

Combined Use of NIAAA Single Question Screen & ASSIST to Detect At-risk Drinking

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Objectives

- To highlight the importance of detecting at-risk drinking
- To describe the challenges to detection of at-risk drinking encountered in the Georgia BASICS SBIRT Project
- To explore ways to improve alcohol screening for at-risk drinking in SBIRT projects



U.S. Screening, Brief Intervention & Referral to Treatment (SBIRT) Projects

- Priority project of the Office of National Drug Control Policy
- 15 projects funded by SAMSHA
- Dissemination projects which implement SBI and Referral to Treatment in various healthcare settings

Services Provided

- Screening
- Brief Intervention
- Brief Therapy
- Referral to Treatment

How is SBIRT screening typically performed?

- Many projects are using single question screens for initial patient screening

NIAAA Single Question Screen (NSQS)

- Utilized in national telephone survey regarding alcohol use (NESARC)
- “How many times in the past year have you had x or more drinks in a day?” (x=4 for women, 5 for men)
U.S. standard drink 14 grams
- Positive answer of 1 or more times detects 98% of at-risk US drinkers

What is at-risk drinking in the U.S.?

- Males <65 yrs old: more than 14 drinks per week or more than 4 drinks/day
- Females & males 65 and older: more than 7 drinks per week or more than 3 drinks per day

U.S. standard drink: 14 grams alcohol;
NIAAA, 2005

Validation Data for NIAAA Single Question

- Smith, et al, 2009—primary care single site validation study
- Sensitivity: 82%
- Specificity: 79%
 - for detecting at-risk alcohol use, alcohol abuse and alcohol dependence

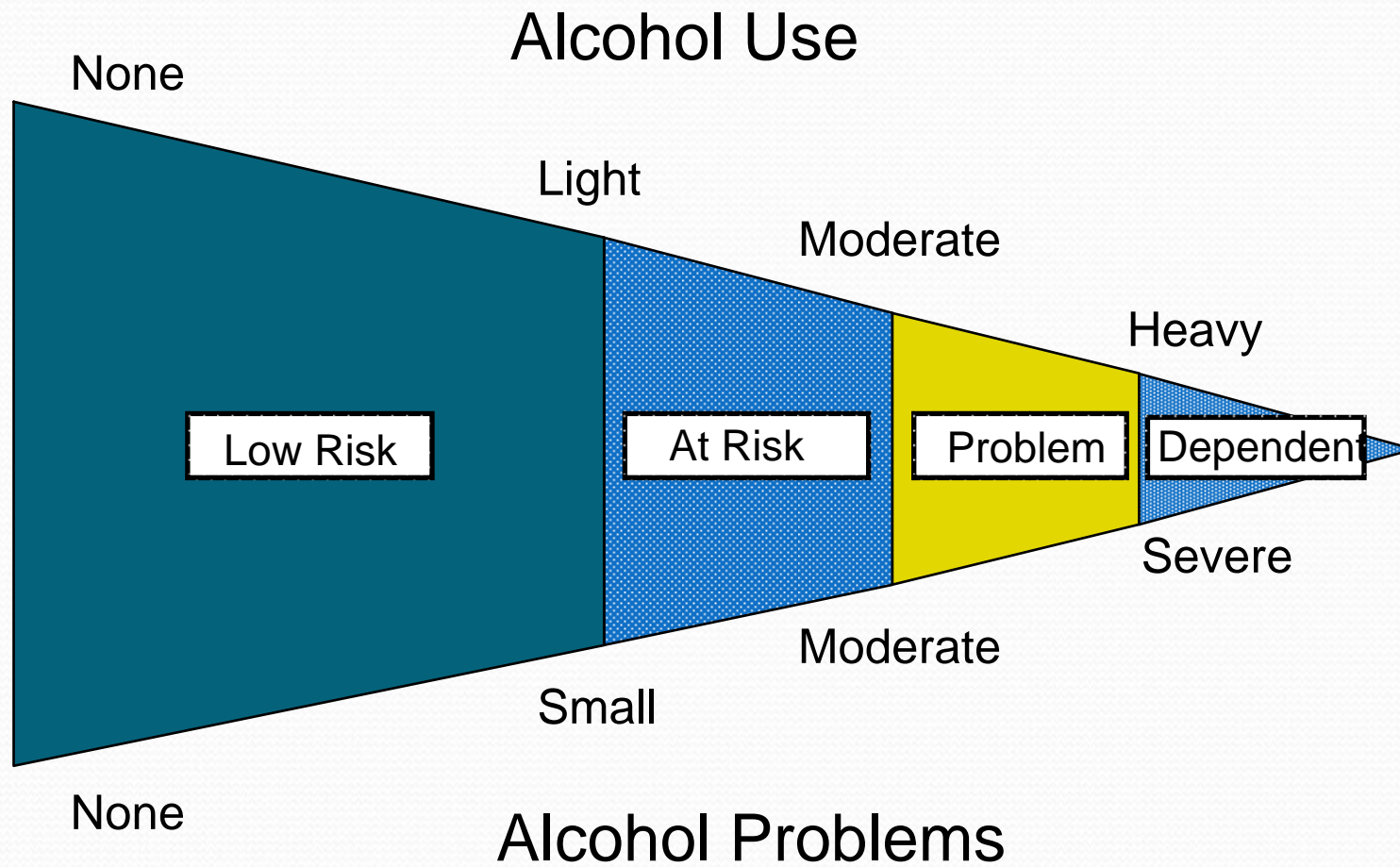
Why is single question alcohol screening particularly useful in alcohol SBI?

34 RCT'S of alcohol SBI reviewed:

v

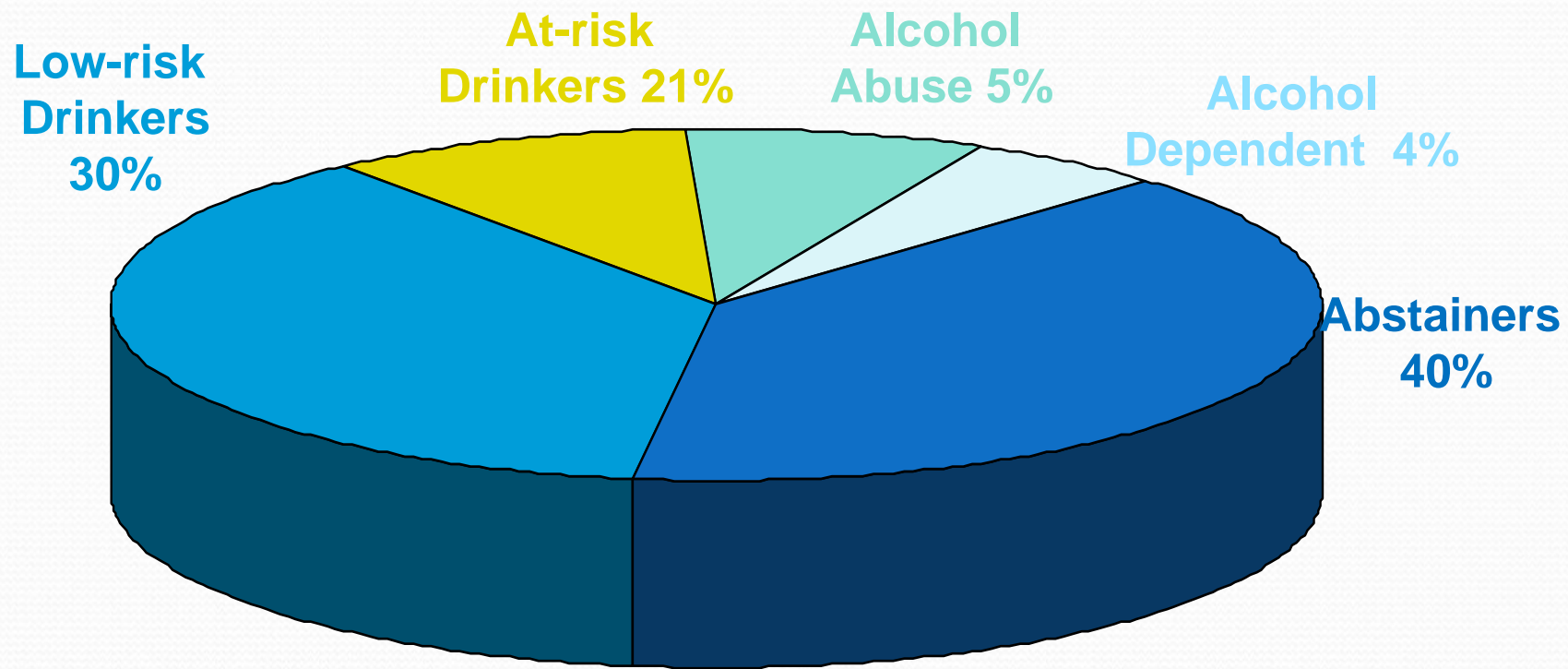
v Primarily beneficial with at-risk drinking and non-dependent problem drinkers

Spectrum of Alcohol Use Patterns



Comparative Prevalence of At-risk Use vs AUDs (U.S.)

7-26



Purpose of ASSIST differs

- Developed by World Health Organization (WHO) for detection of both alcohol and drug misuse
- 8 questions regarding each substance of abuse
- Assesses lifetime use with special focus on past 3 month use

Validation of ASSIST

- Validated in multinational sample
- Cutoff points set based on gold standard diagnoses of **use (low-risk), abuse & dependence** of both alcohol & drugs
- **No distinction between low-risk and at-risk alcohol use** employed in validation
- No cutoff point described for detection of at-risk drinking

Rounded cut-off scores for ASSIST v3.0

	Low Risk	Moderate Risk (abuse)	High Risk (dependence)
Alcohol	0-10	11-26	27+
All other substances	0-3	4-26	27+

Protocols for Screening & Intervention in GA BASICS Project

- Initial single question screening is done by nursing triage personnel
- Positive single question screen triggers automatic referral to health educators
- Health educators use ASSIST to stratify patients
 - Information/education if low risk
 - BI if moderate risk
 - BT referral if high risk
 - RT if very high risk

Debate re ASSIST Cutpoint in Georgia BASICS Project

- Lengthy discussion between two sites on which cutoff to use for alcohol “moderate risk” to administer BI.
- Atlanta: huge patient volume, greatest concern= patients with abuse & dependence, worried about overwhelming HE team with large numbers of at-risk pts, chose to use cutoff of 11 for alcohol.
- Macon: desire to focus SBIRT services on pts most likely to benefit (at-risk), chose to use same cutoff of 4 for alcohol as well as for drugs.

Cutpoints now in use in GA BASICS

Risk Level	Macon Cutoff	Atlanta Cutoff	Service Provided
Low	0-3	0-10	Info, Education
Moderate	4-19	11-19	BI
High	20-26	20-26	BI & BT
Very High	27+	27+	BI & Refer to Tx

How likely are patients with low ASSIST scores to be low risk?

- Baseline sample of prescreen-positive patients recruited in Macon site Feb-April 2009
- 890 patients consented and enrolled
- Sample recruited prior to implementation of SBIRT services (health educators not yet trained in MI)
- Baseline sample received “assessment only” (ASSIST & several other instruments), no BI or other services

Patient Demographics (N=861)

	Freq	%	Mean (SD)
Gender (Male)	516	63%	
Age			41(13)
- 18-24 years	111	14%	
- 25-34 years	174	21%	
- 35-44 years	169	21%	
- 45-54 years	215	26%	
- 55-64 years	103	13%	
- 65 or older	35	4%	

Patient Demographics (N=861)

	Freq	%	Mean (SD)
Race/Ethnicity			
- Hispanic/Latino (any race)	20	2%	
- Black/African American	486	56%	
- Asian	4	<1%	
- Native American	38	4%	
- Hawaiian Native	5	<1%	
- Alaska Native	0	0%	
- White	308	36%	

ASSIST Score Distribution of Baseline Patients with Positive Single Question Screens

	ASSIST Score	Number of patients	Percent of patients
Low risk	0-3	162	22.2%
Low/moderate	4-10	238	32.7%
Moderate risk	11-19	160	21.9%
High risk	20-26	82	11.4%
Very high risk	27+	83	11.8%

Footnotes:

-all single question + pts are high risk by daily limits

-about 15% of patients change from – to + or + to – on full assessment

Conclusions

- Existing ASSIST cutoff scores were not designed for detecting at-risk drinking, but rather suspected alcohol abuse & dependence
- For this reason, patients with ASSIST alcohol scores below 10 should not automatically be considered “low risk drinkers,” according to current U.S. definitions
- Further research is needed to determine an appropriate ASSIST cutoff point for at-risk drinking

Challenge: How To Screen Accurately when using ASSIST

- Combination of ASSIST with another measure (single question screen or quantity-frequency questions) may also help identify at-risk drinkers according to consumption patterns
- SBIRT personnel should be careful not to congratulate patients for low-risk drinking based solely on ASSIST scores—PRIMUM NON NOCERE



Future Research Directions

- ASSIST validation study using gold standard for at-risk drinking
- More validation studies needed for NIAAA single question screen and brief drug screening questions