Validation of the French version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

Riaz Khan, Barbara Broers

Audrey Nallet, Yasser Khazaal, Gabriel Thorens, Sophia Achab-Arigo, Vadimir Poznyak, Alexandra Fleischmann, Anne Chatton, Daniele Zullino

http://addictologie.hug-ge.ch

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Unlabeled/Unapproved Uses Disclosure

- None

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Outline

➢ WHO ASSIST Project

➢ ASSIST Questionnaire

➢ Results of validation study

➢ Prevalence of problematic substance use in different settings

➢ Conclusions and recommendations

Introduction: WHO ASSIST & Phases

- Phase I : Test-retest reliability studies & feasibility study (1997-1999) 12 items selected, 8 retained for the short version

- Phase II: Validation studies between 2000-2002, development of brief intervention and orientation procedures (7 sites)

- Phase III: RCT's evaluating efficacy of ASSIST coupled with brief intervention for illicit substances use

- Phase IV (ongoing): Summarize current status of interventions in the world based on ASSIST. Dissemination of the Assist package: training for the trainers, computerized version, brief ASSIST paper version(2-4 questions)

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ASSIST Questionnaire

Question 1:   Life time prevalence of consumption of substances

Question 2:   Frequency of consumption in the last 3 months

Questions 3-5: Relate to substance consumption in the last 3
                months

Question 3:   Explores the compulsion to consume in the last 3
                months

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ASSIST Questionnaire

Question 4:   Informs on personal and social health
                along with financial or legal status in the previous 3
                months.

                Indicateur of »harmful use »

Question 5:   Explores failure of subject to fulfill role obligations

Questions 6-8: Explore life-time and recent problems,
                Concerns of the entourage, previous attempts
                to control substance consumption, life-time and
                actual injectable habits.

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ASSIST in different languages

ASSIST validated in: English, Arabic, Chinese, Farsi, German, Hindi, Portuguese, Spanish

For the development of the French version:

-translation-backtranslation

-panel discussion

-test phase

Cut-off scores:

-0-3 no intervention (alcohol 0-9)

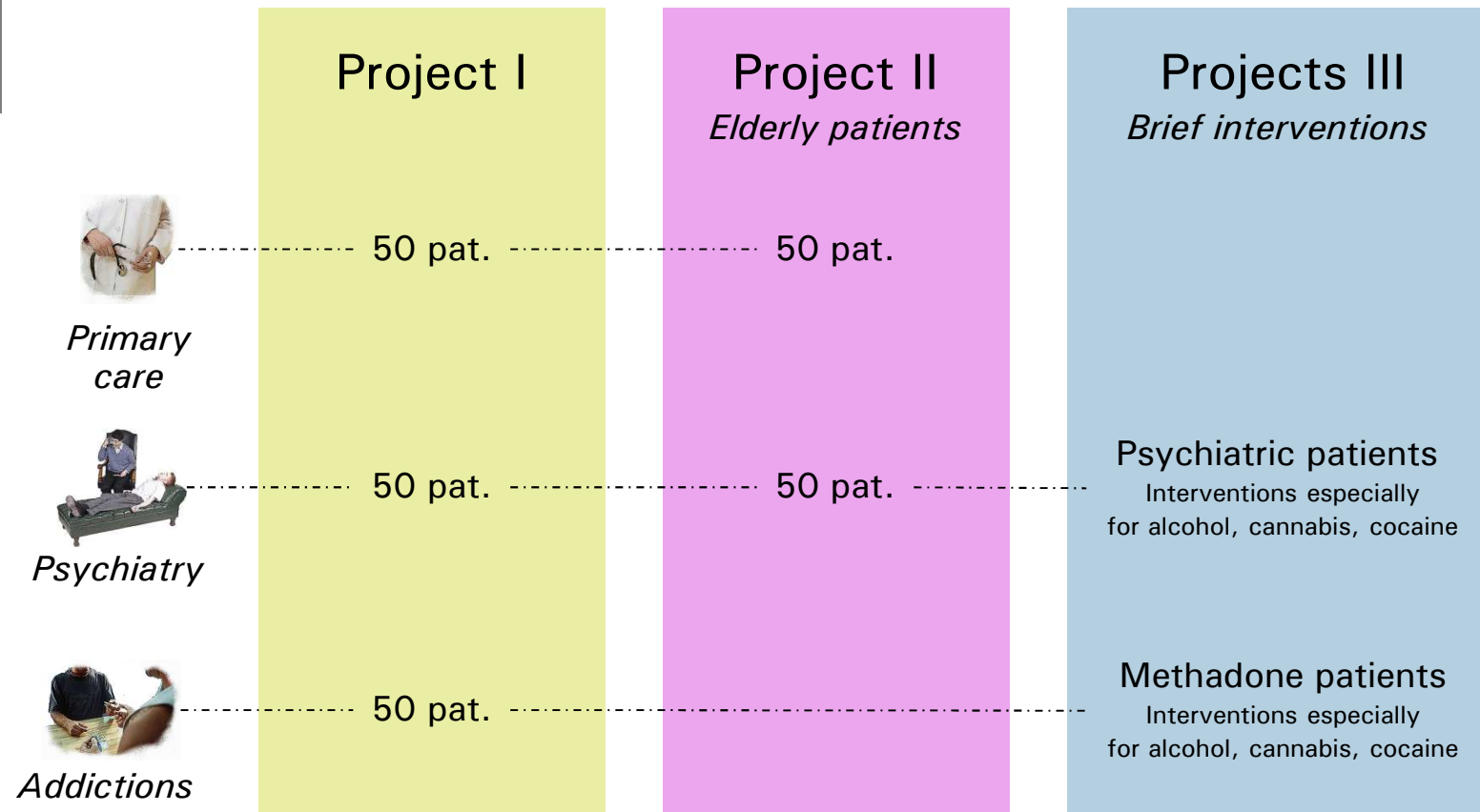-4-26 brief intervention (alcohol 11-26)

-27 + more intensive treatment

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ASSIST: 8 questions

o Alcohol

o Tobacco

o Cannabis

o Cocaine

o Amphetamines

o Inhalants

o Sedatives

o Hallucinogens

o Opiates & other drugs

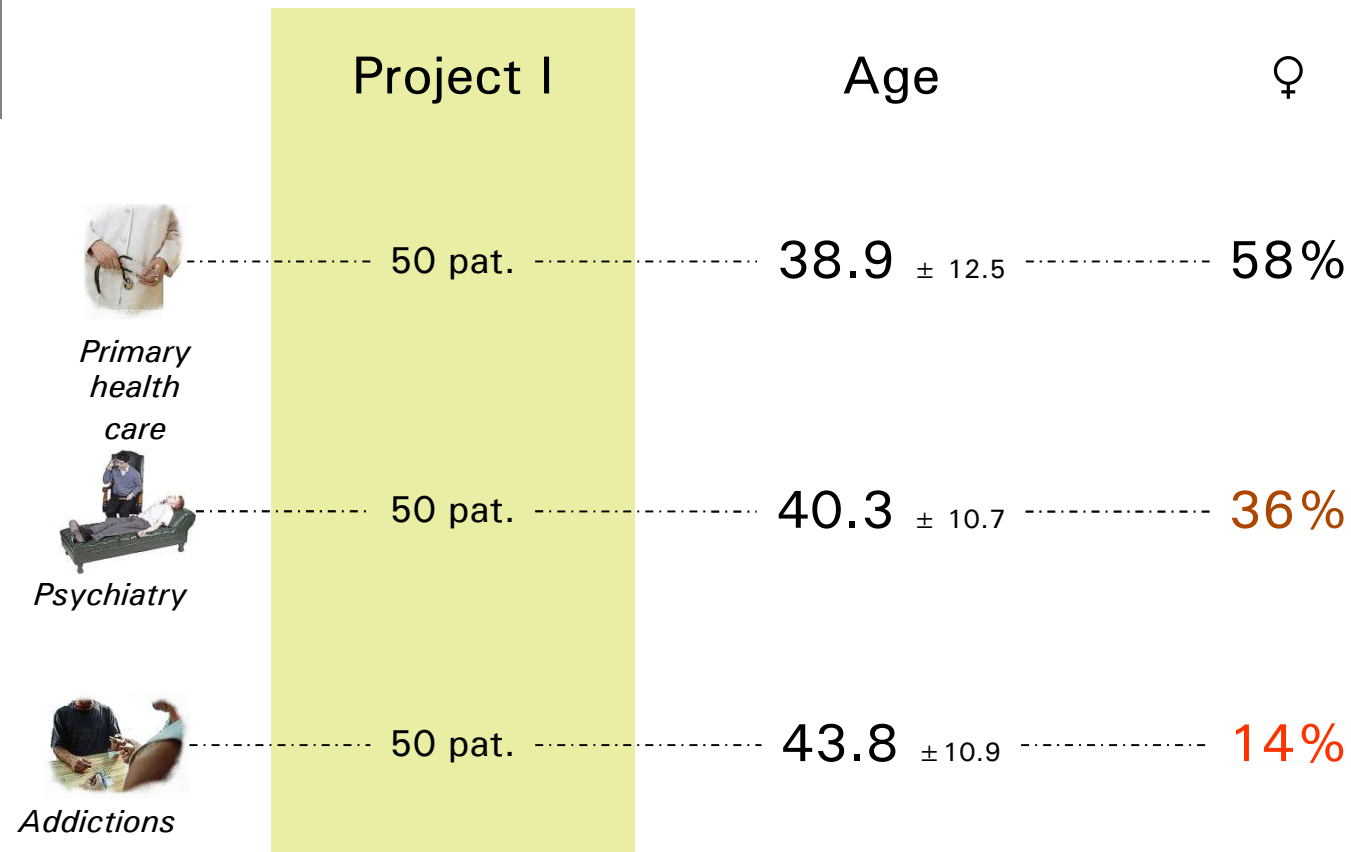Can be answered by most subjects in a primary health care setting in less than five minutes

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ASSIST – Geneva Projects

	Project I	Project II *Elderly patients*	Projects III *Brief interventions*
Primary care	50 pat.	50 pat.	
Psychiatry	50 pat.	50 pat.	**Psychiatric patients** Interventions especially for alcohol, cannabis, cocaine
Addictions	50 pat.		**Methadone patients** Interventions especially for alcohol, cannabis, cocaine

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Age and Gender distribution

Project I	Age	♀
Primary health care — 50 pat.	38.9 ± 12.5	58%
Psychiatry — 50 pat.	40.3 ± 10.7	36%
Addictions — 50 pat.	43.8 ± 10.9	14%

❑ Construct validity

▪ Internal consistency: ASSIST showed high internal consistency for the Global continum substance risk score or the total substance involvement score (TSI) with Cronbach's α coefficient of 0.91 (p < 0.0005).

▪ All ASSIST specific substance scores showed good internal consistency with Cronbach's α coefficient ranging from 0.74 to 0.93., except for cannabis abuse (p = 0.06)
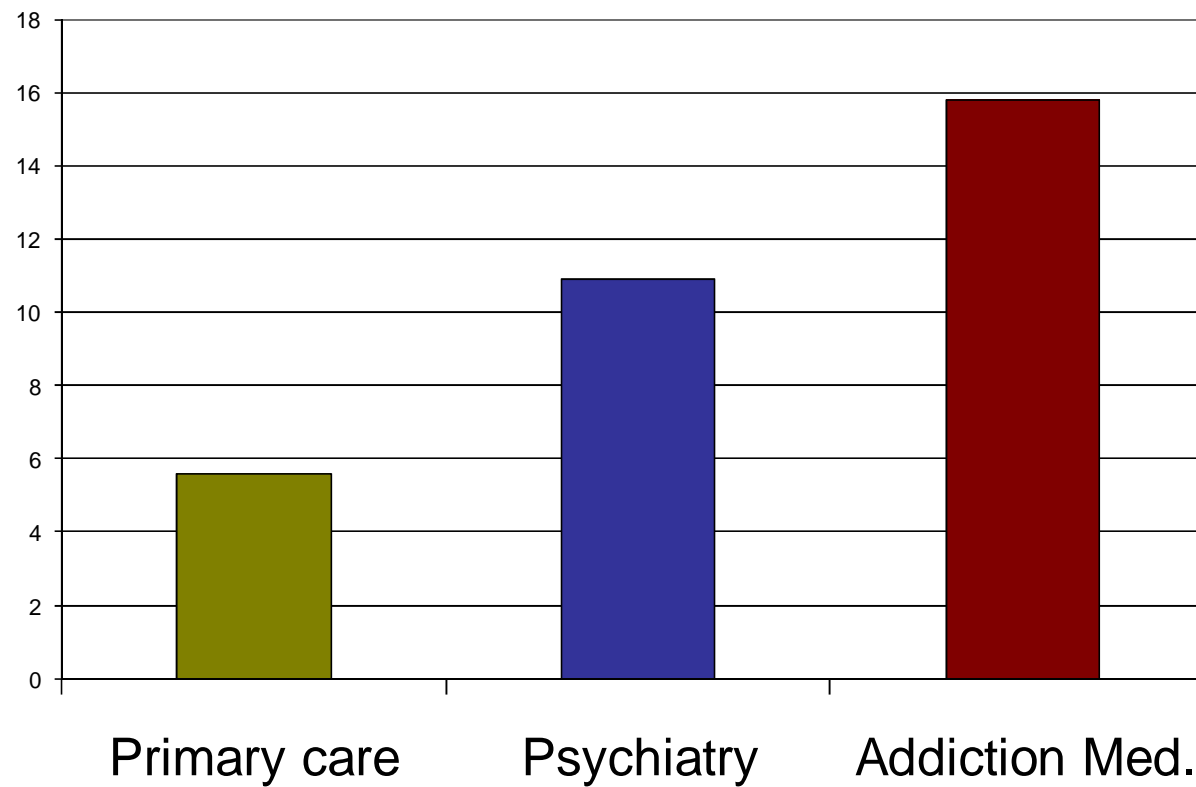
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Results

Discrimination between use and abuse and
between abuse and dependence by ROC analysis

Domain	AUC	p-value	Sensitivity %	Specificity %	Cut-off
3B:SSI score for alcohol Use/abuse	0.74	p = 0,002	50	89	11.5
Abuse/dependence	0.87	p < 0,005	65	100	24.5
3C:SSI score for cannabis Use/abuse	0,98	p < 0,0005	100	88	2.5
Abuse/dependence	0,76	p = 0,06	70	71	17.5

AUC: area under curve, **SSI**: substance specific involvement, **na**: data not available
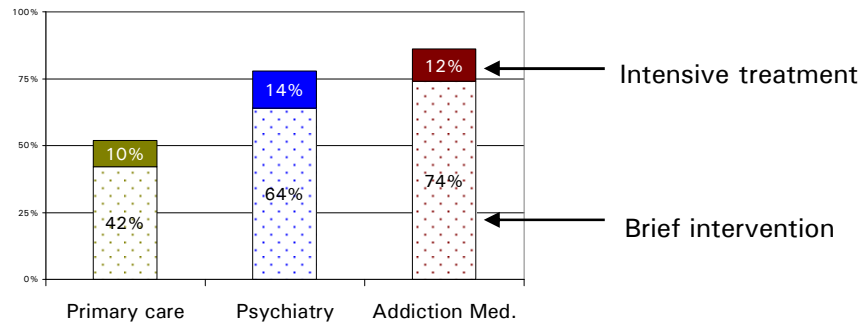
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AUDIT

ASSIST Scores in different settings
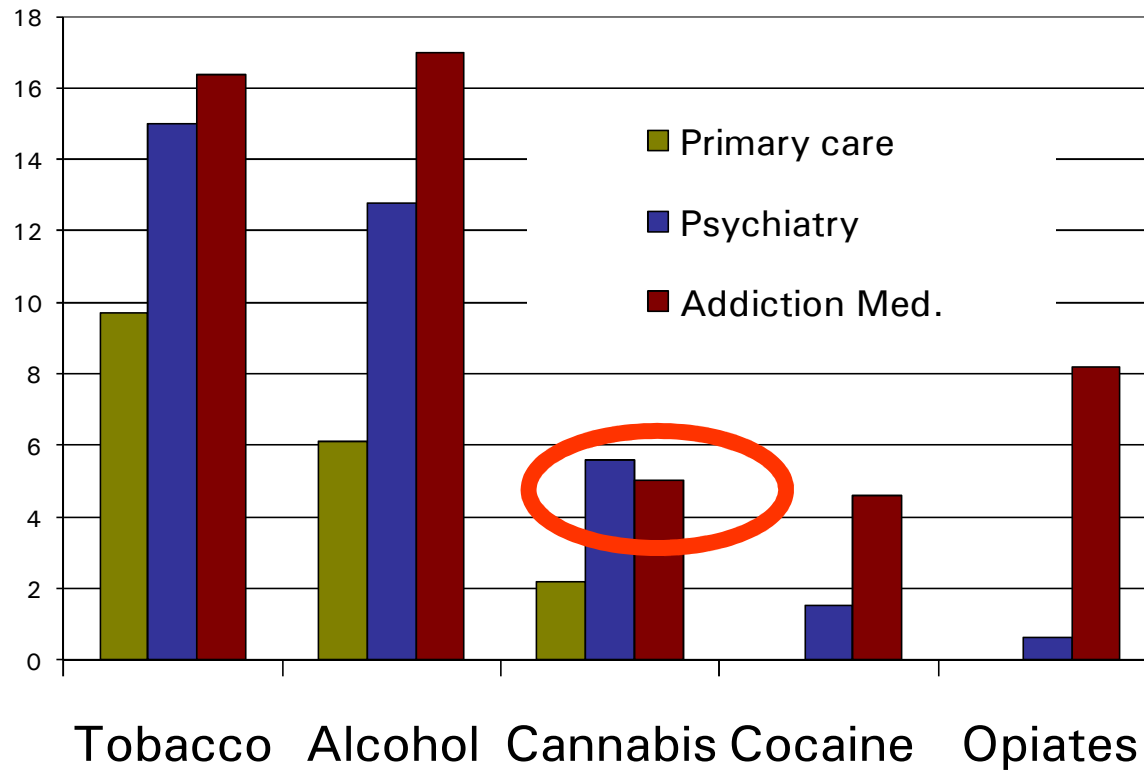
Treatment Recommendations

Tobacco

Primary care: 42%, 10%
Psychiatry: 64%, 14%
Addiction Med.: 74%, 12%

→ Intensive treatment

→ Brief intervention

Alcohol

Primary care: 20%
Psychiatry: 28%, 18%
Addiction Med.: 40%, 22%

Cannabis

Primary care: 14%
Psychiatry: 14%, 5%
Addiction Med.: 28%, 2%

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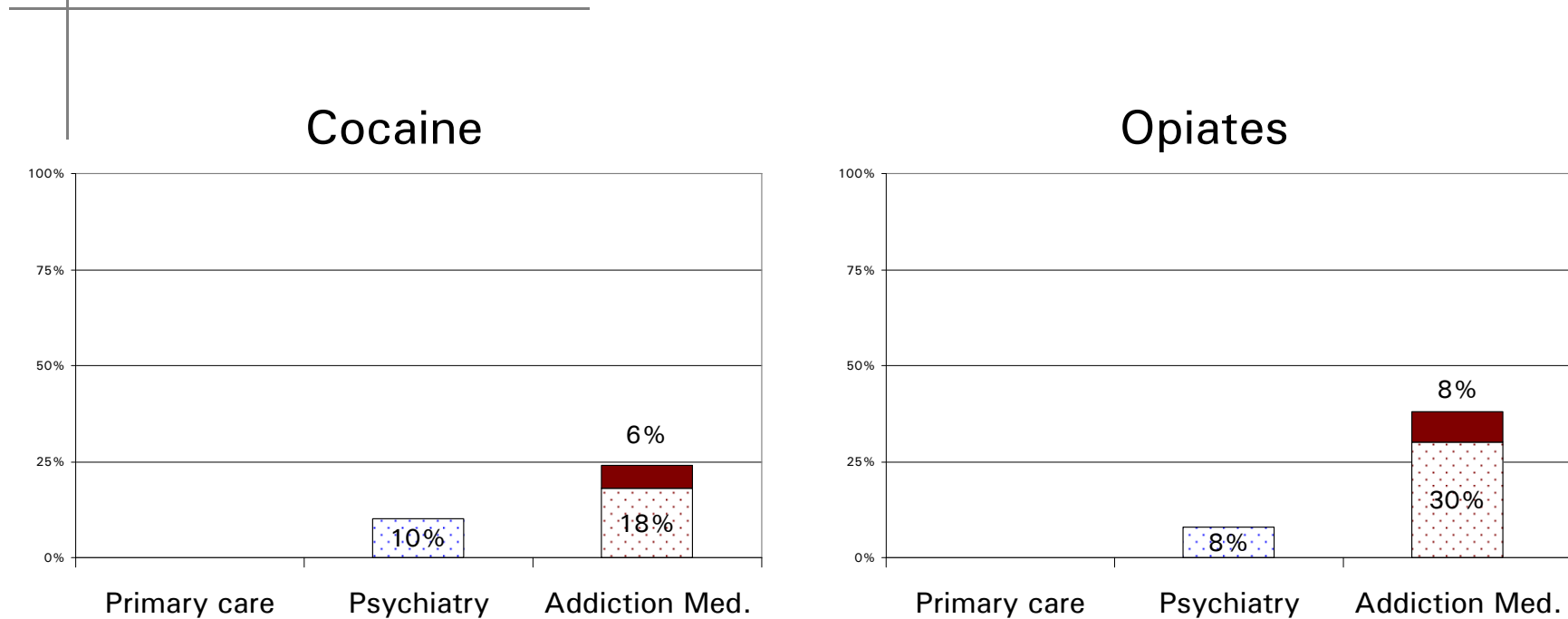Hôpitaux Universitaires de Genève

Treatment Recommendations

Cocaine
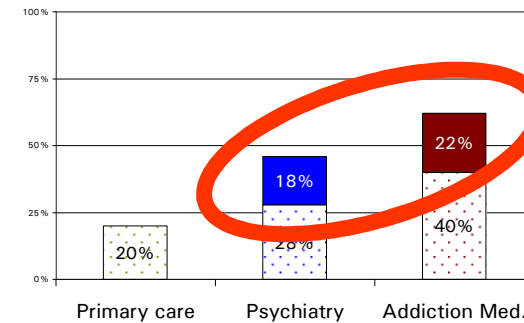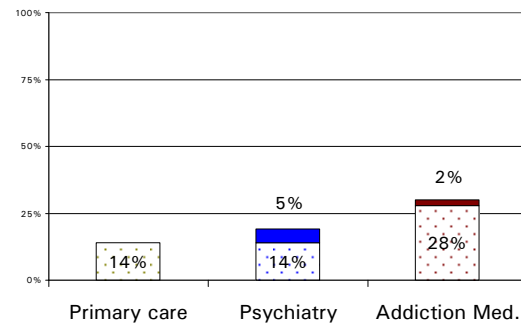
Opiates

Study Limitations

- Small sample size

- Rarity of substance use disorders such as inhalants

- No calculation of sensitivity and specificity for several substances

- Cross sectional nature does not allow for predictive value

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Conclusion

- French version ASSIST an acceptable and valid screening test in an adult population, including psychiatric settings.

- The findings are convergent with the previous works on validity of the ASSIST

- Moderate correlation with RTQ probably due to ASSIST being a behavioural measure of addiction RTQ more a measure of somatic aspects of nicotine dependence.

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Conclusion

- In all settings brief intervention was the most frequently proposed indication to treatment

- Alcohol abuse, more intensive treatments were proposed in around 20% of patients in psychiatry and addictology

- What is the most effective approach in these populations is to be demonstrated (phase 3)

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