Concurrent and Predictive Validity of the RIA Self Inventory and the AUDIT

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OBJECTIVE: The current study was part of a larger clinical trial that was designed to evaluate the impact of brief interventions on subsequent alcohol and drug use of convicted drinking-drivers. This element considers the concurrent and predictive validity for two screening instruments that were used in the assessment process: the Research Institute on Addictions Self Inventory (RIASI) and the Alcohol Use Disorders Identification Test (AUDIT). The literature has indicated that DWI offenders tend to underreport their substance use and related problems on face valid measures, such as the AUDIT. Use of non-obvious indicators, as used in the RIASI, has shown some utility. The current study looks at the relationship of the RIASI and AUDIT to a number of alcohol and drug-problem indicators, as well as to subsequent DWI recidivism.

METHOD: Subjects were referred to the Research Institute on Addictions (RIA) for clinical evaluation and treatment referral, if further treatment was indicated. As part of that process, the DWI offenders were extended an offer to participate in this research project and to receive the clinical evaluation free of charge. A total of 815 individuals were referred to the RIA from various courts in the Buffalo area over a two year period, with 558 (68%) having valid data from the initial clinical assessment. The initial assessment included the Diagnostic Interview Schedule for DSM-IVR (DIS-IV) alcohol and other drug diagnoses, the Timeline Follow-back (TLFB) to assess alcohol and drug use (drinking/drugged driving also was assessed), the Alcohol Dependence Scale (ADS), the Drinker Inventory of Negative Consequences (DRINC), the Drug Abuse Screening Test (DAST), and the AUDIT and RIASI. DWI recidivism information was collected a minimum of 24 months following completion of the assessment, with a mean of 3.3 years (SD = 0.69).

RESULTS: Using a cutoff of 8 or more on the AUDIT 167 (30%) offenders were identified as high-risk, whereas with a cutpoint of 9 on the RIASI, 324 (58%) individuals were identified as high-risk. Results showed significant associations of the RIASI and AUDIT with alcohol and drug-use diagnoses, and the ADS, DRINC, DAST, and TLFB measures (all ps < .05). In terms of sensitivity for current alcohol diagnosis, the RIASI (96%) showed a marginal trend (p = .077) to be better than the AUDIT (83%) in identifying those who met criteria for a substance abuse or dependence diagnosis. However, for specificity, the AUDIT (75%) correctly classified more of the no diagnosis individuals than did the RIASI (44%) (p < .001). Results for sensitivity for recidivism showed the RIASI did significantly better (59%) than the AUDIT (38%) (p < .001). Similar to current alcohol diagnoses, the AUDIT was significantly better (p < .001) on specificity (72%) than the RIASI (41%).

CONCLUSIONS: The results indicate that use of non-obvious indicators increases the number of high-risk individuals identified but also increases the number of false positives. Implications will be discussed.

Keywords: Drinking drivers, Screening instrument, Recidivism