



USE OF PROBLEMATIC DRUG USE TOOLS IN COUNTRIES OF THE ENGLISH-SPEAKING WORK GROUP

COMPONENT 1 CONSOLIDATION OF THE NATIONAL DRUGS OBSERVATORIES
WG 1.4 STUDIES TO EVALUATE AND VALIDATE SCALES AND INDICATORS OF PROBLEMATIC DRUG USE



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PROGRAMA DE COOPERACIÓN ENTRE AMÉRICA LATINA, EL CARIBE Y LA UNIÓN EUROPEA EN POLÍTICAS SOBRE DROGAS
COOPERATION PROGRAMME BETWEEN LATIN AMERICA, THE CARIBBEAN AND THE EUROPEAN UNION ON DRUGS POLICIES

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1 Introduction

Substance abuse is currently one of the main social problems that affect countries across the globe, according to the World Health Organization (WHO), with drug use disorder affecting at least 15.3 million persons¹. Substance abuse is a real and potentially deadly societal problem. Currently, several tools have been developed for assessing problematic drug use (PDU); and while it is widely accepted that these tools are reliable, the literature suggests that there are differences in the subgroups in which the tools have been validated and there is paucity of evidence that the tools have been validated for use in the Central America and Caribbean Region. The following literature review highlights the various subgroups in which the different tools have been validated and the methodologies used to carry out the validation studies. The review features studies that have been done to validate seven PDU tools.

Tables 1a -1f below gives the results of different validation studies. The International Classification of Disease 10th Revision (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) are accepted as standards for validating substance abuse tools and are the ones most commonly used to validate the tools featured in Tables 1a-1f. The DSM-IV has also been validated using tools such as the Composite International Diagnostic Interview and the Addiction Severity Index. There has been extensive work validating the tools in problematic substance users such as those who have been patients in treatment centres and other high-risk

groups such as adolescents and youth. More work is required on the validation of the seven tools in older persons and in the general population.

The COPOLAD version II Programme has as its main goal the validation, development, evaluation and monitoring of tools and activities, necessary to improve the knowledge and work of the national drug observatories (NDOs) in the countries of the Caribbean, Central America-Mexico, and South America (CELAC). As part of the work carried out by the work group for activity 1.4 of the COPOLAD programme, a survey was carried out in which NDOs were asked to provide information on their history of use of the tools mentioned in Tables 1a – 1f. Subsequent sections of this report provide a summary of the findings of the survey that was done.

Table 1a: Summary of studies that assessed the validation of screening tools for Problematic Drug Use .

Tool	Gold Standard Used for Validation	Population Group	Method of Analysis	Findings
1. <i>ICD-10</i>				
2. <i>DSM-IV Criteria</i>	CIDI; Addiction Severity Index (ASI)	Groups of abusers inpatients and outpatients 18 years & older (USA) ⁱⁱ	(CFA); Internal Consistency Analysis;	DSM-IV criteria is based on life usage; the measure of drug dependence is internally consistent.
	Munich Composite International Diagnostic Interview (M-CIDI); Cannabis Abuse Screening Test (CAST)	Adolescents general population 17-19 year old cannabis users (France) ⁱⁱⁱ	Confirmatory Factor Analysis; two-parameter Item Response Theory (IRT); Tucker Lewis index (TLI); Comparative Fit Index (CFI); Root Mean Squared Error Of Approximation (RMSEA); Differential Item Functioning (DIF)	DSM-IV has limited validity among adolescents
	DSM-IV; SCID; Alcohol and other drug use patterns, and behaviors related to conduct disorder and antisociality; structured interview (lifetime drinking history);	Adolescent 14-18 years recruited for treatment & community services ^{iv}	Cohen's K values; ANOVA	DSM-IV alcohol use disorder symptoms, subclinical ratings is reliable and valid for use among adolescent
	CIDI; Social Adjustment Scale;	Individuals seeking treatment in outpatient facility ^v	Intraclass Correlation Coefficient (ICC); Pearson Correlation; Spearman-Brown Correlation	The scales are reliable and valid

Table 1b: Summary of studies that assessed the validation of screening tools for Problematic Drug Use .

Tool	Gold Standard Used for Validation	Population Group	Method of Analysis	Findings
3. <i>Alcohol Use Disorder Identification Test (AUDIT)</i>	DSM-IV (Alcohol Use Disorders and Associated Disability Interview Schedule AUDADIS and the National Longitudinal Alcohol Epidemiological Survey (NLAES))	Inpatient DUI offenders ^{vi}	Correlations;	AUDIT measures for tolerance did not converge with DSM-IV. AUDIT scores were weak in comparison to DSM-IV; its design to measure less severe hazardous drinkers
	Exploratory Factory Analysis (EFA)	Diagnosed Alcohol Use Disorder (AUD) Alcohol Anonymous (AA) members. Study group & control group (Persian Version) ^{vii}	Cronbach alpha; Correlation; Independent sample T-test; Receiver Operator Characteristics (ROC); Chi-square test;	AUDIT is valid and reliable and can be used to identify AUD, risky drinker and early cases of alcohol addiction Persian speaking population
	DSM-III; Drinking Context Scale; College Alcohol Problem Scale;	College students (youthful problem drinkers) ^{viii}	Cronbach alpha; Pearson's Correlation; Multivariate Analysis of Variance (MANOVA); factor analysis	Score were low for harmful drinking factors AUDIT can be used for screening problem drinking college students. However, the low scores could reflect more serious problems for drinkers in the long run
	DSM-IV; Cronbach alpha	Health group & control group adults (Greek) ^{ix}	Correlation; ANOVA; t-test;	AUDIT can be used in the Greek population for alcohol addiction; it has increased reliability and validity

Table 1c: Summary of studies that assessed the validation of screening tools for Problematic Drug Use .

Tool	Gold Standard Used for Validation	Population Group	Method of Analysis	Findings
4. <i>Alcohol, Smoking Substance Involvement Screening Test (ASSIST)</i> <i>Limited information available</i>	Severity of Dependence Scale (SDS); Addition Severity Index-lite (ASI); International Neuropsychiatric Interview	Persons from treatment settings (Australia) ^x	Pearson's correlation; T-test; One-way analysis of variance (ANOVA), with post-hoc Scheffe's tests; Receiver Operator Characteristics (ROC);	ASSIST valid for screening psychoactive substance use in persons who used a variety of substances
	Addiction Severity Index (ASI); AUDIT; Mini-International Neuropsychiatric Interview (MINI-Plus); Tolerance Questionnaire-Smoking (RTQ)	French adult patients in treatment ^{xi}	Cronbach alpha; ANOVA; Chi-square; Bonferroni's correction; Pearson's correlation; independent group Kruskal-Wallis test; Mann-Whitney test; Receiver Operator Characteristics (ROC);	ASSIST is a valid measure for assessing substance use disorder in the elderly
5. <i>Cannabis Use Problems Identification Test (CUPIT)</i> <i>Limited information available</i>	DSM-IV (CUD); ICD-10; SDS;	High risk adolescents and adults aged 13-61 years cannabis users ^{xii}	Receiver Operator Characteristics (ROC); Spearman's correlation; Pearson's correlation; Principal Component Analysis (PCA); One-way ANOVA	CUPIT is a brief cannabis screener that is valid and reliable for use on consumers of all ages and in diverse community settings

Table 1d: Summary of studies that assessed the validation of screening tools for Problematic Drug Use .

Tool	Gold Standard Used for Validation	Population Group	Method of Analysis	Findings
6. <i>Composite International Diagnostic Interview (CIDI)</i>	ICD-10		Receiver Operator Characteristics (ROC) ^{xiii xiv}	
7. <i>Cannabis Abuse Screening Test (CAST)</i>	DSMM-IV; Munich Composite International Diagnostic Interview (M-CIDI);	Aged 17 adolescent cannabis users (French) ^{xv}	Cronbach alpha; Exploratory & Confirmatory Factor Analyses; correlation; Receiver Operator Characteristics (ROC);	Both the binary and full version of the CAST are useful for screening cannabis related disorders. Although it may be used to measure for CUD prevalence rather than CD prevalence
	DSM-IV; Adolescent Diagnostic Interview-Lite	Patients from cannabis treatment centre aged 15-26 years ^{xvi}	Principal Component Analysis (PCA); Cronbach alpha; Pearson's correlation; Receiver Operator Characteristics (ROC);	Screening properties were unsatisfactory when CAST was compared against cannabis dependence. CAST can be used to screen for cannabis use disorders in clinical settings.
	Latent class DSM-IV	General population French cannabis users aged 17-19 years ^{xvii}	Chi-square; Principal Component Analysis (PCA); Receiver Operator Characteristics (ROC);	CAST screening for latent class structure was good.

Table 1e: Summary of studies that assessed the validation of screening tools for Problematic Drug Use .

Tool	Gold Standard Used for Validation	Population Group	Method of Analysis	Findings
8. <i>Substance Abuse Screening Test among adolescents (CRAFFT)</i>	DSM-IV, CIDI	18-20 years old male general pop (Singapore) ^{xviii}	Kuder-Richardson Formula 20(K-R-20); Exploratory Factor Analysis (EFA); comparative Fit Index (CFI); Tucker-Lewis Index (TLI)	CRAFFT is valid for screening adolescents for substance-related disorders in multiethnic population of adolescent & young adult males
	Receiver Operator Characteristics (ROC)	Adolescents general population (Norway) ^{xix}	Kuder-Richardson Formula; Confirmatory Factory Analysis; Item Responses Theory (IRT)	CRAFFT as a case finder needs more research, as a suitable cut-off point was difficult to determine
	Problem Oriented Screening Instrument for Teenagers (POSIT); Adolescent Diagnostic interview (ADI);	Adolescent clinic patients 14-18 years old from minority groups (USA) ^{xx}	Chi-square test; alpha coefficient; non-parametric Spearman p coefficient; 1-way Analysis of Variance; Post-Hoc	Valid means for screening adolescent for substance related problems and disorders common in some general clinic populations
9. <i>Severity of Dependence Scale (SDS)</i>	CIDI; DSM-IV	Cannabis users 18-30 years old (Dutch) ^{xxi}	Cronbach alpha; Spearman Rho Correlation; Receiver Operator Characteristics (ROC); Post Hoc;	Its use as a screener to differentiate between dependence and non-dependence within population of young adult frequent cannabis users is not recommended
	DSM-IV; CIDI	Adolescent 14-18 cannabis users (Australia) ^{xxii}	Principal Component Analysis (PCA); Cronbach alpha; Intraclass Correlation Coefficient (ICC); Receiver Operator Characteristics (ROC); Chi-square,	SDS is a reliable and valid measure of severity of cannabis dependence among adolescents

Table 1f: Summary of studies that assessed the validation of screening tools for Problematic Drug Use .

Tool	Gold Standard Used for Validation	Population Group	Method of Analysis	Findings
9. <i>Severity of Dependence Scale (SDS)</i>	DSM-IV; Maudsley Addiction Profile	Brazilian drug users ^{xxiii} in patient and in community	Principal Component Analysis (PCA); Pearson's product-moment correlation coefficient; Cronbach's Alpha; Intraclass Correlation Coefficient (ICC);	The Portuguese version of the SDS is a valid research tool for measuring severity of dependence upon powder cocaine (snorted), crack cocaine (smoked), cannabis & alcohol
	CIDI	Neurotic patients attending outpatient service receiving benzodiazepine 18-75 years old ^{xxiv}	Receiver Operator Characteristics (ROC); Spearman correlation	SDS is a valid brief self report questionnaire for assessment of benzodiazepine dependence in patient using benzodiazepines
	DSM-IV	Adult Yemen males Khat chewers 18 years and older (UK) ^{xxv}	Cronbach alpha; Intraclass Correlation Coefficient (ICC); Exploratory Factor Analysis; Simple logistic regression; Cronbach alpha; Catell's Scree test;	Valid and reliable measure for psychological dependence on Khat
10. <i>Problematic Use of Marijuana (PUM)</i>		NO DATA		

2 Findings from Survey of English-speaking group

Of the 10 English speaking countries plus Haiti from whom questionnaires should have been returned, only 6 countries attempted completion of the questionnaire, questionnaires were completed and returned between August 22 and September 28, 2017. The persons who submitted the questionnaires held varied positions in the National Drug Observatories. The positions included managers/directors of NDOs, assistant drug avoidance officer, research and information officer, and research analyst.

The countries from which questionnaires were received were Antigua, Belize, Dominica, Grenada, Jamaica and Suriname. Four of the countries identified local rather than regional policy development, as the primary function of their organization.

Starting dates for the operation of the NDOs ranged for 1983 for the NDO (National Council on Drug Abuse) in Jamaica to as recently as 2014 for the NDO (Executive Office of the National Anti-drug Council) on Suriname. A total of 5 of the 6 (83.3%) NDOs stated that education and drug abuse prevention as well as drug use data gathering were carried out by them.

The next most commonly reported types of work done by the NDOs were policy development based a drug awareness interventions, monitoring and surveillance of drug use, reported by 50% of the NDOs. Only 33% (2 of 3) reported that they offered treatment for drug abuse while 16.7% reported each of control of drug use/abuse (security); research using drug awareness interventions; funding drug use studies as roles they filled.

The NDO in Antigua also indicated that it served as a counter drug enforcement agency and the NCDA in Jamaica indicated that its work involved advocacy for policy development. The NDO in Suriname reported that it assists the National Anti-drug Council (NAR) and works closely with the Ministry of Health and the stakeholders from the primary, secondary and tertiary drug prevention sectors.

Only one NDO, the NCDA in Jamaica, indicated that they had used any of the tools listed on the questionnaire. The NDOs in the other countries generally indicated that the tools were used by other entities in their respective countries. Suriname reported that the Detoxification Unit and the outpatient clinic from the psychiatric Hospital do use DSM IV. Grenada reported that “the Drug

Control Secretariat facilitates the functioning of the Grenada Drug Epidemiology Network (GRENDEN). GRENDEN is the mechanism through which Grenada collects, analyses, and disseminates information on drugs and related information, for the purpose of monitoring trends, developing policy, and implementing appropriate programmes and responses. GRENDEN also provides a forum to promote the use of international standard indicators of drug abuse, as represented in regional and international reporting requirements. Through GRENDEN, the Drug Control Secretariat works closely with many agencies and organizations. These organizations and agencies utilize varying instruments in their data collection process, inclusive of those listed in the above document (the questionnaire).

The Drug Control Secretariat however, does not directly use any of the instruments mentioned in this document. These instruments are however, utilized by agencies which are affiliated to GRENDEN, such as the Medical Records Office of the General Hospital, the Ministry of Health and the St. Georges University. The ICD 10, DCM IV and the AUDIT have been used by the listed agencies.”(personal communication)

Belize reported that the Mental Health Unit in Belize employed limited use of the AUDIT and staff at the NDO had received orientation to the ASSIST but the latter had not been used. The ICD 10 (WHO) was the tool most commonly used in their clinic settings but not in a population survey.

Jamaica indicated that they last used the AUDIT and the CAST in 2016 in a population survey. They used the CAST in its original form but modified questions 9 and 10 of the AUDIT (in error) before use.

They used the AUDIT to measure alcohol dependence and harmful alcohol use while they used the CAST to measure addiction to cannabis. Data gathered using both tools provided prevalence estimates and were used the general population aged 12-65 years. The CAST was also used in a study of students in schools.

In the studies done in Jamaica the NCDA has been able to get estimates of annual, lifetime and past-month prevalence of cannabis use, alcohol use, and prescription drug use using standard

survey questions and not any of the tools. Prevalence estimates were obtained for age, sex, and other socio-demographic and socioeconomic subgroups.

The CAST was also used to gather data that yielded prevalence of cannabis abuse and dependence within age, sex, and other socio-demographic and socioeconomic subgroups.

The AUDIT was used to gather data which gave estimates for harmful use of alcohol, alcohol abuse, addiction to or dependence on alcohol within age, sex, and other socio-demographic and socioeconomic subgroups.

Standard survey questions rather than any of the named tools were used to gather data that provided age and sex-specific estimates for prevalence (lifetime, annual, current) use of cocaine and other illegal drugs; frequency of use of substances; and treatment for substance use. Prevalence estimates for frequency of use and treatment for substance use were also obtained for other socio-demographic and socioeconomic categories.

Severity of dependence within age, sex and other socioeconomic categories were also obtained using data gathered via the AUDIT and CAST. The CAST was used to determine risk of addiction to cannabis. Persons with scores 0-2 were regarded as being at low risk; 3-6 at moderate risk; and 7-24 at high risk.

Risk of alcohol dependence was determined using the AUDIT score categories with cutpoints 16-19 indicating someone requiring simple advice and brief counselling plus continued monitoring and persons with score 20-40 requiring referral to specialist for diagnostic evaluation and treatment.

3 Discussion

The results suggest that most of the English-speaking countries within the working group had not used the tools. The questionnaire asked whether tools had been used in population surveys, so that, while the tools may have been used in their treatment centre activities, the NDOS in the region, except for Jamaica, would have not done any national surveys in which the tools were used. If, however, national drug use studies have been done by these NDOs, their indication of

their lack of use of the tools may be due to ignorance of the fact that some of the tools are incorporated into the questionnaires used for the surveys.

Further investigation needs to be carried out into determining the tools most commonly used by entities that are not NDOs within the region so that the tools that must be targeted for validation studies can be ascertained.

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