

## THE MANAGEMENT OF STIMULANT, SOLVENT AND STEROID MISUSE

Clinicians often feel uneasy with the formulation of management plans for misusers of the above and some other substances. It may be the case that this unease is the result of an absence of pharmacological interventions of proven effectiveness for these substances, and it is the case that the mainstay of treatment for these clients will be psychosocial. Definitely it is the case that mainstream drug services have failed to attract such clients over the years, probably because of the lack of biological measures available, and this in turn has led to a lack of familiarity in dealing with such cases. However, the principles of effective management are the same as with any other class of drug including opiates and alcohol.

There is some indication that cocaine users in particular may benefit from residential rehabilitation (Effectiveness Review, 1996), but evidence-based guidance regarding other psycho-social substance specific interventions is absent. This is inherent in the nature of psycho-social measures which are applicable across the whole range of substance misuse problems. Many stimulant and solvent users are relatively chaotic in their behaviour, related both to the direct effects of the substance and especially in the case of solvent users, youth. As such, full use should be made of the attractive elements of service

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provision and the other techniques to improve the engagement of users, as discussed in Section E10, page 104. For those that engage with treatment, management plans should include a clear plan for counselling interventions as discussed in Section E5, page 67, and social interventions as discussed in Section E4, page 65.

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*Appendix 4*, page 119 includes some information on anabolic steroids.