



A clinical validation of the National Survey on Drug Use and Health Assessment of Substance Use Disorders

B. Kathleen Jordan^a, Rhonda S. Karg^{a,*}, Kathryn R. Batts^a,
Joan F. Epstein^b, Chris Wiesen^c

^a RTI International¹ Post Office Box 12194, Research Triangle Park, NC 27709-1914, USA

^b California Department of Public Health, 1700 Tribute Road, Suite 100, Sacramento, CA 95815-4402, USA

^c University of North Carolina—Chapel Hill, 5 Manning Hall, Chapel Hill, NC 27599-3355, USA

Abstract

Alcohol and illicit drug abuse and dependence continue to be of great national concern in the United States, as is true in other nations. The National Survey on Drug Use and Health (NSDUH) provides national annual estimates of substance use and abuse/dependence among the U.S. civilian, noninstitutionalized population aged 12 years or older.

We conducted a clinical validation study of the substance use disorder questions of the NSDUH instrument using a sample of 288 adults and adolescents recruited from the community and outpatient substance abuse treatment programs in North Carolina. Using the Structured Clinical Interview for DSM-IV (SCID-IV) for adults and the Pittsburgh Adolescent Alcohol Research Center's Structured Clinical Interview (PAARC-SCID) for adolescents, we computed the psychometric properties of the NSDUH questions. We found the level of agreement between the NSDUH and the SCID/PAARC-SCID interviews to be fair to moderate overall. There was somewhat better agreement for dependence than for abuse and for adults than for adolescents.

© 2008 Published by Elsevier Ltd.

Keywords: Alcohol abuse; Alcohol dependence; Drug abuse; Drug dependence; Psychiatric assessment; Clinical validation

* Corresponding author. RTI International, Post Office Box 12194, Research Triangle Park, NC 27709-1914, USA. Tel.: +1 919 316 3516; fax: +1 919 485 5555.

E-mail addresses: bkj@rti.org (B.K. Jordan), rkarg@rti.org (R.S. Karg), rourke@rti.org (K.R. Batts), jepstein@ccr.ca.gov (J.F. Epstein), chris_wiesen@unc.edu (C. Wiesen).

¹ RTI International is a trade name of Research Triangle Institute.

1. Introduction

Alcohol and illicit drug abuse and dependence continue to be of great national concern in the United States as is true in other nations. Estimates of the prevalence of substance abuse and dependence in the United States guide legislative and public policy, provide insights into the associations between disorder and correlates, and help us to better understand incidence and course. Accurate estimates are critical from a public health perspective to determine the need for services.

It has become increasingly common for national estimates of this type to be provided through cross-sectional studies, which typically rely on survey interviewers or self-administration. These interviews have been criticized for overestimating the prevalence of disorders. Many of these criticisms have centered on the construct of “clinical significance”—that is, that survey assessments do not give enough attention to the severity or clinical significance of symptoms.

Clinical validation, reliability, and concordance studies have been conducted on several instruments used in assessing the prevalence of psychiatric disorders, including substance use disorders (SUDs) (Canino et al., 1999; Cottler et al., 1997; Hasin et al., 1997; Pull et al., 1997; Ustun et al., 1997). In 2003 the Substance Abuse and Mental Health Services Administration (SAMHSA), which administers the National Survey on Drug Use and Health (NSDUH, formerly known as the National Household Survey on Drug Abuse [NHSDA]), funded this clinical validation study to examine the survey’s SUDs assessment. This article presents the results of the methodological study.

In clinical validation studies, both an unvalidated measure and a measure considered to have good validity (the “gold standard”) are administered to the same respondents. Statistics are then computed for describing the agreement between the unvalidated measure and the gold standard when classifying cases and non-cases of a disorder. Poor agreement at the symptom level can be a problem for investigators who analyze data at that level to determine, for example, which symptoms occur first in the development of a disorder or which symptoms are most likely to result in an individual’s seeking treatment.

The National Survey on Drug Use and Health is an annual, nationally representative face-to-face survey of about 70 000 respondents. It provides national annual estimates of substance use and abuse/dependence among the US civilian, noninstitutionalized population aged 12 years or older. The NSDUH assesses the use of 11 classes of substances: alcohol, tobacco, marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and nonmedical use of prescription pain relievers, tranquilizers, stimulants, and sedatives.

Although the NSDUH questions about substance use have remained relatively stable since the study’s inception in 1971 (Gfroerer, Eyerman, & Chromy, 2002), the construct of substance use disorder was first measured in the 1991 NHSDUH. The highly structured nature of the NSDUH interview protocol and the use of self-administered interview methodology for all sensitive questions (e.g., to assess patterns of illicit drug use, negative consequences of substance use) seriously constrained the potential to use any substance use disorders assessments available at that time. Subsequently, new items that would fit within the NSDUH structure and protocol were developed. Questions in the 1991 to 1993 NSDUHs were based on the *Diagnostic and Statistical Manual*, third edition revised (DSM-III-R) definition of dependence (American Psychological Association [APA], 1987). Since 1994, survey questions about SUDs have been based on the *DSM’s* fourth edition (DSM-IV) definition of dependence, which calls for 3 or more of the following symptoms in a 12-month period: tolerance, withdrawal, impaired control, drinking more or longer than intended, neglect of activities, increased time spent using or recovering from using, or continued use despite recurrent psychological or physical problems (APA, 1994).

Download English Version:

<https://daneshyari.com/en/article/899783>

Download Persian Version:

<https://daneshyari.com/article/899783>

[Daneshyari.com](https://daneshyari.com)