Primary Care Testing of the National Institute for Alcohol Abuse and Alcoholism's (NIAAA) Youth Screener for Identifying Underage Alcohol Use Severity

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Conflict of interest statement:

- I have no commercial relationships to disclose
- I will not be discussing any unapproved uses of pharmaceuticals or devices
- My views do not necessarily reflect those of any of these bodies, or my academic institution





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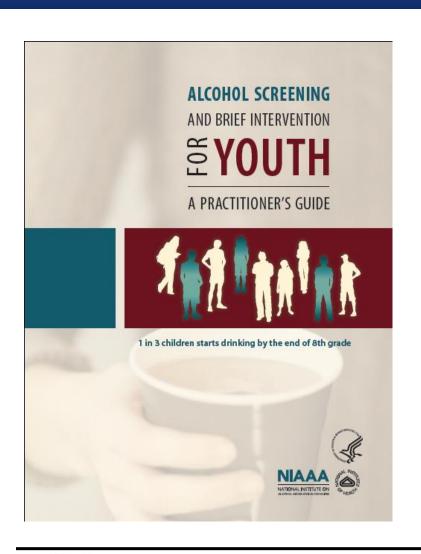
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NIAAA Youth Alcohol Screening Guide, 2011



Recommends conducting alcohol screening and brief counseling with all youth ages 9-18

Ultra-brief screen: 1) friends' use and 2) own use; question order and timeframe differs by age

Risk level determined (lower, moderate, higher) based on age and gender





NIAAA YSQ Question Order

Elementary School (Ages 9-11)

- Friends' drinking in past year
- Own lifetime drinking (any)

Middle School (Ages 11-14)

- Friend's drinking in past year
- Own drinking days in past year

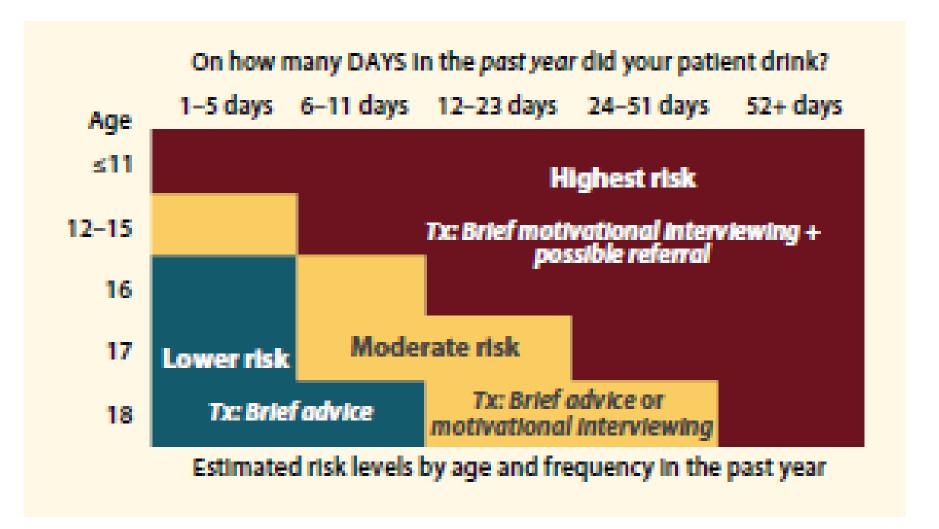
High School (Ages 14-18)

- Own drinking days in past year
- Friends' usual # of drinks





NIAAA Risk Level Definitions







NIAAA Risk Level Definitions

On how many DAYS in the past year did your patient drink?

Moderate/Highest Risk thresholds by Age

9-15 years: ≥1 day in past 12 months 16-17 years: ≥6 days in past 12 months 18 years: ≥12 days in past 12 months

18

Tx: Brief advice

Tx: Brief advice or motivational interviewing

Estimated risk levels by age and frequency in the past year



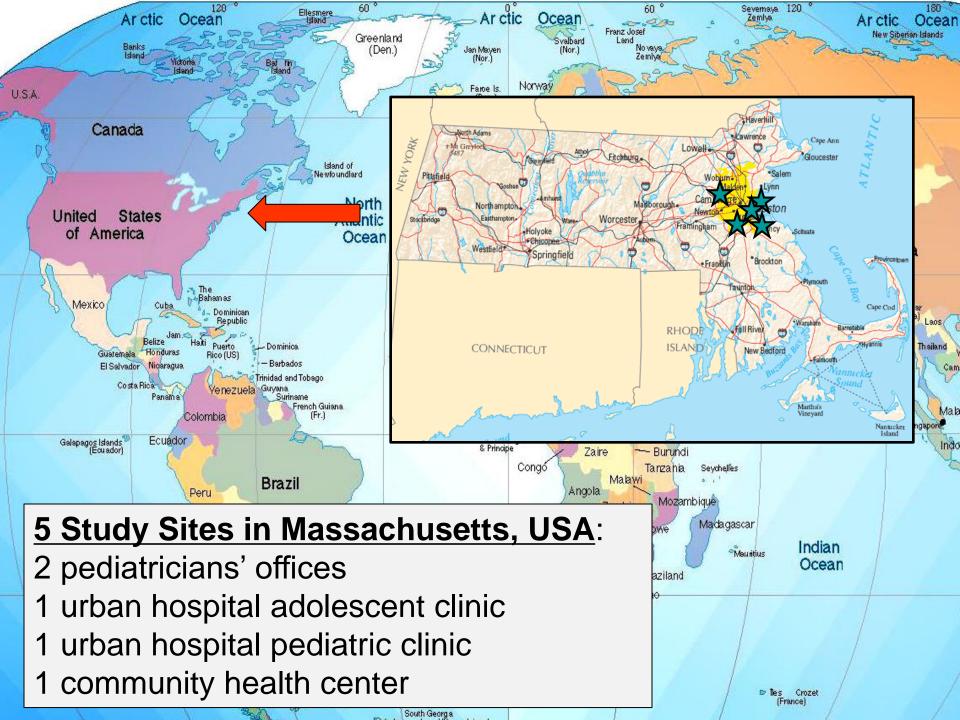


Study Objective

- Evaluate reliability and validity of the NIAAA
 Youth Screening Guide (NIAAA YSG) in
 detecting <u>alcohol use</u> and <u>alcohol use</u>
 <u>disorder (AUD)</u> among adolescents presenting
 for an annual well-visit in pediatric primary
 care offices
 - Told their provider may see their responses







Sample Recruitment

- February 2015 to September 2016
- Recruited age-gender-balanced sample of English-speaking 9-18 year-olds presenting for annual well-visit
- Informed assent for 12- to 17-year-olds;
 consent for 18-year-olds
- \$15 store gift card for baseline
- IRB approval from all sites, with waiver of parental consent





Study Flow Diagram

Participant
Assent/
Consent

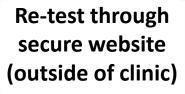


Computerized screening before seeing PCP





Subsample invited = 468 (oversampled users)



<2 weeks post-visit



Confidential Interview w/ Research Assistant (RA)

RAs blinded to screening results

Completers = 353 (75.4% response)





Criterion Validity Measures

- Alcohol use: past-12-month Timeline Follow-Back (TLFB) calendar interview administered by trained research assistant in private room
- DSM-5 Alcohol Use Disorder: computer selfadministered Diagnostic Interview Schedule for Children (DISC) Alcohol Use module



Data Analysis - Reliability

Test-retest agreement examined for:

- Any past-12-month use (yes/no)
- Number of past-12-month drinking days
- NIAAA risk level: (1) No use, (2) Lower risk, (3)
 Moderate risk, (4) Highest risk

Statistics:

- Cohen's kappa coefficient
- Intra-class correlation coefficients (ICC)





Data Analysis - Validity

- Sensitivity (SN), specificity (SP), positive/negative predictive values (PPV/NPV) compared to criterion
- Receiver-operating characteristic curve (ROC) analysis to identify optimal cutpoint in number of drinking days for detecting problematic use (DSM-5 AUD)





Participant Characteristics

	Total sample (N=1276) %	
Girls	50.2	
Grade (age) group		
Elementary (9-11 yrs)	20.2	
Middle (11-14 yrs)	36.3	
High (14-18 yrs)	43.5	
Race/ethnicity		
White non-Hispanic	41.8	
Black/Hispanic	41.7	
Asian/Other/Multi	16.5	
College-graduate parent(s)	72.4	

Participant Characteristics

	Total sample (N=1276) %	Test-retest sample (n=353) %
Girls	50.2	55.5
Grade (age) group		
Elementary (9-11 yrs)	20.2	10.8
Middle (11-14 yrs)	36.3	30.0
High (14-18 yrs)	43.5	59.2
Race/ethnicity		
White non-Hispanic	41.8	52.4
Black/Hispanic	41.7	32.5
Asian/Other/Multi	16.5	15.1
College-graduate parent(s)	72.4	73.3

	Elementary (n=258)	Middle (n=463)	High School (n=555)
Used in lifetime	2.7%		





	Elementary (n=258)	Middle (n=463)	High School (n=555)
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Used past 12 mo		1.9%	33.9%





	Elementary (n=258)	Middle (n=463)	High School (n=555)
Used in lifetime	2.7%		
Used past 12 mo		1.9%	33.9%
Friends drink	2.3%	6.5%	58.2/39.0*





	Elementary (n=258)	Middle (n=463)	High School (n=555)
Used in lifetime	2.7%		
Used past 12 mo		1.9%	33.9%
Friends drink	2.3%	6.5%	58.2/39.0*
NIAAA risk level			
No use/Lower	97.3%	98.1%	84.9%
Moderate	0	1.7%	12.3%
Highest	2.7%	0.2%	2.9%





	Elementary (n=258)	Middle (n=463)	High School (n=555)
Used in lifetime	2.7%		
Used past 12 mo		1.9%	33.9%
Friends drink	2.3%	6.5%	58.2/39.0*
NIAAA risk level			
No use/Lower	97.3%	98.1%	84.9%
Moderate	0	1.7%	12.3%
Highest	2.7%	0.2%	2.9%
DSM-5 AUD ≥1 sx	0	0.6%	14.8%
DSM-5 AUD ≥2 sx	0	0	7.9%
DSM-5 AUD ≥4 sx	0	0	1.3%
Boston Children's		HARVARD	MEDICAL SCHOOL

TEACHING HOSPITAL

* Drink at "binge" levels

Test-Retest Reliability (N=306)*

* No elementary schoolers

	Baseline	Retest	Kappa/ ICC (95%CI)
Any past year use	36.9%	37.3%	.81 (.7587)
Friends drink	48.9%	50.5%	.83 (.7789)
# of drinking days (mean <u>+</u> SD)	2.7 <u>+</u> 8.9	3.0 <u>+</u> 9.0	.84 (.8087)
NIAAA risk level			
No use/Lower	82.1%	80.3%	
Moderate	15.4%	16.7%	.75 (.6882)
Highest	2.6%	2.9%	,
Hospital		TEACHIN	IG HOSPITAL

Validity – TLFB Criterion (N=917)*

* No elementary schoolers

	Sensitivity	Specificity	PPV	NPV
Middle school				
Any past-yr use	22.2	98.3	22.2	98.3
≥Moderate risk	22.2	98.3	22.2	98.3
Highest risk				
High school				
Any past-yr use	82.0	93.3	87.7	89.9
≥Moderate risk	78.4	95.8	76.3	96.2
Highest risk	53.8	98.6	50.0	98.8





Validity – TLFB Criterion (N=917)*

* No elementary schoolers

	Sensitivity	Specificity	PPV	NPV
Middle school				
Any past-yr use	22.2	98.3	22.2	98.3
≥Moderate risk	22.2	98.3	22.2	98.3
Highest risk				
High school				
Any past-yr use	82.0	93.3	87.7	89.9
Moderate risk	78.4	95.8	76.3	96.2
Highest risk	53.8	98.6	50.0	98.8





Validity – DSM-5 AUD (N=555)*

* High schoolers only

Screen result: Moderate or Highest Risk Level

DSM-5 AUD	Sensitivity	Specificity	PPV	NPV
Any symptom	43.9	89.8	42.9	90.2
Disorder	45.5	87.5	23.8	94.9
Mod/severe dis	53.8	85.8	8.3	98.7

Screen result: Highest Risk Level

DSM-5 AUD	Sensitivity	Specificity	PPV	NPV
Disorder	13.6	98.0	37.5	92.9
Mod/severe dis	23.1	97.6	18.8	98.1





Validity – DSM-5 AUD (N=555)*

* High schoolers only

Screen result: Moderate or Highest Risk Level

DSM-5 AUD	Sensitivity	Specificity	PPV	NPV
Any symptom	43.9	89.8	42.9	90.2
Disorder	45.5	87.5	23.8	94.9
Mod/severe dis	53.8	85.8	8.3	98.7

Screen result: Highest Risk Level

DSM-5 AUD	Sensitivity	Specificity	PPV	NPV
Disorder	13.6	98.0	37.5	92.9
Mod/severe dis	23.1	97.6	18.8	98.1





Optimal Cutpoints for detecting AUD

	Age Group		
	<u><</u> 15	16-17	18
Area Under Curve (AUC)	.88 (.75-1.0)	.82 (.7390)	.84 (.7396)
Optimal cutpoint (number of days)	≥1 day	≥1 day	≥6 days
Sensitivity	88%	91%	85%
Specificity	83%	66%	82%





Optimal Cutpoints for detecting AUD

		Age Group	
	<u><</u> 15	16-17	18
Area Under Curve (AUC)	.88 (.75-1.0)	.82 (.7390)	.84 (.7396)
Optimal cutpoint (number of days)	≥1 day	≥1 day	<u>></u> 6 days
Sensitivity	88%	91%	85%
Specificity	83%	66%	82%
NIAAA cutpoints	≥1 day	≥6 days	≥12 days





Key Findings and Discussion

- NIAAA YSG responses showed reliability among adolescents screened in pediatricians' offices (all kappas >.70)
- Middle schoolers tended to under-report use on screener (low sensitivity)
- High schoolers' report of any use had good validity, but screen sensitivity declined at higher risk levels (i.e., more frequent drinking)





Key Findings and Discussion cont'd.

- NIAAA risk-level cutpoints had low sensitivity for detecting DSM-5 AUD in this sample – should be lowered for youth age <18
- Findings similar to previous studies that show optimal cutpoints should be lower than NIAAA cutpoints (Kelly et al., 2014; Spirito et al., 2016; Clark et al., 2016; D'Amico et al., 2016)





Study Caveats

- Conducted in Boston-area pediatric practices; findings may not be generalizable to other settings, adolescent populations
- Criterion measures based on self-report
- Unable to examine screen performance for detecting AUD in younger adolescents in this sample; no AUD





Conclusions

- NIAAA youth screening tool has evidence for reliability and validity among high school-aged youth; middle schoolers may under-report
- For identifying AUD among high schoolers age
 18, NIAAA cutpoints too high
- Any days of use in past 12 months best cutpoint for AUD in youth age <18 and should be followed by a brief problem screen such as the CRAFFT





Middle School items

- Do you have any friends who drank beer, wine, or any drink containing alcohol in the past 12 months?
- During the past 12 months, on how many days did you drink more than a few sips of beer, wine, or any drink containing alcohol?





High School items

- During the past 12 months, on how many days did you drink more than a few sips of beer, wine, or any drink containing alcohol?
- If your friends drink, how many drinks do they usually drink on an occasion?

