Substance Use (SUD) Measure

Description of Measure

Substance use disorders (SUD) involve the persistent use of drugs and/or alcohol despite substantial harm and adverse consequences (The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; DSM-5). SUDs can involve single or multiple substances, including: alcohol, tobacco, cannabis, hallucinogens, opioids, sedatives, stimulants and others. Diagnostic criteria for SUDs include such features as: taking the substance in larger amounts or for longer than intended; having cravings and urges to use the substance; giving up important social, occupational, or recreational activities because of substance use; repeated substance use even when that substance use is dangerous; etc. In pain studies, SUDs are frequently assessed via medical record review (e.g., Seal et al., 2019), or by patient reported screening instruments such as the Alcohol Use Disorders Identification Test-Concise (AUDIT-C), which assesses risk for alcohol use disorder (e.g., Rief et al., 2020), and the Current Opioid Misuse Measure (COMM), which assesses risk for misuse of prescription opioids (e.g., Morasco et al., 2022). Recent studies such as the PRimary Care Opioid Use Disorders (PROUD) treatment study have systematized EHR-based diagnostic coding of SUDs based on ICD-9/10 coding such as opioid use disorder (Campbell et al., 2021, Lapham et al., 2020).

We compared operational definitions (ICD9/10) that targeted a non-VA research setting (PROUD), a VA research setting (Seal et al., 2019) and non-research quality measurement system, the Healthcare Effectiveness Data and Information Set (HEDIS) and determined that there was overlap across SUD sub-categories of opioid use disorder, alcohol use disorder, other substance used disorders. Based on this review, Primary Care Opioid Use Disorders Treatment Trial (PROUD) was recommended as the phenotype for the PMC-3.

References

Reif S, Adams RS, Ritter GA, Larson MJ. Exploration of the association of selected pain diagnoses with risky alcohol use among active duty soldiers. Subst Abus. 2020;41(4):456-462.

Seal KH, Rife T, Li Y, Gibson C, Tighe J. Opioid reduction and risk mitigation in VA primary care: Outcomes from the integrated pain team initiative. J Gen Intern Med. 2020 Apr;35(4):1238-1244.

Morasco BJ, Adams MH, Hooker ER, Maloy PE, Krebs EE, Lovejoy TI, Saha S, Dobscha SK. A cluster-randomized clinical trial to decrease prescription opioid misuse: Improving the safety of opioid therapy (ISOT). J Gen Intern Med. 2022 PMID: 35296983

Campbell CI, Saxon AJ, Boudreau DM, Wartko PD, Bobb JF, Lee AK, Matthews AG, McCormack J, Liu DS, Addis M, Altschuler A, Samet JH, LaBelle CT, Arnsten J, Caldeiro RM, Borst DT, Stotts AL, Braciszewski JM, Szapocznik J, Bart G, Schwartz RP, McNeely J, Liebschutz JM, Tsui JI, Merrill JO, Glass JE, Lapham GT, Murphy SM, Weinstein ZM, Yarborough BJH, Bradley KA. PRrimary care opioid use disorders treatment (PROUD) trial protocol: a pragmatic, cluster-randomized implementation trial in primary care for opioid use disorder treatment. Addict Sci Clin Pract. 2021 Jan 31;16(1):9. PMID: 33517894

Lapham G, Boudreau DM, Johnson EA, Bobb JF, Matthews AG, McCormack J, Liu D, Samet JH, Saxon AJ, Campbell CI, Glass JE, Rossom RC, Murphy MT, Binswanger IA, Yarborough BJH, Bradley KA; PROUD Collaborative Investigators. Prevalence and treatment of opioid use disorders among primary care patients in six health systems. Drug Alcohol Depend. 2020 Feb 1;207:107732. PMID: 31835068