

 MDH TASK FORCE
RECOMMENDATION 2:
**IMPLEMENT UNIVERSAL
SCREENING USING A
VALIDATED TOOL****Purpose**

Shift Minnesota's response from punitive to supportive care for pregnant and birthing people who use substances- by focusing on health, equity, and family preservation instead of punishment.

Why It Matters

- ✓ Improves Health Equity
- ✓ Encourages Prenatal & Postpartum Engagement
- ✓ Reduces Stigma & Mistrust
- ✓ Minimizes Unnecessary Family Separation

Goal

Advance the use of validated screening tools and evidence-based approaches to substance use during pregnancy, while building systems that connect individuals to appropriate care- *not court*.

Presenter Contact**Adrienne Richardson**adrienne.l.richardson@healthpartners.com**Hannah Burton**hannah.burton@state.mn.us**CURRENT CHALLENGE**

Minnesota's current landscape includes:

- Criminalization of substance use during pregnancy
- Mandatory drug testing and CPS reports
- CPS/court systems making decisions without clinical understanding of toxicology results

These systems disproportionately impact Black, Indigenous, and multiracial families, and fuel unnecessary separations due to siloed care and punitive laws.

KEY TAKEAWAYS FROM SESSION 2**1 Universal Screening, Not Testing**

- Screening = verbal/written tools (preferred)
- Testing = biological drug tests (often misused and misunderstood)
- ACOG and MN Task Force recommend validated tools + SBIRT (Screening, Brief Intervention, and Referral to Treatment)

2 Validated Tools Shared

- **5Ps** (80% sensitivity)
- **SURP-P** (Substance Use Risk Profile- Pregnancy)
- **NIDA Quick Screen**
- **CRAFFT** (under age 26)

3 Patients Prefer Screening

- Most patients preferred tools like 5Ps over drug tests
- Verbal screening is the gold standard and more equitable

4 Problems with Testing Alone

- Can't determine harm or parenting ability
- Misused in CPS court decisions
- Black Minnesotans are disproportionately tested and referred

RESOURCES SHARED:

Task Force on Pregnancy Health and Substance Use Disorder Recommendation 2:

- Implement universal screening using a validated screening tool. The task force recommends using a validated screening tool to identify substance use disorders in pregnant people. Recommended screening timing should correspond to the American College of Obstetrics and Gynecology's (ACOG, 2018) recommendation for perinatal mental health screening because substance use disorder and mental health conditions have a high comorbidity.

Validated Screening Tools:

- [The 5P's Prenatal Substance Abuse Screen for Alcohol and Drugs](#)
- [NIDA Quick Screen](#)
- [CRAFFT \(under age 26\)](#).

ACOG & MN Task Force Recommend Validated Tools + SBIRT (Screening, Brief Intervention, and Referral to Treatment)

- [SBIRT](#)