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Polydrug use

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OVERVIEW

Polydrug use is when a person uses more than one type of drug, either at the same time or at different times. Polydrug use can lead to more problems than using just one type of drug. For example, it can increase the chances of overdose, mental health problems, risky behaviours and accidents.

There are no specific treatments for polydrug use. Instead, the approach to treatment is similar to what is used for other drug and alcohol problems (e.g. counselling and medicines).

WHAT IS POLYDRUG USE?

Polydrug use can include alcohol, illegal drugs, prescription drugs, over-the-counter medicines, and petrol, paint and other inhalants. Cigarettes and coffee are usually not included in this definition. The terms ‘polydrug use’ and ‘polysubstance use’ mean the same thing.



When the terms ‘drugs’, ‘drug use’ or ‘polydrug use’ are used in this chapter they include illegal drugs, alcohol, medicines, and petrol, paint and other inhalants.

With polydrug use, the drugs may be used together at the same time, or they may be used at different times in a day, week, month or year (without necessarily being used at the same occasion).

Different examples of polydrug use

A person may use drugs at the same or different times; for example:

- Alcohol and cannabis together at the same time
- Alcohol at different times or places than when they use cannabis
- Alcohol only when cannabis is not available.

A person may be dependent on none, one or several drugs. They may:

- Be dependent on several drugs at once
- Be dependent on one drug but use others from time to time
- Use various drugs from time to time but not be dependent on any.

How common is polydrug use?

It is difficult to know exactly how common polydrug use is, but we do know that it occurs often. Most people who use illegal drugs, for example, report that they have also used other drugs or alcohol as well in the last 12 months. Looking at everyone in Australia, Aboriginal people are more likely to have used illegal drugs in the last 12 months than non-Aboriginal people.

REASONS FOR POLYDRUG USE

There are many reasons why people may use more than one type of drug:

- *To increase the 'high'*: this happens when drugs that have similar effects are used together (e.g. using heroin and benzos together to get more 'stoned') but may also include using drugs from different classes (e.g. using heroin and cocaine together in the one shot, known as 'speed-balling').
- *To reduce unwanted side effects*: to reduce side effects during drug use (e.g. using alcohol to reduce anxiety and agitation caused by cocaine), or to reduce the after effects of use (e.g. using cannabis when 'coming down' from ecstasy).
- *To relieve withdrawal symptoms*: this usually occurs when a person is dependent on a drug and experiences withdrawal symptoms when their use stops or is interrupted (e.g. people dependent on heroin may use benzos (such as diazepam) to reduce withdrawal symptoms when they run out of heroin).
- *Because of chronic pain*: prescribed drugs may be used in combination with non-prescribed drugs (e.g. a person who is prescribed morphine for pain may also use over-the-counter medicines and alcohol to manage their pain). Some people may use combinations of illegal drugs to manage pain (e.g. heroin and cannabis), especially if the person cannot get pain relief through medical sources.
- *Because of sleep problems*: sleep problems are common and can lead to polydrug use to help the person get to sleep (e.g. alcohol, cannabis and benzos may be used to achieve sedation and sleep, although in the long-term this can make sleep problems worse).

- *Because of mental health problems:* people with mental health problems may try to make themselves feel better ('self-medicate') with a number of drugs (e.g. a depressed and shy person may use amphetamines and alcohol to lift their mood and feel more confident, or a person who hears voices may use a number of drugs to try and block out the voices).
- *Because people around them use multiple drugs:* in some groups or with certain friends and families, polydrug use may be expected or considered 'normal' (e.g. at dance parties or raves, people may use ecstasy, cocaine and/or amphetamines in combination with alcohol, and may use benzos or cannabis to 'come down' after the event).
- *Because of availability:* using one drug instead of another when the preferred drug is not available is very common (e.g. when heroin is not available, injecting drug users often inject amphetamines or prescribed opioids).

WHAT ARE THE HARMS OF POLYDRUG USE?

The effects of alcohol or drug use are different from person to person. The effects can also vary from occasion to occasion in the same person depending on the strength and how much of the drug is used. Each additional drug used adds to these effects and to the possible harms. This may increase the chance of serious problems, especially if the different drugs have similar harms.

Ways that the effects of more than one drug combine

The effects of using multiple drugs can add up (called *additive effects*); such as when someone uses heroin and benzos together, both drugs have a calming effect and effect of the benzos is added on top of the effect of the heroin.

Sometimes using some drugs together can lead to greater effects than would be expected from simply adding up the effects of each drug. This is called *synergism*. It happens when one drug actually makes the other drug work more strongly. For example, a person may be able to handle alcohol when no cannabis is smoked, or may be able to handle cannabis when no alcohol is drunk, but when they drink alcohol and smoke cannabis at the same time it becomes too much, and they become very heavily intoxicated. How much greater the effects are varies from person to person and between occasions. As a result, the effects of combined drug use can be very unpredictable and dangerous.

Because of combined effects, polydrug use can cause an increased chance of:

- Intoxication (being more ‘high’)
- Worse hangovers
- Risky behaviour (such as driving under the influence of alcohol or drugs)
- Accidents and other injuries (like falls)
- Getting into fights and other violent behaviour
- Becoming dependent on one or more drugs
- Problems getting on with family and friends
- Mental health problems (such as depression or paranoia)
- Medical problems (such as liver disease or heart disease)
- Overdose.

Harms from common drug combinations

Some examples of common hazardous drug combinations are:

Alcohol and cannabis

Drinking and smoking cannabis at the same occasion can lead to people getting more intoxicated than if they used either drug on its own. It can also lead to a greater chance of risky behaviour like accidents, falls, fights, other violence and stronger paranoia (particularly if a lot of cannabis is used). Using alcohol and cannabis at different times and in different places can still lead to problems (see Alcohol harms, p. 71–74; Cannabis harms, p. 131).

Heroin and benzos

People dependent on heroin will often use benzos to increase the ‘downer’ effects of heroin, either by swallowing benzos around the time of heroin use, or by injecting them at the same time as heroin, morphine, methadone or buprenorphine. As both heroin and benzos slow down breathing, there is a high risk of overdose – and even stopping breathing completely and dying from lack of oxygen (see Opioids, p. 142; Benzos, p. 177).

Alcohol and stimulants

The use of stimulant drugs like amphetamines and cocaine can mask the effects of alcohol because the drinker can stay more alert. People who mix alcohol and stimulants often drink more and for much longer periods of time than if only alcohol was being used. The effects can cause people to feel over-confident and to have poor judgement, which may lead to risky behaviour such as unprotected sex, violence and driving under the influence of alcohol or drugs (see Alcohol harms, p. 71; Stimulant harms, p. 165).

Amphetamines and ecstasy

These drugs are often used together by young people at raves, dance parties, or in bars or nightclubs. Used together, amphetamines and ecstasy can cause people to be over-stimulated. They may overheat, and become dehydrated and exhausted from dancing for long periods. This can place strain on the heart and can cause muscles to overheat ('muscle meltdown') and kidney failure, both of which can lead to death (see Stimulant harms, p. 165).

HOW TO ASSESS A PERSON WHO USES SEVERAL DRUGS

A full drug and alcohol history should be taken (see Assessment, p. 11), paying attention separately to each drug. This requires patience and attention to detail and may be challenging if the person has memory problems caused by their polydrug use.



A full drug and alcohol history should be taken for each drug, including:

- How the drug is taken (e.g. swallowed, smoked, snorted, injected)
- Patterns of use (e.g. every day, weekends, paydays only or special occasions)
- Reasons for use
- Relationship to other drug use (e.g. is one drug only used when the other runs out, or are they used at the same time?)
- Risky behaviours that happen when the person is high
- Any problems resulting from their alcohol or drug use.

A full medical, psychiatric and psychosocial history should be taken. Also, look for evidence of drug use, signs of intoxication or withdrawal, and signs of drug use complications (both physical and psychological/psychiatric). If possible, a full medical examination should be arranged.

The role of urine drug screen and breathalyser

A urine drug screen can confirm what the client says about their polydrug use. It may also show drug use that was not mentioned by the client that needs to be explored further. Some drugs that are only used occasionally may not show up in a urine drug screen, but still may be causing significant problems to the person. A breath or blood alcohol reading may also be useful.

At the end of the history, you should be able to write a brief summary statement about which drugs are used and the pattern of use of each, i.e. occasional, regular or dependent (usually daily). Where there is occasional drug use, this should be described as low risk, hazardous, or harmful. If the person is dependent on any particular drugs, these should be listed. In most cases either the client or the clinician can work out that one or two drugs are the main problem, and other drug use is a lesser issue. But sometimes, if no one drug outweighs the others, and if the client is not dependent on any one particular class of drug, their use is described as 'polydrug dependent'.

When is a client diagnosed as polydrug dependent?

While many clients use more than one drug, the formal diagnosis of being *polydrug dependent* is usually only made when:

- There is no drug of choice (preferred or main drug)
- Multiple drugs are used within the same 12 month period without the use of one being more than the others
- There is no clear dependence on one drug class (such as alcohol, cannabis, benzos, opioids or stimulants)
- All of the drugs being used together amounts to a pattern of dependent use.

HOW TO HELP A PERSON WHO USES SEVERAL DRUGS

Counselling

The approach to polydrug use is similar to that used in all drug and alcohol treatment. An honest, open and supportive relationship with the client is important, as polydrug use often requires long-term management. It is important to build motivation by helping the client to recognise the problems caused by their drug use, and reinforce the reasons they want to change (see Brief intervention, p. 19).

Identify with the client which drugs are causing them the most problems (both the most pressing problems – i.e. those that need attending to right now – and the most severe problems, even if the effects might not be felt for a few years) and which drugs the client is willing to stop using. Some clients may wish to address all drug use at once but it is more common for one drug problem to be dealt with at a time. Generally, those drugs causing the most pressing or most severe harms should be looked at first.

Once any withdrawal is over, and life is a little more stable, the client needs to deal with the reasons for their use – whether it is chronic pain, sleep problems, mental health symptoms, relationship issues, other reasons, or a combination of reasons. This is important to maintain any reduction in alcohol and other drug use. This may involve a specific talking therapy (e.g. CBT for depression; relaxation training for anxiety) or it may involve more general support and counselling. Specific drug and alcohol counselling (e.g. CBT to help cope with cravings or other triggers to drug use) can also help prevent a return to harmful use. It should be arranged for ongoing follow-up (see Counselling, p. 27).

Medicines

For some substances, specific medicines are available to help maintain reduced drug use or to avoid relapse to drug use (e.g. methadone or buprenorphine for opioid dependence; Antabuse, Campral or naltrexone (Revia) for alcohol dependence).

Detox and withdrawal management may be required for clients who wish to stop dependent drug use. Whether this is undertaken in a live-in detox unit or hospital or whether this can be done at home should be decided based on the person's wishes, their situation at home, and how severe a withdrawal is expected.

Referral to other services

Consider early referral to specialist drug and alcohol services for people using a number of drugs. Where necessary, also refer to other services for physical or mental health care. Referral for social services such as housing assistance may also be needed.

REDUCING THE HARMS IF A CLIENT CANNOT OR WILL NOT STOP

If a client is not ready to stop polydrug use, they can be given advice on ways to reduce the problems or harms they encounter (this is called harm minimisation):

- If multiple drugs are going to be used, it may be wise to first use a small amount of just one drug and wait and see how that affects them before adding in other drugs. Much smaller amounts of each drug should be used if they are being combined than if the drugs were used on their own.
- Changing to less harmful ways of using drugs (e.g. using drugs by mouth instead of injecting them) may reduce the chances of other health problems.
- Driving or operating heavy machinery should be avoided completely when under the influence of alcohol or other drugs (see Alcohol, drugs and driving, p. 322). Drugs should only be used in safe places and if possible a trusted friend or family member who is not using drugs should be present so they can get help if something goes wrong.
- Plenty of time should be allowed for recovery between occasions of drug use. Getting enough sleep or rest, eating healthy foods and drinking plenty of water can help with recovery. Clients should be discouraged from using one drug to cope with the after-effects or withdrawal symptoms of another drug.
- Encouraging clients to remain involved with their family, friends and workplace is important to help them stay connected with their community and meet their responsibilities, such as raising children and paying bills.

Offering non-judgemental support is sometimes all that can be offered, so that when a person is ready to make a change they feel comfortable asking for help.

PREVENTING POLYDRUG USE FROM STARTING

Educating people about the risks of polydrug use can reduce the chance they will start in the first place. Helping people with chronic pain, sleep problems, mental health problems, relationship problems or drug dependence to get appropriate treatment may help stop polydrug use from happening. Trying to make sure that people using drugs or alcohol dangerously are not prescribed other drugs of abuse or dependence is also important.

Reducing drug use and drug availability in the wider community means that there is less drug use around a person, which might encourage them to not take up polydrug use.

FURTHER READING

National Centre for Education and Training on Addiction (NCETA) (2004). *Polydrug use, part B3.9. Resource kit for GP trainers on illegal drug issues*. Canberra: Department of Health and Ageing. Available from: www.nceta.flinders.edu.au/workforce/publications_and_resources/nceta-workforce-development-resources/gp_trainers_kit/section_b3_9/.