

Questions:

What was that warm line in California called?

I would like to hear Dr. Jones's response to the universal screening with validated tool as well.

Dr. Jones, what is your program's approach to universally screen for SUD in pregnancy? And, do you feel screening by questionnaires has proven to be effective?

Answers:

The important thing to ask about a screening tool is what do you plan to do with the results? How will they be used? If you inform women up front (and they believe you) that any positive answers will result in help and support not punitive action then it is more likely that accurate self-report will be provided. We also know that many times providers do not want to ask about substance use because they do not know how to respond to a positive answer. Thus, programs should not start with a screening tool as their first step. They need to know the resources for help and support and build up that resource bank and train providers on what resources are in the community and which ones are right for which types of patients. Providers' also need training in how to ask questions from the screening tool. There are also data to suggest that computerized screens may be more helpful to elicit truthful answers than asking face to face. When selecting a tool, no one tool has been found to be best. Two papers were recently published that reported the following:

"The SURP-P and 4P's Plus had high sensitivity and negative predictive values, making them more ideal screening tests than the NIDA Quick Screen-ASSIST. A clear recommendation for a clinically useful screening tool for prenatal substance use is crucial to allow for prompt and appropriate follow-up and intervention (Coleman-Cowger et al., *Obstet Gynecol* 2019;133:952–61)."

"The single-item screening questions from the NIDA Quick Screen showed high specificity (0.99) for all substances, but very poor sensitivity (0.10–0.27). The 5Ps showed high sensitivity (0.80–0.88) but low specificity (0.35–0.37). The CRAFFT, SURP-P and 5Ps had the highest area under the curve (AUC) for alcohol (0.67, 0.66 and 0.62, respectively), and the WIDUS had the highest AUC for illicit drugs and opioids (0.70 and 0.69, respectively). Performance of all instruments varied significantly with race, site and economic status. Conclusions Of five screening instruments for substance use in pregnancy tested (Substance Use Risk Profile—Pregnancy (SURP-P), CRAFFT, 5Ps, Wayne Indirect Drug Use Screener (WIDUS) and the National Institute on Drug Abuse (Quick Screen), none showed both high sensitivity and high specificity, and area under the curve was low for nearly all measures. (Ondersma et al., *Addiction*, 114,1683–1693)."

Thus, it is suggested that if you want a tool with both high sensitive and specificity, you are best to combine instruments. The issue of course is that such a tool becomes longer and may be too long to be feasible. In sum, a validated instrument is helpful and which one you choose depends on what is most important to you to find.