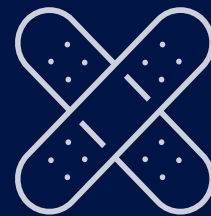


SPI Fact Sheet

Screening, Prevention, and Intervention for Community Health Workers



Screening

Screening for alcohol and drug use involves using brief, structured tools to identify potential substance use concerns early. Community Health Workers (CHWs) should consider incorporating validated screening into their settings to promote timely support.

SCREENING TOOLS

There are several validated screening tools available for primary care and medical populations:



Alcohol Use Disorder Identification Test – Consumption (AUDIT-C)



Tobacco, Alcohol, Prescription Meds, Other Substances (TAPS) Screening Tool



Drug Abuse Screening Test - 10 (DAST-10)

SCREENING TIPS

- Screen all patients in your setting, regardless of perceived risk
- Use validated tools
- Offer self-administration when possible

PERSON CENTERED COMMUNICATION

- Normalize: “We all patients about alcohol and drugs.”
- Ask Permission: “Would it be alright” if we spend a few minutes talking about that?”
- Use neutral, nonjudgmental language.

Prevention

Prevention focuses on reducing the risks of alcohol and drug use before they begin and supporting healthy behaviors that promote overall health. For community health workers, prevention is essential because early, proactive strategies help identify risk, reinforce clinical guidance, connect patients to needed services, and support long-term health and recovery.

PREVENTION FOLLOWING SCREENING

For individuals with NO or LOW risk screening scores, consider:

- Focusing on health education, risk awareness, and personalized feedback rather than diagnosis or labeling
- Using brief, nonjudgmental conversations
- Discussing how alcohol or drug use can affect overall health, chronic conditions, and medications
- Encouraging abstinence or low-risk use as the healthiest option
- Using visual aids, handouts, or patient education materials tailored to healthcare setting and literacy level

OVERDOSE PREVENTION

- Patients prescribed opioids are at higher risk, especially with alcohol, benzodiazepine use, or changes in tolerance
- Naloxone, overdose education, and MOUD reduce overdose deaths and should be part of routine care when appropriate
- Risk increases after discharge or medication changes, making naloxone access and follow up critical. Educate patients to recognize overdose, call 911, avoid using alone, and carry naloxone (Narcan)

OTHER PREVENTION RESOURCES

‘Naloxone Drug Facts’



nida.nih.gov/publications/drugfacts/naloxone

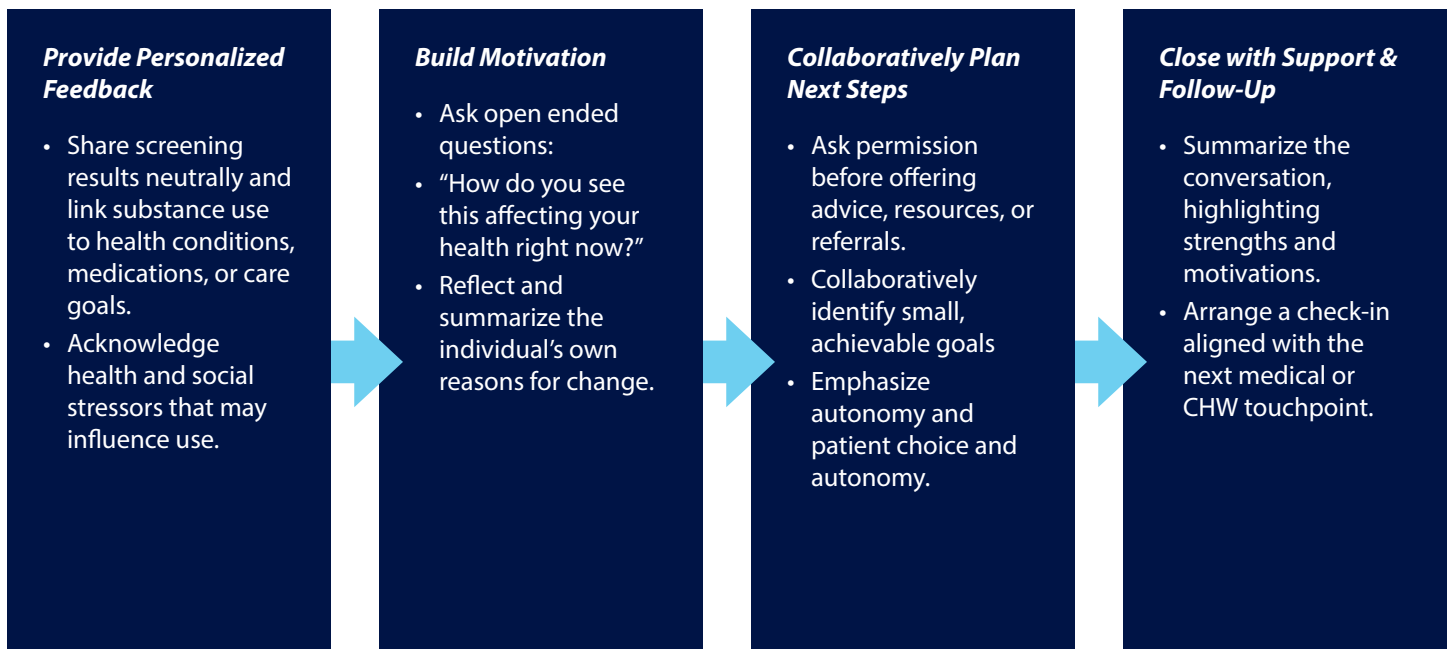
Intervention

Intervention for alcohol and drug use in medical settings involves using structured, evidence-based approaches to address substance-related risk through brief counseling, motivational and behavioral strategies, care coordination, referrals to treatment, and, when appropriate, medications for substance use disorder. For patients receiving medical care, timely intervention is critical because it can improve engagement in treatment, support adherence to care plans, reduce substance-related health complications, prevent overdose, and address underlying social and health needs. CHWs play a key role by reinforcing clinical recommendations, supporting continuity of care, and helping patients achieve improved health, stability, and recovery within the healthcare system and the community.

BRIEF INTERVENTION

For individuals with MODERATE risk on screening tools, consider:

Conducting a **brief, supportive intervention**, focused on increasing awareness and motivation, using a nonjudgmental, patient-centered approach.



INTERVENTION / REFERRAL

For individuals with **HIGH** risk on a screening tool or a substance use disorder, consider:

- Using **ASAM Criteria** to determine the appropriate level of care, taking into account health status and history
- Using or **referring to evidence based modalities**, as available and feasible. These include Motivational Interviewing; Cognitive Behavioral Therapy (individual or group); Ecological or Behavioral Family-Based Treatment (when family contact is appropriate and accessible); Contingency Management
- Recommending **mutual support options**, including community based or facility approved groups (e.g., AA, NA)
- **Referring to or prescribing Medication for Opioid Use Disorder (MOUD)** when indicated (e.g., buprenorphine, methadone, naltrexone), when indicated (e.g., buprenorphine, methadone, naltrexone), including coordination of care



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