

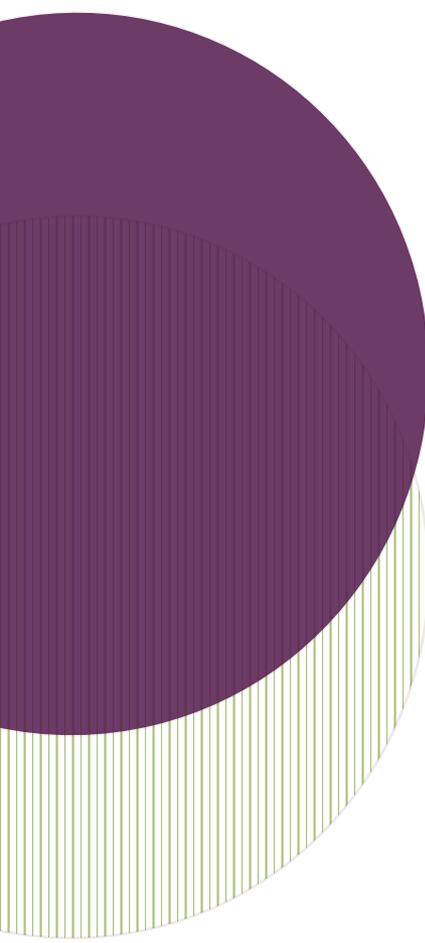
OUD Screening

From the Education Workgroup
ACOG/AIM project





Screening, Brief Intervention, and Referral to Treatment (SBIRT)

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- What is **SBIRT**?
 - A comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.



Overview of SBIRT

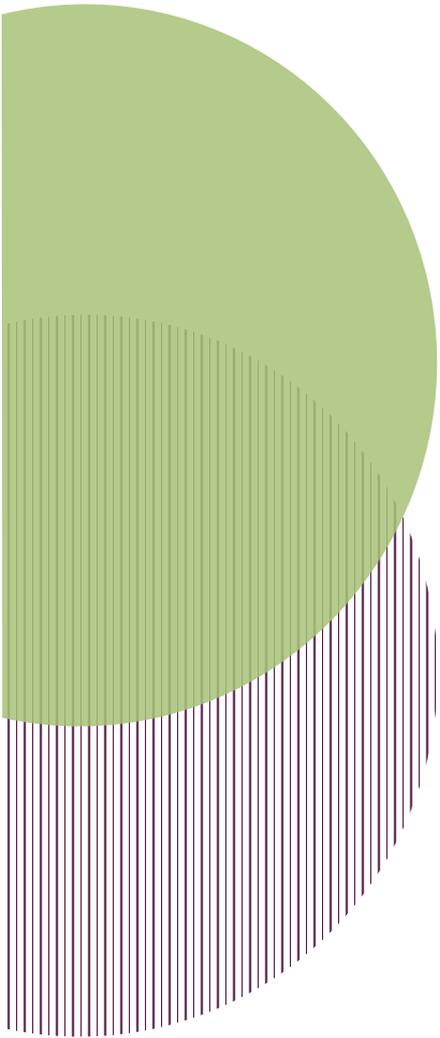
- What is **SBIRT**?
 - Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
 - Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
 - Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.
- SBIRT's place within Opioid AIM Bundle (Why SBIRT?)
 - Recognition (**S**creening)
 - Response (**B**rief **I**nterventions, **R**eferral to **T**reatment)



Screening

A healthcare professional assesses a patient for substance use behaviors using standardized screening tools.

Screening can occur in any healthcare setting.



Screening Tools

- **4P's Plus ©**

- Parents
- Partner
- Past
- Pregnancy

- **Integrated 5P's**

- Parents
- Partner
- Pregnancy
- Peers
- Past

- **Substance Use Risk Profile – Pregnancy (SURP-P)**

- **National Institute on Drug Abuse (NIDA) Quick Screen**

- **CRAFFT**

- Car
- Relax
- Alone
- Forget
- Family/Friends
- Trouble (adolescents)

Screening Tools – 4P’s Plus©

- <http://www.ntiupstream.com/4psabout/>
- Not a free screening tool, but fees include training
- “The 4P’s Plus© is a five-question screen specifically designed to quickly identify obstetrical patients in need of in-depth assessment or follow up monitoring. Taking less than one minute, it easily can be integrated into the initial prenatal visit and used for follow up screening through the pregnancy. The questions are broad-based and highly sensitive.”

Screening Tools – Integrated 5P's

- <http://www.mhqp.org/guidelines/perinatalpdf/ihrintegratedscreeningtool.pdf>
- Free screening tool
- “The Institute for Health and Recovery’s Integrated 5 P'S Screening Tool is based on Dr. Hope Ewing's 4P's (Parents, Partner, Past and Pregnancy), and was designed specifically for pregnant women...The IHR 5 P'S was developed through funding by the Maternal and Child Health Bureau...and is in the public domain.”

Screening Tools – SURP-P

- Screening for Prenatal Use Substance Use: Development of the Substance Use Risk Profile-Pregnancy Scale
 - Free screening tool, but not available online. The instrument can be viewed in Yonkers et al. (2010) above.
 - This is a hybrid of three screenings – TWEAK (alcohol screening), 4Ps Plus, Addiction Severity Index, and two domestic violence questions.

Screening Tools – NIDA Quick Screen (NIDA-Modified ASSIST)

- [Resource Guide: Screening for Drug Use in General Medical Settings](#)
- Free screening tool, and online scoring
- Not specific to pregnant women
- “The NIDA Quick Screen and NIDA-modified ASSIST are appropriate for patients age 18 or older. You may deliver it as an interview and record patient responses, or read the questions aloud and have the patient fill out responses on a written questionnaire.”

Screening Tools – CRAFFT

- [CRAFFT 2.0 & CRAFFT 2.1](#)
- Free screening tool, and online scoring available
- “The CRAFFT... is a behavioral health screening tool for use with children ages 12-18 and is recommended by the American Academy of Pediatrics’ Committee on Substance Abuse with adolescents. It consists of a series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted..”

Screening vs. Testing

- Screening based only on factors, such as poor adherence to prenatal care or prior adverse pregnancy outcome, can lead to missed cases and may add to stereotyping and stigma.

Therefore, it is essential that screening be universal.



Screening vs. Testing

- A positive biochemical drug test result is not in itself diagnostic of OUD or its severity.
 - Urine drug testing only assesses for current or recent substance use; therefore, a negative test **does not** rule out sporadic substance use. Also, urine toxicology testing may not detect many substances, including some synthetic opioids, some benzodiazepines, and designer drugs.
 - False-positive test results can occur with immune-assay testing and legal consequences can be devastating to the patient and her family.

Source: ACOG. Opioid Use and Opioid Use Disorder in Pregnancy. Opinion No. 711. ACOG Committee Opinion on Obstetric Practice & the American Society of Addiction Medicine. Replace Opinion No. 524, May 2012. Published August 2017.

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ACOG Screening Guidance

- Screening for substance use should be part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman.
- Early **universal screening, brief intervention** (such as engaging the patient in a short conversation, providing feedback and advice), and **referral for treatment (SBIRT)** of pregnant women with OUD improve maternal and infant outcomes.

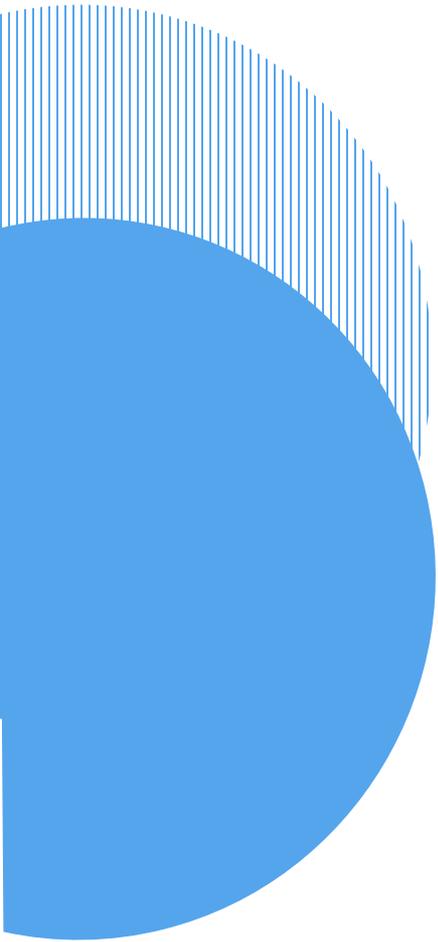
Who can perform SBIRT?

Physicians, nurse practitioners, licensed midwives, physician assistants, nurses, health or substance use counselors, prevention specialists, and other health or behavioral health staff.

Sources: ACOG. Opioid Use and Opioid Use Disorder in Pregnancy. Opinion No. 711. ACOG Committee Opinion on Obstetric Practice & the American Society of Addiction Medicine. Replace Opinion No. 524, May 2012. Published August 2017.
New York State OASAS, <https://www.oasas.ny.gov/admed/sbirt/index.cfm>

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Brief Intervention

A healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice



Brief Intervention Using Motivational Interviewing

- Motivational Interviewing: A Tool for Behavior Change
 - Committee opinion from ACOG in 2009
 - Not specific to substance use disorders
- Motivational Interviewing Network of Trainers (MINT)
 - Collection of local training resources for motivational interviewing
 - <http://www.motivationalinterviewing.org/>
 - <http://motivationalinterviewing.org/trainer-listing>

Brief Intervention: Models

■ Brief Negotiated Interview and Active Referral to Treatment: Provider Training Algorithm

- flowchart created by the Boston University School of Public Health that includes brief screening questions health practitioners can ask during brief intervention.

- https://www.integration.samhsa.gov/clinical-practice/sbirt/Brief-negotiated_interview_and_active_referral_to_treatment.pdf

■ Brief Negotiated Interview (BNI) Steps

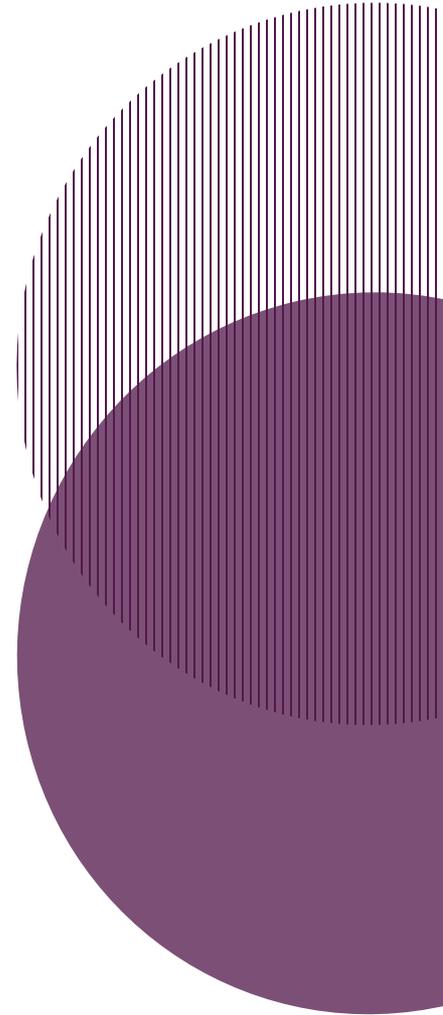
- includes a listing of questions and responses that a health provider can use by during a brief intervention.

- https://www.integration.samhsa.gov/clinical-practice/sbirt/Brief_Negotiated_Interview.pdf



Referral to Treatment

A healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.



Referral to Treatment

- Referral to Treatment
 - What kind of services do I refer to?
 - Medication Assisted Therapy (MAT)
 - Residential treatment may be option in some states, if clinically indicated
 - In some cases, other ambulatory services may be engaged
 - How do I find out where these services are in my particular area?
 - <https://findtreatment.samhsa.gov/>
 - Very state-specific!