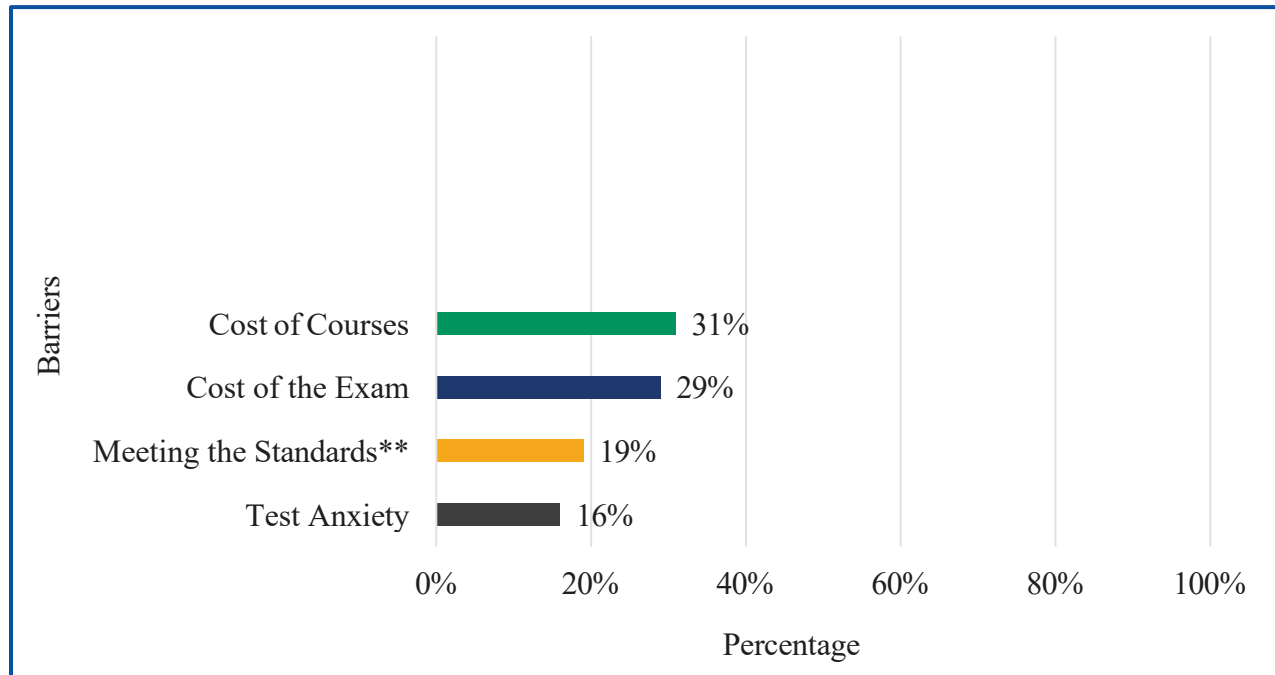
Exhibit 13. Highest Level of Education (n=240)



Certification

Approximately 60 percent of respondents reported not having a substance use prevention certification. Of the respondents with a credential, more than 50 percent reported that the certification improved their knowledge and skills in substance use prevention. Of those who did not have a prevention credential, over 40 percent reported that they intend to obtain one. Respondents noted several barriers to obtaining a credential (**Exhibit 14**).

Exhibit 14. Barriers to Certification (n=98)



*Reasons listed: lack of time, not required for position, no incentive

**e.g., educational/degree requirements

Training

Many respondents indicated confidence in their ability to carry out their job functions (62%), including building relationships with community partners and problem-solving (49%). However, based on the respondents' range of job functions and turnover rates identified in this report, ongoing training and skill-building are required in the following areas:

- Coordinating strategic partnerships among different sectors (e.g., education, law enforcement, primary care)
- Building prevention coalitions
- Providing evidence-based prevention services in communities and schools
- Developing prevention messages, campaigns, and resources
- Collecting data and using it for community prevention planning

Summary of Professional Development Findings

The workforce is highly educated, providing a solid foundation of knowledge for delivering prevention services. However, there are a limited number of prevention degree programs in institutions of higher education, which hampers access to specialized education and preparation to work in the discipline. Less than half of the workforce is currently certified. Non-certified workers have a desire to attain certification, but many lack incentives or the necessary support to obtain a credential. Respondents indicated that the majority of employers offer professional development opportunities. Nevertheless, high employee turnover, along with keeping abreast of advancements in prevention science, requires continuous training to support staff development. Ensuring sustained access to training and credentialing is necessary for aligning workforce skills with evolving public health needs and maintaining service quality.

V. CONCLUSION

Substance misuse and use disorders are pressing public health challenges with significant health, social, and economic consequences. Preventing the onset of these conditions is critical to safeguarding the nation's health and economic well-being. Supporting a skilled and adequate number of professionals is central to achieving this goal.

Findings from this assessment reveal that more than a quarter of the workforce is nearing retirement age. Staff report low salaries, high healthcare costs, limited retirement benefits, barriers to credentialing, and few pathways for career advancement. Despite these challenges, the workforce remains deeply committed to supporting individuals and communities in preventing substance misuse.

Prevention professionals have a wide range of job responsibilities, from building strategic partnerships across sectors to implementing services in schools and communities. Many also serve in supervisory or management roles. These diverse and evolving job functions underscore the importance of targeted training and professional development opportunities.

This report represents the first national effort to systematically document the characteristics and needs of the substance use prevention workforce. Until now, there has been limited national data available on this segment of the public health workforce. The findings offer a foundational understanding of the workforce's composition, strengths, challenges, and motivations. They also highlight areas for continued assessment, investment, and strategic planning to ensure a strong and sustainable prevention infrastructure nationwide.

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Appendix 1:

Assessment Methods

APPENDIX 1: ASSESSMENT METHODS

A national assessment tool (Appendix 2) was developed to gather data on the workforce within the following domains: demographics, position characteristics, job stability, motivations and barriers to working in the field, and certification. The items in the assessment questionnaire were both original and drawn from existing state workforce assessments. The assessment was pilot tested to ensure the clarity of the questions. It was administered directly with substance use prevention professionals across the nation between November 2024 and January 2025. On average, the assessment took 10 to 15 minutes for respondents to complete.

To develop the sampling frame for the assessment, state substance use prevention directors in each state and territory were contacted to provide lists of community-based prevention providers receiving SAMHSA funding. The compiled list was cleaned to remove duplicate entries and invalid email addresses and then entered into a database. In total, 6,502 substance use prevention staff were identified, representing 48 states, the District of Columbia, and one territory.

A random probability sample of 500 individuals was drawn from the sampling frame. Those selected were contacted via email with an invitation to participate. Participation was voluntary and no incentive was offered. Two follow-up emails were sent to non-responders (weeks two and four) during the assessment period. The assessment remained open for two months and closed with 240 respondents. The response rate (48%), when compared to other online assessments, can be considered excellent.¹

In addition to the random sample, every individual in the sampling frame who was not randomly selected (6,002 individuals) received a link to the assessment. This link was active for four weeks and yielded 761 responses (about 12% of the sampling frame).

Analyses indicated that the samples were non-equivalent on key demographic variables. For the purposes of this report, the results of the random sample will be presented. Additionally, a variety of descriptive analyses were conducted (e.g., univariate and bivariate tables, graphs, and charts) to produce this report.

Limitations

Overall, the limitations of the current findings are minimal. Although the sampling frame was constructed specifically for this project and may be subject to frame error, this error is not quantifiable. While the reliability and validity of the measures are unknown, the conceptual domains represented were drawn from the populations being assessed in the development phase, thereby enhancing the ecological validity, or ability to generalize the findings to real-world situations. Given that the subject matter was not personal or sensitive, there is no reason to believe that any response bias occurred.

¹ Meng-Jia Wu, Kelly Zhao, Francisca Fils-Aime. Response rates of online surveys in published research: A meta-analysis. Published by Elsevier Ltd., May 2022.



Appendix 2

National Substance Use Prevention Workforce Assessment

APPENDIX 2: National Substance Use Prevention Workforce Assessment

Overview

The National Association of State Alcohol and Drug Abuse Directors (NASADAD), with support from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP), is assessing the substance use prevention workforce. This assessment seeks to understand the characteristics, issues, and environment that impact the substance use prevention workforce.

Thank you for taking the time to complete this brief assessment. Your responses will help us better understand the national substance use prevention workforce and develop initiatives to strengthen the workforce. This assessment should be completed by full-time, part-time, and contractor substance use prevention staff who receive SAMHSA funding. The questionnaire should only take 10 minutes to complete.

Demographics

D1. Name

D2. What state or territory do you work in? _____

D3. Are you Hispanic or Latino?*

- Yes
- No
- Prefer not to say

D4. What is your racial background? (check all that apply)*

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer Not to Say
- Other _____

*Although Hispanic or Latino origin and race were collected using the two-question format, detailed ethnicity and race estimates are not presented in the report. The report focuses on workforce characteristics directly related to its analytic objectives.

D4. What is your gender?**

- Female
- Male
- Prefer Not to Say

** This item was included in the survey before the release of Executive Order 14168 and subsequent Office of Management and Budget guidance. Accordingly, question wording and response options reflect the standards in effect at the time of data collection.

D5. What is the highest level of education you have completed?

- High School Diploma/GED
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- PhD or Other Doctorate

D6. What is your current age?

- _____

D7. Employment Status: Are you considered:

- Full-time
- Part-time
- Contractor

D8. What is your current salary range?

- <\$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$44,999
- \$45,000 to \$54,999
- \$55,000 to \$64,999
- \$65,000 to \$74,999
- >\$75,000
- Prefer not to answer

D9. How long have you worked in your current position?

- 0-3 Years
- 4-6 Years
- 7-9 Years
- 10+ Years

D10. How long have you worked in the prevention field?

- 0-3 years
- 4-6 years
- 7-9 years
- 10+ years

Job Security and Sustainability

JS1. What is your job title?

- Prevention Director
- Prevention Specialist
- Prevention Coordinator
- Program Manager
- Coalition Coordinator
- Other _____

JS2. How many people do you supervise?

- None
- 1-5
- 6-10
- More than 10

JS3. Prior to working in the SU prevention field, did you have another career or work in another job sector?

- Yes Please list: _____
- No

JS4. What are your job functions (check all that apply)

- Data collection
- Building strategic relationships among different sectors, groups, or organizations
- Community prevention planning
- Coalition building
- Developing prevention messaging and resources
- Providing prevention services in schools
- Providing prevention services in communities
- Overseeing organization operations
- Grant writing
- Reporting to funders
- Other _____

JS5. Is your current position time-limited (e.g., two or three years of certain funding)?

- Yes
- No
- Unsure

JS6. How concerned are you that your position might be cut or no longer funded in the next two to three years?

- Not at all
- A little
- A lot
- Extremely

JS7. If you lose your job, how easy would it be for you to find a comparable position?

- Very easy
- Easy
- A bit difficult
- Very difficult

Motivation: Recruitment and Retention

RR1. Thinking about what motivated you to enter the prevention field, which of the following, if any, were your primary motivations (check all that apply):

- Wanted to help people
- Wanted to help my community
- Interesting topic
- Job duties were challenging/exciting
- Personal or family history with alcohol and/or other drug misuse
- Steppingstone to some other position/field (specify _____)
- I just needed a job
- Pay and benefits
- Other: _____

RR2. Thinking about the job you're currently in, did you learn about it through:

- Colleague or friend
- LinkedIn
- Advertisement
- Job fairs
- Academic programs (e.g., internships, fellowships, etc.)
- Other _____

RR3. What motivates you to stay in the field? (check all that apply)

- To help people
- I like my job
- I like my colleagues
- I like the people/communities I serve
- I find it interesting
- My compensation
- The opportunity to learn new things
- Other: _____

RR4. In the next 3 years, how likely is it that you will:

Characteristic	Definitely	Very Likely	Unsure	Not Very Likely	Not at All Likely
Retire					
Remain in current position					
Look for a new job in the SU prevention field					
Look for a new job in a different field					
Stop working to go back to school					
Stop working for personal reasons					

RR5. How satisfied are you with your salary?

- Not at all
- A little
- A lot
- Extremely

RR6. At this point in my career, I am earning:

- Much less than expected
- Less than expected
- About what expected
- More than expected
- Much more than expected

RR7. How satisfied are you with your benefits?

- Not at all
- A little
- A lot
- Extremely
- Not applicable/contract worker
- No benefits are offered

RR8. Please select the benefits you wish you had:

- Better health benefits (specify)
- Paid vacation or more vacation time
- 401K/retirement plan
- Paid time off (PTO)/sick leave
- Other _____

RR9. Thinking about your work environment, to what extent are the following characteristics important to you:

Characteristic	Not Important	Somewhat Important	Very Important	Extremely Important
Flexible workdays				
Flexible work hours				
Ability to work from home				
Opportunities for continuing education				
Mentoring				
Paid vacation				
Ability to define what you do each day				
Input into how the work is done				
Self-care and wellness activities				
Recognition and awards				
Healthy work culture (fair, supportive, ethical, diverse)				
Job satisfaction surveys				
Career ladder/pathways*				
Performance incentives				
Credentialing reimbursement				
Continuing education credits				
Professional development training				
Tuition reimbursement				
Other				

***Ability to move to another job (promotion or lateral)**

RR10. To what extent does your current employer offer or will pay for:

Characteristic	No Extent	Some Extent	A Great Extent	Always
Flexible workdays				
Flexible work hours				
Ability to work from home				
Opportunities for continuing education				
Mentoring				
Paid vacation				
Ability to define what you do each day				
Input into how the work is done				
Self-care and wellness activities				
Recognition and awards				
Healthy work culture (fair, supportive, ethical, diverse)				
Job satisfaction surveys				
Career ladder/more career pathways*				
Performance incentives				
Credentialing reimbursement				
Continuing education credits				
Professional development training				
Tuition reimbursement				
Other				

*Ability to move to another job (promotion or lateral)

Credentials

C1. Do you have a substance use prevention credential?

- Yes (If YES, Skip to C4.)
- No (If NO, answer C2. And C3.)

C2. If you currently do not hold a substance use prevention credential, are you planning to obtain one?

- Yes
- No

C3. Which of the following, if any, were barriers to certification?

- Cost of the exam
- Cost of courses
- Language barriers
- Test anxiety
- Meeting the standards (e.g., educational/degree requirements)

- Other _____

C4. To what extent has your substance use prevention credential improved your:

Characteristic	Not at All	A Little	A Lot	Extremely
Compensation				
Job security				
Knowledge of substance use issues				
Skills related to substance use prevention				
Ability to get a new job if you wanted one				

Professional Development

Thinking about your skills related to work, how would you assess your:

Skill	Poor	Basic	Good	Advanced
Flexibility when asked to do new things				
Building relationships with co-workers and other prevention professionals				
Building relationships with the community stakeholders (e.g., police, residents, etc.)				
Taking direction from your supervisor				
Solving complex problems as they arise				
Thinking on the fly				
Doing work that needs to be done				
Communicating with members of the community and stakeholders (e.g., police, residents, etc.)				
Communicating with co-workers and other prevention professionals				
Communicating with your supervisor				
Learning new things				
Balancing your personal and professional life				

Career Ladder

CP1. Do you have any interest in advancing (i.e., being promoted) in your current job?

- Yes
- No
- Not an option/No one above me but agency head

CP2. Are there opportunities to advance in your current organization?

- Yes
- No
- I'm not sure

CP3. If you could have any position in the prevention field, what would it be?

- Current Job
- Prevention Lead
- Prevention Evaluator
- Prevention Policy Analyst
- Prevention Team Manager
- Agency Director
- Data Analyst/Evaluator/Research
- Other _____

Thank you!



Appendix 3:

Environmental Scan of the Substance Use Prevention Workforce

Appendix 3: Environmental Scan of the Substance Use Prevention Workforce

September 2023

I. INTRODUCTION

Problems related to substance use and misuse remain one of the nation's primary public health concerns. Individuals of all ages and in all communities are adversely impacted by substance use. Of particular concern is the impact substance misuse has on children, families, and vulnerable populations.^{1,2}

Strengthening the behavioral health workforce generally, and those working in the substance use prevention and treatment sectors specifically, is one of five priorities identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the agency's 2023-2026 draft Strategic Plan.³

The Need for Substance Use Prevention and an Adequate and Skilled Workforce

The impact of substance misuse in the United States is substantial.^{4,5,6,7}

- The negative economic impact of smoking-related illness and death is over \$600 billion a year.
- The negative economic impact of excessive drinking is \$249 billion a year.
- 480,000 thousand people die from smoking-related causes each year.
- 140,000 people die from alcohol-related causes each year.
- The negative economic impact of illicit drugs is \$190 billion a year.
- In 2020, 190,799 people died from drug overdoses; about 75 percent were opioid related.
- Substance use can lead to injuries, accidents, physical and mental health problems, sleep issues, addiction, and death.
- Substance use can lead to social consequences such as reduced productivity, stress within families, interpersonal violence, crime, and unintended pregnancies.

Given the high economic, social, and health costs of substance use and misuse, the solution lies in an adequate and skilled substance use prevention workforce. A well-trained, fully staffed workforce with the capacity to implement evidence-based prevention strategies and activities in schools and communities is vital to raising awareness about the potential consequences of alcohol and drug use, delaying onset of substance use among youth, and mitigating potential harms of substance misuse among people of all ages.

Purpose

The purpose of this environmental scan was to better understand the current substance use prevention workforce by assessing the extant literature and available data. It informed the development of a

baseline national assessment on the substance use prevention workforce. Specifically, our environmental scan examined the following aspects of the workforce:

- Professional titles, service settings, and backgrounds that describe the workforce
- Demographic and other workforce characteristics
- Recruitment and retention
- Professional development

Background

The House Appropriations Committee in the 2022 House Appropriations Committee Report (H. Rept. 117-96) for the Departments of Labor, Health and Human Services, Education, and Related Agencies instructed the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) to conduct a study on the substance use prevention workforce. The mandated study examined the personal, professional, and environmental factors that limit or strengthen the substance use prevention workforce.

The present document laid the groundwork for the study by scanning the environment through document reviews and focus groups. As noted above, our findings (presented below) helped inform the development of a national survey of the prevention workforce.

An Overview of How the Workforce Operates

To examine the current substance use environment, the scan established what is meant by substance use prevention as an area of professional practice. Conceptually, workforces are simply the people paid to carry out tasks related to an industry. Depending on the industry, workforces can be organized in several ways. For instance, industries can include multiple and hierarchical job titles (e.g., line worker, supervisor, manager, executive) or be “flat” (i.e., worker and manager). Positions may have unique or overlapping requirements for employment, including education or certification, practical or life experience, required training or technical skills, and the like. Similarly, positions may overlap in their scope of activities or have mutually exclusive tasks and functions. Some industries tend to the generalist, while others are highly specialized.

The substance use prevention sector operates primarily through nonprofit organizations with public funding. More specifically, the majority of funding originates at the governmental level. Only a small proportion of substance use prevention occurs in the private, for-profit world (i.e., healthcare systems, some universities). As such, the boundaries of the “industry” are formed by public policy and through government financing rather than market factors and profit.

Organizationally, substance use prevention is primarily nested in the public health, human services, and healthcare sectors, with some presence in business (i.e., Employee Assistance Programs and wellness programs), military, educational, and criminal justice sectors. The breadth of the systemic boundaries represents a challenge in developing an overall description of the entire sector and its characteristics.

Defining Substance Use Prevention

Although there is no singular definition for substance use prevention, there are several descriptions that guide the core functions of the substance use prevention workforce.

The International Standards on Drug Use Prevention states that the primary objective of prevention is to “avoid or delay the initiation of the use of psychoactive substances, or, if they have already initiated use, to avert the development of substance use disorders.”⁸

According to SAMHSA, “Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders.”⁹

SAMHSA CSAP defines six primary prevention strategies that Single State Agencies (SSAs) for alcohol and drugs must use when allocating Federal Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant funds.¹⁰ The SUPTRS Block Grant’s six primary prevention strategies include:

1. *Information Dissemination* – Provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, misuse, and addiction, as well as their effects on individuals, families, and communities.
2. *Education* – Builds skills through structured learning processes. Critical life and social skills include decision-making, peer resistance, coping with stress, problem-solving, interpersonal communication, and systematic and judgmental abilities.
3. *Alternatives* – Provides participation in activities that exclude alcohol and other drugs.
4. *Problem Identification and Referral to Education* – Aims to identify those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs to assess if their behavior can be reversed through education.
5. *Community-Based Process* – Provides ongoing networking activities and technical assistance to community groups or agencies.
6. *Environmental* – Establishes or changes written and unwritten community standards, codes, and attitudes to influence alcohol and other drug use by the general population.

As highlighted in the scope of substance use prevention suggested above, the prevention workforce is tasked with a large and difficult mission. The field possesses several strengths as well as challenges. For example, substance use and misuse are increasingly gaining recognition as public health issues that must be addressed for a healthy nation.¹¹ Preventing substance use problems before they occur or become severe is both humane and cost-effective. Additionally, there is strong scientific evidence to predict the risk and protective factors of substance use and misuse from birth through adulthood and across race, ethnicity, sex, and age. Based on this research, dozens of evidence-based substance use prevention policies, programs, and services have been developed and are being delivered throughout the country.¹² For more than 30 years, SSAs have used at least 20 percent of the SUPTRS Block Grant to establish specialty primary prevention systems across the nation.

Despite these strengths, the substance use prevention workforce faces many challenges. Anecdotal information suggests that it faces similar challenges as the addiction treatment workforce, such as worker shortages and, high turnover rates.

Although there is a growing body of scientific evidence of effective prevention approaches to substance-related problems (National Institute on Alcohol Abuse and Alcoholism and National Institute on Drug Abuse), there remains a gap between emerging science and putting the science into practice. One reason for this may be that the substance use prevention field is in an earlier stage of development as a specialty healthcare discipline. As such, developing a scope of practice for prevention professionals based on core competencies, requiring certification for professionals, and establishing a system of accredited substance use prevention academic programs has yet to materialize on a national level.

Historically, little was known about the specific issues and needs of the substance use prevention workforce. A systematic assessment of the demographics and challenges impacting the workforce had never been conducted. A national baseline assessment was required to shed light on these issues to assist prevention professionals and to inform decision-makers, planners, funders, and future studies.

II. METHODOLOGY AND LIMITATIONS

This environmental scan included a literature review of recent articles on substance use prevention workforce development. Google Scholar was searched using the following key terms:

- Substance use prevention workforce¹³
- Substance use prevention workforce training
- Substance use prevention workforce requirements
- Substance use prevention workforce certification
- Alcohol and other drugs prevention workforce
- Alcohol and other drugs prevention workforce requirements
- Alcohol and other drugs prevention workforce training
- Alcohol and other drugs prevention workforce certification

The above terms were searched three times (April 10, May 1, and June 1, 2023).

To understand more about job classifications, three Google searches (April 24, May 2, and June 1, 2023) using “alcohol and other drugs prevention jobs” and “substance abuse prevention jobs” as key terms were conducted. Searches were inclusive of the United States. Job announcements and recruitment posts were reviewed as they were found. The following variables were tracked:

- Job title
- Qualifications required (education, experience, or combination)
- Duties or function
- Compensation
- Sector

Finally, numerous state-level reports, inquiries, governmental presentations (e.g., slide decks), and information from public websites were reviewed. A content analysis of these documents was conducted and any information related to the substance use prevention workforce extracted. These data were organized into the following domains: demographics and characteristics, recruitment and retention, and professional development. In addition, we summarized the demographic representation of the workforce from the extant data found in several state reports.

Limitations

A comprehensive search of the extant scientific (i.e., peer-reviewed) literature found no descriptive studies of the U.S. substance use prevention workforce. When the search was expanded to include international articles and reports, only limited reference to prevention job classifications could be found, although not directly related to the U.S. These are described briefly below.

Australia commissioned a national survey of their alcohol and other drug workforce¹⁴ that employed validated (where possible) and original measures to assess workforce demographic composition, qualifications and experience, employment conditions, job quality, recruitment and retention, and worker well-being. The study used a non-probability sample (snowball and open recruitment) and an online format to collect data. Only 3 to 6 percent of their overall workforce was engaged in prevention activities (i.e., education). The study included community workers, health promotion officers, education professionals, and youth workers. The largest cohort was comprised of drug and alcohol counselors (23%). Report findings did not analyze demographic data and other workforce issues by job classifications to assess data related to the substance use prevention workforce.

Scant research had been conducted on the subject. The lack of a standardized survey or study limited the understanding and conclusions that could be drawn regarding the substance use prevention workforce.

III. DESCRIBING THE SUBSTANCE USE PREVENTION WORKFORCE

In 2007, the Annapolis Coalition developed an action plan to strengthen the substance use and mental health workforce.¹⁵ The plan incorporated the input of an Expert Panel on Substance Use Prevention. The Annapolis Coalition Plan concluded that the substance use prevention workforce typically falls into three distinct, yet overlapping, subgroups:

1. Tribal, state, territory, or substate managers of prevention funding and systems
2. Direct providers of prevention programs and activities
3. Community or coalition members engaged in preventing substance misuse and promoting the wellness of communities

They identified the composition of the workforce as consisting of professionals from the fields of social work, education, psychology, criminal justice, health care, counseling, and the clergy. The workforce also included teachers, youth leaders, law enforcement officers, the National Guard, and community and volunteer groups.

The Expert Panel noted that the prevention workforce provided services in multiple settings throughout the community. These settings included schools, community organizations, businesses, health and

welfare systems, justice programs, and faith-based organizations, requiring prevention workers to coordinate their efforts with others working within these settings.

Based on the Expert Panel's input at that time, the substance use prevention discipline was estimated at 500,000 individuals, using no standard inventory or methodology for defining and counting this sector of the workforce. The lack of a method for estimating the number of prevention professionals had continued to the time of the current national assessment.

Between November 2022 and August 2023, the SAMHSA Single State Agencies Systems Technical Assistance (SSA-TA) project collected information from the District of Columbia and 42 state prevention leads on their state staff and publicly funded community provider job titles (see **Appendix 3A**). When considering the national workforce, understanding the general structure of common community-based worker titles and job functions are of greater interest than how each state organizes and names the positions within their organizational branch.

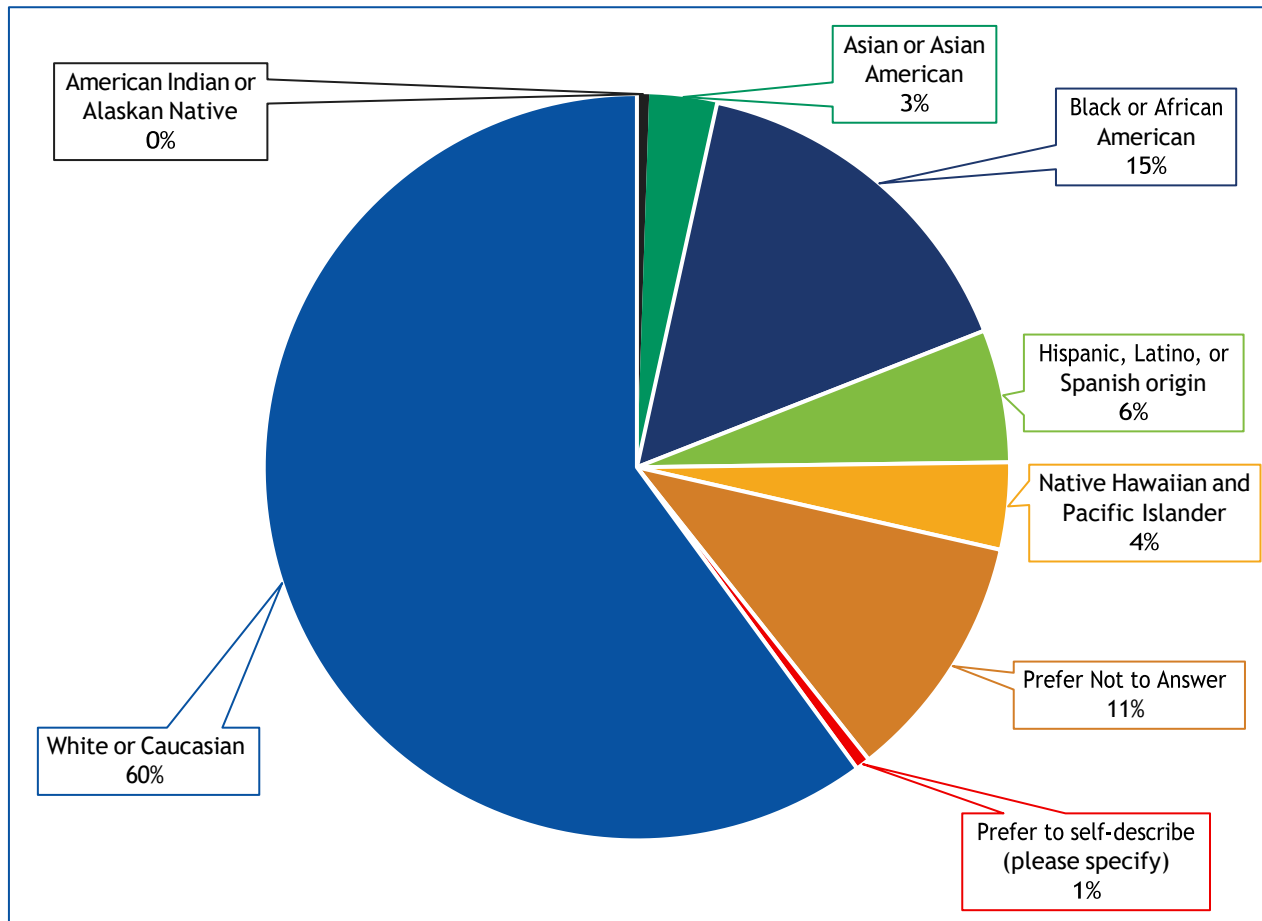
Based on the data collected, the common community-based prevention structure appeared to include a high-level administrator (e.g., Director of Prevention), a mid-level manager (e.g., Prevention Coordinator, Program Manager), and direct-service-level positions (e.g., Prevention Specialist, Coalition Coordinator/Organizer, Prevention Educator). Future research is needed to flesh out the functions at each level of abstraction, duties within job type, and overlap across positions and supervision levels within and between states.

Of note, the role of the substance use prevention workforce is currently not defined as an independent job classification within the national healthcare system. Substance use prevention professionals are not recognized within the U.S. Department of Labor standard occupational classification (SOC) system. SOC is one of several standard classification systems established by the Office of Management and Budget (OMB) for use in the federal statistical system to increase data comparability across federal programs. A national workgroup has developed and submitted a request for a new SOC for a substance use prevention specialist.

IV. DEMOGRAPHICS AND OTHER CHARACTERISTICS OF THE SUBSTANCE USE PREVENTION WORKFORCE

Like job titles, functions, and duties, we have heretofore known very little about the demographic composition of the national substance use prevention workforce. Participant data collected at the 2022 National Prevention Network (NPN) annual conference provided some basic information.

Figure 1: 2022 NPN Conference Attendee Demographics



As depicted in **Figure 1**, most attendees were White (about 60%), followed by Black/African American (about 15%). Interestingly, 11 percent (the third most frequent category) of the attendees preferred not to disclose their racial/ethnic background.

Data provided by California, the nation's most populated state, provided a basic illustration of the types of data that we hoped to collect nationally in the next phase of the assessment.¹⁶

At a minimum, we hoped to assess the following demographic variables:

- Age
- Sex
- Race and ethnicity
- Education (level, major, degrees, certificates)

- Years working in substance use prevention
- Current job and duties
- Salary range

V. RECRUITING AND RETAINING THE SUBSTANCE USE PREVENTION WORKFORCE

Although we heretofore lacked a systematic assessment, individual state workforce surveys and anecdotal data suggested the prevention field suffers from many of the recruitment and retention problems experienced by the substance use disorder treatment workforce: high workloads, low wages, high turnover, shortages of workers, and a lack of defined career paths. Based on studies of the substance use disorder treatment sector, we hypothesized that attracting and retaining a workforce that skilled in delivering evidence-based, accountable prevention interventions is especially challenging—particularly as population needs grow more complex. This is due to a number of factors, including stigma associated with working in the field, low compensation, and lack of an adequate recruitment pipeline.¹⁷

It is likely that the absence of comprehensive educational opportunities and clearly defined entry points into the substance use prevention profession has resulted in serious barriers to recruitment.

Based on additional anecdotal information, salary limitations within prevention have contributed to considerable challenges recruiting and retaining skilled prevention managers and direct service providers. Many prevention programs cannot pay salaries that are competitive with other areas of health care. State prevention leaders often indicate that the only opportunity for prevention providers to enhance wages or gain upward mobility is to move out of the prevention sector altogether or into addiction treatment.

Historically, there has been a lack of leadership programming that builds prevention leaders' skills to retain them in the field.

VI. PROFESSIONAL DEVELOPMENT

Standards of Practice—Core Competencies

In 2021, SAMHSA released prevention core competencies that define the core functions of substance use prevention professionals.¹⁸ The competencies describe the knowledge, skills, and abilities (KSAs) an individual needs to perform specific job tasks. KSAs offer professional direction to the prevention field, affect career ladders and pipelines, and provide guidance for training programs and service delivery. In 2023, the Prevention Technology Transfer Center (PTTC) began offering training on the Prevention Core Competencies, which has covered the foundations of substance use prevention science for early and mid-career prevention professionals.¹⁹

Credentialing Issues

Between November 2022 and August 2023, SAMHSA SSA-TA project staff collected information from the District of Columbia and 43 state prevention leads regarding credential requirements for publicly funded

substance use prevention staff. Prevention credentialing requirements varied greatly among the states and job classifications (see **Appendix 3B**). Based on the collected data, 11 states required that all prevention staff receive the Certified Prevention Specialist (CPS) credential. Fourteen states did not require prevention credentialing. The remaining states either required certain positions to obtain certification (e.g., prevention specialists, direct service providers), and others did not require credentialing, but strongly encouraged it.

Pre- and Post-Service Training

Pre-Academic Service

While a number of colleges and universities offer addiction studies programs, fewer have substance use prevention programs. Last updated in December 2018, the Society for Prevention Research (SPR) compiled a list of institutions of higher education that offered prevention science degree programs.²⁰ Approximately seven universities were identified that offered a graduate degree in prevention science:

- Colorado State University
- Kent State University
- Pennsylvania State University
- University of Illinois–Chicago
- University of Miami
- University of Oregon
- Washington State University

The Society for Prevention Research identified the following shared criteria among U.S. institutions of higher education that offered a PhD in prevention science:

- *Prevention Science Fundamentals*: Prevention paradigms; school, family, and community-based programs; type II translational research; community systems and frameworks for prevention; program planning, implementation, development, and evaluation; risk and resilience frameworks
- *Developmental Theory*: Individual development in context, lifespan development, family development
- *Developmental Methods*: Methods and design, multivariate statistics, longitudinal methods

Some programs also included courses in prevention policy, community-based participatory research, global prevention science, ethical considerations in prevention science, and grant writing.

Other programs were identified that offer a master's degree, minor, or certificate in prevention science. These programs tended to be shorter and did not address all of the topics present in a PhD program, although they clearly emphasized prevention as a core aspect:

- Colorado State University
- Harvard University
- Stanford University
- University of Miami
- University of Minnesota
- University of Oregon
- University of Wisconsin–Madison

Post-Field Training and Continuing Education

There is an abundance of free and low-cost trainings, technical assistance, and opportunities for continuing education for the current substance use prevention workforce. Trainings are offered through SAMHSA-funded training and technical assistance (T/TA) centers, other national organizations, and states that develop their own content. A review of the available training topics found that their primary purpose is to help build and KSAs of the existing substance use prevention workforce.

SAMHSA has funded T/TA centers that provide and develop trainings (e.g., webinars, online self-paced and asynchronous courses, in-person trainings) and resources (e.g., toolkits, reports, newsletters, presentation slides, curricula) for substance use prevention professionals. One highly used resource has been the nationwide PTTC Network.²¹ It develops and disseminates tools and strategies to improve the quality of substance misuse prevention efforts. PTTC has provided intensive technical assistance and learning resources to help prevention professionals improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices. A few key PTTC trainings have included: *An Introduction to the Prevention Core Competencies for Prevention Professionals* (online course or in-person trainings), *Ethics in Prevention* (online course or self-paced training), and *Substance Abuse Prevention Skills Training (SAPST)* (online course or in-person trainings).²²

The Community Anti-Drug Coalitions of America (CADCA) also provides in-person training opportunities for prevention coalitions and professionals, including an Annual Training Institute, a National Coalition Academy, and a National Leadership Forum. Topics have included coalition development, engaging youth, using prevention media campaigns, alcohol density regulation, the impact of adverse childhood experiences (ACEs), engaging schools in prevention, and more.²³

States also develop their own trainings based on needs specific to their prevention workforce. For example, Washington State has offered trainings, resources, and a list of prevention events for providers on a website.²⁴ Finally, the NASADAD National Prevention Network (NPN) Annual Conference highlights the latest research in the substance use prevention field.²⁵ The conference provides a forum for prevention professionals, coalition leaders, researchers, and federal partners to share research, best

practices, and promising evaluation results for the purpose of integrating research into prevention practice. Participants can earn continuing education units (CEUs) by attending.

VII. CONCLUSION

Substance misuse and use disorders are significant and pressing national public health problems. Numerous studies have documented their high healthcare and societal costs when unaddressed. Preventing these problems is critical to the nation's health and economic well-being. The publicly funded specialty substance use prevention workforce delivers most of the nation's substance use primary prevention services, making these professionals critical in addressing this public health problem.

Earlier evidence suggested that the substance use prevention workforce faced several challenges. However, national data on these issues were heretofore unavailable. This scan illustrated that we knew little about the workforce's composition, resources, and stability.

The environmental scan did, however, provide some general insights about the makeup of the substance use prevention workforce. An analysis of prevention staff funded in this specialty field provided a general understanding of the basic staff structure. States frequently fund a high-level administrator (i.e., Director of Prevention), a mid-level manager (i.e., Prevention Coordinator, Program Manager), and direct-service-level positions (e.g., Prevention Specialist, Coalition Coordinator/Organizer, Prevention Educator). However, further study is needed to determine the roles and duties of each job type.

Limited earlier data concerning the demographic composition of the workforce suggested it is primarily White, with a sizable minority of African American or Black prevention professionals. We knew little about other demographic factors (e.g., age, sex, education) and had no way to determine if the workforce reflects the characteristics of the populations it served.

We also found that there were a limited number of substance use prevention degree programs in institutions of higher education. More information is needed on staff recruitment and pipeline programs that emanate from academic institutions.

Some of the larger investments in the substance use prevention workforce appeared to be in training and education. There have been a number of free national and state trainings available to prevention staff. Information is needed on the effectiveness of the trainings in preparing staff to carry out job functions. Further, we needed to better understand what other training might be needed for the workforce to be effective. Finally, we needed to understand barriers to training uptake. Questions, such as, "Are staff given adequate time to attend trainings?" were important to ask.

Based on limited available information about the substance use prevention workforce, the national survey targeted publicly funded community-based providers who deliver direct substance use prevention services. Although a general understanding of several challenges confronting the substance use

prevention workforce existed, more in-depth data were required to describe and quantify challenges. The national survey aimed to understand:

- Demographic and other workforce characteristics (e.g., years in position, salary, and certification status)
- Professional title, service setting, job functions, individuals served
- Recruitment and retention (e.g., method of recruitment, rating of retention strategies)
- Professional development (e.g., rating of staff training and professional development, additional training needs)

Our national assessment provided essential data to describe the direct line staff in the specialty substance use prevention workforce and their needs. To gain a more complete picture of the workforce, an additional study would be needed to look at other professionals in the specialty workforce. Following the current national assessment, a future study could be conducted to estimate the specialty workforce size.

APPENDIX 3A: STATE STAFF AND COMMUNITY PROVIDER JOB TITLES

State	State Staff Job Titles	Community Provider Job Titles
Alabama	• Director of Prevention Services • Prevention Program Manager • Prevention Associates Epidemiologists	• Prevention Director • Prevention Coordinator • Prevention Specialist
Alaska	• Prevention Program Manager	• Prevention Coordinator
Arkansas	No response	No response
Arizona	• Grants Administrator • Grants Coordinator	• Prevention Specialist • Prevention Manager • Coalition Coordinator • Director of Community Education and Outreach • Youth & Family Services Manager • Program Coordinator • Program Manager • Director of Community Initiatives
California	• Branch Chief • Section Chief • Unit Chief • Associate Governmental Program Analyst • Staff Services Analyst • Health Program Specialist • Health Program Manager	• California Certified Prevention Specialist • Health Program Specialist • Prevention Coordinator • Behavioral Health Specialist • Program Director/Manager • Community Outreach Specialist • Behavioral Health Coach (school-based) • Community Health Worker (managed care plan-based) • Peer Support Specialist (Medi-Cal and grant-funded workforce)
Colorado	• Director of Prevention • Prevention Program Manager • Prevention Evaluator	• Prevention Coordinator
Connecticut	• Director of Programs and Services • Behavioral Health Program Manager	• Prevention Specialist • Prevention Coordinator • Program Coordinator • Coalition Coordinator
Delaware	No response	No response
District of	• Substance Use Disorders Branch Chief	• Community Engagement Manager • Public Health Analyst (Prevention Coordinator)

State	State Staff Job Titles	Community Provider Job Titles
Columbia		
Florida	No response	No response
Georgia	• Prevention Director • Assistant Director • Project Coordinator • Project Specialist • Data Analyst	• Prevention Contractor • Community Program Assistant • Senior Research Associate • Prevention Specialist • Prevention Coordinator • Program Manager • Project Director • Project Manager
Hawaii	• Program Specialist VI (Prevention Branch Chief) • Program Specialist V (Project Coordinator) • Program Specialist IV	• Program Director • Program Manager • Coalition Coordinator • Project Coordinator • Prevention Specialist • Youth Development Specialist
Idaho	• Administrator • Analyst	• Prevention Coordinator
Illinois	• Administrator • Prime Manager	• Prevention Specialist
Indiana	• Primary Prevention Director • Assistant Director • Program Director	• Regional Prevention Coordinator • Director Service Provider
Iowa	• Prevention Lead • Project Director • Grant Coordinator	• Prevention Director • Prevention/Project Coordinator • Prevention Supervisor
Kansas	• Prevention Program Manager • Behavioral Health Prevention Consultant	• Community Mobilizer • Community Support Specialist • Prevention Specialist • Lead Prevention Specialist • Program Coordinator • Grant Coordinator
Kentucky	• Branch Manager • Program Administrator • Program Coordinator	• Prevention Center Director • Prevention Specialist
Louisiana	• Program Manager • Coordinator of Substance Use Disorder Prevention Services	• Director of Prevention Services • District Prevention Coordinator • Prevention Coordinator

State	State Staff Job Titles	Community Provider Job Titles
	• Director of Prevention and Workplace Development	• Prevention Program Monitor • Prevention Services Coordinator • Program Monitor • Program Monitor Supervisor • Regional Prevention Coordinator • Supervisor of Prevention Services
Maine	• Substance Use Prevention Program Manager • Public Health Educator • Prevention Specialist	• Prevention Specialist • Program Coordinator • Program Director • Community Outreach Coordinator • Coalition Director • Community Health Coordinator • Substance Use Prevention Coordinator • Community Health Educator • Director, Public Health Program • Director of Community Health Improvement • Community Health Promotions Specialist • Director of Substance Use Prevention and Grant Services
Maryland	• Program Administrator • Local Prevention Unit Manager	• Coordinator, Special Programs • Community Developer • Human Services Program Supervisor • Prevention Coordinator • Prevention Administrator • Program Manager • Alcohol and Other Drug Prevention coordinator • Alcohol and Other Drug Prevention Supervisor • Prevention Specialist
Massachusetts	• Director of Prevention Services • Lead Contract Manager • Contract Manager • Public Information Coordinator • Statewide Evaluator	• Prevention Coordinator • Technical Assistance Liaison • Local Prevention Evaluator/Epidemiologist • Prevention Consultant
Michigan	• Prevention Specialist • Prevention Analyst • Epidemiologist	• Prevention Coordinator • Prevention Supervisor • Prevention Specialist
Minnesota	• Primary Prevention & Early Intervention Supervisor • Substance Use Disorder Manager	• Regional Prevention Coordinator • Prevention Coordinator • Prevention Specialist

State	State Staff Job Titles	Community Provider Job Titles
Mississippi	• Director of Prevention • Division Director of Prevention and Opioid Services	• Prevention Specialist • Prevention Coordinator • Prevention Supervisor
Missouri	• Director of Prevention and Crisis Services • Substance Use Prevention Coordinator	• Prevention Services Director • Prevention Specialist • Prevention Coordinator • Community Prevention Specialist • Project Coordinator • Prevention Advocate • Community Mobilizer • Manager of Prevention • Program Development Specialist • Youth Prevention Specialist • Prevention Media Specialist • Youth Outreach Prevention Specialist • Community Strategist • Associate Director of Community Strategist • Director of Prevention Education • Prevention Educator
Montana	• Prevention Section Supervisor • Prevention Program Specialists	• Prevention Supervisor • Prevention Specialists
Nebraska	No response	• No response
Nevada	• Health Program Manager • Health Program Specialist/SUPTRS Block Grant Prevention Coordinator	• Prevention Coordinator • Outreach and Prevention Director • Community Health Worker • Prevention Education Specialist • Outreach Community Coordinator • Outreach and Media Supervisor • Youth/Prevention Coordinator • School Liaison • Hispanic Education • Youth Program Coordinator and Community Education • Outreach Coordinator • Project Coordinator • County Coordinator, Training Manager • Frontier Coalition Coordinator • Rural Coalition Coordinator • Project Assistant • Youth Coordinator

State	State Staff Job Titles	Community Provider Job Titles
		• Volunteer Coordinator • Bilingual Coordinator • Communications Coordinator • Health Intern
New Hampshire	No response	• No response
New Jersey	• Director of Prevention • Program Manager • Epidemiologist • Evaluator	• Prevention Specialist • Community Prevention Specialist • Program Manager • Director • Coordinator
New Mexico	• Prevention Executive Manager	• Prevention Program Manager • PDO Program Manager/SOR Program Manager
New York	• Associate Commissioner • Addiction Specialists I, II, and III • Epidemiologist • Researcher	• Regional Prevention Specialist • Substance Abuse Prevention Intervention Specialist
North Carolina	• Section Chief • Substance Use Prevention Block Grant Manager • Director of Tobacco Prevention	• Assistant Prevention Director • Communities that Care Coordinator • Community Health Coordinator • Data Entry • Deputy Health Director • DFC Grant Coordinator • Director of Community Health • Executive Director • Fiscal Director • Grant Coordinator • Innovation Specialist • Latino Department Manager • Lifestyles Program Coordinator • PFS Coordinator • PFS Regional Manager • Prevention Administrative Coordinator • Prevention and Early Intervention Consultant • Prevention and Early Intervention Supervisor • Prevention and Early Intervention Services Coordinator • Prevention Coordinator • Prevention Director • Prevention Supervisor

State	State Staff Job Titles	Community Provider Job Titles
		• Prevention Program Director • Prevention Program Manager • Prevention Specialist • Prevention Specialist (certified) • Prevention Specialist I • Prevention Specialist II • Preventionist • Program Coordinator • Program Manager • Program Specialist • Project Manager • Public Health Director • SAPBG Regional Manager • SAPT Block Grant Coordinator • Substance Abuse Prevention Coordinator • Substance Abuse Prevention Director • Substance Abuse Prevention Program Assistant • Substance Abuse Prevention Specialist • Substance Use Counselor • Vice President • Youth Prevention Specialist
North Dakota	• Executive Director • Policy Director • Manager of Addiction/Prevention • Prevention Administrator • Program Administrator/Data Analyst • Prevention Assistant	• Prevention Coordinator
Ohio	• Deputy Director of Prevention • Chief of Prevention • Prevention Manager • Prevention Administrator • Prevention Coordinator	• Prevention Consultant • Prevention Specialist • Prevention Specialist Assistant • Prevention Coordinator
Oklahoma	• Senior Director of Prevention Services • Senior Prevention Program Manager • Prevention Program Manager • Senior Prevention Program Field Representative • Prevention Program Field Representative • Prevention Specialist	• Project Director • Prevention Coordinator • Prevention Specialist

State	State Staff Job Titles	Community Provider Job Titles
Oregon	- Alcohol & Other Drug Prevention Manager - Opioid Settlement Implementation Manager - Alcohol & Other Drug Policy Specialist - Tobacco Prevention & Policy Lead - Overdose Prevention Community Partnerships Coordinator - Youth Young Adult Substance Use Disorder Program Policy Coordinator	Prevention Coordinator
Pennsylvania	- Prevention Section Chief (official civil service job classification is Drug & Alcohol Program Supervisor) - Drug & Alcohol Program Analyst	- Drug & Alcohol Prevention Specialist Trainee - Drug & Alcohol Prevention Specialist - Drug & Alcohol Prevention Program Specialist - Drug & Alcohol Prevention Program Supervisor
Rhode Island	- Administrator - Associate Administrator	- Regional Prevention Task Force Director - Municipal Coordinator - Student Assistance Counselor
South Carolina	- Program Manager II - Health Educator III - Program Coordinator I - Administrative Coordinator I - Health Educator II	- Prevention Director - Prevention Specialist
South Dakota	No response	No response
Texas	- Director - Manager - Program Specialist	- Program Director - Coalition Coordinator - Program Specialist
Utah	- Prevention Program Manager - Prevention Administrator I, II, and III - Regional Director	- Prevention Coordinator - Prevention Director
Vermont	- Director of Prevention Services - Assistant Director of Prevention Services - Substance Abuse Program Manager - Prevention Services Manager - Substance Use Prevention Consultants	- Regional Prevention Partnerships Coordinator - Prevention Center for Excellence Coordinator - Student Assistant Professional - Coalition Director
Virginia	- Director, Office of Behavioral Health - Behavioral Health Consultant	- Prevention Manager - Prevention Coordinator - Prevention Specialist

State	State Staff Job Titles	Community Provider Job Titles
		- Behavioral Health Supervisor - Prevention Program Manager
Washington	- Section Manager - Prevention Supervisor - Prevention Research and Evaluation Manager - Policy and Project Manager - Prevention System Manager - Prevention Project Coordinator	- Prevention Specialist - Prevention Coordinator - Coalition Coordinator - Prevention Professional - Public Health Professional - Researcher or Evaluator
West Virginia	- Director of Prevention - Program Manager I and II	- Prevention Specialist - Prevention Coordinator - Prevention Director
Wisconsin	Prevention Coordinator	Prevention Specialist
Wyoming	- Community Prevention Unit Manager - Substance Use and Tobacco Prevention Program Manager - Prevention Specialist	Community Prevention Specialist

APPENDIX 3B: STATE CREDENTIALING REQUIREMENTS

State	Credential Requirement/Other
Alabama	• Direct service providers are required to obtain certification. • A master's degree goes towards obtaining experience for the certification.
Alaska	Not required.
Arkansas	No response.
Arizona	Recommended, not required.
California	Recommended, not required.
Colorado	• Program managers are required to be certified. • Direct service program coordinators are required to be certified.
Connecticut	Currently, we do not require individuals to be a Certified Prevention Specialist (CPS) at the time of hire; however, if state or federal funds are funding the regional/community providers, we then require that those individuals acquire their CPS in three years of the hire date, or end of contract term (maximum 5 years).
Delaware	Not required, but encouraged.
District of Columbia	Not required.
Florida	No response.
Georgia	• No requirement, but state staff are encouraged to pursue Prevention Credentialing Consortium of Georgia (PCCG) certification. The state pays for it. • Community providers – at least one staff must be working towards PCCG certification.
Hawaii	Credentials are not required for any of these positions, but the Certified Prevention Specialist credential is highly encouraged.
Idaho	Direct service providers are required to obtain certification within 3 years of hire.

State	Credential Requirement/Other
Illinois	• Administrators are required to have a master’s degree, but no certification is required. • Prevention Specialists are encouraged to obtain certification, but not required.
Indiana	CPS certification to provide programming, and to participate in monthly trainings (e.g., SAPST and Ethics courses).
Iowa	Our department requires Prevention Specialist Certification for these positions, but it is not grant specific.
Kansas	Not required.
Kentucky	• It is recommended but not required to obtain CPS certification. • Prevention Specialists are required to obtain a CPS certification within 2 years of hire.
Louisiana	• State level—Credentialing is preferred but not required. • Regional level—Credentialing is required after 6 years of employment. • Community level—Credentialing is required.
Maine	Prevention Specialist certification is required for my position and my staff. Any of our funded partners that receive substance use prevention funding must be certified.
Maryland	No state requirement; up to local jurisdictions.
Massachusetts	Prevention Certification is available and is strongly encouraged but not required at this moment.
Michigan	Direct service providers are required to obtain certification.
Minnesota	No state requirement, but Regional Prevention Coordinators must get credential within 3 years of hire.
Mississippi	Credentialing is only required for the Prevention Specialist.
Missouri	Contracted providers must be certified.
Montana	Working on credentialing but currently do not require it.

State	Credential Requirement/Other
Nebraska	No response.
Nevada	At least one person funded through the block grant either currently holds or is working toward obtaining the Certified Prevention Specialist (CPS) credential. Block grant funds may be used to achieve this certification from training/registration expenses, travel, and testing fees. Credentials are reviewed during the monitoring process.
New Hampshire	No response.
New Jersey	Agency staff who provide direct services are required to have a CPS credential.
New Mexico	Credentialing preferred but not required. We ask that Program Managers acquire their Prevention Specialist Certification within 2 years.
New York	Certification is only recommended, but staff without certification must have 2 years of prevention experience and 60 hours of prevention-specific education.
North Carolina	Credentialing is not required but encouraged.
North Dakota	ND does not have a formal credentialing requirement or certification for prevention professionals; however, the BHD requires all prevention funding subrecipients to complete a SAPS Training, participate in all Training and Technical Assistance opportunities, and Prevention Ethics courses.
Ohio	• Certification requirements for Prevention Consultants, Specialist and Specialist Assistant: https://ocdp.ohio.gov/Prevention • To receive public funds in Ohio for prevention, agencies are required to be certified by the Department of MH and Addiction Services as well: https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-20 • These rules are currently in the process of the 5-year review and should be updated soon.
Oklahoma	• CSP not required at state level, though we highly encourage, recommend, and prefer it. • CPS is required for the regional/community/direct service providers.
Oregon	Not required.
Pennsylvania	• Not required by state for any job title or position. • Specific agencies/organizations at the local level could require Certified Prevention Specialist certification for their employees (currently there is no data on this).

State	Credential Requirement/Other
Rhode Island	- Regional Prevention Task Force Director – Advanced Prevention Specialist (ACPS). - Municipal Coordinator – Associate Prevention Specialist (APS). - Student Assistance Counselor – Student Assistance Counselor (SAC) and master’s degree in clinical services or education.
South Carolina	Certification is required.
South Dakota	No response.
Texas	- Program Directors and Coalition Coordinators: must be CSP certified or obtain certification within 20 months. - Program Specialists: must be APS and/or CPS certified within 20 months.
Utah	Some local areas require their employees to be certified as a Prevention Specialist through ICRC. Our Division Directives require all prevention specialists and contracted service providers to be trained in SAPST and/or APSI Universal Prevention Curriculum.
Vermont	At this time, credentialing is not required for any of the positions at the state or in the community.
Virginia	- Some agencies require master’s level and others require bachelors. - No additional specific credentialing required.
Washington	- Prevention Coalition Coordinator (community-level)—bachelor’s degree or equivalent experience; current Certified Prevention Professional credential or ability to obtain within 18 months of appointment. - Prevention System Managers (state-level)—current certification as a Certified Prevention Professional or ability to obtain within 3 months of hire. - Certified Prevention Professional accreditation will equate to one year of required experience and Associate Prevention Professional accreditation will equate to 6 months of required experience.
West Virginia	- All positions require 2- to 4-year degree. - All positions require to hold at minimum the Prevention Specialist Certification Level I, some are certified at Level II.
Wisconsin	No certification is required.
Wyoming	Certification is not required, but highly recommended.

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Appendix 4:

Stakeholder Meetings

Appendix 4: Stakeholder Meetings

State Prevention Staff Stakeholder Meeting – January 31, 2024

1. How long have you worked for the state?

- 5 years
- 6 years
- 13 years, 1 year as an intern
- 20 years
- 22 years
- 25 years

The group had medium to long tenure with the state.

2. How have you seen workforce issues change?

- Staff don't stay long in prevention positions—viewed as a steppingstone to other professions (substance use disorder treatment, education).
- Loss of institutional knowledge—staff aging out/retiring.
- Challenges finding staff to work with diverse populations.
- Providers are hiring staff that are available but may not be prepared for the position.
- High staff turnover.
- Low pay due to lack of recognition of the profession and fewer eligibility requirements
- A lot of virtual training opportunities.
- Lost some of the historical knowledge in the field. Years ago, people stayed a long time in their positions. Not anymore. Losing institutional knowledge. Now, new staff want to be there until they don't want to be there, often for a year or two. People have retired or taken other positions in education, which are more attractive. Teachers have unions, benefits, only work 9 months out of the year. Knowledge to understand the science and the importance of prevention has been lost. A lot of people are just dropped into the position and view prevention jobs as the first step in providing addiction treatment. Community and state-level prevention positions serve as an entry position in the fields.
- Prevention has transitioned more to science, but providers hire those available rather than knowledgeable and experienced.
- People don't stay in jobs like they did before. Staff don't have the same continuity with communities. It hurts prevention efforts. It is helpful to have hybrid-remote positions; and state salary increases. Prevention section (state) staff get paid less than others. No certification is required.
- In the community, recruitment falls into two categories: very young or retired workforce. Neither has good sustainability. Some positions are funded on a temporary basis (i.e., discretionary grants), creating turnover.
- There is increased availability of training/courses.

- With COVID, it is hard to fill and hold on to positions in rural areas. For example: One coalition in a year has had four different leaders. It takes months to fill the position. It is not uncommon to have one staff that does everything.
- Special pops—finding staff is a challenge. A lot of vacancies. Hard to find people who are bilingual.

3. What workforce challenges concern you the most?

- Difficulty hiring staff with the right skillset.
- Not asking the right questions during the hiring process.
- Prospective staff/new staff don't fully understand the nature of the work.
- Generational workforce issues – not showing up for interviews; leaving soon after being hired or trained.
- Lack of supervision.
- This is a different generation trying to get jobs. They interview and do not show up; after they are hired, don't show up first day.
- People decide not to begin the position after being hired. Look good on paper, didn't think the job was what it is.
- A provider had someone who worked two days—didn't want to go to a training – fear of talking to people. Hired during COVID—but then when they had to go out into the community, they didn't want to.
- Employers are compromising on hiring someone with the right skillset. Hoping they can train them.
- Senior provider leadership does not always value prevention. Prevention staff may feel isolated.
- Provider organizations lack buy-in on the needed requirements of the job. Think they can get anyone—not a grasp of what the job is. Don't ask the right questions during interviews.
- The right candidates aren't applying for the positions.
- Organizations lack experienced supervisors. Not able to support new people in positions.

4. What workforce challenges do you have the least understanding?

- Need a better understanding of why people seek prevention jobs, why they leave, and their knowledge level.
- Provider-level senior staff—learn more about their perspective on the prevention workforce.
- What investments are needed to recruit and retain providers?
- How to support pipeline development.
- Making guesses about why staff are joining the workforce, leaving, and their knowledge level.
- Want to know more from provider leadership on the prevention workforce. Standalone providers have better retention, instead of comprehensive providers.
- What investment can we make to recruit and retain providers, e.g., scholarships, upfront money?
- Why don't we grow prevention “people” like other professions?

5. Which competencies (knowledge, skills, and abilities) do you think need to be enhanced the most within the substance use prevention workforce?

- How to teach the “soft” skills, such as building relationships and coalition work.
- How to build trust in the community.
- How to assist individuals who may have difficulty taking the credential exam.
- Teaching a variety of skills, since prevention staff often perform multiple roles (e.g., budget, conflict management, prevention knowledge, group and behavioral management).
- Soft skills – talking to people, engagement, building relationships, coalition work, etc. States and providers often are not in a position to teach those skills.
- How to build trust with the community?
- Marginalized individuals might not be able to pass the exam. How do we help support those in taking the exam?
- Coalition coordinator is a jack of all trades and requires knowledge in budgeting, prevention concepts, delegation, conflict management, etc.
- Group management and behavioral management knowledge/skills to deal with at-risk kids.

6. What strategies have you implemented that have strengthened the workforce?

- Trainings (leadership, coalition building, marketing, managing nonprofits, prevention concepts, assistance with requirement of certification exam, etc.), internship program, regular meetings, and check-ins are some of the strategies that have been implemented to strengthen the workforce.
- Staff attended a Coalition Business Academy, which taught skills in leadership, coalition branding, marketing, accounting, and managing nonprofits.
- Offer quarterly workforce development trainings. Use a prevention consultant to help professionals take the International Certification & Reciprocity Consortium (IC&RC) exam.
- Every other week, hold meetings with coalitions to discuss topics they need help with. Provide opportunities for the SAPTS training. Allow money in grants for travel to attend trainings.
- Paid internship program. Provide opportunities for building skills—used BG supplemental to do foundation training – data collection, analysis, evaluation, one-on-one TA with providers to help with SPF, workplan, and evaluation.
- Employ a collaboration specialist at regional prevention centers. Regular meetings. Facilitation training.
- Longer term—teen institute, peer mentors, working with them over time

7. Do you have suggestions on how we would obtain a list of providers that receive SAMHSA funding for substance use prevention services?

The stakeholder group recommended asking the states for provider lists. They asked if the assessment would survey those providing direct services in communities and schools and supervisors or administrators. They suggested we ask in the assessment the individual staff person’s position and the type of organization they work for. The group wanted to make sure the surveys are disseminated to lower-level workers. Also, be cognizant of timing—don’t send it out in the summer (school staff).

8. From your perspective as a state administrator, what questions should we be asking individuals who may have an interest in working in or who already work in the substance use prevention workforce?

- Why did you enter the substance use prevention field?
- Are you considering leaving your position and why?
- How long have you been in your current role?
- What makes you stay?
- What are some of the barriers or challenges to doing your job?
- What is your least favorite part of job?
- What type of staff supports are needed outside of the technical content?
- Do you have an opportunity for promotion?

9. Do you have any workforce surveys you can share?

- Yes, many of the participants indicated that they could share survey results of their workforce. A few of the states are getting ready to survey their workforce again.

10. If you've conducted a workforce survey, did you learn anything that surprised you? Would you ask any other questions?

- Seeing a lot of new employees and seasoned employees; not a lot in between.
 - Many respondents indicate that they want better pay or don't want to work after hours.
-

Colleges and Universities Stakeholder Meeting – April 9, 2024

1. What substance use prevention coursework, degree programs or certificates do you offer?

- Bachelor's—substance use prevention (SUP) minor (18-hour minor). Includes courses in SUP skills based on SAPST, drugs use in individuals and society, community organization and policy development, and 9 hours of electives—social work, public health, psychology. Graduate students can take graduate-level courses.
- Human services associate degree (2 years) with a specialization in SUP.
- Level 1 certificate in SUP. 18 semester hours. Courses include aspects of SUP from a public health model, research and evaluation methods.
- One school offers a prevention practicum.
- Community addiction—18 hours minor. Practicum course in prevention.
- U of Oklahoma had five core prevention courses—prevention across the lifespan, evaluation, strategic planning, leadership, communication, internship. 33 hours for master's.

2. How has your curriculum changed to keep pace with the research and academic requirements?

- It's a challenge to keep up with changes in the university setting.
- Those who teach prevention curricula should have a certification in prevention to keep up on science.

3. What are the demographics of the students who are entering your programs?

- Students from nursing and social work take SUP courses
- Not a lot of graduates from prevention programs. Very rare to have males in the program. Concern about the ability to continue prevention program due to low enrollment.
- Most people taking the courses are in or planning to pursue treatment services
- 25–30 percent African American; 5 percent Hispanic; mostly female

4. How has student enrollment in substance use prevention coursework/degree programs changed in the last 3 to 5 years?

- Not a lot of graduates. Many get a prevention certificate but not a degree. Numbers are low.
- Prevention courses are offered through the colleges of social work and public health. Not a specific home for people wanting a degree in prevention. Seen a lot of growth in a chemical dependency treatment certificate, but not prevention.
- Students are more interested in treatment/addictions.
- Students can get master's in public health and social work and still become certified as a prevention specialist. This has been the justification for the school to eliminate the prevention program.

5. Do you provide internships or practicums to provide practice-based exposure to the jobs?

- Try to connect students with the state prevention agency for placement—at regional prevention center or at the state office. Paid internships have received more interest from students.

- Students going into prevention get placed with an employer in the county for their practicum. The employer provides great training. Looking into opportunities with school districts for pipeline development.
- Partner with city health department to create an internship.
- Partner with prevention office on college campus to place students.

6. Do you support job placement of graduates? If yes, what is your placement rate?

- No, but let students know about internships and job openings.
- Not a formal effort for job placement, but letting students know of job openings.
- What are the most common barriers for students in finding jobs?
- Salaries are too low and barely pay a living wage at an entry level position. Students don't know about prevention as a career field. Need to do a better job of defining what prevention is—many come to the program thinking it's treatment.
- Positions may be temporary due to funding. Workers are trained then move on to another position with better pay and benefits.

7. From your perspective as an academic, what questions should we be asking students to help learn how to best strengthen the substance use prevention workforce?

- What do you need to advance?
 - What would you like your career to look like? 5 to 10 years?
 - What are you motivated by?
 - Do you have a sense of purpose and power in the prevention field? What would help you feel empowered?
 - Will prevention give me a good salary and life?
 - What does a better work-life balance look like to you?
-

Prevention Certification Stakeholder Meeting – April 10, 2024

1. What are the demographics of the staff who are applying for a credential?

Participants noted that, generally, the majority of people who apply for a prevention credential are White women. They noted that younger individuals are applying for credentials but are not necessarily staying in the field. Those that stay in the field are typically older women. One participant stated that more school-based prevention professionals are applying for credentials, which brings a younger and more diverse group of applicants. Participants noted that they have had success partnering with Latino organizations to increase the number of Latinos applying for prevention credentials.

2. How have the staff who are applying for a credential changed in the last 3 to 5 years?

Participants agreed that there has not been a noticeable change in who is applying for a prevention credential in the past five years. However, the group discussed that a lot of young people may complete the first level of prevention certification, but they leave the field before getting to the next level of certification. They also noted that young people seem to be more likely to change careers quickly to receive better pay and benefits. One example of this is individuals leaving community-based substance use disorder prevention to work in school settings.

3. How has the interest and requirements for a credential changed in the last 3 to 5 years?

Participants responded that IC&RC minimum requirements for credentialing have not changed, but state boards can impose additional requirements. The IC&RC prevention specialist content has changed slightly to update language, and revise the code of ethics to include issues related to social media. Additional trainings are offered on these topics. One participant noted that in their state, each prevention coalition has to have a staff member that is CPS credentialed, while other staff have a couple of years to receive credentialing. This has helped increase the number of credentialed professionals. Participants also described that programs like the Teen Institute have been very helpful to getting youth engaged and interested in the field early.

4. What are the most common barriers to seeking a credential?

Participants described a range of barriers to seeking a prevention credential. One challenge is that there is not a natural progression for a credentialed individual's career path. Pay levels and benefits have remained stagnant, and since people who do stay in the field stay for a long time, young people don't see room for their own growth. Another barrier is the many competing credentials that someone in the field may choose to pursue instead, like LPC, family therapists, etc.

Next, the group discussed that there are no federal requirements for prevention credentialing. It is up to states and providers to allocate funds to get prevention staff credentialed. In some states, training and credentialing may be included in their budgets, but in other states, providers or individuals need to cover these costs, which can be a burden, particularly for smaller providers.

Typically, if an individual is not required to hold a credential, their employer will not cover the costs associated with the credential, and they won't receive any additional pay or benefits after receiving the credential. This minimizes the incentive to pursue credentialing. One state saw a major increase in credential applications when they started offering scholarships for certifications. It was noted that individuals also need support to renew their credentialing and remain in the workforce.

Participants further discussed barriers for individuals when pursuing a credential. This includes the cost of the exam, the cost of the license, the cost of courses, testing anxiety, and meeting the standards for certification (e.g. educational/degree requirements).

5. What areas of the credentialing exam are applicants having the most difficulty?

Participants noted that support in general test-taking skills would be helpful for people pursuing the prevention credential. Participants discussed that there is not a particular area of the exam that people struggle with. In general, individuals test the best in the domains most applicable to their career. For example, if someone delivers prevention curriculums in schools, they will likely do very well in the prevention education and service delivery domain, but struggle with the community organization or public policy and environmental change domains.

6. Are certain populations having more difficulty with the exam? If so, why?

The group discussed that if English is an individual's second language, they can have more difficulty with the exam. They noted that there is now an option to toggle back and forth between English and Spanish during the test, which has helped some better understand the questions and content of the exam. One state requires people to take courses before sitting in for the exam, which has helped increase passing rates.

7. From your perspective as someone who represents a credentialing organization, what questions should we be asking individuals who are applying for a substance use prevention credential to learn how to best strengthen the workforce?

Participants shared several questions for individuals applying for a prevention credential to better understand the workforce and its needs:

- What would it take to keep you in the field?
- What attracted you to the field?
- What is your impression of certification? What were your motivations to pursue credentialing?
- What is your organization's impression of certification?
- What are your long-term career goals?
- To those who have stayed in the field for 5 to 10 years, why have you stayed?

8. Any final thoughts?

Participants shared their final thoughts. One noted that a student loan debt relief program could help attract and retain individuals in the field. Participants discussed that having prevention specialists added as a job classification by the Bureau of Labor Statistics would help legitimize the field and potentially get individuals qualified for things like student loan forgiveness. Lastly, one participant noted that one of the greatest benefits of getting a prevention credential is the community surrounding it and getting to know people locally and from around the nation that share passion for the field.

Human Resources Personnel Stakeholder Meeting – Thursday, April 11, 2024

1. How long have you worked as an HR professional in the substance use (SU) field?

- 5 years
- 17 years
- 4 years
- 11 years
- 16 to 17 years
- Over 20 years

2. Please describe some of the key characteristics of your organization's prevention workforce.

- Innovation
- Ability to work with unique partners/sectors in communities that are not typical partners.
- Commitment to the cause, passion, and being connected to the work.
- Experience in community organizing.

3. How has the workforce changed in the last 3 to 5 years, e.g., demographics, expectations, needs?

- Lack of longevity among staff, large number of new staff in a short amount of time, largely attributed to the pay.
- Some who have left the prevention field have returned to the field.
- It is more difficult to find individuals with soft skills.
- Increase employees with different demographics.
- Increased turnover and positions remain vacant.
- Harder to convince potential employees that the field is “worth it” and that there are opportunities within the prevention field.

4. Please describe the level of interest in applying for positions in SU prevention.

- The level of interest is low due to low name and discipline recognition. Titles for positions are not recognizable by many. People don't know what prevention is or does.
- Some individuals do not understand the levels of prevention work and its relation to other issues (mental health, whole child health, etc.).
- For some employers, there are a lot of applicants, but not a lot of candidates who are a good fit/have the qualifications.
- Post-COVID landscape: New cohort of workers want to continue remote work and continue how work was performed during COVID.
- Lack of degree related to prevention. Many new graduates are not sure what prevention is; they are interested, but it is unclear what a prevention specialist does until they are in the position.
- Community coalitions have had success identifying interested participants.

5. What are the job titles of your SU prevention staff?

- Program Director
- Prevention Director
- Prevention Coordinator
- Prevention Health Specialist
- Prevention Specialist

- Health Educator
 - Education Coordinator
 - Program Manager
 - Public Relation Specialist
 - Coalition Coordinator
 - Prevention Program Manager
 - Student Coordinator
 - Technical Assistance Specialist
 - Public Health Specialist
 - Substance Misuse Specialist
-

State Prevention Staff Stakeholder Meeting – Monday, April 22, 2024

1. How long have you worked for the state?

Stakeholders worked for the state between 2 to 27 years.

2. How have you seen workforce issues change?

- Tenured staff are increasingly rotating out of positions. They are not retiring, but are switching positions. May be moving up to executive directors.
- Longer vacancies.
- Higher turnover.
- A new workforce landscape post-COVID (e.g., desire for remote work, flexibility).
- Competing with pay for public health positions at different agencies.
- Lack of awareness of prevention and what prevention work entails.
- Time/term-limited positions.
- Due to vacancies, prevention leadership may have to fulfill the duties of other roles, staff is increasingly spread too thin.
- Leadership may not understand prevention and they hire staff based on this misunderstanding.

3. What workforce challenges concern you the most?

- A lot of time and money is invested in training, and then new hires leave.
- Agencies do not recognize the value of certification (e.g., do not increase pay following certification). Difficulty promoting certification.
- Most people do not understand prevention work—believe it only includes education and information dissemination.
- When funding does not increase, it limits increases and funding providers can give staff. States have to consider whether to scale back the number of providers to increase funding.
- Funding sources have specific allowable activities, but prevention work may span beyond eligibility for a particular funding source.

4. With what workforce challenges do you have the least understanding?

- Lack of degree programs in colleges and universities that focus on public health/prevention.

5. Which competencies (knowledge, skills, and abilities) do you think need to be enhanced the most within the substance use prevention workforce?

- Mobilization, coalition work, community work, engagement, interpersonal skills (soft skills).
- Difficult to train people on how to deliver messages to different audiences; a skill that is hard to teach and requires practice.

6. What strategies have you implemented that have strengthened the workforce?

- Learning communities.
- Ongoing staff training/TA.
- Agreements with universities to provide the necessary hours and training to test for or maintain licensure.
- Work with CADCA to create specific discussion boards.
- State supports certification (costs, trainings, practice tests). Provide as much training as possible for free.
- Monthly prevention webinar series. CEUs are provided.

- Peer-to-peer learning.
- SAPST offered twice a year.
- Prevention Ethics offered 4x a year (twice for full course and twice for refresher).
- University partnerships to host webinars/information sessions related to prevention.
- Monthly statewide prevention meetings.

7. From your perspective as a state administrator, what questions should we be asking individuals who may have an interest in working in or who already work in the substance use prevention workforce?

- What drew individuals to the field?
- What would have retained someone who left and what is keeping someone in the field?
- What benefits are you seeking?

Titles may be unclear, and some states have considered changing them. However, titles are not enough to help applicants understand what the work entails.

8. What do your hiring practices involve?

- Application followed by interviews (2-3).
- Balancing the value of requiring a degree/not requiring a degree. Degree does not necessarily mean you are qualified, nor may it be directly related to the work.
- Using a scoring system for the hiring process. Candidates with the highest score are offered the position. Some questions are weighed more heavily than others.
- A video submission or live presentation about substance misuse and prevention-related topic.
- References, background checks, drug screenings.

9. How have these practices changed in the last 3 to 5 years?

- Evaluating the whole person and their skillset and experience that is not just related to degrees and work experience.
- Need to be the right fit for the community.
- Shorter interviews (10-15 minutes).

10. Does your agency have established policies to incentivize, promote, and cultivate staff?

- No. This is one of the biggest challenges in prevention.
- Created bonus structures for health educators. For teachers, anonymous surveys and bonuses for those with high ratings.
- Retirement benefit and health insurance for employees.
- An 80% tuition reimbursement program.

11. What are common issues or needs that come to the attention of HR?

- Lack of adequate direct supervision within smaller or rural organizations. Work is often very independent.
- Low salaries and benefits—preventionists are educators and community mobilizers, but do not necessarily have the same benefits or pay as professionals in those occupations. Staff make \$10-15K less than other educators.

- Prevention is a profession with minimal infrastructure. Funds are often not stable, and staff are sometimes laid off before money is awarded. Pay isn't based on a uniform structure.
- Job security and sustainability makes it challenging to grow a workforce that reflects the populations that prevention works with and supports.
- Agencies act as a training ground for staff to find better positions.

12. What are the most common reasons why SU prevention workforce staff leave your agency?

- Low pay.
- Inadequate benefits.
- Wanting to work remotely.
- Lack of job security due to the nature of funding.
- Younger people are interested, but they don't stay.
- Want a greater work-life balance. Expecting something different. They want to work from home rather than meet with people in the community.
- Funding requirements is too difficult compared to the amount of support that they receive from employer.
- Burnout.

13. From your perspective as an HR professional, what questions should we be asking staff to strengthen the SU prevention workforce?

- What are you passionate about?
- What do you do on your off time; what are your community engagements?
- How well do you collaborate?
- What changes would you like to see in your community?
- What skills do you have and what skills do you need?
- What does systems change look like to you?
- How do you prioritize relationships?
- What would it look like for you if your funding agency is invested in you?
- How do you view youth?

The group shared that they would like the following:

- Enough funding to secure positions and investments in the community to make change.
 - A federal job classification for prevention specialist.
 - Billing code to be reimbursed based on the amount of prevention services provided.
-

Prevention Provider Stakeholder Meeting – May 17, 2024

1. How long have you worked for your organization?

- 7 to 34 years

What is your official job title?

- [Didn't capture]

Were you recruited, or did you apply to the organization?

- Applied for another position in the agency and moved into prevention.
- Recruited internally.
- Recruited.
- Applied to agency.
- Recruited to apply.
- Recruited.

What attracted you to the organization?

- Closeknit work with community and connecting with people. Personal tragedy.
- Former educator.
- Came from foster care. I wanted to help kids.
- Worked in treatment field. Attracted to prevention from seeing family meetings.
- Elementary prevention instructor and grant administrator. I wanted to help with student academic success and enhance school climate.

2. What do you like about your job?

- Meeting people. Making a difference in kids' lives. Ability to save lives. Have been able to hire some of the kids. Ability to facilitate community-level change.
- Working on community-level policy and with other community leaders. Ability to collaborate and make connections.
- Working with youth and the community. Variation in work. No two days are the same. Ability to be creative.
- Constantly learning. Focus on science in implementing prevention.
- Variety. No two days are the same. Similar to running a business. Meeting people and making connections. Working with young people.
- Flexibility – no two days same.
- No two classes are the same (elementary school). Job allows opportunity to increase protective factors. Working with younger students to lay the foundation of prevention early.

3. What do you not like about your job?

- What would help improve the things you do not like about your job?
- The state requires certification within 18 months of employment. Lost two staff who couldn't pass the test. The agency pays for the certification.
- Hard to find a healthy work-life balance. Receive funding from the state, but there are challenges with mandates connected to funds.
- High turnover of staff. Constant re-teaching of staff.

- Difficulty finding qualified applicants.
- Fundraising and business development and being able to afford, hire, and retain those staff.
- Pressure to bring in grants to sustain the organization. Insecurity of revenue.
- Challenges with finding qualified staff:
 - Staff often leave to work for more pay or go back to school.
 - Some staff aren't comfortable working in the communities they're serving.

4. What competencies (knowledge, skills, and abilities) would you like to strengthen? Do you have the opportunity to work on these areas? If not, why not?

- Being a team player.
- Perseverance to do the job.
- Being flexible. Working to meet people where they are. Working nights and weekends.
- Generational. Younger people don't stay long at the same job. The field needs to adjust to the changing workforce. Determine what the benefits of the job for the employee.

5. As a service provider, what questions should we be asking other individuals who want to work for a substance use prevention provider?

- How do we "organizations" retain staff?
- How do organizations invest in staff long-term?
- What are the top three reasons that motivate you to stay with a job/organization?
- What is your motivation?
- What does innovation in prevention look like to you?