

Evaluation of psychometric properties and performance of the ASSIST-Y in assessing risk of substance-related harm and dependence among male adolescents in juvenile detention.

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Introduction: Adolescent substance use is strongly associated with the development of adverse physical and mental health outcomes. Prevention and early intervention approaches require valid and reliable screening tools which can assess risk across a range of substances. This assessed the validity, reliability, and clinical utility of the Alcohol, Smoking and Substance Involvement Screening Test for adolescents aged 15-17 years (ASSIST-Y).

Methods: Adolescent males ($N=101$), aged 15-17 years detained in a juvenile detention facility located in Barcelona, Spain were invited to participate in this study. All consenting participants were administered a battery of standardised instruments assessing substance use risk severity as well as ASSIST-Y. Participants also underwent an interview with an addiction medicine specialist to establish diagnoses of clinical DSM-IV substance abuse, or substance dependence. Internal consistency reliability and inter-rater agreement were assessed, along with a variety of measures of validity (construct, concurrent, discriminant and convergent), and positive and negative clinical utility.

Results: ASSIST-Y demonstrated acceptable-or-better internal consistency reliability for majority of substances. ASSIST-Y also demonstrated at-least acceptable concurrent, discriminant, convergent and construct validity for alcohol, cannabis, cocaine, amphetamine-type stimulants, and sedatives subscales. Insufficient cases of inhalants and hallucinogens use were available to reliably determine validity on those subscales. Clinically, ASSIST-Y demonstrated acceptable-or-better utility in identifying cases of abuse or dependence across all subscales except sedatives and opioids; while also performing good-to-excellent across all subscales as a tool for screening out cases of non-dependence. Finally, ASSIST-Y outperformed all other standardised measures in measures of clinical utility.

Discussions and Conclusions: As a screening tool, ASSIST-Y can help to identify adolescents who may be at-risk of harm from single-, and poly-substance use. The instrument was found to be valid and reliable across a variety of substances. Future research should investigate the effect of the linked brief intervention to reduce risk of harm, especially for non-specialist clinicians.

Implications for Practice or Policy: Particularly for non-specialist clinicians, ASSIST-Y provides an alternative to other screening tools as it can quickly assess a wide variety of substances and polysubstance use, and provide the basis for an intervention to reduce risk of harm.

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