

<b>Outcome Measure</b>	<b>Drug Abuse Screening Test</b>
<b>Sensitivity to Change</b>	Yes
<b>Population</b>	Adult
<b>Domain</b>	Psychological Status
<b>Type of Measure</b>	Self-report scale or structured interview
<b>ICF-Code/s</b>	d1
<b>Description</b>	<p>The Drug Abuse Screening Test (DAST) (Gavin, Ross, &amp; Skinner, 1989; Skinner, 1989) is questionnaire about the use of drugs in the past 12 months. The purpose of the DAST is 1) to provide a brief, simple, practical, but valid method for identifying individuals who are abusing psychoactive drugs; and 2) to yield a quantitative index score of the degree of problems related to drug use and misuse. DAST scores are highly diagnostic with respect to a DSM diagnosis of psychoactive drug dependence. The items comprising the DAST are modifications of the items comprising the Michigan Alcoholism Screening Test (MAST) (Skinner, 1982)</p> <p>The DAST obtains no information on the various types of drugs used, or on the frequency or duration of the drug use. There is a question regarding multiple drug use, and some of the types of problems caused by drug use/abuse in the following life areas are surveyed: marital-family relationships, social relationships, employment, legal, and physical (medical symptoms and conditions). A brief examination of the individual item responses indicates the specific life problem areas.</p> <p>There are 3 versions of the questionnaire. The full version has 28 items yielding scores ranging from 0 to 28. A score of 6 or higher is recommended as an indicator of a potential drug problem. It is also suggested that a score of 16 or greater be considered to indicate a very severe abuse or a dependency condition. "Yes" or "No" responses are obtained for all items. Only three items are keyed for a no response: Item 4 Can you get through the week without using drugs?; Item 5 Are you always able to stop using drugs when you want to? Item 7 Do you try to limit your drug use to certain situations?</p> <p>20-item and 10-item versions are also available. DAST-10 has a cutoff score of 3.</p> <p>It takes 5-10 minutes to administer the questionnaire.</p>
<b>Properties</b>	The psychometric properties of the DAST noted below are summaries provided by Yudko, Lozhkina and Fouts (2007) in their review.

Internal consistency: Estimates of internal consistency via coefficient  $\alpha$  for DAST-28 range from .92 to .94. Internal consistency estimates of DAST-20 have a wider range (.74–.95). Two estimates of internal consistency for DAST-10 are .86. and .94.

Test-retest reliability: El-Bassel et al. (1997) reported a test–retest correlation coefficient of .85 for DAST-28 in a population of union members ( $n = 20$ ) who were retested 2 weeks after the initial administration of the test. Cocco and Carey (1998) reported test–retest reliability (7 to 43 days) data for DAST-20 and DAST- 10 for a psychiatric patient population. The test–retest reliability for DAST-20 was found to be .78 ( $n = 45$ ); for DAST-10, it was .71 ( $n = 45$ ). In this study it was also reported that Item 5 - Are you always able to stop using drugs when you want to?, Item 1 - Have you used drugs other than those required for medical reasons?, and Item 19 - Have you ever gone to anyone for help for a drug problem? provided the largest sources of instability.

Construct validity: A factor analysis of the 20 items has indicated that the DAST is essentially a uni-dimensional scale. The DAST has been measured. Skinner (1982) reports that DAST-20 correlates almost perfectly ( $r = .99$ ) with the original 28-item version of the DAST. Cocco and Carey (1998) reported that DAST-20 and DAST-10 highly correlated ( $r = .97$ ). In the study of union members at the workplace, El-Bassel et al. (1997) found a five-factor solution. A study of psychiatric patients by Staley and El-Guebaly (1990) also found a five-factor solution (this solution differed dramatically from El-Bassel study).

Concurrent/Discriminant validity: Adequate concurrent validity was reported to have been demonstrated by the fact that the DAST attained 85 percent overall accuracy in classifying clients according to DSM-III diagnosis, and also to have been demonstrated by significant correlations of the DAST scores with frequency of various types of drugs used during the preceding 12 months. The scale distinguishes between DSM-III diagnosed abuse "cases" from "non-cases".

Convergent validity: DAST-10 and DAST-20 correlates with other alcohol, drug, and psychiatric indices (Cocco & Carey, 1998).

Sensitivity and specificity: The sensitivity of DAST-28 ranges from 80.9% to 96%, using the cutoff score of 6. Specificity, or its true-negative rate, ranged from 71% to 93.9%

Bryce, Spitz & Ponsford ( in press) evaluated the diagnostic accuracy of the DAST against the SCID-IV drug use disorder diagnosis in a study of 113 individuals with complicated mild to very severe TBI and found excellent concordance, with the recommended cut-off score of 6 being appropriate.

	At 24 months post-injury, the sensitivity and specificity of the recommended cut-off score of 6 for the DAST was 75% and 100% respectively, as compared to a SCID-IV diagnosis of drug use disorder.
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• The scale has been used in previous research to examine the pattern of alcohol abuse following TBI (Bryce, Spitz, &amp; Ponsford, In press; Ponsford, Whelan-Goodinson, &amp; Bahar-Fuchs, 2007).</li> <li>• Brief to administer.</li> <li>• The DAST is a highly face-valid instrument.</li> </ul>
<b>Disadvantages</b>	Dichotomized items do not operationalize patterns of drug use – e.g frequency or severity.
<b>Additional Information</b>	
<b>Reviewers</b>	Jennie Ponsford

### References

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