

Polysubstance Misuse

When two or more substances are used together, the risks can be greater

Polysubstance use means using more than one psychoactive substance, either at the same time or close enough together for their effects to overlap. Sometimes this is intentional - for example, trying to increase an effect, soften a comedown or counteract unwanted effects. At other times it happens without a person fully recognising the interaction, particularly when prescribed medicines, alcohol or substances of uncertain content are involved. The key issue is that combined effects are not always predictable.

Why combinations can be more dangerous

Effects can add together Two sedating substances may suppress alertness and breathing more than either one alone.	One drug can mask another A stimulant may make someone feel less sedated without removing the underlying effects of a depressant.
Duration can differ One substance may wear off before another, so the apparent balance can change unexpectedly over time.	Contents may be uncertain Illicit substances can vary in strength or contain unexpected drugs, making interactions harder to anticipate.

Particularly important interaction risks

Combining opioids with alcohol, benzodiazepines or other sedatives can markedly increase the risk of profound sedation, breathing suppression, unconsciousness and overdose. Combining multiple stimulants can increase cardiovascular strain, agitation, overheating and psychological distress. Stimulant-plus-depressant combinations do not simply 'cancel each other out'; impairment and toxicity can remain even when the person feels more awake.

Overdose can be harder to recognise

Call 999 if someone is unconscious or cannot be woken, has very slow or abnormal breathing, has a seizure, collapses, has severe chest pain, shows signs of stroke, becomes dangerously overheated, or is severely confused or agitated. Tell emergency services everything you know may have been taken. If opioids may be involved and naloxone is available, administer it according to its instructions while emergency help is on the way.

Dependence and withdrawal can overlap

A person may become dependent on more than one substance, and withdrawal from different drugs can have very different medical risks. Alcohol and benzodiazepine withdrawal can be dangerous after dependence and should not be managed through an improvised abrupt stop. Opioid dependence may require specialist treatment, while other substances may produce intense psychological or physical withdrawal symptoms. A clinician or drug service needs the full picture to plan safely.

Why people combine substances

The reason is often more important than the label. Someone may use one substance for pain, another for sleep, another to stay awake, and another to manage anxiety or social discomfort. Others may be trying to prolong intoxication, escape difficult emotions or manage the effects of a previous drug. Effective support asks what each substance is doing for the person rather than treating the combination as random behaviour.

The interaction map

Write every substance or medicine you use in a typical week - including alcohol and prescribed medication. Beside each, note **why you use it, when, what else is usually present** and **what happens afterwards**. Take this list to a GP, pharmacist or drug service. Accurate information about combinations can materially change safety advice.

Driving and daily safety

Using more than one impairing substance can make judgement, coordination and reaction time especially unreliable. Do not assume that feeling awake means you are fit to drive or operate machinery. UK drug-driving and drink-driving laws apply independently of whether a substance was used to 'balance' another one.

Polysubstance Misuse - Support and Recovery

Understanding the whole pattern rather than treating each substance in isolation

Where to get help in the UK

Local drug & alcohol service	A strong first route when several substances are involved. Services can assess overdose risk, dependence, withdrawal and treatment needs together rather than one drug at a time.
GP	Tell your GP about prescribed, non-prescribed and illicit substances. This is particularly important when there are physical or mental-health symptoms or several medicines are involved.
Community pharmacist	Useful for checking interactions involving prescribed or over-the-counter medicines and for identifying combinations that need medical review.
FRANK	Confidential UK drug information and advice: 0300 123 6600 ; text 82111 . FRANK can also help people find local services.
UK SMART Recovery / NA	Peer-support options can help with urges, motivation and recovery. Different approaches suit different people, so it is reasonable to explore more than one.
Emergency help	Call 999 for suspected overdose or another serious medical emergency. NHS 111 can provide urgent medical advice where appropriate.

Treatment needs the full picture

If several substances are being used, trying to change everything without assessment can create unnecessary risk. A drug service can help prioritise immediate dangers, identify medically risky withdrawal, discuss treatments such as opioid agonist therapy where appropriate, and work on the psychological and practical reasons for use. Mental-health, trauma, pain, sleep, housing, relationships and neurodivergent needs may all be part of the recovery plan.

A practical 'what comes first?' exercise

Draw a simple timeline of a typical using day. What is taken first? What happens next? Is another substance then used to increase, reduce or prolong the first effect? Where does sleep fit? Where do cravings appear? This often reveals a chain. The safest first change may be breaking one high-risk link in that chain with professional guidance rather than trying to solve the whole pattern at once.

Supporting somebody else

If you are worried about someone, ask what they actually use rather than assuming there is one 'main drug'. Encourage honesty with healthcare professionals, particularly about alcohol, opioids, benzodiazepines and prescribed medication. Learn overdose warning signs and ask a local drug service about naloxone if opioids may be involved. Keep boundaries around money, children, driving, aggression and your own safety.

One book to explore

***Overcoming Your Alcohol or Drug Problem: Effective Recovery Strategies* - Dennis C. Daley and G. Alan Marlatt.** This broader recovery book fits polysubstance use because it focuses on the patterns surrounding substance use rather than assuming one substance exists in isolation. I particularly value its attention to triggers, urges, consequences and relapse prevention. Where several substances or medically risky withdrawal are involved, the book should complement - not replace - specialist assessment.

A message from Maggie

When several substances have different jobs - one to wake up, one to calm down, one to sleep, one to numb something painful - the pattern can feel too complicated to explain. You do not need to tidy the story before asking for help. In fact, telling somebody the messy, complete version is often what makes safer support possible. Recovery can begin by understanding what each substance has been doing for you and finding other ways to meet those needs.

Clinical note

This guide is educational and does not replace individual medical assessment. Drug interactions vary according to the substances, dose, timing, route, tolerance, medicines and individual health. Alcohol or benzodiazepine withdrawal after dependence can be medically dangerous. Suspected overdose or serious acute symptoms require emergency help. Service details should be checked before publication.