

Concurrent drug use disorder counselling

Summary

Background: Drug use is a social and health-related phenomenon that causes costs and harm to public health and security. The number of drug use related overdose deaths in Estonia has increased. Substances are often used concurrently (e.g. cannabis and alcohol, alcohol with drugs, sedatives, or hypnotics) increasing health risks. Therefore, it is important to address concurrent drug use in counselling.

Objective: The aim of this report was to analyse the health benefits of counselling for concurrent substance disorder, to assess the cost-effectiveness and cost of counselling in Estonia compared to the substance-specific (tobacco, alcohol) cessation counselling, focusing on brief intervention.

Methods: A literature review of effectiveness of concurrent drug use counselling was conducted. The target group was adults aged 16–64-years. Concurrent use of drugs means the use of more than one drug (including alcohol) within a brief period. Concurrent use disorder refers to the repeated use of multiple substances in such a way that the person continues to use compulsively despite negative effects.

Results: Based on the practices of different countries, the recognition and treatment of drug use disorder involves both the health, social and justice systems. In Estonia, there is no unified drug use disorder counselling system and there is no counselling service for concurrent drug use disorder. Treatment guidelines for substance-specific counselling recommend asking about other drug use, and in the USA, guidance material on the treatment of drug concurrent use has been published. The most used screening tool for assessing the risk associated with drug use is ASSIST.

Evidence for the health benefits of brief interventions targeting concurrent drug use is limited. A systematic search of the scientific literature found one study on alcohol and tobacco use, which compared substance-specific and combined brief interventions. The results showed that tobacco-specific brief interventions were more effective in reducing tobacco use than combined interventions, and combined counselling was more effective in reducing alcohol use than alcohol-specific counselling at a three-month follow-up period.

Conclusions: Due to insufficient evidence, the cost-effectiveness and budget impact analysis was not conducted. As more evidence becomes available, a new systematic literature search should be conducted. To develop a service for substance use disorder in Estonia, uniform referral guidelines should be developed, and the service should be uniformly available to patients.

Citation: Põld M, Mürsepp M, Redlich K, Jürisson M. Uimastite koostarvitamise häire nõustamine: tervisetehnoloogia hindamise raport TTH77. Tartu: Tartu Ülikooli peremeditsiini ja rahvatervishoiu instituut; 2025.