

## **Drug Abuse Screening Test (DAST), Alcohol Use Disorders Identification Test (AUDIT), and Alcohol and Other Drug (AOD) Use Brief Screens Bibliography**

### ***Drug Abuse Screening Test (DAST)***

Carey K, Carey M, Chandra P. Psychometric evaluation of the Alcohol Use Disorders Identification Test and short Drug Abuse Screening Test with psychiatric patients in India. *Journal of Clinical Psychiatry*. 2003;64:767-774.

- The accuracy of the Alcohol Use Disorders Identification Test (AUDIT) and Drug Abuse Screening Test (DAST-10 and DAST-28) had not previously been evaluated in populations in developing countries. Both were found to have strong psychometric properties when used in an Indian psychiatric hospital.

Cocco K, Carey K. Psychometric properties of the Drug Abuse Screening Test in psychiatric outpatients. *Psychological Assessment*. 1998;10:408-414.

- The level of substance use among individuals with mental illness is known to be significant, but the accuracy of self-reporting and other measurements of the severity of the problem were not well tested. This research project studied the accuracy of the Drug Abuse Screening Test (DAST-28 and DAST-10) amongst patients receiving outpatient psychiatric treatment and found the tool to be a valid measure for assessing substance use in this population.

Gavin DR, Ross HE, Skinner HA. Diagnostic validity of the drug abuse screening test in the assessment of DSM-III drug disorders. *Br J Addict*. 1989;84:301-7

- Diagnostic validity of the DAST was assessed using a clinical sample of 501 drug/alcohol patients. Various DAST cut-points were validated against DSM-III drug abuse/dependence criteria, as assessed by the Diagnostic Interview Schedule. The DAST attained 85% overall accuracy in classifying patients according to DSM-III diagnosis. This accuracy was maintained between DAST score cut-points of 5/6 through 9/10. Receiver Operating Characteristic analysis indicated that 5/6 was the optimum threshold score. The DAST was also correlated with demographic variables, psychiatric history, and drug use. The results showed very good concurrent and discriminate validity.

Skinner H. The Drug Abuse Screening Test. *Addictive Behaviors*. 1982;7:363-371

- The 28 self-report items tap various consequences that are combined in a total DAST score to yield a quantitative index of problems related to drug misuse. Measurement properties of the DAST were evaluated using a clinical sample of 256 drug/alcohol abuse clients. The internal consistency reliability estimate was substantial at .92, and a factor analysis of item inter-correlations suggested an unidimensional scale. With respect to

response style biases, the DAST was only moderately correlated with social desirability and denial. Concurrent validity was examined by correlating the DAST with background variables, frequency of drug use during the past 12 months, and indices of psychopathology.

Yudko E, Lozhkina O, Fouts A. A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. *J Subst Abuse Treatment*. 2007;32:189-198

- An extensive literature review was conducted using the Medline and Psycinfo databases from the years 1982 to 2005. All articles that addressed the reliability and the validity of the DAST were examined. The DAST tended to have moderate to high levels of test-retest, inter-item, and item-total reliabilities. The DAST also tended to have moderate to high levels of validity, sensitivity, and specificity. In general, all versions of the DAST yield satisfactory measures of reliability and validity for use as clinical or research tools.

### ***Alcohol Use Disorders Identification Test (AUDIT)***

Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. The Alcohol Use Disorders Identification Test: guidelines for use in primary care. 2nd Ed. 2001. WHO, Department of Mental Health and Substance Dependence. Accessed April 17, 2011. Available at: [http://whqlibdoc.who.int/hq/2001/who\\_msd\\_msb\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf)

- AUDIT screen is for hazardous (risky drinking), harmful drinking, or alcohol dependence. Authors reported that the AUDIT has been evaluated over two decades across gender, age, and cultures in primary care in six countries. Cut-off value of 8 points yields sensitivities (percentage of positive cases that the test correctly identified) for the AUDIT for problematic drinking in the mid 0.90s. Specificities (percentage of negative cases correctly identified) across countries and criteria averaged in the 0.80s.

Bohn MJ, Babor TF, Kranzler HR. The Alcohol Use Disorder Identification Test (AUDIT): Validation of a screening instrument for use in medical settings. *J Studies on Alcohol*. 1995;56(4):423-432.

- Known alcoholics (n = 65) and general medical patients (n = 187) completed self-report questionnaires and underwent a diagnostic interview, physical examination and laboratory testing. AUDIT score had a sensitivity of 0.98 for hazardous and 0.77 for harmful when 8 was used as the cut-off score (specificity was 0.34 and 0.81). When 10 was used for the cut-off score, the sensitivity was 0.87 for hazardous, 0.6 for harmful, and 0.99 for alcoholics (specificity was 0.75, 0.87, and 0.74).

Fiellin DA, Carrington RM, O'Connor PG. Screening for alcohol problems in primary care: a systematic review. *Archives of Internal Medicine*. 2000;160:1977-1989.

- Authors performed a search of MEDLINE for years 1966 through 1998. Thirty-eight studies were identified. Eleven screened for at-risk, hazardous, or harmful drinking; 27 screened for alcohol abuse and dependence. The Alcohol Use Disorders Identification Test (AUDIT) was most effective in identifying subjects with at-risk, hazardous, or harmful drinking (sensitivity, 57%-97%; specificity, 78%-96%). Sensitivity of 0.87 and specificity of 0.78 for hazardous use. Sensitivity 0.95 of and specificity of 0.85 for harmful (cut-off score of 8). For at-risk or heavy drinking, sensitivity of .51 to .59 and

specificity of .91 to .96. For hazardous, harmful, or dependent, sensitivity of 0.84 and specificity of 0.90 (cut-off score of 5).

Saunders JB, Aasland OG, Babor TF, de la Fuente JR, Grant M. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons With Harmful Alcohol Consumption, II. *Addiction*. 1993; 88:791–804

- The authors selected questions from a 150-item assessment schedule, which was administered to 1,888 persons attending representative primary health care facilities. Among those diagnosed as having hazardous or harmful alcohol use, 92 percent had an AUDIT score of 8 or more, and 94 percent of those with non-hazardous consumption had a score of less than 8.

### ***Alcohol and Other Drug (AOD) Use Brief Screens***

Smith PC, Schmidt SM, Allensworth-Davies. Primary Care Validation of a Single-Question Alcohol Screening Test. *J Gen Intern Med*. 2009;24(7):783-788.

- The efficacy of a single-question screening tool was tested and found to be effective in a sample of patients in a primary care setting for identifying risky drinking behaviors.

Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A Single-Question Screening Test for Drug Use in Primary Care. *Arch Intern Med*. 2010;170(13):1155-1160.

- The efficacy of a single-question screening tool was tested and found to be effective in a sample of patients in a primary care setting for identifying illicit or nonmedical prescription drug use.

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