Best Practices Guide for Interpreting TAPS Results

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Sustainable Healthcare Transformation

This guide provides best practices for interpreting the results of the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) tool (available at https://nida.nih.gov/taps2/) in the context of pre-surgical screening. The goal is to use the results to inform anesthesia and pain management planning, mitigate risks, and support patient safety while maintaining a non-judgmental and collaborative approach.

Importance of Early Screening

Screening patients as early as possible, ideally during the initial outpatient consultation or pre-op appointment for elective surgeries, enables proactive management of substance use. Early identification allows:

- Stabilization of patients with SUDs (e.g., transitioning to buprenorphine or methadone for opioid use) before surgery.
- Time to address alcohol use, encouraging reduction or cessation, and offering treatment if needed.
- Support for smoking cessation or reduction to improve surgical outcomes (e.g., better wound healing, reduced respiratory complications).
- Coordination with anesthesia and pain management teams to account for substance-specific risks.

Overview of the TAPS Tool

The TAPS tool consists of two parts:

- **TAPS-1:** A brief 4-item screener that identifies any use of tobacco, alcohol, illicit drugs, or prescription medications (used non-medically) in the past 12 months.
- **TAPS-2:** A detailed follow-up assessment for patients with positive TAPS-1 responses, evaluating frequency and patterns of use to categorize risk levels.

Results are categorized as negative, low risk, moderate risk, or high risk for each substance based on the frequency and impact of use. These categories guide clinical decision-making for surgical planning.

Best Practices for Interpretation

1. **Negative Results:**
   - **Definition:** No reported substance use or minimal use with no associated risks (e.g., no use in the past year).
   - Interpretation: Indicates no immediate concerns for surgical planning related to substance use.
   - **Action:** Confirm with the patient that the results align with their history (e.g., "Your results show no recent substance use. Does that sound accurate?"). No specific adjustments to anesthesia or pain management are typically needed, but document the discussion for completeness.
   - **Consideration**: Be alert for potential underreporting, especially if medical history or clinical signs (e.g., elevated liver enzymes) suggest otherwise. Gently probe with open-ended questions (e.g., "Can you tell me about any medications or substances you've used recently?").

2. **Low Risk Results:**
    - **Definition:** Occasional or infrequent use (e.g., social alcohol consumption, rare cannabis use).
    - **Interpretation:** Suggests minimal but potential impact on surgical care, such as slight alterations in anesthesia response or post-operative recovery.
    - **Action:** Discuss potential interactions with anesthesia or pain medications (e.g., cannabis may increase sedation requirements, requiring higher doses of anesthetics like propofol). For tobacco use, encourage reduction or cessation well before surgery to improve outcomes (e.g., better oxygenation, reduced wound complications). Offer resources like smoking cessation programs or counseling. For alcohol, recommend cutting back to minimize anesthesia risks. Document the plan and patient discussion.
    - **Example Question:** "You mentioned occasional [substance] use. Can you share how often and how much you typically use?"
3. **Moderate Risk Results:**
    - **Definition:** Regular use that may impact surgery (e.g., frequent alcohol use, weekly cannabis, or occasional non-medical prescription drug use).
    - **Interpretation:** Indicates a need for tailored anesthesia and pain management plans due to potential complications, such as increased anesthesia sensitivity or risk of withdrawal symptoms.
    - **Action:** Consult with the anesthesiologist to adjust medications (e.g., avoiding benzodiazepines in heavy alcohol users to prevent respiratory depression). For alcohol, strongly encourage reduction or cessation prior to surgery and offer treatment resources (e.g., counseling, peer support groups). For tobacco, provide smoking cessation support, such as nicotine replacement therapy or referrals to cessation programs, to reduce surgical risks. Plan for enhanced post-operative monitoring for withdrawal symptoms (e.g., tremors, agitation in alcohol users). Discuss findings with the patient (e.g., "Your results show regular [substance] use, so we'll adjust your anesthesia and work with you to reduce use before surgery for the best outcome").
    - **Example Question:** "Can you tell me more about when you last used [substance] and how it affects you day-to-day?"
4. **High Risk Results**:
    - **Definition:** Frequent or heavy use suggesting a likely substance use disorder (e.g., daily opioid use, methamphetamine use, or heavy alcohol consumption).
    - **Interpretation:** Indicates significant risk for surgical complications, including anesthesia interactions, withdrawal, or post-operative pain management challenges. For elective surgeries, high-risk results may necessitate delaying the procedure until the patient is stabilized in treatment.

- **Action:**
  - **Opioids or Methamphetamine:** If the patient uses opioids or stimulants like methamphetamine, prioritize stabilization in treatment before proceeding with elective surgery. For opioid use disorder, discuss transitioning to medications like buprenorphine or methadone in coordination with an addiction specialist to stabilize the patient and inform pain management planning. Consult the anesthesiologist to adjust anesthesia protocols (e.g., using regional anesthesia to reduce opioid reliance) and plan for withdrawal management. For methamphetamine, assess cardiovascular risks and coordinate with specialists to ensure stability.
  - **Alcohol:** Strongly recommend cessation or significant reduction before surgery to minimize risks (e.g., liver dysfunction, withdrawal). Offer treatment options, such as inpatient or outpatient programs, and connect with addiction specialists if needed. Plan for withdrawal management (e.g., benzodiazepines for alcohol withdrawal).
  - **Tobacco:** Emphasize smoking cessation to improve surgical outcomes (e.g., reduced respiratory complications, better healing). Provide referrals to smoking cessation programs, nicotine replacement therapy, or behavioral counseling, with a timeline for reduction before surgery.
  - **General Actions:** Immediately consult the surgical team, including an anesthesiologist and, if needed, an addiction specialist. Develop a robust post-operative pain management plan to avoid triggering relapse, such as using multimodal analgesia (non-opioids, nerve blocks). Discuss with the patient how results impact their care (e.g., "Your frequent [substance] use means we may need to stabilize your treatment before surgery to keep you safe"). For elective surgeries, consider delaying the procedure until stabilization is achieved, and communicate this clearly to the patient.
- **Example Question:** "You've reported daily [substance] use. Can you share how much you use and how it's been affecting you, especially with your surgery coming up?"

General Interpretation Tips

- **Cross-Reference with Medical History**: Compare TAPS results with the patient's medical history (e.g., liver function tests for alcohol use, prior opioid prescriptions, etc.) to identify discrepancies or additional risks. For example, heavy alcohol use may impair liver metabolism, affecting drugs like propofol or midazolam.
- **Use Non-Judgmental Language**: Frame discussions to build trust (e.g., "We're looking at this to make your surgery as safe as possible"). Avoid terms like "abuse" unless the patient uses them.
- **Ask Clarifying Questions**: Use open-ended, specific questions to gather details on frequency, quantity, and recency of use (e.g., "When was the last time you used [substance/alcohol], and how much did you use?"). This helps refine risk assessment and tailor interventions.
- **Collaborate with the Patient**: Explain how results inform their care plan to promote engagement (e.g., "Based on your [substance/alcohol] use, we'll use a different pain medication to reduce risks"). Ensure they understand the rationale for any adjustments.

- **Document Thoroughly:** Record the TAPS risk level, patient discussion, clarifying questions, and planned interventions in the EMR. Note any referrals for substance use support if applicable. Ensure all documentation related to substance/alcohol use is stored "behind the glass" to protect privacy and compliance.
- **Consult Specialists as Needed:** For moderate or high-risk results, involve the anesthesiologist and, if indicated, an addiction specialist to ensure comprehensive planning. If immediate consultation isn't possible, inform the patient of the follow-up process (e.g., "We'll review this with our team and call you within 48 hours with a plan").

Supporting Patient Engagement

- If results indicate moderate or high risk, use motivational interviewing techniques to explore treatment interest (see the Pre-Surgery Screening Workflow for specific scripts). Even for low-risk results, offer resources if the patient expresses concern about their use.
- Ensure all discussions reinforce confidentiality, emphasizing that results are used only to optimize surgical care and are protected under HIPAA and 42 CFR Part 2.
- For patients with high-risk results, frame treatment as a step toward ensuring a safer surgery (e.g., "Getting stable on a medication like buprenorphine before surgery can help us manage your pain safely and avoid complications")

This guide ensures that TAPS results are interpreted consistently and effectively to enhance patient safety, personalize surgical care, and address substance use proactively, particularly for elective surgeries where early screening provides time for stabilization and risk mitigation.