

Prevention Specialist Exam Study Guide

SECOND EDITION



NICOLE M. AUGUSTINE

“The IC&RC Prevention Specialist (PS) exam is one of the most difficult exams I have taken in my academic and professional career. Other PS colleagues reported the lack of comprehensive resources to help prepare for the exam. I was privileged to be one of the first to use this Prevention Specialist Study Guide. Compared to other materials, I found this resource to include current substance use trends and prevention models in the field. By using this study guide, I was well prepared for the exam and passed it on my first attempt with a high score. It is my honor to endorse this author, Nicole Augustine, and the Prevention Specialist Study Guide.”

Heather D. Sharp, MA, CPS, Program Director,
Madison Substance Awareness Coalition

“In the need to increase the prevention workforce, this provides a great opportunity to ensure this happens. Nicole has knowledge about substance abuse prevention and stays grounded to the field. This guide will provide the opportunity for individuals to learn the key steps in prevention. I am sure if you utilize this guide, your professional prevention knowledge will increase.”

Mr Tracy Johnson, TTJ Group LLC

“Nicole is known as one of the premier prevention specialists in North Carolina, and is an outstanding trainer and teacher, providing exceptional workshops and seminars across the state on a variety of topics. Her information is always top notch and state of the art, giving participants more than they expected!”

Debbie Caton Rogers, Executive Director,
NC Foundation for Alcohol and
Drug Studies (NCFADS)

“While school certainly prepared me for some aspects of the workforce, others needed some clarity. As a new graduate

stepping into the field of addiction, policy, and research, Nicole's book clarified some of those questions and supported me in my efforts to lead diverse fellow professionals, build community relations, and create successful interventions. My confidence in this field is much higher after reading this book, and I'd recommend any new or seasoned professional take some time to read it, too, as I assure you will leave learning something new. This book is not just for prevention specialists, it is for anyone with a passion for public health!"

Jessica, Social Worker

"Nicole Augustine possesses an incredibly valuable, yet often, all too rare, combination of gifts: intellectual prowess, insatiable curiosity, compassionate convictions, innovative insights, and engaging communication skills. These remarkable attributes have made Nicole one of our nation's leading, and most effective voices for innovative skills and capacity-building within the substance misuse prevention field. All of these incredible gifts are on full display in this compelling study guide. Doing what she does best, Nicole, saw a need in our prevention field, (a scarcity of practical study resources for those seeking certification in Prevention Science), and decided to apply her decade-plus experiences and subject matter expertise, to produce the best study guide I've read over my close to three-decades-long career in this profession. More importantly, the intimate, engaging, and nurturing communicative tone and style, that is the hallmark of her training and coaching success, is conveyed throughout the writing of this study guide. The reader is immediately drawn into each paragraph and chapter, as if, they are sitting with a close friend and mentor, leading and supporting them on their journey toward certification. I cannot think of a better resource for the prevention professional."

Carlton Hall, Founder, CEO,
Carlton Hall Consulting LLC

"This study guide is a long overdue and much-needed resource to empower prevention professionals to achieve certification, which in turn supports workforce development in a field whose

value has finally come to the forefront due to the pandemic's impact on behavioral health. In the nearly 20 years that I have worked as a certified prevention specialist within the U.S. prevention network at national, tribal, regional, and local levels I have seen the profession deepen its evidence base, strengthen standardized knowledge and skillsets for its workforce, and prove its effectiveness by establishing positive change in communities across the country. I have also seen the evolution of the certification exam. When I took it in the 2000s it had a heavy focus on treatment with a minor focus on prevention which resulted in approximately a 50% pass rate. Nearly two decades later the pass rate has barely increased even though the exam is now entirely prevention-focused. The ultimate strength of this study guide is that the author is a preventionist whose expertise spans both grassroots and systems-level prevention programs, making this resource helpful to any role in the prevention field. It will certainly increase the exam's pass rate and its availability is well-timed for a growing field."

Jane Goble-Clark, MPA, CPS, CEO,
Promise Resource Network

"Nicole Augustine has written a riveting resource guide that will serve the prevention workforce well! This brilliant guide is full of important, and practical information to better prepare prevention professionals for the field, and exam. I have been in the prevention field for over 25 years, and a guide like this would have proven extremely valuable in preparing for my credentialing exam!"

Ramona Mosley, MS, CPS, Health Equity
Prevention Practitioner



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Prevention Specialist Exam Study Guide

The second edition of the *Prevention Specialist Exam Study Guide* is a completely re-envisioned resource for today's prevention professional, reflecting the field's rapid evolution, the latest 2024 IC&RC Prevention Specialist Certification blueprint, and the expanding role of prevention in public health, equity, and community well-being.

Grounded in the science of prevention and enriched with real-world practice, this edition offers a deeper, more integrated learning experience. New chapters explore the psychology of learning and test-taking, the shifting sociocultural landscape of prevention, and the ethical tensions that may arise in federally funded environments. Designed for both new and seasoned professionals, the book now includes end-of-chapter knowledge checks, case studies, and suggested readings.

Whether you are preparing for certification or seeking to strengthen your practice, this second edition affirms prevention as both a science and a calling – supporting learners in building competence, confidence, and lasting impact in their communities.

Nicole M. Augustine is a prevention strategist, educator, and visionary committed to elevating the field of substance use prevention. Since earning her Prevention Specialist credential in 2014, Nicole has served communities, states, and federal partners as a trainer, facilitator, and systems thinker.



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Second Edition

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Acknowledgments

When I completed the first edition of this book, I wrote that it was a journey of courage, audacity, and transformation; and that remains true. What I could not have fully captured then is just how many hearts and hands helped bring this work to life. The second edition stands not only as an updated reflection of the field but as a testament to the people who poured into me through its creation.

To **Donna Marie McMillan**, thank you for being the voice of precision and presence during the first edition's final editing process. You didn't just read the book, you *listened* to it. You helped me find my rhythm, refine my tone, and ensure that the message of prevention could reach *anyone*, not just those already in the field. I often say prevention is the credential of the people; your lens as someone outside of SUD prevention helped ensure this book lived up to that ideal. You challenged my assumptions, clarified my voice, and shaped the accessibility that became one of the first edition's greatest strengths. This second edition carries your fingerprint on every page.

To **Jessica Garza**, thank you for walking beside me in the earliest stages of writing. You helped me translate big ideas into words that felt tangible, real, and teachable. To **LaShonda Williamson-Jennings**, your energy and insight during the later drafting phases were a gift, especially when I was deep in the word-count trenches trying to bring this book to life.

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To **Heather Sharp**, my very first Prevention Specialist coaching client, you made the process tangible. Watching you study, apply, and ultimately pass the exam on your first try affirmed that this book could change lives. Thank you for trusting me, and for allowing your success to fuel my conviction that prevention professionals deserve accessible, empowering resources.

And to the many **teachers, mentors, and colleagues** who shaped my path—at Gannett Health Services (Cornell University), Anuvia Prevention & Recovery Center (Charlotte, NC), the North Carolina Prevention Providers Association, and the North Carolina Coalition Initiative (Wake Forest University School of Medicine)—thank you. Every conversation, coalition meeting, and training room moment contributed threads to this work.

I am also deeply grateful to **Costella Green**, whose presence and generosity shaped this second edition in ways I could never have planned. We first crossed paths at the NPN in August 2025, where we connected around the heart of this work and the vision for a revised edition. I intended to follow up with her, yet life moved quickly and I never secured her contact information. Then, in one of those moments that can only be described as divine timing, the weekend I finished writing the book, I placed the freshly printed manuscript in my car and drove to the APNC Conference on the East Coast of North Carolina. As I walked into the evening reception, there she was. It felt like the universe brought the connection full circle.

I shared that I had just completed the draft, and without hesitation, Costella offered to take the physical copy, review it by hand, and provide thoughtful edits and reflections. She committed to reading the entire manuscript, page by page, and

mailing it back so I could integrate her insights before finalizing this edition. Her care, time, and attention to detail were gifts to this book and to me as an author.

Finally, thank you to the **Editorial Board at Routledge** for believing in prevention as a professional discipline worthy of academic recognition. Your support and creative freedom allowed this guide to serve its highest purpose: to equip and inspire a workforce that saves lives by preventing harm before it begins.

This second edition is a continuation of that collective labor, a love letter to our field and to every person who believes that prevention is both science and soul.

With gratitude,

Nicole M. Augustine, MPH, MCHES, CPS
Author, Educator, and Prevention Specialist

Preface

Four years ago, I typed the final words of the first edition of this book during one of the most tender weekends of my life—the weekend my grandmother passed away. I dedicated that book to her, not only because she shaped who I am, but because she represented the quiet strength that prevention work requires: patience, love, and faith in the possibility of change.

As I finalize the second edition today, I realize this work has once again come full circle. This weekend marks the fourth anniversary of her transition; a reminder that grief and growth can coexist, and that creation is often both an act of healing and an act of hope.

This second edition was born out of gratitude for the people who trusted the first edition, the students who reached out to share how it helped them pass their exam, and the colleagues who offered feedback, corrections, and encouragement. From the very beginning, I knew this book would evolve alongside the field itself. Prevention is not static, it's alive, and so our learning tools must be too.

Over the past four years, I have gathered every note, question, and suggestion from readers. Each typo flagged, each concept needing clarity, became an opportunity for refinement. At the same time, the field was shifting. The **International Certification & Reciprocity Consortium (IC&RC) Prevention Specialist Candidate Guide (2024)** introduced new competencies and reorganized existing ones, and **Substance Abuse Mental Health Services Administration's (SAMHSA) Prevention Core Competencies (2021)** provided deeper articulation of the knowledge, skills, and abilities (KSAs) required for excellence in prevention practice. Together, these documents formed the scaffolding upon which this edition was rebuilt.

I approached this second edition as both author and architect, reviewing every domain, cross-referencing content against the latest IC&RC Candidate Guide, and weaving in

insights from the *SAMHSA Prevention Core Competencies* to ensure the text reflected not just what’s tested, but what’s *needed* to serve communities well.

The Role of AI in the Revision Process

Perhaps the most revolutionary aspect of this edition is not what changed in the field, but *how* I changed my process. For the first time, I leveraged artificial intelligence as a creative and analytical partner in authorship.

Using my original manuscript as the foundation, I collaborated with an AI co-developer to conduct a systematic gap analysis, comparing my text with the updated **IC&RC Prevention Specialist Candidate Guide** and **SAMHSA’s Prevention Core Competencies**. Where gaps emerged, I built new sections, expanded definitions, or deepened examples to bring the content to life.

Rather than replacing the author’s voice, AI became a mirror and a muse, helping me organize, synthesize, and stretch my thinking while I remained the storyteller, teacher, and conscience of the work. Every paragraph was written or refined with intention, then reviewed through the lens of human experience. This collaboration allowed for both precision and presence, merging technology’s efficiency with the heart of a practitioner who’s lived this work for decades.

Evolving the Learning Experience

You’ll notice several structural and pedagogical innovations in this edition:

- ♦ Each chapter now includes a **case study** designed to connect core concepts to real-world prevention practice, helping readers apply the content in authentic community contexts.
- ♦ **Knowledge Checks** now appear at the end of each domain chapter, reinforcing comprehension and promoting active learning.

- ◆ **Suggested Reading Lists** provide curated recommendations for those who want to go deeper into theory, research, and applied practice.
- ◆ This edition also introduces an entirely new Chapter 2, significantly revises Chapter 3, and expands multiple sections to reflect updates from the 2024 IC&RC Prevention Specialist Candidate Guide and SAMHSA's Prevention Core Competencies (2021).
- ◆ Chapter 10, "**The Winning Combination of Mindset and Mastery**," introduces learning science and study psychology, because passing the exam requires both knowledge and confidence.
- ◆ Chapter 11, "**Becoming a Certified Prevention Specialist**," offers a practical roadmap for navigating certification across jurisdictions, while encouraging lifelong professional growth.

I, also, made an intentional decision to **remove the test-bank section** from this edition. Since the release of the first book, other excellent practice-question resources have emerged. Instead of replicating those materials, this guide focuses on cultivating deep understanding; the kind that empowers you to reason through any question, no matter how it's phrased. My goal is to strengthen your conceptual mastery, not overwhelm you with repetition.

How This Book Is Organized

This book is divided into **three parts**, each designed to build upon the last.

- ◆ **Part One—Foundations of Prevention Practice** introduces the history, philosophy, and professional identity of the field. Here, you'll explore why prevention matters, how it has evolved, and what it means to serve as a prevention professional.

- ♦ **Part Two—The Six Domains of Competence** serves as the heart of the book. Each domain—Planning and Evaluation, Prevention Education and Service Delivery, Communication, Community Organization, Public Policy and Environmental Change, and Professional Growth and Responsibility—is explored in its own chapter. You’ll find competency-based explanations and end-of-chapter knowledge checks designed to mirror the structure of the IC&RC exam.
- ♦ **Part Three—From Mastery to Momentum** prepares you for the certification journey and beyond. It includes guidance on study mindset, learning strategies, and the certification process itself, helping you move from knowledge to confidence to professional impact. In this section you will find a comprehensive Glossary of Terms, defining both foundational and emerging concepts in prevention to support your understanding throughout the book. Additionally, there is an Appendix resource which traces more than two centuries of how society has understood and responded to substance use.

You can read the book sequentially or use it as a reference tool, returning to specific domains as you prepare for the exam or seek deeper understanding in your day-to-day practice. Each chapter stands on its own yet contributes to a larger story, the story of prevention as both a science and a calling.

A Living Field, A Living Text

Prevention has always been about people—about relationships, readiness, and resilience. As our field expands to include harm reduction, trauma-informed care, and differential impact analysis, we must evolve alongside it. This second edition honors the science while reaffirming the soul of prevention: the belief that change begins long before crisis, and that every data point represents a person, a family, a community.

This book was written with deep respect for those preparing for certification and for those already carrying the torch of prevention in classrooms, coalitions, and communities across the world. Whether you are here to earn your credential or to renew your sense of purpose, I hope this edition serves as both a study companion and a source of inspiration.

Nicole M. Augustine, MPH, MCHES, CPS
Author, Educator, and Prevention Specialist

Part One

Foundations of Prevention Practice



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1

The Case for Professionalizing the Prevention Field

The field of substance use prevention has evolved from a passion-driven movement into a science-based discipline requiring a defined body of knowledge, skills, and ethical standards. For decades, prevention efforts were largely sustained by the energy of dedicated community advocates, people who understood that the most powerful intervention is one that stops harm before it begins. Yet as the societal and economic burden of substance use has grown, the need to professionalize prevention has become undeniable.

Recent federal reports underscore this urgency. The National Association of State Alcohol and Drug Abuse Directors (NASADAD), in its report, *The Substance Use Workforce Crisis: Drivers, Challenges, and Promising Strategies*, published April 2025, described the current substance use workforce crisis as a convergence of “significant staff shortages, high-turnover rates, and inadequate training for both general healthcare and specialty substance use providers,” and, “compounded by burnout from the opioid and COVID-19 crises.” This shortage extends across the continuum, from treatment and recovery to prevention, limiting the nation’s capacity to deliver life-saving services and evidence-based programs.

Professionalizing prevention is not simply about obtaining a credential; it is about defining prevention as a profession. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a competency as “the capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform critical work functions” (SAMHSA, 2021). This definition anchors prevention within the same performance-based framework used across other health professions, establishing a clear standard of practice and accountability.

When prevention is treated as a professional discipline, communities gain a workforce trained to translate theory into measurable outcomes. SAMHSA’s *Prevention Core Competencies* emphasize that competencies “serve as the basis for skill standards that specify the level of knowledge, skills, and abilities required for success in the workplace” and provide “measurement criteria for assessing competency attainment” (SAMHSA, 2021). These standards ensure that prevention specialists possess not only passion but also technical mastery in planning, implementation, and evaluation.

Moreover, the professionalization of prevention supports workforce sustainability. *The Substance Use Workforce Crisis* (NASADAD, 2025) reports that the lack of structured career ladders and competitive pay contributes directly to high turnover and poor retention in the substance use workforce. When states and agencies adopt certification standards, they create clearer expectations for advancement, supervision, and compensation; factors repeatedly linked to workforce stability and service quality.

Professionalization also strengthens public trust. Credentialing bodies such as the International Certification & Reciprocity Consortium (IC&RC) maintain legally defensible examinations based on job analyses that delineate the knowledge, tasks, and skills required for competent practice (IC&RC, 2024). These examinations provide external validation that prevention specialists meet nationally recognized benchmarks, aligning the field with the broader behavioral-health workforce infrastructure.

While certification is the visible marker of professionalism, competence is the lived practice. The IC&RC Prevention Specialist examination blueprint, built from a 2022 job analysis, identifies six performance domains: **Planning and Evaluation, Prevention Education and Service Delivery, Communication, Community Organization, Public Policy and Environmental Change, and Professional Growth and Responsibility** (IC&RC, 2024). These Domains mirror SAMHSA’s Strategic Prevention Framework (SPF), (2023a). Five steps that highlight both the technical and ethical breadth of prevention practice.

Integrating the IC&RC Domains with SAMHSA’s SPF and Core Competencies, creates a coherent professional roadmap practitioners can use to trace each daily task—data analysis, coalition facilitation, policy advocacy—back to an established domain and measurable outcome. This alignment moves the field from a programmatic mindset (“What activity did we do?”) to a professional one (“What competency did we demonstrate?”).

Competency, SPF, and Work Products

TABLE 1.1 Competency, SPF, and Work Products

<i>SPF Step</i>	<i>Prevention Core Competency</i>	<i>Tangible Work Product</i>
Assessment	Data Gathering & Needs Identification	Community Assessment Profile with risk and protective factor analysis
Capacity	Collaboration & Organizational Advocacy	Coalition Partner Map and Capacity Building Plan
Planning	Strategic Planning & Cultural Inclusion	Logic Model and Work Plan aligned with population needs
Implementation	Cultural Responsiveness & Change Management	Fidelity Checklist and Implementation Timeline
Evaluation	Evaluation Methods & Data Interpretation and Use	Evaluation Report and Sustainability Summary

Source: Adapted from *Prevention Core Competencies* (SAMHSA, 2021), pp. 15–40.

Professionalization becomes most meaningful when it shapes what prevention specialists do on a Tuesday morning, after the conference badges are tucked away and the grant deadlines return. Certification, when paired with ongoing supervision and reflective practice, creates the conditions for evidence-based consistency.

A credentialed prevention professional approaches daily work differently. Instead of designing programs based on what seems appealing, they use community-level data to identify risk and protective factors, following SAMHSA's Strategic Prevention Framework steps of assessment, capacity building, planning, implementation, and evaluation (SAMHSA, 2023a). This structured approach ensures every decision is traceable to an identified need and measurable outcome.

For example, an uncertified practitioner might respond to a surge in youth vaping by ordering posters and scheduling a guest speaker. A certified prevention specialist, guided by the competencies of planning and evaluation, would first assess local data, determine readiness, and engage youth leaders in selecting an evidence-based curriculum with a clear logic model. That single shift, from reactive programming to data-driven strategy, embodies the Tuesday-morning difference.

The *Substance Use Workforce Crisis* report (NASADAD, 2025) found that such competency-based practice not only improves program fidelity but also enhances morale, as professionals see tangible results from their work. Clarity of role reduces burnout by replacing ambiguity with structure, and structured reflection replaces crisis response with planned adaptation. Over time, these habits build a culture of professional pride that mirrors other health disciplines.

The professionalization of prevention also demands a realistic conversation about career progression and pay equity. The *Substance Use Workforce Crisis* (NASADAD, 2025) report highlights compensation disparities across behavioral-health roles, noting that prevention professionals are often among the lowest paid within the continuum of care. This imbalance undermines workforce retention and reinforces the misconception that prevention is "volunteer work" rather than specialized expertise.

The *Prevention Core Competencies* (SAMHSA, 2021) framework positions prevention as a skilled occupation requiring mastery in assessment, data interpretation, and ethical practice. These are competencies comparable in complexity to those found in counseling and public-health roles, professions with well-defined salary bands and advancement ladders. Aligning prevention with those models supports both recruitment and retention.

Career ladders should include clear distinctions between entry-level coordinators, certified specialists, senior specialists or supervisors, and directors of prevention services. Each tier must articulate not only increased responsibility but also measurable gains in leadership, evaluation expertise, and cross-sector collaboration. When agencies link these levels to compensation and professional-development support, they create a self-sustaining workforce pipeline.

States are beginning to implement these structures. For instance, Louisiana's credentialing system for addiction and prevention professionals establishes tiered designations that expand the workforce by recognizing both licensed and unlicensed practitioners (NASADAD, 2025). Such models provide templates for national replication and show how career design and professional recognition can coexist.

Beyond salary, prevention professionals seek access to continuing education, supervision, and wellness supports. The *Prevention Core Competencies* (SAMHSA, 2021), emphasizes "ethical practice and professional responsibility" as a cross-cutting competency, reminding us that sustaining a healthy workforce is an ethical obligation, not a luxury. Supporting staff through training stipends, conference opportunities, and mentorship strengthens both individual resilience and program outcomes.

The argument for professionalizing prevention extends beyond the workforce itself, it is a matter of public-health infrastructure. When prevention professionals are certified, trained, and retained, communities benefit from continuity, quality, and accountability. The same logic that applies to licensed clinicians or public-health practitioners must apply here: prevention is not ancillary, it is essential.

Professionalization ensures that prevention programs are not subject to the whims of political cycles or funding trends. Instead, they are anchored by a skilled workforce capable of adapting to emerging issues such as synthetic drug use, vaping, and behavioral-health integration. Competent professionals can navigate these shifts with scientific rigor and cultural responsiveness, ensuring that strategies remain equitable and effective.

The prevention field stands at a pivotal moment. As investment in behavioral health expands, the professionals who prevent harm before it occurs must claim their rightful place within that continuum. Certification, grounded in SAMHSA's *SPF and Core Competencies*, and the IC&RC's validated *Domains*, offers the structure needed to elevate practice, advocate for equity, and protect the public. In short, professionalization is not merely about credentials, it is about credibility, sustainability, and the collective commitment to saving lives through prevention.

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2

Prevention in a Changing Landscape

“If you can’t say the word, can you still do the work?”

That’s the question that echoes through every conversation in prevention today. How do you hold on to the heart of your mission when the landscape keeps shifting beneath your feet? As prevention professionals, especially those working in federally funded environments, you’re expected to walk a tightrope. One wrong word in a grant application, a single phrase in a presentation taken out of context, and you might find your work, or your values, under scrutiny.

But the stakes are so much larger than just funding formulas or shifting politics; they touch real communities, real families, and real lives. The uncomfortable truth? The very words and frameworks now often deemed “taboo” (equity, diversity, inclusion, health disparities) are the principle foundations upon which prevention has always stood. The history of prevention in America is rooted in our nation’s evolving drug policies, in the ways communities are shaped by stigma, and in the struggle to make justice and opportunity accessible to all.

This chapter invites you to navigate that gray space with clarity, courage, and context. We will explore the sociocultural forces that shape substance use, and revisit historical government-led initiatives, such as the *War on Drugs*, and its

legacy, that continues to influence how prevention is practiced today. We'll confront the reality and impact of stigma on individuals and systems alike, and champion the power of language in forging stronger, more compassionate outcomes. At every step, you'll see how social justice principles can, and *must*, guide our choices, our relationships, and the way we approach change.

Most of all, this chapter offers practical tools and strategies, rooted in both timeless principles and fresh realities.

If you're preparing for the Prevention Specialist (PS) certification, you'll quickly notice how these approaches link directly to your core competencies, whether it's planning and evaluation (Domain I), sharpening your communication (Domain III), building and leading within your community (Domain IV), or navigating the complexities of policy and environment (Domain V). Even if you're already deep in this work, you'll find language and tactics you can bring straight to your next conversation, coalition, or proposal, ensuring your impact is both immediate and enduring.

My goal is to help you protect your integrity, adapt with wisdom, and keep making prevention work that truly matters. You are not alone in this journey, and together, we can move forward, grounded in history, empowered by purpose, and ready for what comes next.

The Sociocultural Context of Prevention Practice

Have you ever stopped to wonder why we do this work? At its core, prevention is about people. It's about the intricate dance of human interaction, the power of community dynamics, and the unspoken rules that govern our lives. I am a sociologist, and early in my career, I was fascinated by the influence cultural and social norms had on substance use patterns. After all, substance use is often centered around social gatherings and human connection. To truly understand prevention, we must first explore the sociocultural context in which our work unfolds.

The data on the impact of addiction on our society is staggering. According to the 2023 *National Survey on Drug Use*

and Health (NSDUH) (SAMHSA, 2024b), the consequences ripple through every part of our lives, leading to compromised health, the spread of disease, lost productivity, and increased crime. The economic cost is immense, but the human cost is immeasurable. People may turn to substances to cope with the crushing weight of poverty, discrimination, or trauma. This is where we come in.

Prevention empowers communities to address these root problems together. It is our job to be equipped to discuss all substances, from alcohol and marijuana to opioids, and all behaviors, from injection drug use to the sexual transmission of disease. Our work is to develop personal competence through education, foster community support, build professional networks, and advise policymakers on the evidence-based practices that can create a healthier future. The potential for social impact is great, but to wield it effectively, we must first understand our history.

The Long Shadow of U.S. Drug Policies

The United States has a long and complicated history with drug prohibition. For as long as substances have existed, so has the need to guide the public on their use. The first temperance movement began in the early 1800s, born from a desire to curb the rising consumption of alcohol. Though successful in many ways, the social turmoil it created eventually led to its repeal.

As the 19th century gave way to the 20th, the use of other drugs like cannabis, cocaine, and opiates became more visible. In an era lacking scientific information about these substances and their effects, fear took root. Addiction was not seen as a disease but as a moral failing, a weakness of will. This ignorance bred a deep and lasting stigma, not just against the drugs themselves, but against the people who used them.

This history is compounded with the unfortunate experience of particular communities being targeted. Examples include early anti-opium and cocaine laws aimed at Chinese immigrants, the targeting of Black men in the South and Mexican migrants along the border, for drug possession and trafficking. Over time, drug policy and drug control efforts too often channeled their force on specific communities, neighborhoods, and ZIP Codes,

leading to a pattern of enforcement that has had lasting effects. The Harrison Narcotics Tax Act of 1914 was just the beginning of a series of policies that attempted to control drug use while systematically discriminating against nonwhite citizens.

Today, our drug policies are still haunted by this past. The “War on Drugs,” launched by President Nixon, framed drug use as “public enemy number one” and plunged our nation into an era of mass incarceration. We chose to treat a behavioral health issue as a criminal justice problem, reinforcing a system that has historically provided privilege and safety for some citizens while discriminating against others. As Michelle Alexander details in her book *The New Jim Crow*, this has led to devastating consequences. While the majority of people who use and sell illegal drugs are white, a staggering 75% of those imprisoned for drug-related crimes are people of color (Alexander, 2010).

So why does this all matter? How does this history affect your work today?

It matters because the criminalization of drug use has not benefited anyone. We cannot arrest our way out of this crisis. Prevention science is built on identifying the risk and protective factors that contribute to substance use disorders. When we conduct a thorough community needs assessment, we gather data that reveals the full picture—the individual, family, community, and societal forces at play. This is how we identify the communities that have been disproportionately harmed by structural inequality and systemic racism. This history is not just a story of the past; it is the context in which you work every single day.

Addressing Stigma and the Power of Our Words

How often have you heard someone describe a person with a substance use disorder in a way that made you cringe? We use words like “dirty” to describe a urine sample or “clean” to describe a person who is not actively using a substance. When someone struggles, we often respond with judgment or incarceration. Is this how we respond to a person suffering from other chronic health conditions, like diabetes or heart disease?

Stigma is a learned social phenomenon, a shadow that hangs over our work and affects us all. It has been constructed over time, leading to discrimination and negative attitudes towards people who use substances, even though using substances is a common human behavior. This stigma prevents people from seeking treatment early, or ever. A World Health Organization (Kelly et al., 2010) study found that drug addiction was the most stigmatized social problem across 14 countries. Think about that. More stigmatized than criminal behavior.

This societal narrative tells us that treatment is reserved only for the stereotypical “addict”—someone we picture as weak-willed, immoral, or jobless. This flawed image becomes the barrier that keeps people from seeking help. As a result, many ignore the early signs of risk and are far more advanced in the addiction process before they ever receive the support they need. According to the report (SAMHSA, 2024b), of the millions of Americans who meet the criteria for a substance use disorder each year, only a small fraction access treatment. Stigma is a primary reason why.

As prevention professionals, we are part of society, and we are not immune to the influence of stigma in our own practice. But as we embrace the science of prevention and the science of addiction, we have a critical role to play in lifting this veil. We can choose to challenge the narrative, and it starts with the words we use.

Our first and most powerful strategy is to adopt new language. We must be mindful of our words in every setting, whether professional or social. This is not about being politically correct; it is about being intentional, respectful, and effective. It requires all of us to work together to shift the vocabulary of our field. You may remember the wave of organizations removing the word “abuse” from their agency names. That was a conscious step forward.

Throughout this book, I have made an intentional effort to use non-stigmatizing, person-first language. It is a discipline that requires practice and patience. You will encounter organizations and professionals who are still catching up. See this as an opportunity not for judgment, but for education. By modeling

respectful language, you can lead the way. You have the power to change the conversation, one word at a time. What choice will you make in your next meeting, your next report, your next conversation? Will you perpetuate the stigma, or will you be the one to help tear it down?

Terminology Changes and Cultural Shifts

Have you ever felt like the ground is shifting beneath your feet? In prevention work, language is one of our most essential tools, but the words we use are constantly evolving. What was standard terminology yesterday can become outdated or even politicized tomorrow. This is not a sign of instability but of a field that is alive, responsive, and growing. Our ability to adapt to these changes is a measure of our integrity and our commitment to the work.

One of the most significant recent shifts has been in how we talk about the conditions that shape our health. For years, the term “Social Determinants of Health” (SDOH) has been the cornerstone of public health and prevention. It gave us a framework to understand that health is not just a matter of individual choices but is profoundly shaped by the environments where we live, learn, work, and play. SDOH helped us see the connections between housing, education, economic stability, and well-being. It was a powerful lens that brought the root causes of health inequities into focus.

So why the change? Why are we now hearing terms like “non-medical drivers of health,” “health-related social needs,” or “community conditions”?

The reality is that language is shaped by cultural and political forces. As topics like systemic inequality and social justice became more prominent in public discourse, the term SDOH became politically charged in some circles. For some, it began to imply a political agenda rather than a scientific framework. This created challenges for prevention professionals seeking to build broad coalitions and secure funding in politically diverse environments. You may have found yourself in a meeting where

using the term SDOH could shut down a conversation before it even began.

This is where our adaptability comes into play. The shift to “non-medical drivers of health” and similar phrases is a strategic response to this changing landscape. It is an attempt to find a more neutral, universally acceptable language to describe the same fundamental truths. This new terminology allows us to continue our vital work of addressing root causes without getting caught in political crossfire. It allows us to communicate with a wider range of stakeholders, from conservative policymakers to private funders, by focusing on the practical, observable conditions that affect health.

What does this mean for you on the ground? It means you must become fluent in multiple dialects. In a grant application for a federal agency, you might use “non-medical drivers of health” to align with current language. In a community meeting, you might talk about “the things that make it harder for our kids to be healthy,” like a lack of safe parks or access to fresh food. With a healthcare partner, you might discuss “health-related social needs.”

This is not about abandoning our principles or watering down our message. It is a strategic act of translation. The core work remains the same: to create communities where everyone has the opportunity to thrive. The language we use is simply the key that unlocks the door to different audiences. By embracing this linguistic flexibility, we demonstrate our unwavering focus on the mission. We show that we are more committed to achieving outcomes than to defending a particular set of words. This is not a compromise of our integrity; it is the highest expression of it.

Introducing Targeted Universalism

Targeted Universalism (TU) was developed by the **Othering & Belonging Institute at the University of California, Berkeley** as a policy and design framework that unites universal goals with targeted strategies. According to Powell et al. (2019),

TU “establishes a universal goal that can be achieved by all groups while recognizing that each group requires different strategies, resources, or interventions to reach that goal.” In other words, everyone moves toward the same outcome, but not along the same path.

This approach allows prevention professionals to keep a shared vision—such as healthy youth development—while acknowledging that some populations face higher barriers and therefore need customized support. TU aligns naturally with SAMHSA’s Strategic Prevention Framework, which already emphasizes assessing community readiness, identifying disparities in risk and protective factors, and tailoring strategies to fit local context (SAMHSA, 2023a).

By reframing equity work around *universal outcomes* rather than *group identity*, TU gives practitioners a neutral yet principled vocabulary. It invites collaboration across political lines while maintaining a commitment to fairness and data-driven precision. For example, rather than framing a goal as “reducing racial disparities in youth substance use,” a TU lens might articulate it as “ensuring that all youth reach protective-factor benchmarks for thriving,” then design distinct interventions for subgroups who are currently furthest from that goal.

In the prevention context, TU provides both unified understanding and operational flexibility. It allows professionals to speak the language of systems and outcomes—terms that resonate with policymakers—while quietly embedding the same commitment to inclusion that animated earlier diversity, equity, and inclusion (DEI) efforts. This reframing is not about avoidance; it is about endurance. It ensures that equity-oriented prevention strategies can continue regardless of which way the political winds blow.

Let’s think about how this applies directly to your prevention work. Imagine your universal goal is to reduce substance misuse among high school students across your county. A traditional universal approach might be to implement the same prevention curriculum in every single school. While well-intentioned, this approach ignores the reality that students in some schools face far greater risks due to community violence, economic instability, or lack of access to mental health services.