

Preventing Polysubstance Use in Primary Care Settings

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PTTC

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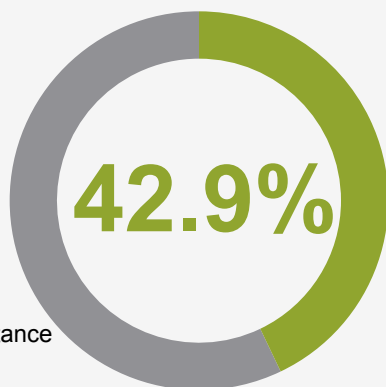
Polysubstance use is the recurrent use of multiple illicit substances, legalized substances, or prescription drugs in a manner other than as prescribed. Using a single substance significantly increases the risk of using additional substances, and evidence suggests that most people who have substance use disorders are polysubstance users.¹ Polysubstance use can stem from various behavioral cues or demand elasticity and can occur sequentially or concurrently.

WHY WE NEED TO ADDRESS POLYSUBSTANCE USE

- 1** Polysubstance users face significantly higher risks of co-occurring behavioral disorders, cognitive disorders, and physical health problems.²
- 2** Polysubstance use is more common among minority populations that suffer from discrimination.³
- 3** Preventing polysubstance use can improve health outcomes and reduce inequities.

PREVALENCE OF POLYSUBSTANCE USE

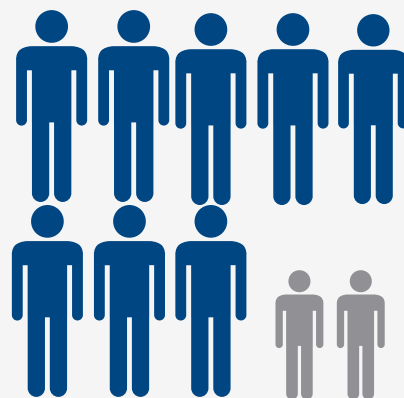
Polysubstance use prevalence is high in substance use treatment admissions



● Polysubstance
● Other

Nearly half (42.9%) of treatment admissions are for polysubstance use⁴

However, over 80% of people in need of substance use treatment do not receive it

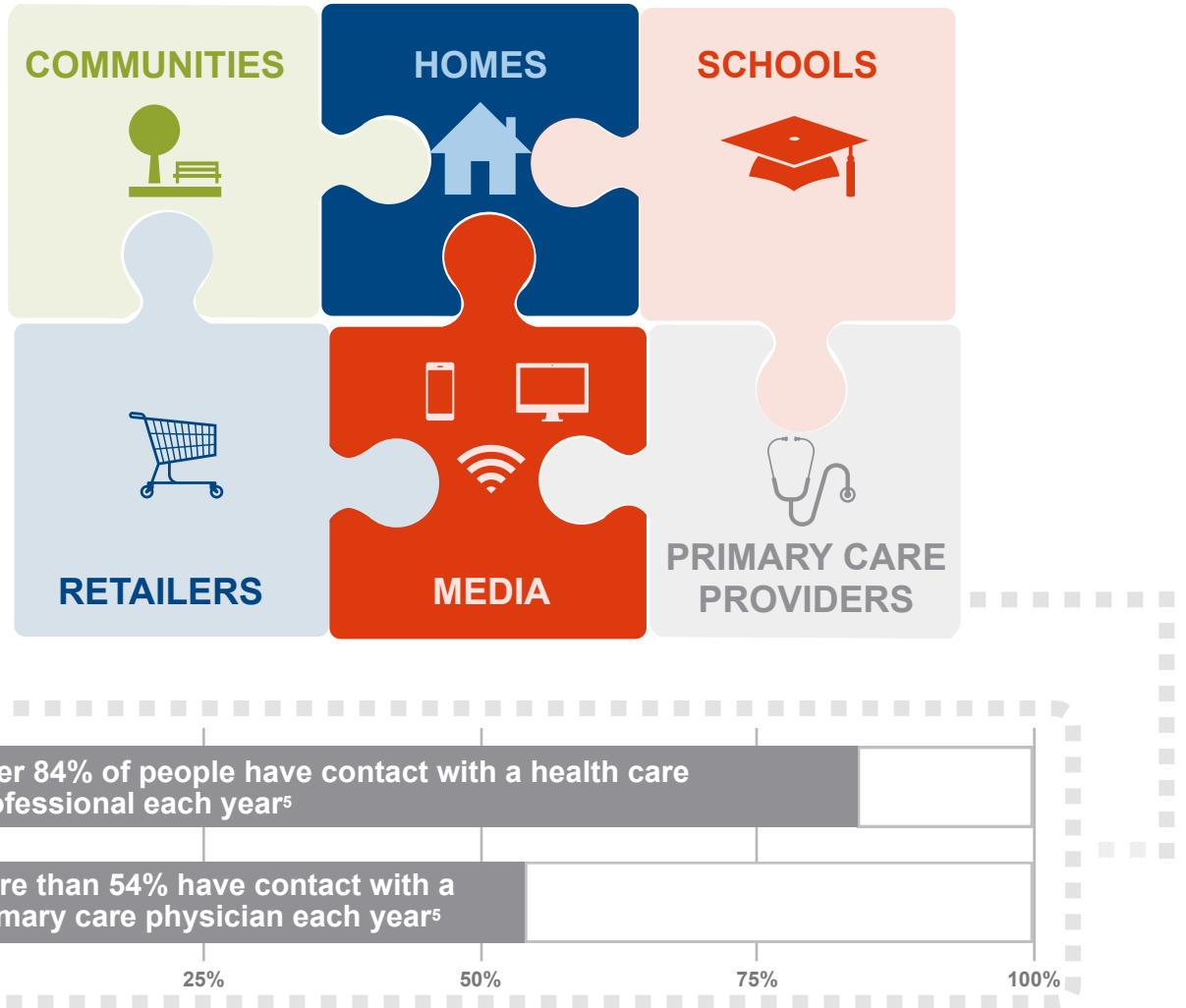


Their polysubstance use prevalence is unknown, but may be even higher⁴



THE IMPORTANCE OF PRIMARY CARE TO PREVENTION

Substance use prevention can occur in many different settings...



THE ROLE OF PRIMARY CARE IN PREVENTION

The scope and influence of primary care providers mean that they can be an essential source of prevention services to people who remain out of reach to substance use prevention professionals. Primary care providers can identify and serve people at risk of engaging in or dependent on substance use. In addition to the health benefits, successful prevention can lead to long-term cost savings for health care systems.

While primary care providers such as physicians and nurses may most directly deliver prevention services, all provider staff can have an important role in prevention. This can range from ensuring that all staff uses non-judgmental, person-centered language that helps reduce stigma to identifying billing codes for insurer reimbursement.

SCREENING

The US Preventative Services Task Force (USPSTF) recommends screening all adults (age 18+) for substance use annually.⁶ There are validated, evidence-based [screening and assessment tools](#)⁷ that primary care providers can use. The Affordable Care Act requires most health insurance plans to provide free coverage of USPSTF-recommended services.⁸

ELICITING SYMPTOMS

Primary care providers can use a validated symptoms checklist to determine if a patient's substance use has progressed to a disorder. Eliciting symptoms can also help determine if polysubstance use is occurring. This can help guide clinical decisions regarding indicated prevention or treatment services.⁹

TREATMENT & SERVICE REFERRALS

Patients may require dedicated treatment services for substance use disorders or related comorbidities such as mental health disorders or intimate partner violence. Providers should determine whether these services may be provided directly or require referral to outside specialists and develop treatment plans in collaboration with patients.

PRIMARY CARE STRATEGIES

BRIEF INTERVENTION

Primary care providers can offer a brief counseling service to patients with positive screenings. If following the [Screening, Brief Intervention, and Referral to Treatment](#)¹⁰ (SBIRT) modality, the brief intervention should build on motivational interviewing techniques and focus on motivating behavioral change.

MANAGEMENT & FOLLOW-UP

Patients with substance use-related symptoms or disorders may require ongoing counseling or support services, such as shared decision-making conversations about treatment options. Regular monitoring may be necessary to assess if risky use progresses to disorders or if the condition worsens.⁹

TIPS FOR PRIMARY CARE PROVIDERS

Preventing polysubstance use requires addressing the root causes of substance use and the unique aspects of each substance.

Evidence-based practices, such as medication-assisted treatment, may effectively address only one aspect of polysubstance use.

Remember that singular substance use can lead to polysubstance use over time, and be prepared to adapt client services as needed.

NOTES

1. Cicero, et al (2019). Polysubstance Use: A Broader Understanding of Substance Use During the Opioid Crisis. *American Journal of Public Health* 110(2): 244-250
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3. Banks et al (2020). Racial identity, discrimination, and polysubstance use: Examining culturally relevant correlates of substance use profiles among Black young adults. *Psychology of Addictive Behaviors*. Advanced Online Publication.
4. SAMHSA (2019). Treatment Episode Data Set (TEDS) 2017: Admissions to and Discharges from Publicly-Funded Substance Use Treatment.
5. CDC (2019). Ambulatory Care Use and Physician Office Visits. Available from: <https://www.cdc.gov/nchs/fastats/physician-visits.htm>
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7. <https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>
8. CDC (2020). Preventative Services Coverage
9. The National Council for Behavioral Health (2018). Implementing Care for Alcohol & Other Drug Use in Medical Settings: An Extension of SBIRT. Available at https://www.thenationalcouncil.org/wp-content/uploads/2018/03/021518_NCBH_ASPTReport-FINAL.pdf?daf=375ateTbd56
10. <https://www.samhsa.gov/sbirt>

