

Drug Abuse Management - Intoxication

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01

Alcohol Intoxication

Acute Intoxication

Transient and clinically significant disturbances in consciousness, cognition, perception, affect, behaviour, or coordination that develop during or shortly after the consumption or administration of alcohol.

The symptoms must be compatible with the known pharmacological effects of alcohol, and their intensity is closely related to the amount of alcohol consumed.

Presenting Features



Impaired Attention



Poor Coordination



Inappropriate Behaviour



Unsteady Gait



Emotional Lability

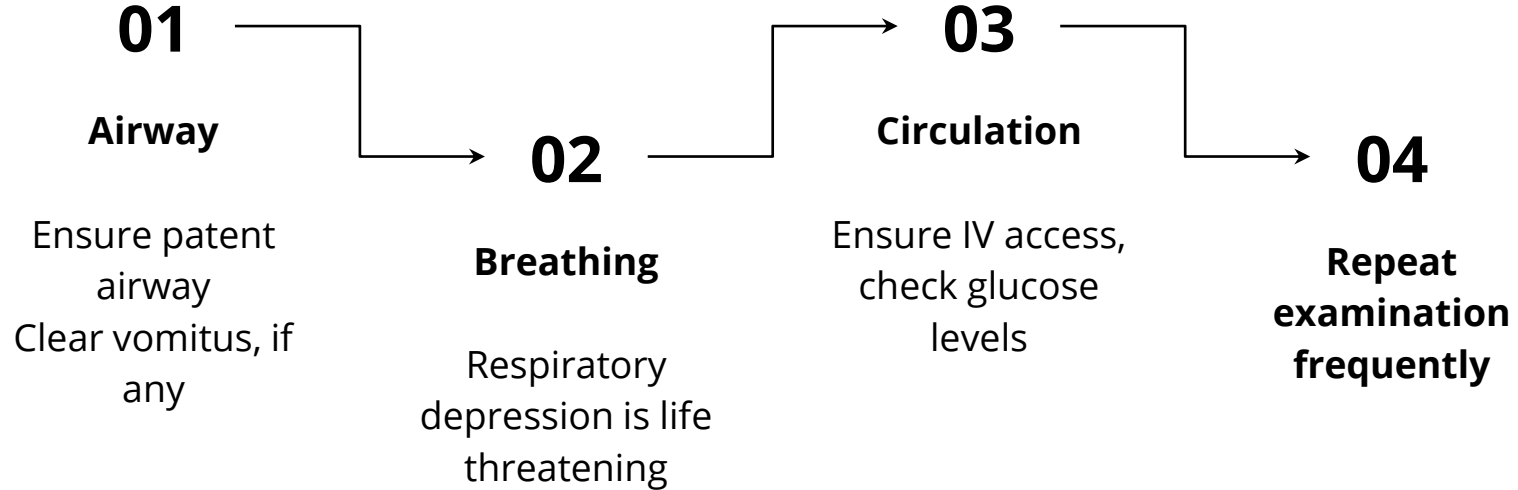


Slurred Speech

Differential Diagnosis

- Head injury, meningitis and encephalitis
- Diabetic ketoacidosis or hypoglycaemia
- Hepatic or other metabolic encephalopathy
- Wernicke's encephalopathy
- Electrolyte disturbance
- Hypoxia or hypercapnia
- Systemic infection

Approach to Alcohol Intoxication



Supportive Treatment

IV Fluids

Address dehydration
and electrolyte
imbalance

Thiamine

To prevent Wernicke's
Encephalopathy

Agitation

Low dose psychotropics
or injectable sedatives

Monitor

Vitals, potential
violence/suicidality,
medical issues

Disposition and Follow-Up

Admission

Detoxification,
Medical/surgical
comorbidities

Referral

De-addiction services for
long-term management

Psychoeducation

Family members,
addressing caregiver
burden

Harm Reduction

Utilize the window of
opportunity

02

Opioid Intoxication

Acute Intoxication

Transient and clinically significant disturbances in consciousness, cognition, perception, affect, behaviour, or coordination that develop during or shortly after the consumption or administration of opioids.

The symptoms must be compatible with the known pharmacological effects of opioid, and their intensity is closely related to the amount of opioids consumed.

Presenting Features



Psychomotor Retardation



Respiratory Depression



Impaired Judgement



Pupillary Constriction

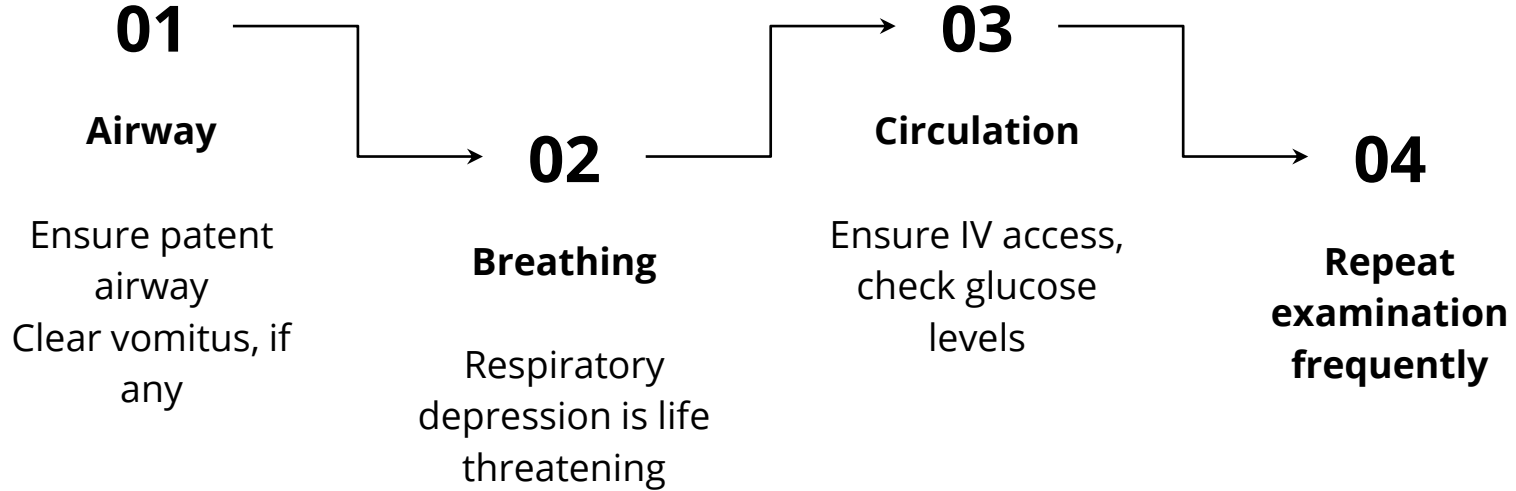


Mood Changes



Stupor/Coma

Approach to Opioid Intoxication



Opioid Reversal with Naloxone



Dose

- Initial: 0.4–2 mg IV every 2–3 min; max 10 mg.
- In opioid-tolerant patients: start with 0.04–0.1 mg to avoid withdrawal



Routes

IV, IM, IN (intranasal),
subcutaneous, endotracheal



Goal

- Restore breathing, not full alertness.
- May need repeated doses or continuous infusion for long-acting opioids

Supportive Treatment

IV Fluids

Address dehydration
and electrolyte
imbalance

Activated Charcoal

Oral ingestion, patent
airway, within 2-3 hours

Bowel Irrigation

Suspected body packers

Monitor

Vitals, potential
violence/suicidality,
medical issues

Disposition and Follow-Up

Admission

Detoxification,
Medical/surgical
comorbidities

Referral

De-addiction services for
long-term management

Psychoeducation

Family members,
addressing caregiver
burden

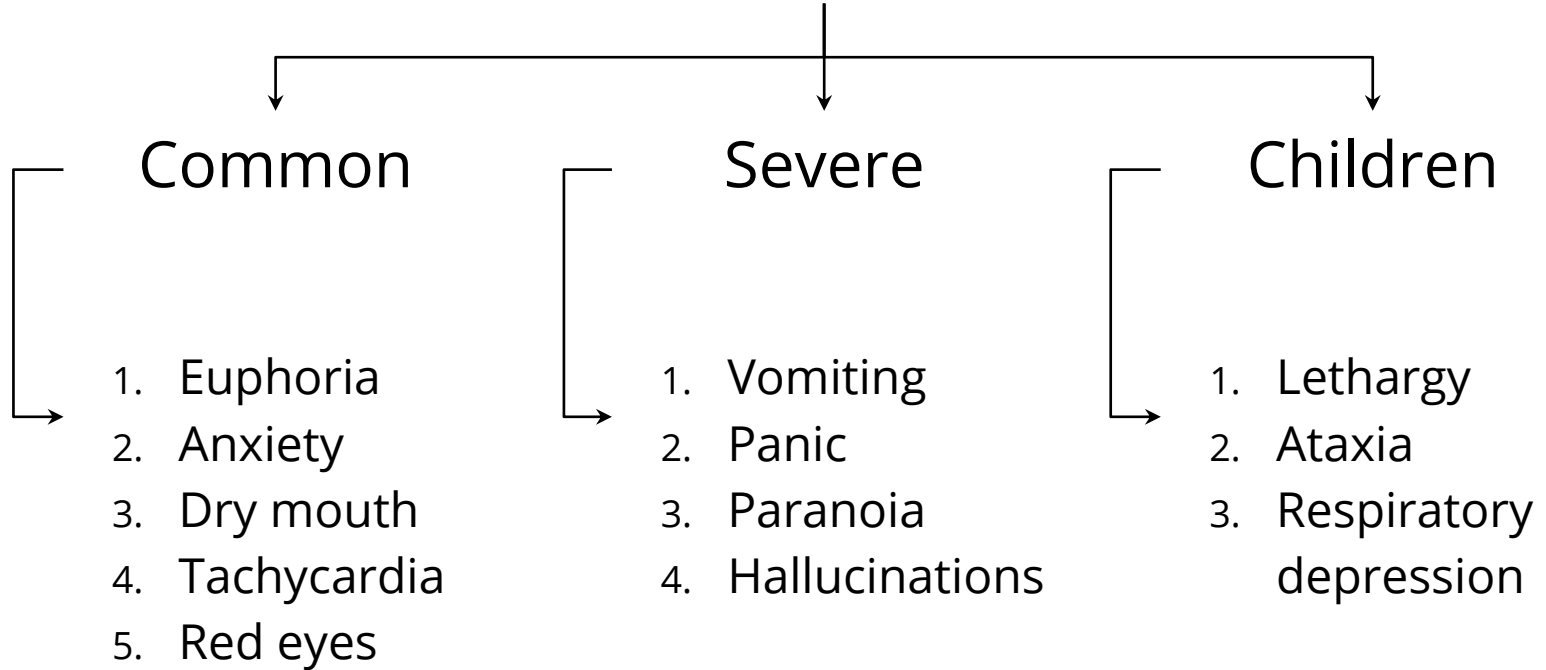
Harm Reduction

Utilize the window of
opportunity

03

Cannabis
Intoxication

Presenting Features



Presenting Features



Sluggishness



Intensified Ordinary Experiences



Increased Appetite



Conjunctival Injection



Perceptual Alterations



Impaired Judgement

Treatment

Supportive

Calm, quiet
environment, hydration

Agitation

Benzodiazepines,
antipsychotics

Cannabinoid Hyperemesis Syndrome

Cyclical vomiting,
relieved by hot showers

Monitor

Vitals, potential
violence/suicidality,
medical issues

Disposition and Follow-Up

Admission

Most will not require
inpatient management

Referral

De-addiction services for
long-term management

Psychoeducation

Family members,
addressing caregiver
burden

Harm Reduction

Utilize the window of
opportunity

Thanks!

Do you have any questions?

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