

# SPI Fact Sheet

Screening, Prevention, and Intervention for Criminal Justice Professionals



## Screening

Screening for alcohol and drug use involves using brief, structured tools to identify potential substance use concerns early. Criminal justice professionals should consider incorporating validated screening into their settings to promote timely support.

### SCREENING TOOLS

There are several validated screening tools available for criminal justice populations:



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



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



TCU Drug Screen 5

### SCREENING TIPS

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

### PERSON CENTERED COMMUNICATION

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

## Prevention

In criminal justice settings, prevention focuses on reducing risks for alcohol and drug use before harm occurs by promoting safer environments, continuity of care, and healthy behaviors during incarceration, supervision, and reentry. Early, proactive strategies are essential to prevent substance related harms, reduce recidivism, and support long term health and stability among justice involved individuals.

### PREVENTION FOLLOWING SCREENING

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

- Focusing on risk awareness, education, and personalized feedback rather than confrontation or diagnosis.
- Discuss the consequences of use to increase awareness
- Recommend abstinence as the healthiest choice for individuals involved in criminal justice
- Share population norms to help individuals recalibrate their understanding of “normal” use
- Use visual aids or fact sheets tailored to your setting

### OVERDOSE PREVENTION

- Criminal justice settings are high risk environments for overdose, due to untreated substance use, withdrawal, and disrupted care across custody and supervision
- Naloxone access, overdose education, and MOUD reduce deaths during incarceration and community supervision
- Risk peaks immediately after release, making pre-release naloxone, MOUD continuation, and care linkage critical
- Educate individuals to never use alone. Call 911 if someone shows signs of drug overdose. Carry Narcan.

### OTHER PREVENTION RESOURCES

“Talk. They Hear You.” Underage Drinking Campaign. SAMHSA’s national youth substance use prevention campaign.



<https://www.samhsa.gov/substance-use/prevention/talk-they-hear-you>

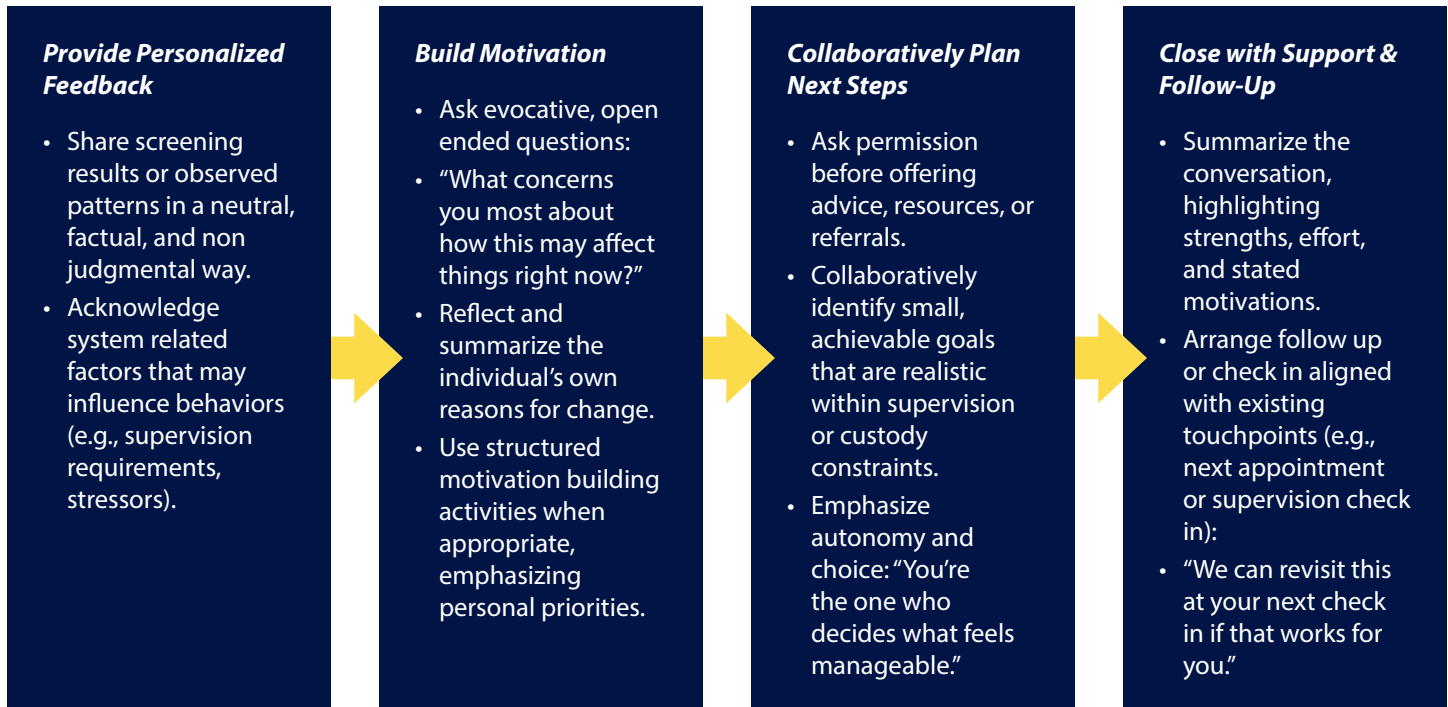
# Intervention

Intervention for alcohol and drug use in criminal justice settings involves taking structured, evidence based steps to address substance related risk through brief counseling, motivational and behavioral strategies, referrals to treatment, and, when appropriate, medication assisted treatment. Within justice involved populations, timely intervention is critical because it can interrupt the cycle between substance use and offending, reduce violations and recidivism, minimize associated health and public safety harms, support recovery and reentry, and improve overall functioning and stability while individuals are under supervision or transitioning back to the community.

## BRIEF INTERVENTION

For individuals with MODERATE risk on screening tools, consider:

Conducting a **brief intervention**, with a focus on **building motivation** to change within current justice system circumstances.



## 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 custody status, supervision conditions, and reentry timing
- Using or **referring to evidence based modalities**, as available and feasible within the justice setting or community: 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), while clarifying that participation is voluntary
- **Referring to or prescribing Medication for Opioid Use Disorder (MOUD)** when indicated (e.g., buprenorphine, methadone, naltrexone), including coordination for continuity during custody transitions and reentry



**Nevada Opioid  
Center of Excellence**  
CASAT | School of Public Health

*The material contained in this publication may be used and reprinted without special permission. Copyright © 2026 by the Nevada Opioid Center of Excellence Screening, Prevention and Intervention Project at the University of Nevada, Reno, 1664 N. Virginia Street, Reno, Nevada 89557. Funding for this product was made possible in whole or in part by the Nevada Department of Health and Human Services (DHHS) Director's Office through the Fund for a Resilient Nevada, established in Nevada Revised Statutes 433.712 through 433.744. The opinions, findings, conclusions, and recommendations expressed in our courses are those of the author(s) and do not necessarily represent the official views of the Nevada Opioid Center of Excellence or its funders.*