POLYDRUG MISUSE

Polydrug misuse is defined as the concurrent misuse of two or more substances. This pattern of substance misuse is increasingly common and in some areas represents the norm rather than the exception. Managing the polydrug misusing client brings various challenges:

- **Increased risk of drug-drug interactions – implications for prescription of CNS depressant drugs such as methadone and benzodiazepines (see *appendix 8*, page 124 for illicit drug/drug interactions).**
- **More chaotic patterns of behaviour are typical in polydrug using clients.**
- **Formulation of a treatment plan is complicated when several substances are involved.**

Standards for safe prescribing should be rigorously implemented in such cases due to the enhanced risks posed. At times this may seem to come into conflict with the need to retain the client in treatment, and there is always a balance to be attained; however, within a high threshold context, safe practice should always be placed before other concerns in situations where there is doubt as to the way forward. Clear boundary setting at the commencement of treatment, and a clear route back into treatment for discharged clients are essential elements of effective practice in the high threshold context.

The management of chaotic behaviour and poor concordance with the treatment plan is discussed in section E10, page 104.

The formulation of a treatment plan where several substances are involved should follow the basic principles:

- **Give primacy to the client's wishes as to a way forward as long as these are realistic.**

- Polydrug misuse is increasingly common and in some areas represents the norm rather than the exception.
- Standards for safe prescribing should be rigorously implemented in such cases due to the enhanced risks posed.
- Agree a coherent plan with the client which encompasses a stabilisation phase and a detoxification phase.
- Use a contingency contracting approach during the stabilisation phase to extinguish use of some substances.
- Only attempt simultaneous detoxification from more than one substance where the client is very highly motivated and has achieved a reasonable degree of stability in advance.

- **Pay especial attention to the enhancement of biological, social and psychological stability before attempting detoxification from a substance.**
- **Formulate a clear aftercare plan before attempting detoxification from a substance.**
- **Be prepared to work hard to retain the client in treatment for an extended period of years.**
- **Maximise use of the 'attractive elements' of service provision to engage the client (*see section E10*, page 104).**

POLYDRUG MISUSE: STABILISATION PHASE

In cases where the client expresses no preference as to the way forward or is unrealistic, the following prescribing guidelines may be employed:

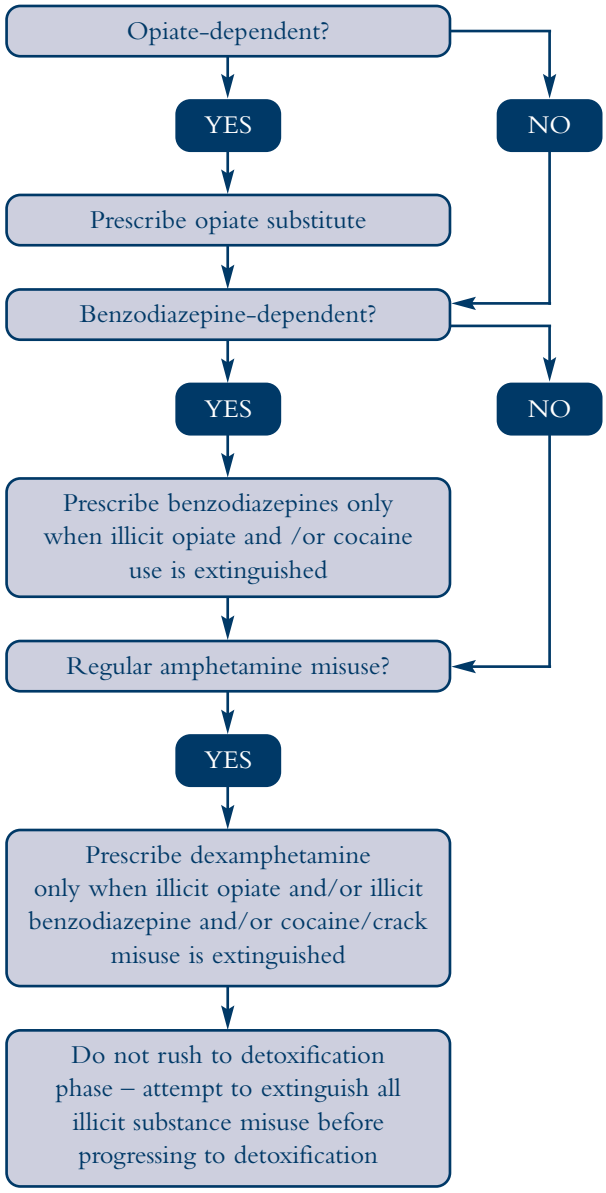
- **If opiate misuse is involved, provide a methadone or Subutex prescription as standard.**
- **If benzodiazepines or amphetamines are involved, together with an opiate, employ a contingency contracting approach whereby a benzodiazepine or dexamphetamine prescription is provided in return for cessation of illicit opiate misuse (opiate substitute medication should be employed as standard).**
- **If cocaine or crack is involved, together with a benzodiazepine or amphetamine problem, employ a contingency contracting approach using the 'reward' of a benzodiazepine or amphetamine prescription for cessation of cocaine use, as evidenced by successive urine samples clean from cocaine. The behavioural effectiveness of such an approach requires withdrawal of such a prescription if cocaine use resumes.**
- **Always attempt to extinguish regular illicit substance misuse before entering the detoxification phase.**

Make full concurrent use of:

- **Social interventions aimed at enhancing general stability.**
- **MI and relapse prevention techniques aimed at reducing levels of alcohol and illicit substance misuse.**
- **Attractive elements of service provision to engage the client with treatment.**

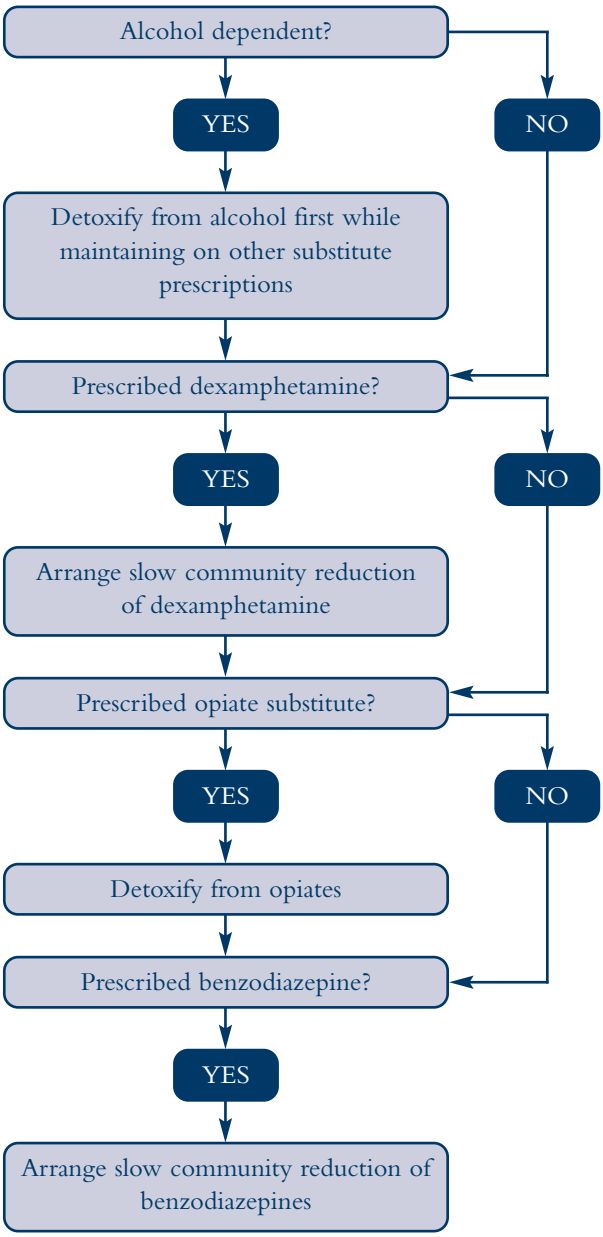
Alter this care pathway if the client is honestly motivated to progress via a different route.

Consider providing alcohol detoxification for alcohol dependent clients, during this stabilisation phase, if there is reasonable motivation for cessation of alcohol misuse.



POLYDRUG MISUSE: DETOXIFICATION PHASE

- Only attempt simultaneous detoxification from more than one substance where the client is very highly motivated and has achieved a reasonable degree of stability in advance.
- If alcohol is involved, look to maintain on substitute prescribing for other substances while detoxifying from alcohol as a primary objective.
- If dexamphetamine has been prescribed, aim to withdraw this and re-stabilise before attempting detoxification from opiates or benzodiazepines.
- If both opiates and benzodiazepines are being prescribed, aim to detoxify from opiates and re-stabilise before commencing a slow community reduction of benzodiazepines.



- Only commence detoxification when a reasonable degree of general stability has been attained in the client's life.
- Do not attempt concurrent detoxification from more than one substance unless there is high motivation for this.
- Allow plenty of time for re-stabilisation following detoxification from one substance before commencing detoxification from another substance.
- Long-term maintenance on opiate substitutes is an acceptable alternative in many cases.
- Long-term maintenance on benzodiazepine and amphetamine substitutes is less often an appropriate course.

Make full concurrent use of:

- Social interventions aimed at enhancing general stability.
- MI and relapse prevention techniques aimed at reducing levels of alcohol and illicit substance misuse.
- Attractive elements of service provision to engage client with treatment.

Modify this care pathway in the following circumstances:

- The client expresses marked motivation to detoxify in a different order.
- If admission to residential rehabilitation is planned, in-patient regimes for cocaine, amphetamine or benzodiazepine detoxification can be utitlised coucurrent with alcohol or opiate detoxification. Seamless drug-free transfer to residential rehabilitation can then be facilitated.