



August 12, 2024

Standard Occupational Classification Policy Committee  
U.S. Bureau of Labor Statistics,  
2 Massachusetts Avenue NE., Suite 2135  
Washington, DC 20212

**Subject: 2024 Standard Occupational Classification Revision Process Input**

The Substance Use Prevention Workforce Committee is a convened group of national organizations that support and represent professionals and organizations responsible for substance use prevention across the country. These leading organizations in the prevention field work collaboratively to plan, implement, and evaluate national, state, and community programs, policies, and initiatives to prevent substance use and the development of substance use disorders (SUDs) and related health and social consequences for individuals, families, and communities throughout the lifespan.

The members whose association logos appear above propose changes to the broad group of Miscellaneous Community and Social Service Specialists (21-1090) through the addition of a new detailed occupation classified as **Substance Use Prevention Specialists** to the five currently listed detailed occupations (Health Education Specialists (21-1091), Probation Officers and Correctional Treatment Specialists (20-1092), Social and Human Service Assistants (21-1093), Community Health Workers (21-1094), Community and Social Service Specialists, All Other (21-1099)).

The United States is in the midst of a dynamic, decades-long substance use and overdose crisis. Addressing this crisis is a top public health priority for the White House, Congress, the federal government, state government, and community leaders nationwide.<sup>1</sup> Preventing substance use and related harms is the long-term proactive strategy for combatting this crisis and helping individuals, families, and communities thrive and achieve well-being. Fundamental to supporting effective substance use prevention services is an effective prevention

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<sup>1</sup> Senate. Rpt. 118-207. (2024, August 1). DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2025. 173. [https://www.appropriations.senate.gov/imo/media/doc/fy25\\_lhhs\\_senate\\_report7.pdf](https://www.appropriations.senate.gov/imo/media/doc/fy25_lhhs_senate_report7.pdf)

workforce that is sufficient in quantity to meet the needs of communities across the country. The substance use prevention profession currently lacks a standard occupational classification to provide information about this occupation (e.g., number of professions, employment levels, pay and benefits, demographic characteristics, and required skills) that will aid in providing critical information for planning and policy decisions to strengthen the workforce.

The Substance Use Prevention Workforce Committee has identified several primary concerns in the current structure used to collect these data that result in the substance use prevention workforce data being substantially under-reported and ill-defined:

- Currently, the Bureau of Labor Statistics has combined the substance use prevention workforce throughout the Miscellaneous Community and Social Services Specialists (21-1090), where some of the workforce may identify under social and human service assistants, community health workers, community social service specialists, or health education specialists. Critically, the *BLS Occupational Employment Statistics* do not provide wage data and workforce totals for those specifically working in the substance use prevention field. Without a specific job classification, data on key indicators defining the profession, its size, skills, and projected workforce needs are not captured nationally.
- Systematic Data Tracking and Access to Workforce Trends: There is no systematic way to track substance use prevention workers across federal agencies and organizations supported by federal prevention funding. The US government funds a number of programs to support the delivery of substance use prevention services. For example, the Substance Use Prevention, Treatment, and Recovery Services Block Grant established in 1993, as the Substance Abuse Prevention and Treatment Block Grant, allows for Prevention, Treatment, and now Recovery services to be federally funded through Single State Agencies responsible for administering alcohol, tobacco, and drug services to state-approved prevention providers. In addition to the Block Grant, the US Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and Center for Substance Abuse Prevention (CSAP) fund a wide array of discretionary prevention grants including the Prevention Technology Transfer Centers, the Sober Truth on Preventing Underage Drinking Act Grants and the Strategic Prevention Framework – Partnerships for Success for Communities, Local Governments, Universities, Colleges, and Tribes/Tribal Organizations and the Strategic Prevention Framework Partnership for Success program. Additionally, the Office of National Drug Control Policy (ONDCP) funds Drug-Free Communities support programs, which are community-based coalitions dedicated to the prevention of substance use. Other Federal Executive Branch agencies also provide funding to states, tribes, territories, and communities that support the prevention work and workforce. Prevention Providers and Community Coalitions work together to implement science-based prevention strategies that have been shown to successfully increase levels of non-use and decrease levels of use of alcohol, cannabis, prescription medication, opioids and stimulants, and other substances. This funding is a substantial investment from the federal government in prevention. Yet, across federal agencies, due to the lack of a specific job code, there currently is no way to systematically track information about workers nationally or determine substance use prevention employment trends and needs.
  - In a 2024 publication regarding workforce priorities, SAMHSA states, “Developing the sector of the workforce trained to prevent and treat substance use disorders is one of SAMHSA’s highest

priorities. SAMHSA’s CSAP recognizes the urgent need to strengthen the prevention field by increasing the number of qualified prevention professionals.” This effort is hampered by the current lack of data captured nationally due to the lack of a detailed occupation code for Substance Use Prevention Specialists.

Under Community and Social Service Occupations (21-0000), detailed categories for substance abuse and behavioral health treatment are identified under the broad categories of Counselors (21-1010) and Social Workers (21-1020) - Substance Abuse and Behavioral Disorder Counselors (21-1011), and - Mental Health and Substance Abuse Social Workers (21-1023) respectively. Likewise, the Committee suggests the Miscellaneous Community and Social Service Specialists (21-1090) broad category to add the Substance Use Prevention Specialists detailed occupation code based on the unique education, training, and characteristics of Substance Use Prevention Specialists that set them apart from the other detailed categories. Therefore, the group members whose association logos appear above recommend the following changes to the SOCPC:

### **1. Proposed occupation title**

#### **CURRENT**

21- 1090 Miscellaneous Community and Social Service Specialists

This broad occupation includes the following five detailed occupations:

21-1091 Health Education Specialists

21-1092 Probation Officers and Correctional Treatment Specialists

21-1093 Social and Human Service Assistants

21-1094 Community Health Workers

21-1099 Community and Social Service Specialists, All Other

#### **PROPOSED**

21- 1090 Miscellaneous Community and Social Service Specialists

This broad occupation includes the following six detailed occupations:

21-1091 Health Education Specialists

21-1092 Probation Officers and Correctional Treatment Specialists

21-1093 Social and Human Service Assistants

21-1094 Community Health Workers

**21-1095 Substance Use Prevention Specialists**

21-1099 Community and Social Service Specialists, All Other

#### **21-1095 Substance Use Prevention Specialists**

Coordinate and deliver evidence-based prevention policies and programs nationally and in states, tribes, territories, communities, and organizations targeting substance use and substance use disorder prevention. Manage or provide intervention and education programs and policies across the lifespan to prevent substance use and substance use disorder for individuals, families, and communities. May guide strategic planning,

conduct community needs assessments, and collaborate on culturally inclusive planning initiatives. Includes evaluation, prevention education, service delivery, communication, group facilitation, community organization, community capacity-building, and promoting environmental change, including policy development and implementation. Excludes “Health Education Specialists (21-1091) and “Social and Human Service Assistants” (21-1093).

*Illustrative examples: Prevention Specialist, Substance Misuse Prevention Coordinator, Prevention Coalition Coordinator*

Presently, there is no detailed category to capture the Substance Use Prevention workforce. The “All Other” category does not allow for adequate reporting of the number of substance use prevention personnel serving our nation. The failure to accurately capture these data also limits our understanding of the workforce demands for the future, constraining federal and state planning despite strengthening the prevention workforce being a stated SAMHSA priority.

The Substance Use Prevention Workforce Committee requests the opportunity to work with the SOCP to consider how these aspects of data collection can be clarified and enhanced to obtain a more accurate picture of our nation’s substance use prevention workforce.

Thank you for your consideration of the following:

## **2. Description of the nature of work performed:**

The Substance Use Prevention Workforce Committee has proposed revisions to the existing occupations of 21-1090 Miscellaneous Community and Social Service Specialists to include the addition of another substance-use-prevention-specific category. The work Substance Use Prevention Specialists perform is not described in the current Standard Occupational Classification definitions.

The following areas are the unique framework of knowledge, skills, and competencies needed to perform substance use prevention policy, program, and practice implementation. Definitions and standards guide substance use disorder prevention knowledge, skills, and service provision.

- SAMHSA’s Strategic Prevention Framework (SPF)<sup>2</sup>– A five-step, evidence-based, data-driven model developed by SAMHSA to help communities address substance use and mental health issues with a focus on sustainability and cultural responsiveness throughout all five steps.
  1. Assessment – identifying local prevention needs based on data
  2. Capacity – mobilizing human, organizational, and financial resources to meet project goals
  3. Planning – creation of a comprehensive plan with goals, measurable objectives, and strategies aimed at meeting the substance abuse prevention needs of a community
  4. Implementation – carrying out the various components of the prevention plan, identifying barriers and facilitators of the plan

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<sup>2</sup> A Guide to SAMHSA's Strategic Prevention Framework. (n.d.). SAMHSA. Retrieved July 26, 2024, from <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

5. Evaluation – recognition of what has gone well with the implementation of the plan and what needs improvement based on measuring the impact of the plan.

- SAMHSA’s Prevention Core Competencies<sup>3</sup> – a defined set of educational standards that outline the accompanying knowledge, skills, and abilities for the prevention field. These competencies outline an education and staff development plan for prevention specialists. These core competencies provide guidance for prevention training programs and service delivery qualification. The competencies are the component parts of a prevention career from initiation into the prevention field and provide the scaffolding for a prevention career ladder up through the necessary knowledge, skills, and abilities for senior prevention executives.
- Institute of Medicine’s (IOM) Classifications for Prevention<sup>4</sup> – three categories that define prevention across levels of risk: (1) Universal – interventions to target the general population, (2) Selective – interventions that target those at higher-than-average risk for substance use, (3) Indicated – interventions for those already using substances or who are engaged in high-risk behaviors around substance use. These interventions seek to prevent heavy or chronic use, which could lead to substance use disorder.
- International Certification & Reciprocity Consortium (IC&RC)’s Prevention Code of Ethics<sup>5</sup> – outlines basic values and principles of prevention practice, e.g., non-discrimination against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition, or physical, medical, or mental disability.
- UNODC/WHO International Standards on Drug Use Prevention<sup>6</sup> - summarizes the currently available scientific evidence describing interventions and policies that have been found to result in positive prevention outcomes.
- SUD evidence-based practices<sup>7</sup> - treatment and prevention interventions that have a body of evidence showing effectiveness within a defined population and/or community. Substance use prevention specialists provide and manage science-based substance use prevention.

Organizationally, substance use prevention is primarily nested in the public health, human service, and healthcare sectors, with some presence in the business (i.e., EAP and wellness programs), military, educational, and criminal justice sectors. The substance use prevention workforce typically falls into four subgroups:

1. Tribal, state, territory, or substate managers of prevention funding and systems;
2. Direct providers of prevention programs, policies, and activities; and

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<sup>3</sup> Markwood, A. (n.d.). *SAMHSA Prevention Core Competencies*. SAMHSA Store. Retrieved July 26, 2024, from <https://store.samhsa.gov/sites/default/files/pep20-03-08-001.pdf>

<sup>4</sup> "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" at NAP.edu. (n.d.). The National Academies Press. Retrieved July 26, 2024, from <https://nap.nationalacademies.org/read/12480/chapter/2>

<sup>5</sup> ICAADA Code of Ethics CPS. (n.d.). North Carolina Addictions Specialist Professional Practice Board. Retrieved July 26, 2024, from [https://www.ncsappb.org/wp-content/uploads/2023/11/IC\\_RC-CPS-Code-of-Ethics.pdf](https://www.ncsappb.org/wp-content/uploads/2023/11/IC_RC-CPS-Code-of-Ethics.pdf)

<sup>6</sup> UNODC/WHO International Standards on Drug Use Prevention. (2020, September 29). United Nations Office on Drugs and Crime. Retrieved July 26, 2024, from <https://www.unodc.org/unodc/en/prevention/prevention-standards.html>

<sup>7</sup> What is evidence-based prevention programming and why is it important? (2020, December 3). Applied Prevention Science International. Retrieved July 26, 2024, from <https://www.apsintl.org/post/eb-programming>

3. Community or coalition members engaged in preventing substance use and promoting wellness at the community level; and
4. Academic faculty, staff, and researchers.

The workforce consists of professionals from the fields of social work, education, psychology, criminal justice, health care, and counseling who work in multiple settings throughout the community. These settings include schools, community organizations, businesses, public health, health and welfare systems, justice programs, and faith-based organizations, among others.

### **3. Description of the relationship to other SOC occupations:**

A Substance Use Prevention Specialist designs, implements, and evaluates a range of prevention policies, programs, and practices for individuals, families, and communities. Although Substance Use Prevention Specialists provide education and promote healthy behaviors, their roles are specialized, concentrating on preventing substance use through specific programs, policies, and practices. They use specific skills, procedures, and credentials that are not interchangeable with the other detailed category professions within the Miscellaneous Community and Social Service Specialists (21- 1090) to deliver substance use and substance use disorder prevention. Given these realities, the Substance Use Prevention Workforce Committee recommends that the addition of a Substance Use Prevention Specialist detailed occupation is well justified and will more accurately reflect the work performed by substance use prevention employees nationally.

### **4. Job Titles:**

Substance Use Prevention Specialist roles have several titles depending on community, state, and national jurisdictions. These include Certified Prevention Specialist, Preventionist, Coalition Coordinator, Community Prevention Specialist, Prevention Administrator, Prevention Coordinator, Prevention Manager, Prevention Director, Prevention/Intervention Program Specialist, Tobacco Prevention Coordinator, Tribal Prevention Provider. All these titles are derivations of the primary function of working specifically within the field of substance use prevention.

### **5. Indications of the number of jobs or workers in the proposed occupation:**

The scope of Substance Use Prevention Specialists extends across many national public sectors and some private, but there is currently no measurement tool to assess the workforce. The closest current estimate within a specific section of the public non-profit sector was in February 2021. At this time, NASADAD staff surveyed National Prevention Network (NPNs) members, asking for information about job availability and the current number of workers. A total of 18 state NPNs responded with estimates of publicly funded workers totaling 3,589. Extrapolating this data to the 50 states, there are an estimated 9,969 publicly funded jobs within the National Prevention Networks alone. These data do not capture the many additional coalitions and substance use prevention specialists working within the nation.

## 6. Types of employers.

Substance use prevention is provided in schools, community organizations, businesses, public health, health and welfare systems, justice programs, and faith-based organizations, among others. The following are examples of organizations that employ substance use prevention specialists: University systems, training and technical assistance centers, community-based organizations, community coalitions, county governments, state governments, the federal government, faith-based organizations, hospitals, law enforcement, LGBTQ+ centers, local, state, tribal, and territorial health departments, schools, treatment agencies, tribal communities, and youth-serving organizations.

## 7. Education and training.

The Substance Use Prevention Specialist classification encompasses professionals in the field of substance use prevention. Education types and levels vary among professionals in the field, with common degrees being in the fields of public health and social work. Still, there are a growing number of undergraduate, graduate, and doctoral programs, specifically in Prevention Science. Continuing education is also a significant aspect of the field and is a requirement for many certification programs. The Substance Abuse and Mental Health Services Administration has developed prevention core competencies<sup>8</sup> to define the knowledge, skills, and abilities necessary to deliver substance use prevention services and to inform education and training. There are 24 core competencies identified by SAMHSA, including conducting needs assessments of substance use and misuse trends at the community level, understanding the science of evidence-based prevention programs, and ethical practices in substance use prevention work. In addition, many states have various levels of credentialing and certification requirements to ensure professional competencies and accountability.

Examples of U.S. institutions that offer a graduate degree and/or certificate in Prevention Science:

- Arizona State University
- Colorado State University
- Emory University - Rollins School of Public Health
- Harvard University
- Stanford University
- University of Massachusetts-Lowell
- University of Miami
- University of Minnesota
- University of Oklahoma
- University of Oregon
- University of Wisconsin-Madison
- Washington State University
- Wilmington University (Delaware)

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<sup>8</sup> Markwood, A. (n.d.). SAMHSA Prevention Core Competencies. SAMHSA Store. Retrieved July 26, 2024, from <https://store.samhsa.gov/sites/default/files/pep20-03-08-001.pdf>

A substance use prevention specialist coordinates and delivers evidence-based prevention policies, programs, and practices nationally and in states, tribes, territories, communities, and organizations targeting substance use and substance use disorder prevention. They must be competent in six performance domains, including conducting community needs assessments, collaborative planning focusing on cultural inclusion, evaluation, prevention education, service delivery, communication and group facilitation, community organization and capacity-building, and environmental change, including policy development and implementation.

## **8. Licensing.**

No national licensing is required for Prevention Specialists; however, certification is offered through multiple state organizations and the International Certification & Reciprocity Consortium (IC&RC).

## **9. Tools and Technologies.**

The Institute of Medicine's (IOM) Classifications for Prevention describes three categories of substance use prevention interventions: universal, selective, and indicated. Universal interventions are aimed at an entire population or demographic; selective interventions are aimed at a subgroup determined to be at high risk for substance use (for instance, children of parents with substance use disorders); indicated interventions are targeted to individuals who are already using substances but have not developed a substance use disorder. Substance Use Prevention Specialists may implement evidence-based prevention interventions with any or all of these groups, depending on work setting.

Additionally, SAMHSA has outlined six strategies for specifically delivering substance use prevention.

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 – Aim to identify those who have engaged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have engaged in the initial use of drugs in order to assess if their behavior can be reversed through education and other prevention strategies.
5. Community-based Process – Provides ongoing networking activities and technical assistance to community groups or agencies.
6. Environmental Strategies – Establishes or changes written and unwritten community standards, codes, and attitudes to influence alcohol and other drug use by the general population.



## **10. Professional or trade associations and unions.**

Professional organizations include, but are not limited to, CADCA, the SAMHSA Center for Substance Abuse Prevention (CSAP), the National Association of State Alcohol and Drug Agency Directors (NASADAD), the Prevention Technology Transfer Center Network (PTTC), and the Society for Prevention Research (SPR).

Recognizing the critical role the Substance Use Prevention Specialists play, nearly every state has a trade association representing substance use prevention. Some examples include:

Virginia Association of Community Services Board

Illinois Association of Behavioral Health

Governor's Council on Behavioral Health Prevention Advisory Committee

Commonwealth Prevention Alliance PA

Association of Student Assistance Professionals

Addiction Professionals of North Carolina

Prevention Professionals Association of North Carolina

Kentucky Prevention Network

Kentucky Certification Board for Prevention Professionals

Prevention Specialist Certification Board of Washington

Washington Association for Substance Abuse and Violence Prevention (WASAVP)

Association of Utah Substance Abuse Professionals

Iowa Behavioral Health Association

Iowa Substance Abuse Supervisors Association

Indiana Counselor's Association on Alcohol and Drug Abuse (ICAADA)

Louisiana Association of Substance Abuse Counselors and Trainers

Thank you for your favorable consideration of these recommendations. If you have any questions, please contact Marissa Carlson via [mcarlson.ti@gmail.com](mailto:mcarlson.ti@gmail.com) or 978-206-1188.

Sincerely,

Annapolis Coalition on Behavioral Workforce Development

CADCA - a Community-Based; Advocacy-Focused; Data-Driven; Coalition-Building; Association

IC&RC - International Certification & Reciprocity Consortium

Missouri Partners in Prevention

NAADAC, the Association for Addiction Professionals

NASADAD - National Association of State Alcohol and Drug Abuse Directors, Inc.

NIEA - National Indian Education Association