



RESEARCH ARTICLE

# Perceptions of Practice and Professional Identity Among Substance Use Prevention Professionals in Ohio: A Descriptive Qualitative Study

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## ABSTRACT

**Introduction:** Ohio experiences higher than average rates of deaths by drug overdose among US states. Relatedly, the projected need for substance use prevention professionals in the United States surpasses the average growth across all occupations, driven by a combination of increases in substance use disorders and attrition. This research explored perceptions of prevention practice to develop recommendations for increasing the labor force in light of the ongoing opioid epidemic.

**Methods:** In this descriptive qualitative study, 15 prevention professionals, with an average of 11.5 years of experience, participated in 1 of 3 virtual focus groups. Text transcripts were generated by video conferencing software and corrected by researchers. Qualitative open coding was facilitated using Quirkos software; first cycle codes were collapsed into broad themes which described participants' perceptions regarding their practice, influential beliefs, and contextual factors.

**Results:** Key results included participants' own view of their practice as holistic and focused on factors that encourage substance use as a coping mechanism rather than the behavior of substance use. While professionals were amenable to multiple types of collaborations, some described a strained relationship with substance use treatment professionals.

**Conclusion:** The holistic approach that participants described as foundational to their profession may appeal to a broad range of individuals. One strategy which aligns this finding with the described purpose of this research is development of pathways to prevention credentialing that are easier to navigate for those currently employed in alternative helping professions to address profession growth needs by encouraging individuals from diverse professions to additionally acquire prevention certification.

**Keywords:** Substance use prevention; Qualitative research; Professional identity; Focus groups

## INTRODUCTION

Substance use prevention is a multifaceted and evolving field aimed at mitigating the adverse consequences of substance use on individuals, families, and communities.<sup>1</sup> Prevention professionals act as implementers or coordinators, delivering and evaluating prevention services across families, schools, workplaces, health systems, and communities, tailoring strategies to developmental stages from prenatal to adulthood.<sup>2,3</sup> Prevention professionals operate in diverse settings, including treatment centers, educational institutions, and community-based organizations, where their roles include screening, mentoring,

facilitating skill-building programs, health education, supporting policy development, and linking programs to multi-sector collaboration and broader prevention infrastructures.<sup>2,3</sup> This complex field demands interdisciplinary expertise and draws from a range of educational backgrounds.<sup>4</sup>

The United States has experienced multiple waves of substance-related crises, including the prescription opioid epidemic of the 1990s and the current surge in synthetic opioid overdoses.<sup>5</sup> From 2020 to 2023, based on available data from roughly three-fifths of US states, a total of 226 312 individuals died from drug overdoses; more than 75% involved





opioid overdose.<sup>6</sup> Among US states, Ohio has persistently high rates of opioid misuse. The rate of unintentional drug overdose deaths in Ohio between December 2023 and November 2024 was 26.3 per 100 000 people, exceeding the national average of 22.8 per 100 000 people.<sup>7</sup> These public health emergencies underscore the need for robust, evidence-based prevention strategies and a highly capable workforce.

Professionalization of the prevention field through credentials such as the credentialed prevention specialist (CPS) and credentialed prevention professional (CPP) designations has helped establish minimum competencies and standards.<sup>8</sup> However, the prevention workforce faces persistent challenges including high turnover, inconsistent training, and systemic barriers.<sup>4,9,10</sup> According to the US Bureau of Labor Statistics (BLS),<sup>11</sup> employment for substance use prevention, behavioral disorder, and mental health professionals is expected to grow by 18% from 2022 to 2032, outpacing the national average across all occupations. This projected growth reflects 2 overlapping trends: workforce exits due to retirement, burnout, or job dissatisfaction; and the increasing prevalence of substance use disorders, particularly opioid use.<sup>9,10</sup>

Retention issues are compounded by difficult work environments, including limited opportunities for professional growth, job insecurity, and high levels of stigma associated with substance use-related work.<sup>12</sup> While many professionals report high job satisfaction, a significant proportion experience overwhelming workloads, diminished respect, and burnout, all of which contribute to turnover.<sup>13</sup> These stressors are particularly acute in educational settings, where prevention professionals must navigate time constraints, outdated or limited content, and shifting cultural norms such as those surrounding marijuana legalization.<sup>1,13</sup>

Additionally, practical barriers to effective service delivery persist. Some professionals lack foundational knowledge in prevention science or remain unaware of key resources—such as registries and implementation standards—that support evidence-based practice.<sup>4</sup> Other barriers include resistance to adopting evidence-based programs, either due to skepticism or preference for homegrown solutions.<sup>14</sup> Taken as a whole, these issues suggest that stronger professional identity, ongoing training, and greater institutional support are essential for improving program quality and workforce sustainability.<sup>15,16</sup>

Research has tended to emphasize the efficacy of specific programs<sup>17</sup> or strategies for developing coalitions and partnerships<sup>18</sup> with relatively little attention paid to the professionals themselves. Prior researchers found that prevention professionals in higher education often perform duties that extend beyond prevention, such as student development and general student support, highlighting a lack of role clarity and professional identity.<sup>19</sup> Structural and logistical barriers—such as lack of funding for professional development or time to attend trainings—also impede professional identity formation and limit effectiveness.<sup>20</sup> While some professionals exhibit high self-efficacy regardless of formal training,<sup>21</sup> others report inadequate preparation to address substance use in their roles, particularly in counseling psychology.<sup>22</sup> This disparity suggests that both access to training and perceived value of professional development impact ongoing engagement in the field.

Given ongoing substance use trends, a well-trained workforce and effective prevention programs are imperative. Our research aims to augment existing knowledge which facilitates recruitment and retention of prevention professionals by exploring current prevention professionals' perceptions and the contextual factors impacting prevention programming delivery through group interviews. The specific research questions addressed were: What are prevention professionals' perceptions of prevention? What factors impact those perceptions? What contextual characteristics impact delivery of prevention programming?

## METHODS

### Qualitative Approach

Due to limitations in existing literature concerning the professional experiences of substance use prevention workers, this research was carried out using a qualitative descriptive design to allow participants' perspectives to guide the discovery of key themes while maintaining a focus on practical, policy-relevant insights.<sup>23,24</sup> Data were collected through virtual focus groups, a method especially useful for generating dialogic data and exploring shared professional norms, challenges, and strategies.<sup>25,26</sup> Group interviews facilitated the identification of commonalities and tensions within and across local systems.

### Participants

Eligible participants included prevention professionals, working with youth or young adults, employed either by local government agencies or community-based nonprofit organizations. Participants were recruited purposively from 3 counties in Ohio, via email invitations sent by trusted key informants within each county. Participants ( $n = 15$ ) had between 1 and 25 years of experience, with mean of 11.5 years. Of the participants, 11 were employed by government agencies and 4 by nonprofit organizations. Across the US, roughly 14.6% of individuals who provide substance use prevention services are employed in local government agencies and 18.2% work in nonprofits,<sup>27</sup> making our sample slightly overbalanced toward government employees. Because the BLS classification of these categories includes schools and family service organizations, there is high likelihood that any individuals working in these sectors will engage with youth and young adults. The largest proportion of substance use professionals (65.8%) are employed in health care organizations where it can likewise be assumed a proportion of professionals provide services to young people. Among these participants, 5 held managerial roles while continuing to provide direct services.

### Group Interviews

A semistructured interview guide was developed collaboratively by the research team, informed by project goals and contemporary literature on substance use prevention and implementation challenges. Key informants reviewed the guide, leading to minor revisions for clarity and relevance. Questions explored substance use trends (eg, alcohol, cannabis, nicotine), characteristics of substance-using youth, perceived effectiveness of current programs, organizational capacity, cross-sector



collaboration, barriers to service delivery, and opportunities for improvement or innovation.

All 3 focus groups were conducted in spring 2022 via Microsoft Teams. Group sizes ranged from 4 to 6 participants. Groups were stratified by county to ensure that local policy contexts and collaborative relationships could be explored in depth during each session. Each interview lasted approximately 75 minutes. Two university-affiliated researchers with prior qualitative research experience facilitated each group from private locations. At the start of each session, moderators disclosed their personal connections to the topic and outlined the study aims to foster rapport and transparency.<sup>28</sup> All participants were offered a \$20 digital gift card through a secure link following the session.

### **Ethics**

A university institutional review board approved the interview research project. Consent wording was read during each group meeting and consent from each participant was recorded via chat or verbal response. Confidentiality measures were emphasized, including deidentification of data and secure data handling.

### **Data Processing**

Each session was audio recorded, and chat content was saved. Automated video-conference transcripts were checked against audio recordings and corrected manually to ensure accuracy. Relevant chat messages were integrated into the transcripts. All identifying information, including personal names and agency affiliations, was redacted and replaced with generic labels (eg, [NAME], [AGENCY], [CITY]). Cleaned transcripts were stored on an encrypted, access-restricted university drive and deleted from all temporary storage following verification.

### **Data Analysis**

Text transcripts were initially analyzed using open coding to identify qualitative meaning units.<sup>29</sup> Qualitative meaning units were defined by the data analysts as self-contained, research-relevant thoughts of variable length. Open codes, consisting of brief summarizing words or phrases, were developed inductively during this process.<sup>30</sup> The Microsoft Word commenting feature was used to link codes to selected meaning units. Open coding was applied sequentially to each of the 3 group interview transcripts.

Initial codes were organized using a combination of Microsoft Word and Quirkos qualitative analysis software.<sup>31</sup> First, all codes were compiled into a new Word document and clustered based on shared content or conceptual similarity, allowing patterns to emerge that could be developed into higher-order themes. Line numbers were added to the comments to facilitate traceability and contextual review. Next, clusters and representative excerpts were uploaded into Quirkos, where the interface supported further organization and refinement of codes into broader thematic categories.<sup>32</sup> The final thematic structure was reviewed against additional excerpts to ensure it accurately represented the underlying data. These iterative cycles of analysis were led by the first author, with support from a trained graduate student. All authors

collaboratively reviewed and reached consensus on the final set of themes.

### **Quality Control**

Trustworthiness in qualitative research is supported through criteria such as credibility, dependability, transferability, and confirmability.<sup>33</sup> Credibility and dependability were addressed by selecting participants with demonstrated experience and professional qualifications in substance use prevention services. Confirmability was enhanced through triangulation across 3 group interviews, which included distinct participant groups, and by grounding the analysis in patterns that consistently recurred across the dataset.

We approached trustworthiness as a multidimensional construct akin to validity, emphasizing the extent to which the findings authentically reflect the participants' perspectives and experiences. We were particularly guided by the concept of experiential validity, described as the extent to which findings resonate with individuals who have lived similar experiences—including the authors, who possess both primary and secondary experience with prevention programming.<sup>34</sup> To support transparency and auditability, de-identified transcripts, an audit trail, and detailed documentation of the analytic process are available upon request from the corresponding author.

## **RESULTS**

Qualitative data analysis results are presented thematically and exemplified by representative excerpts, organized into 3 sets corresponding to the research questions. Refer to Table 1 for themes and subthemes.

### **Perspectives on Prevention**

#### **Asking Why**

Prevention professionals differentiated themselves by delving into motivations, contrasting with treatment professionals. Prevention professionals prioritized understanding the "why" behind behaviors and viewed their role as offering non-substance-related activities as alternatives. One described their role as, "Here's what you can do instead." These insights underscore how prevention professionals intentionally take a long-term, developmentally oriented view that aims to understand and address root causes rather than simply responding to symptoms.

#### **Defining Prevention Holistically**

Despite specializing in substance use prevention, participants frequently discussed the interconnectedness of substance use, mental health issues, and various life challenges. They emphasized the challenge of addressing substance use in the presence of unmet needs related to friendships, emotional management, stress, and conflict resolution. Additional relevant topics for prevention included healthy relationships, safe sex, bullying, suicide prevention, and bystander training. One participant from a school setting described their role as "literally teaching kids how to make a good choice."

**Table 1. Questions, Themes, and Select Excerpts**

Research Question	Subthemes	Representative Excerpt
What are prevention professionals' perceptions of prevention?	Asking why	<i>"We really try to get more at why do kids vape"</i>
	Defining prevention holistically	<i>"[You] can't talk about substance use alone just like you can't talk about mental health alone"</i>
	Separating the behavior from the individual	<i>"Sustainable change . . . [versus] superficial compliance"</i>
	Collaborating to promote wellness	<i>"We all have a place in this circle of care"</i>
What factors impact prevention professionals' perceptions of prevention?	Updating stereotypes	<i>"The kids you least expect are often the ones who know about it"</i>
	Observing generational changes	<i>"[kids today are] sneakier, smarter"</i>
What contextual characteristics impact delivery of prevention programming?	Improvising with available resources	<i>"You try something and see if it works"</i>
	Responding to evolving circumstances	<i>"Dabs and tincture [use] of [tetrahydrocannabinol] THC has increased"</i>
	Promoting the value of prevention specialists	<i>"[treatment professionals], that's where our big battle is"</i>

This holistic approach stemmed from the belief that behaviors are interconnected, and addressing underlying challenges could prevent substance use as a coping mechanism. Participants highlighted the importance of addressing substance use in conjunction with mental health and suggested that improvements in social-emotional learning could ultimately reduce substance use among youth. These perspectives illustrate how prevention professionals conceptualize prevention not as a narrow focus on substance avoidance but as part of a broader life-skills and mental health promotion strategy.

#### Separating the Behavior from the Individual

In line with a holistic approach to prevention, interview participants viewed individuals who use substances through a humanistic lens, rejecting the notion of substance use as a stable trait or a defining characteristic of an individual. This stance occasionally led prevention professionals into conflict with funders and others overseeing program outcomes. One participant critiqued generic prevention approaches, noting that the conventional wisdom of "getting rid of persons, places, and things" associated with substance use overlooks the nuanced role of family relationships, which can have both positive and negative influences.

This commitment to nuance and contextual sensitivity reflects a prevention worldview rooted in dignity, empowerment, and the understanding that individuals' choices are shaped by broader social environments.

#### Collaborating to Promote Wellness

Prevention professionals emphasized the importance of maintaining collaborative relationships in community-centered substance use prevention efforts. However, some participants highlighted instances of disagreement with information provided by others in K-12 settings,

including law enforcement representatives and content area teachers, which could confuse students and undermine program credibility.

Additionally, collaboration extended to social service organizations addressing holistic prevention aspects such as family planning, parenting education, and youth leadership programs. Some groups also discussed the value of involving spiritual leaders, noting the need to "bring spirituality to the table as opposed to seeing that part as fringe." Nonetheless, concerns were raised about the intolerance of some spiritual leaders toward individuals with substance misuse issues, potentially leading to their expulsion from safe environments like homeless shelters. This zero-tolerance approach was deemed detrimental to individuals genuinely seeking change regarding substance use. These examples reflect the complexity of delivering prevention in real-world settings where diverse stakeholders may bring competing philosophies or approaches. Prevention professionals navigate this terrain by emphasizing inclusivity, adaptability, and community responsiveness.

#### Factors Influencing Perceptions

##### Updating Stereotypes

Prevention professionals challenged, questioned, and sometimes endorsed substance use stereotypes related to socioeconomic status, race, and urbanicity. For instance, they noted variations in nicotine use based on location, with one mentioning, "The further you go into rural areas, the more chewing tobacco you find." In contrast, regarding vaping, one participant remarked, "I don't think it's limited to any particular race or ethnicity anymore; vaping is socially acceptable across the board." While some believed that Black or African American youth had a higher risk of marijuana use and defended its safety, others argued that marijuana use wasn't tied to demographics, suggesting that minority populations were simply more vocal about it.



This attentiveness to stereotype disruption highlights the role of prevention professionals in countering stigma and ensuring that programming reflects the lived realities of diverse youth populations.

#### Observing Generational Changes

Prevention professionals frequently compared present-day substances and use patterns with their memories of the past. One remarked, "We know that substances are very different now," noting the increased potency of alcohol and marijuana. This comparison was not limited to vaping versus cigarette use but extended to changes in the strength of substances. Other prevention professionals noted that contemporary youth and young adults are using substances at an earlier age, attributing this trend in part to the increased social acceptability of vaping and marijuana.

This temporal perspective underscores how prevention professionals must remain adaptive and historically informed to stay relevant and responsive to changing social norms and substance trends.

#### Contextual Factors that Impact Prevention Programming

##### Improvising with Available Resources

Prevention professionals described ways they navigated challenges associated with provision of services to youth and young adults with limited resources, including limited programming time, especially in school settings and limited access to the current substance use data. Regarding the latter, one prevention professional described "working with what we have and people's anecdotal experiences." Prevention professionals were motivated to address requests from community partners for support but conflicted when considering evidence-based, but aged programming that did not incorporate current awareness of diversity and culturally appropriate programming. One participant observed that historical programs did not always provide modification for use with diverse populations, with another noting "You try something and see if it works."

Such improvisation underscores professionals' resourcefulness in balancing fidelity to evidence-based models with the need to ensure cultural relevance and practical applicability.

##### Responding to Evolving Circumstances

Limited resources also affected prevention professionals' capacity to address evolving needs and emergent issues. One instance involved working with funders to redirect program funding from tobacco use prevention to the surging vaping trends, as vaping encompassed substances beyond nicotine. While vaping prevalence among youth and young adults was acknowledged, one participant highlighted uncertainty, stating, "I don't even know how accurate all of the data is on that yet."

State-by-state shifts in marijuana laws, coupled with the availability of vaping-friendly derivatives, conveyed both confusion and a perceived decrease in risk among youth and young adults. Reflecting on encounters with clients, a prevention professional asserted, "Dabs and tincture [use] of tetrahydrocannabinol (THC) has increased" recently.

The fluid nature of substance trends, policy changes, and social disruptions like the pandemic illustrates why prevention must be both proactive and flexible to remain impactful.

#### Promoting the Value of Prevention Specialists

Participants throughout the interviews advocated for substance use prevention, as distinct from treatment. Regarding the former, one participant noted "[treatment professionals], that's where our big battle is." The disagreement was viewed as philosophical and not just a matter of focus. One prevention professional observed that treatment professionals were motivated by the belief "people are predisposed to use" substances, as distinct from the more holistic view of prevention specialists in recognizing influences including those presented by environmental factors. According to prevention professionals, this attitude influences a general trend toward emphasis on harms rather than motivators and de-emphasis of prevention education.

This reflects the broader tension in the behavioral health field between reactive and proactive paradigms and illustrates why some prevention professionals feel the need to advocate for their unique lens and expertise.

#### DISCUSSION

The findings of this study contribute to the understanding of the evolving role and perceptions of substance use prevention professionals, providing valuable insights into the complexity of their work and the systemic barriers they face. As highlighted in the introduction, substance use prevention is a multifaceted field that has grown in importance due to ongoing public health crises such as the opioid epidemic.<sup>5</sup> Our research affirms that prevention professionals are at the forefront of addressing these challenges, but they encounter significant obstacles both at the individual and systemic levels.

One of the major themes that emerged from the focus group discussions was the holistic approach to substance use prevention adopted by many professionals, which reflects the broader, interdisciplinary competencies emphasized in the literature.<sup>1,4</sup> Prevention professionals in our study consistently emphasized the integration of social, emotional, and mental health development into their prevention strategies. This finding aligns with the multifaceted model of prevention which posits that prevention is often co-constructed within the interactions between practitioners, policymakers, and the communities they serve.<sup>35</sup>

While this holistic approach enhances the relevance and flexibility of prevention programs, it also complicates the professional identity of those working in the field. Participants in our study expressed frustration with the lack of role clarity, which is a common issue faced by professionals in the field.<sup>4</sup> For example, some participants reported that their roles often extended beyond prevention thereby blurring the lines between prevention and other services. Effective substance use prevention requires specific competencies and training in human lifespan development, program design, and collaborative practices, which are often constrained by unclear role definitions.<sup>2,36</sup> This lack of role clarity has been shown to reduce job satisfaction and increase burnout,<sup>11</sup> which in turn exacerbates high turnover rates, as reflected in our study and



corroborated by prior research.<sup>9,10</sup> The fragmented nature of prevention roles across different sectors—education, social services, and health care—further complicates the establishment of a unified professional identity.<sup>35</sup> Organizational factors, such as supervisory support, professional development opportunities, and clear structural guidelines, have been found to enhance retention and workforce sustainability.<sup>37-39</sup> This fragmentation also limits the efficacy of prevention programs, particularly when professionals lack the formal training and evidence-based knowledge needed to implement and evaluate such programs.<sup>4</sup> Clarifying the scope of practice and investing in professional identity development are essential for retaining qualified personnel and ensuring consistent, high-quality programming.

In addition to role clarity, participants highlighted contextual factors such as the attitudes of stakeholders, funding limitations, and cultural norms as significant barriers to effective program delivery. Participants in our study reported that school administrators' preference for immediate, quantifiable deterrents, such as vaping detectors or drug testing, often conflicted with the more long-term, preventive measures favored by substance use prevention specialists. This divide between reactive deterrents and upstream prevention strategies was also noted in prior research where authors suggested that resistance to evidence-based practices is often rooted in a desire for more immediate, measurable outcomes.<sup>14</sup> Our findings echo this concern, highlighting the challenge of convincing administrators and policymakers of the value of holistic, preventive interventions that may not yield immediate results. These challenges underscore the importance of a systemic workforce support approach, including mentorship, professional development, and clearly defined roles, to enable prevention professionals to implement evidence-based interventions effectively and maintain program consistency.<sup>36-39</sup> These workforce support elements operate through specific mechanisms to improve program outcomes: training enhances skills and knowledge<sup>40,41</sup>; increasing fidelity of evidence-based intervention delivery<sup>42,43</sup>; supervision supports adaptive problem-solving, maintaining program consistency and quality<sup>44</sup>; and clearly defined career pathways stabilize staffing and improve retention, ensuring continuity of services.<sup>45</sup> Additionally, the tension between short-term political or administrative demands and long-term public health strategies reveals a gap between prevention science and practice. Without strategic communication efforts and stronger institutional advocacy for evidence-based programs, prevention professionals may continue to struggle for legitimacy and resources in their workplaces.<sup>14</sup>

Despite multiple challenges faced by substance use prevention professionals working in Ohio, our study highlighted their resilience and adaptability in response to these challenges. Participants expressed a strong commitment to their work and the belief that substance use prevention can significantly improve individual and community well-being. This finding aligns with previous scholars who emphasized the critical role that prevention professionals play in shaping youth development and fostering positive behavioral change.<sup>19</sup> That said, our study also suggests that the continuing lack of institutional support and professional development opportunities<sup>46</sup> limit the ability of prevention

specialists to fully realize their potential. This is consistent with findings from research conducted more than a decade ago.<sup>9</sup>

Limitations of this study include that the results were based on a small, regionally limited sample within Ohio drawn from one academic network, which may affect transferability to other regions of the state or the Midwest US.<sup>47</sup> Self-selection may have introduced bias, favoring those with stronger engagement or specific concerns. As a qualitative study, generalizability is not the goal; rather, the intent was to generate conceptual insights grounded in participants' experiences.<sup>24</sup> Despite these constraints, the consistency of responses suggests the findings reflect broader challenges in the field. This study offers timely insight into the experiences and challenges of substance use prevention professionals. A key strength is its use of focus groups, which fostered rich, interactive dialogue and helped generate nuanced perspectives.<sup>25</sup> The recurrence of themes across groups and the inclusion of verbatim quotes enhance the credibility and trustworthiness of the findings.<sup>34,48</sup> The study also contributes to growing literature on structural workforce issues, including professional identity, burnout, and systemic underinvestment.<sup>49,50</sup>

## IMPLICATIONS FOR PUBLIC HEALTH

Our findings call for a systemic approach to workforce support that includes investment in training infrastructure, mentorship, and clear pathways for advancement—factors that not only benefit professionals but also improve program consistency and outcomes.<sup>12</sup> Providing prevention professionals with a structured support system can enable them to adapt to the ever-changing nature of substance use trends, align their practices with evidence-based interventions, and ultimately improve the effectiveness of prevention efforts and, in turn, improve the public health of many Ohioans who are directly or indirectly impacted by substance use.

Based on our findings and the broader context of substance use prevention, we offer the following recommendations to address workforce shortages and strengthen the field:

1. Expand and diversify credentialing pathways: Challenges to retention identified in this research included broad expectations associated with roles and tasks and the need to negotiate priorities with multiple stakeholders. This demonstrates the value of interdisciplinary training within the workforce and supports recruitment of new professionals through novel pathways which, in turn, helps address workforce shortages. States and credentialing bodies should consider developing alternative pathways that recognize related work experience, offer bridge programs, or introduce associate-level credentials that provide foundational prevention training, all approaches to lower barriers to entry while maintaining quality standards. These approaches increase workforce capacity, enhance staff competencies, and ensure staff are prepared to deliver evidence-based interventions consistently, thereby improving program fidelity and participant outcomes.
2. Develop advocacy tools that elevate the visibility and value of prevention: Evidence-based advocacy materials such as fact sheets,



infographics, and messaging guides can help practitioners articulate the role of prevention in broader public health goals and justify investment in workforce development. This recognition reinforces workforce motivation, professional legitimacy, and engagement which, in turn, supports consistent implementation of prevention programs and strengthens outcomes.

3. Bridge the prevention-treatment divide through integrated training and dialogue: Initiatives that promote shared language and conceptual frameworks can foster mutual understanding and coordinated strategies; opportunities for dual credentialing and joint continuing education opportunities may further enhance integration and workforce flexibility. Such integration promotes consistent application of prevention principles across sectors, strengthens interorganizational collaboration, and improves the overall effectiveness and sustainability of prevention efforts.
4. Invest in workforce well-being and professional identity development: Addressing burnout and role ambiguity requires sustained institutional support including career ladders, peer mentoring opportunities, and targeted professional development programs that affirm prevention professionals' contributions and equip them with tools to navigate complex work environments. Such support enhances retention, reinforces program fidelity,

enables adaptive problem-solving, and ensures continuity and quality of prevention services, ultimately benefiting program participants.

Our study underscores the need for stronger institutional support, role clarity, and professional development to address the challenges faced by substance use prevention professionals. By addressing these issues, we can enhance both the effectiveness and sustainability of substance use prevention efforts.

#### AUTHOR CONTRIBUTION

Sheryl Chatfield and Megan Anderson conceived and designed the study, generated and processed the data. Sheryl Chatfield, Megan Anderson, Jennifer King and Anthony Coetzer-Liversage participated in analysis and interpretation of data; drafting the article and/or revising it critically for important intellectual content; final approval of the version to be published. All authors agree to be accountable for all aspects of the work. No AI-assisted technologies were used during any stage of conduct of research or in compiling this report.

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#### CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

#### REFERENCES

1. Stelter RL, Kupersmidt JB, Brodar K, Eisensmith, S. The prevention of drugged driving: needs, barriers, and self-efficacy of prevention professionals. *J Prim Prev*. 2019;40(4): 449–461. <https://doi.org/10.1007/s10935-019-00555-2>
2. Campello G, Sloboda Z, Heikkil H, Brotherhood A. International standards on drug use prevention: the future of drug use prevention world-wide. *Int J Prev Treat Subst Abuse Dis*. 2014;1(2):6-27. <https://doi.org/10.4038/ijptsud.v1i2.7687>
3. United Nations Office on Drugs and Crime, World Health Organization. *International Standards on Drug Use Prevention*. 2<sup>nd</sup> ed. United Nations; 2018. Retrieved September 8, 2025. <https://www.unodc.org/unodc/en/prevention/prevention-standards.html>
4. Sloboda Z, Johnson KA, Fishbein DH, et al. Normalization of prevention principles and practices to reduce substance use disorders through an integrated dissemination and implementation framework. *Prev Sci*. 2023;24:1078–1090. <https://doi.org/10.1007/s1121-023-01532-2>
5. US Centers for Disease Control and Prevention. About overdose prevention. June 11, 2025. Accessed July 6, 2025. <https://www.cdc.gov/overdose-prevention/about/index.html>
6. US Centers for Disease Control and Prevention. Mapping injury, overdose and violence dashboard. June 6, 2025. Accessed July 3, 2025. <https://www.cdc.gov/injury-violence-data/data-vis/index.html>
7. US Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). July 3, 2025. Accessed July 3, 2025. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>
8. New York State Office of Addiction Services and Supports. Credential Prevention Professional or Specialists (CPP and CPS). Accessed July 6, 2025. <https://oasas.ny.gov/credentialing/prevention-professionals>
9. Eby LT, Burk H, Maher CP. How serious of a problem is staff turnover in substance abuse treatment? A longitudinal study of actual turnover. *J Subst Abuse Treat*. 2010;39(3):264-271. <https://doi.org/10.1016/j.jsat.2010.06.009>
10. Rothrauff TC, Abraham AJ, Bride BE, Roman PM. Occupational turnover intentions among substance abuse counselors. *J Subst Abuse Treat*. 2011;40(1): 67-76. <https://doi.org/10.1016/j.jsat.2010.08.008>
11. Bureau of Labor Statistics, US Department of Labor. Occupational Outlook Handbook, Substance Abuse, Behavioral Disorder, and Mental Health Counselors. April 18, 2025. Accessed July 6, 2025. <https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm>
12. Fischer JA, Kostadinov V, Bowden J. Who stays? Australian alcohol and other drug work and worker characteristics predicting regional, rural and remote job retention. *Aust J Rural Health*. 2024;32(6):1239–1245. <https://doi.org/10.1111/ajr.13198>
13. Greenberg MT. Current and future challenges in school-based prevention: the researcher perspective. *Prev Sci*. 2004;5(1):5-13. <https://psycnet.apa.org/doi/10.1023/B:PREV.0000013976.84939.55>
14. Spoth R, Franz N, Brennan A. Strengthening the power of evidence-based prevention in cooperative extension: a capacity-building framework for translation science-driven behavioral health. *Child Youth Care Forum*. 2021;50(1):121–145. <https://doi.org/10.1007/s10566-020-09559-0>
15. Bensberg M, Allender S, Sacks G. Building a systems thinking prevention workforce. *Health Promot J Austr*. 2020;31(3):436-446. <https://doi.org/10.1002/hpja.325>
16. Roviš D. Capacity building for health promotion and drug prevention in Croatia. *J Public Health*. 2011;19: 57–68. <https://doi.org/10.1007/s10389-010-0385-z>
17. Melendez-Torres GJ, Tancred T, Fletcher A, Thomas J, Campbell R, Bonell C. Does integrated academic and health education prevent substance use? Systematic review and meta-analyses. *Child Care Health Dev*. 2018;44:516-530. <https://doi.org/10.1111/cch.12558>



18. Chilenski SM, Welsh JA, Perkins DF, Hoffman L. Going the distance: technical assistance to community prevention coalitions and its impact on prevention coalitions over time. *Consult Psychol J.* 2021;73(2):181-198. <https://doi.org/10.1037/cpb0000180>
19. Crozier MK, Gressard CF. Substance abuse prevention professionals: a national study of substance abuse prevention professionals in higher education. *J Alcohol Drug Educ.* 2005;49(2):43–65. <https://www.jstor.org/stable/45092389>
20. Simon L, Haas D, Massella J, Young J, Toth P. Exploring professional identity development in alcohol and drug counselors in the 21st century. *J Alcohol Drug Educ.* 2017;61(2):40-61. <https://www.jstor.org/stable/48511432>
21. Chandler N, Balkin RS, Perepiczka M. Perceived self-efficacy of licensed counselors to provide substance abuse counseling. *J Addict Offender Couns.* 2011;32:29-42. <https://doi.org/10.1002/j.2161-1874.2011.tb00205.x>
21. Martin JL, Burrow-Sánchez JJ, Iwamoto DK, Glidden-Tracey CE, Vaughan EL. Counseling psychology and substance use: implications for training, practice, and research. *Couns Psychol.* 2016;44(8):1106-1131. <https://doi.org/10.1177/0011000016667536>
23. Bradshaw C, Atkinson S, Doody O. Employing a qualitative description approach in health care research. *Global Qual Nurs Res.* 2017;24;4. <https://doi.org/10.1177/2333393617742282>
24. Sandelowski M. Whatever happened to qualitative description? *Res Nurs Health.* 2000;23(4): 334-340. [https://doi.org/10.1002/1098-240x\(200008\)23:4<334::aid-nur9>3.0.co;2-g](https://doi.org/10.1002/1098-240x(200008)23:4<334::aid-nur9>3.0.co;2-g)
25. Kitzinger J. Qualitative research: introducing focus groups. *BMJ.* 1995;311(7000): 299-302. <https://doi.org/10.1136/bmj.311.7000.299>
26. Tran B, Rafinejad-Farahani B, Moodie S, O'Hagan R, Glista D. A scoping review of virtual focus group methods used in rehabilitation sciences. *Int J Qual Methods.* 2021; 20. <https://doi.org/10.1177/16094069211042227>
27. Bureau of Labor Statistics. US Department of Labor. Occupational Employment and Wage Statistics May 2024 profiles, Substance Abuse, Behavioral Disorder, and Mental Health Counselors. Retrieved September 5 2025. <https://data.bls.gov/oesprofile/>
28. Charmaz K. *Constructing Grounded Theory.* 2<sup>nd</sup> ed. Sage; 2014.
29. Chenail RJ. Conducting qualitative data analysis: reading line-by-line, but analyzing by meaningful qualitative units. *Qual Rep.* 2012;17(1):266-269. <https://doi.org/10.46743/2160-3715/2012.1817>
30. Gibbs G. *Qualitative Data Analysis.* Sage; 2007. <https://doi.org/10.4135/9781849208574>
31. Quirkos 2.5.3 [Computer Software]. 2023. <https://www.quirkos.com>
32. Ting H, Turner D, Memon MA, Gong J. Qualitative data analysis software: reflecting on 10 years of Quirkos. *Asian J Bus Res.* 2024;14(3). <https://doi.org/10.14707/ajbr.240177>
33. Lincoln YS, Guba EG. *Naturalistic Inquiry.* Sage; 1985.
34. Bernauer JA, Bernauer MP, Bernauer PJ. A family affair: caring in teaching and implications for teacher and researcher preparation. *Brock Educ J.* 2017;26(2):4-15. <https://doi.org/10.26522/brocked.v26i2.602>
35. Sumnall HR. The substance-use prevention workforce: an international perspective. In: Sloboda Z, Petras H, Robertson E, Hingson R, eds. *Prevention of Substance Use: Advances in Prevention Science.* Springer. 2019. [https://doi.org/10.1007/978-3-030-00627-3\\_25](https://doi.org/10.1007/978-3-030-00627-3_25)
36. Ballard PJ, Kennedy HK, Collura JJ, Vidrascu E, Garcia Torres C. Engaging youth as leaders and partners can improve substance use prevention: a call to action to support youth engagement practice and research. *Subst Abuse Treat Prev Policy.* 2023;18(71). <https://doi.org/10.1186/s13011-023-00582-7>
37. Bell JS, Watson DP, Griffin T, et al. Workforce outcomes among substance use peer supports: a scoping review of individual and organizational influences. *Front Public Health.* 2025; 12:1515264. <https://doi.org/10.3389/fpubh.2024.1515264>
38. Sumnall HR. The substance-use prevention workforce: an international perspective. In: Sloboda Z, Petras H, Robertson E, Hingson R, eds. *Prevention of Substance Use. Advances in Prevention Science.* Springer, 2019. Retrieved September 8, 2025. [https://doi.org/10.1007/978-3-030-00627-3\\_25](https://doi.org/10.1007/978-3-030-00627-3_25)
39. Nordmyr J, Forsman AK. Roles and responsibilities in substance use prevention in the school setting: views among Finnish school personnel representatives. *Scand J Prim Health Care.* 2021;39(3): 305-314. <https://doi.org/10.1080/02813432.2021.1935516>
40. Botvin GJ, Griffin KW, Paul E, Macaulay AP. Preventing tobacco and alcohol use among elementary school students through life skills training. *J Child Adolesc Subs Use.* 2003;12(4):1-17. [https://doi.org/10.1300/J029v12n04\\_01](https://doi.org/10.1300/J029v12n04_01)
41. Liu J, Kajiwara C, McCauley D, Halpern-Felsher B. Train-the-educator: boosting knowledge and confidence for conducting substance use prevention education. *J School Health.* 2025; 95(1):78-93. <https://doi.org/10.1111/josh.13534>
42. Ringwalt CL, Ennett S, Johnson R, et al. Factors associated with fidelity to substance use prevention curriculum guides in the nation's middle schools. *Health Educ Behav.* 2003;30(3):375-391. <https://doi.org/10.1177/1090198103030003010>
43. Rohrbach LA, Gunning M, Sun P, Sussman S. The project towards no drug abuse (TND) dissemination trial: implementation fidelity and immediate outcomes. *Prev Sci.* 2010;11(1):77-88. <https://doi.org/10.1007/s11121-009-0151-z>
44. Vostrý M, Fleischmann O, Pešatový I, Lanková B, Bitalová K. Supervision in the helping professions: the key to professional growth and quality of care – systematic review of a management perspective. *EduPort.* 2024; 8(1): 1-10. <https://doi.org/10.21062/edp.2024.002>
45. Kirkland C, Stabler H, Frank J, et al. Minnesota public health corps: a new model for building the governmental public health workforce. *Health Aff.* 2024; 43(6). <https://doi.org/10.1377/hlthaff.2024.00019>
46. Sloboda Z, David SB. Commentary on the culture of prevention. *Prev Sci.* 2021;22:84–90. <https://doi.org/10.1007/s11121-020-01158-8>
47. Polit DF, Beck CT. Generalization in quantitative and qualitative research: myths and strategies. *Int J Nurs Stud.* 2010;47(11):1451-1458. <https://doi.org/10.1016/j.ijnurstu.2010.06.004>
48. Nowell LS, Norris JM, White DE, Moules NJ. Thematic analysis: striving to meet the trustworthiness criteria. *Int J Qual Methods.* 2017;16(1). <https://doi.org/10.1177/1609406917733847>
49. Covino NA. Developing the behavioral health workforce: lessons from the states. *Adm Policy Ment Health.* 2019;46:689–695. <https://doi.org/10.1007/s10488-019-00963-w>
50. Hallett E, Simeon E, Amba V, Howington D, McConnell KJ, Zhu JM. Factors influencing turnover and attrition in the public behavioral health system workforce: qualitative study. *Psychiatr Serv.* 2024;75(1):55-63. <https://doi.org/10.1176/appi.ps.20220516>