Polysubstance use means a person has used more than one drug, with or without their knowledge, at once. Opioid polysubstance use may lead to greater chances of overdose, which are sometimes treated in Texas emergency departments (EDs).¹

From 2016 to 2019, Texas EDs treated 35,940 opioid-related non-fatal overdoses. Nearly 20 percent of these visits were for polysubstance overdoses.

¹ Data include patients seen in a hospital-based ED or inpatient setting, or by an outpatient medical provider.
Most of these visits occurred by people aged 18 to 44, followed by those aged 45 to 64.
More visits occurred as a result of opioids used in combination with non-opioid substances, like cocaine, benzodiazepines or psychostimulants, than with another opioid.

**Figure 3: Opioids in Combination with Non-Opioid Substances, 2016–2019 by Age Group**
Figure 4: Opioids in Combination with Psychostimulants, 2016–2019 by Age Group

Next Steps

The rise in ED visits related to opioid polysubstance use in combination with stimulant-type drugs is concerning.

Fatal overdoses involving opioids and stimulant-type substances are also on the rise in Texas (see additional Texas overdose death data).

Understanding trends in non-fatal opioid polysubstance overdose can improve collaboration among medical providers, service organizations, and people who use drugs to reduce preventable overdose death.

Resources

Texas Targeted Opioid Response strategies: https://txopioidresponse.org
Additional Texas overdose death data: https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/drug-overdose-deaths#
Polysubstance use in the United States: https://www.cdc.gov/drugoverdose/deaths/other-drugs.html