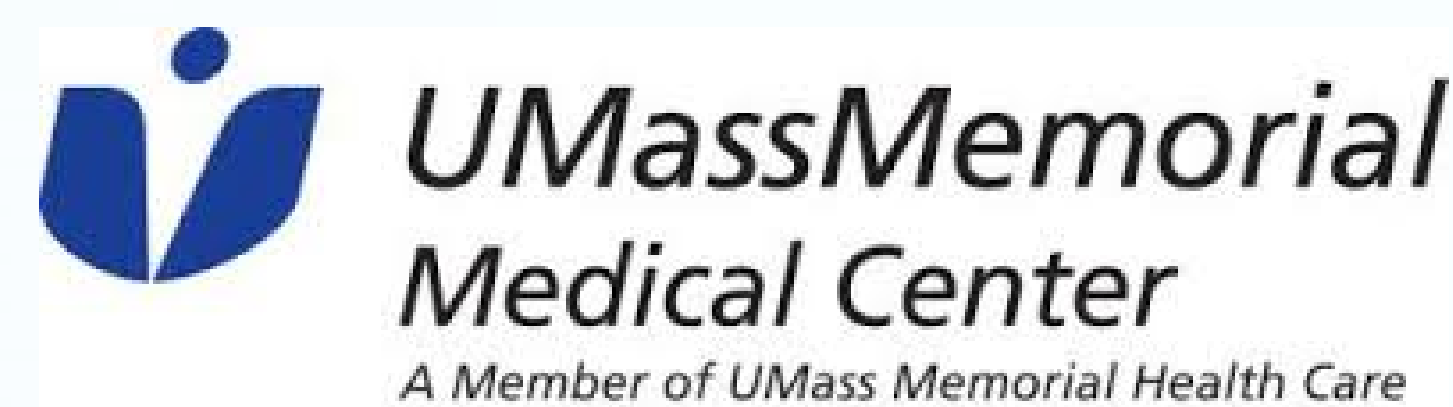


# Screening for Substance Abuse in Pregnant Patients



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## Background

The National Institute on Drug Abuse (NIDA) has developed a protocol to quickly screen adult patients for drug abuse. If the patient is determined to be at risk for abuse of prescription or illegal drugs based on the screen, a more detailed questionnaire is administered to gather more details about the patient's use habits and behaviors. If the patient is determined to be at risk for abuse of alcohol or tobacco products, materials to help patients quit are suggested. In the Community Women's Care clinic, Nurses administer the Pre-Natal Screening Form and refer the patient to available resources or discuss the answers with the physician.

Quick Screen Question:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
In the past year, how often have you used the following?					
Alcohol					
• For men, 5 or more drinks a day					
• For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

In addition to the NIDA quick screen, providers can use the Prescription Monitoring Program (PMP) database to search for patients and look up the number of controlled substance prescriptions they have filled over the past year. The database also provides information on the number of providers who have written prescriptions, the number of pharmacies used, and whether the prescriptions were paid for privately or using insurance. These databases have been implemented in every state except Missouri and can be used to identify

patients who fill many prescriptions from multiple providers as well as providers who overprescribe.



## The Green Clinic

The Karen W. Green Clinic for Pregnancy and Recovery at UMass Memorial Medical Center cares for pregnant women struggling with opioid addiction by providing them medication assisted treatment (MAT) along with standard prenatal care. MAT, in the form of buprenorphine or methadone, has been shown to decrease fetal exposure to illicit drugs and improve fetal outcomes and is associated with increased maternal compliance with OB care. Therefore it is important that women who could benefit from MAT are identified and presented with all treatment options.

## Objectives

With this study, we aimed to compare the efficacies of these two methods of screening, the NIDA quick screen and the PMP database, in identifying pregnant patients who may be at risk for drug abuse. The NIDA quick screen is currently in use in the CWC clinic. While the PMP is recommended, not all physicians use it on a regular basis. We hope to determine if more patients who are at risk would be identified if providers used the PMP regularly.

## Methods

**Participants:** We collected the NIDA quick screen results and information from the Massachusetts PMP database for every new prenatal patient seen in the CWC from January 2016 to June 2016.

**Data collection:** We collected all data from the NIDA quick screen and the PMP. We collected patients responses to questions on their prenatal self-assessment form in addition to prescribing information from the PMP and demographic information found in their medical record. Of specific interest, we collected information about pain, sleep aids, past emotional and physical abuse, substance abuse by the father and the patient's use of resources such as counseling or WIC and the resources patients were referred to by the nurses. We also collected any available urine tox screen data.

## Preliminary Results

75 new prenatal patients presented to the CWC between January and June 2016. We excluded eight patients due to incomplete prenatal screening forms, leaving 67 patients. Sixteen of these patients had records in the Massachusetts Prescription Monitoring Program Database. Fourteen patients were determined to be at risk as a result of their responses to the NIDA quick screen. Eleven patients had urine toxicology screens performed during their current pregnancy and six of these patients' screens were positive for cocaine, marijuana, opiates, or some combination of the three.

## Discussion

It is important to identify pregnant patients who may benefit from tobacco and alcohol cessation programs or medication assisted treatment (MAT) for opioid dependence. MAT all helps patients avoid the symptoms of withdrawal which can be harmful to the fetus. Screening, brief intervention, and referral to treatment (SBIRT) has been shown to be one of the most effective tools in making changes in risky alcohol use.

While we are still collecting data, it is clear that the Community Women's Care clinic makes referrals currently based on the NIDA quick screen. NIDA allows nurses time for a brief intervention and referral to treatment. However, the prenatal screening form is self-reported, while the PMP is not. Our goal is to ensure that the CWC is using these resources to effectively and efficiently identify at-risk patients.

## Next Steps

We are continuing to collect data from the Community Women's Care clinic. We will perform statistical analysis on the data we have collected. We hope that this study will make an impact on the screening practices of the clinic in order to identify patients that might struggle with substance use disorder during pregnancy.

## Acknowledgements

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