

## *Caring for a person who is Intoxicated*

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For more information also see the following MIND Essentials resource – ‘Drug and alcohol screening assessment’.

**Intoxication and substance use are not unique to mental illness, nor are they necessarily common features or symptoms of mental illness. Use of substances by people with mental illness is higher than the general population. This resource provides an overview of suggestions for responding to the person who is intoxicated or drinking or using drugs regularly, regardless of whether the behaviour presents in the context of mental illness or not.**

### *Case study*

Colin has been in hospital several times in the last six months. He was admitted for treatment of an abscess on his left arm. You notice that he has a runny nose and is sweating, even though the room is cool. He is complaining of abdominal cramps and seems very anxious. When you begin compiling his admission history, he appears uncomfortable with the questions about his drug and alcohol use. You notice that he has dilated pupils and is becoming quite agitated with your questioning. After some gentle questioning, he starts to tell you about his difficulty finding work, the break-up of his marriage and his addiction to heroin.

The following information could help you nurse a patient like Colin.

### **What is substance misuse and intoxication?**

Use of substances can be viewed across a spectrum ranging from non-use to experimental, recreational, regular use and dependence. There are risks associated with all levels of use. **Dependence** indicates that the person’s ability to control the use of a substance is reduced, as evidenced by a craving to take it, a change in behaviour (where the use of the substance takes priority over other activities), tolerance (where higher doses are needed to achieve the desired effect), withdrawal symptoms and where use is continued despite harmful consequences. See the MIND Essentials Resource ‘Drug and alcohol screening assessment’ for more information. Substances that have the potential for abuse are both legal drugs (such as prescription drugs, tobacco and alcohol) and illicit drugs (such as cannabis, heroin and amphetamines). The interactive effects of substance use on prescribed medication should be considered in all phases of treatment.

A person is intoxicated when he or she is in a state of being affected by one or more psychoactive drugs. The aim of drug and alcohol assessment is to identify the level, frequency and associated risk of reported drug or alcohol use in order to assist in care planning. Please see the MIND Essentials Resource ‘Drug and alcohol screening assessment’ for more information.

‘**Dual diagnosis**’ is a term used when a person presents with both a substance use problem and mental illness. Although ‘dual’ refers to two disorders it is common for consumers to present with multiple problems. There is a range of explanations for the development of dual diagnoses. Substances are often used to self-medicate; for example, a person may use alcohol to help him or her cope with distress or depression. Conversely, substance use may cause a disorder; for example, psychosis can result from stimulant abuse. There may also be factors that are common to both the alcohol and drug use and mental illness, increasing the likelihood that they will co-occur. It can be difficult to distinguish between the two disorders, but it is important that both conditions and the interactive effects of these problems are assessed and treated appropriately.

### **Predisposing factors for substance abuse**

No one factor is the ‘cause’ of substance abuse. A combination of *biological, psychological, sociocultural* and *pharmacological factors* may predispose a person to substance abuse and dependence.

Evidence from adoption, twin and animal studies indicate that heredity is significant in the development of alcoholism. Personality features (including poor impulse control, limited problem solving skills and high level of negative mood states) evident in children as young as three years have been identified as potential indicators for future substance use problems. In adolescence, increased risk-taking and sensation-seeking behaviour can include drug and alcohol use. There are also significant rates of co-occurring mental illness in those with substance use problems. Some studies have shown that substance use among people with first-episode psychosis was twice that of the general population. Cultural acceptance, ready availability and price are likely to influence the pattern and level of use of alcohol and other drugs.

Further, use of an addictive drug for a sufficient period will produce changes in brain chemistry, particularly along the dopaminergic reward pathways. This produces a desire for continued re-administration of the drug. These factors interact with environmental factors and attitudes to influence which people experiment or use substances across the spectrum.

### **Some facts about substance use**

- ◆ In Australia approximately 90 per cent of men and 75 per cent of women drink **alcohol**; 20 per cent of men and 10 per cent of women are in the hazardous or harmful consumption categories. Australia and New Zealand have the highest per capita intake of alcohol in the English-speaking world. In Australia, misuse of alcohol causes 5.5 per cent of all deaths and four per cent of hospital bed days.
- ◆ About seven per cent of Australians take a daily dose of **sedatives** or **hypnotics** such as the benzodiazepines. Many people taking a benzodiazepine for more than two weeks will experience symptoms of withdrawal when they stop.
- ◆ **Cannabis** is the most widely used illicit drug in developed countries. Two in three Australians between the ages of 18 and 30 have tried it. In Western countries, three per cent of people aged 18-40 use cannabis every day.
- ◆ **Opiates** have a lifetime prevalence of one per cent in Western countries, but in Australia, the USA and southern Europe there is a prevalence of four to six per cent. Health-related costs and death rates are relatively high due to overdose, suicide, homicide and infectious diseases such as HIV and hepatitis. One in four users dies within 10-20 years of active use.

- ◆ **Amphetamines, cocaine and prescribed stimulants** are commonly abused. Amphetamines have been used in the past as prescription drugs for appetite suppression and weight loss, as antidepressants and by long-distance drivers and students to stay alert. An Australian survey in 1998 found that nine per cent of those surveyed admitted to using amphetamines, four per cent cocaine and five per cent ecstasy.
- ◆ **Hallucinogens** like LSD or psilocybin (magic mushrooms) have been used by approximately 10 per cent of Australians.
- ◆ **Inhalants** (for example, petrol, glue, cleaning fluids) are often used by males with limited education and poor socioeconomic background. Inhalants can be highly neurotoxic and lead to significant disability.

More than one substance is often used at the same time. This can lead to difficulty managing overdose or withdrawal.

#### A person's perspective on what is it like to be addicted to substances

'I would do anything to get on – things I would never do when not using, I would do when using. Nothing else mattered. I was always frustrated and the only thought I would have was how am I going to feel better today. Using is horrific, it is horrible. There is no word to describe it.'

### Some reported reactions to people who are intoxicated

Nurses who have worked with people who are intoxicated have reported the following reactions:

<b>Disapproval</b>	Substance abuse is often seen as a moral issue rather than a health issue.
<b>Intolerance</b>	Substance abuse can be seen as a self-inflicted problem that the person could easily stop if he or she really wanted to.
<b>Anger or disinterest</b>	These feelings can arise from trying to care for people who present frequently, who deny they have a problem or who can be manipulative, non-compliant, aggressive or hostile.

### Goals for nursing a person who is intoxicated

- ◆ Ensure intoxication is the accurate diagnosis for the person's condition establishing the type and quantity of the substance(s) consumed and when they last consumed these substances. Assess for potential withdrawal symptoms and manage these withdrawal symptoms (if applicable) following established local and state protocols.
- ◆ Develop a relationship with the person based on empathy and trust.
- ◆ Provide a safe environment for the person and ensure they remain free from injury.
- ◆ Ensure the safety of one's self, other staff and other people.
- ◆ Once the person is no longer intoxicated, promote healthy lifestyle behaviours and establish interest in addressing any issues, thoughts or situations that may cause drug and/or alcohol use. Ensure the goals for addressing substance use are included on care plans and other relevant service providers are involved.
- ◆ Promote the person's engagement with their social and support network.

- ◆ Ensure effective collaboration with other relevant service providers, through development of effective working relationships and communication.
- ◆ Support and promote access to relevant information, support and self-care activities for families and carers of the person who is intoxicated.

### Guidelines for responding to a person who is intoxicated

It is important for a drug and alcohol assessment to be conducted — refer to the MIND Essentials resource ‘Drug and alcohol screening assessment’. This assessment will help to inform a care and management plan.

For guidelines regarding immediate management of intoxication and substance use, please refer to QHEPS for direct links to your local Health Service District for policy and procedures.

The Management of Psychostimulant Toxicity Guidelines for Emergency Departments (Queensland Health 2008). These guidelines provide information on sedation, medical management, behavioural management, post – sedative management and follow up care. These guidelines are accessible on QHEPS at: [http://www.health.qld.gov.au/atod/documents/psychostimulant\\_toxic.pdf](http://www.health.qld.gov.au/atod/documents/psychostimulant_toxic.pdf)

The following considerations are also relevant to responding to someone who presents with intoxication:

- ◆ Any person presenting as incoherent, disoriented or drowsy should be treated as if suffering from a head injury until diagnosed otherwise.
- ◆ Ensure that an accurate medical history and substance use history are taken. All other causes for the person’s condition must be considered. (Remember that a misdiagnosis of intoxication instead of ketoacidosis can be fatal.)
- ◆ Ensure collateral information regarding substance use is obtained from carers/family/ significant others and laboratory tests.
- ◆ Look for risk factors for withdrawal. These include frequent and regular use, duration of use and time and date of last dose. Use validated tools for assessing withdrawal as outlined in the local and state protocols.
- ◆ Manage withdrawal symptoms by monitoring vital signs, ensuring adequate fluids, monitoring signs of withdrawal and administering prescribed medication as indicated. Provide a low-stimulus environment away from bright light and noise where possible.
- ◆ Observe for signs of worsening intoxication or withdrawal. Use appropriate screening tools and withdrawal scales to monitor the person. An alcohol withdrawal scale is specific for the assessment of alcohol withdrawal and should not be used for any other withdrawal syndrome.
- ◆ Treat intoxicated people with respect. Speak slowly and simply and give information clearly. Move them to a quiet place if possible.
- ◆ Observe for suicidal behaviour both while the person is intoxicated and if withdrawing. Increased impulsivity, the physical symptoms of withdrawal and the disinhibition produced by intoxication can heighten the risk of self-harm.
- ◆ Be aware that for older people with medications (including sedatives such as benzodiazepines) there is an increased risk of falls, confusion and delirium.
- ◆ The person may have clinical symptoms of overdose, intoxication or withdrawal and may be responding to hallucinations or delusions that place the person and the carers at risk of injury. The person may also be experiencing delirium or dementia (see the MIND Essentials Resource ‘Caring for a person with dementia’ for more information). Regardless, the person requires close observation, appropriate care and reduced stimulation.

## Guidelines for responding to a person reporting drug or alcohol use

For those presenting with concerning levels of drug or alcohol use, the following are relevant:

- ◆ Be accepting and non-judgmental. This will provide the first step to engage with the person.
- ◆ Ensure a consistent approach based on the above principle. If you repeatedly dismiss or fail to respond to the person's requests, you may contribute to high levels of frustration that result in arguments, threatening behaviours and seeking of drugs from other sources.
- ◆ Examine your own expectations. This can clarify your own feelings, beliefs, attitudes and responses to people who are intoxicated.
- ◆ Be realistic about your expectations. Accept that the person will need repeated intervention over a long period. Substance use disorders are often chronic relapsing conditions.
- ◆ Try to empathise with the person's view of life without substances.

The factors maintaining substance use in those with mental disorders are complex. People may self-medicate for lots of reasons, including past abuse or trauma and major mental disorders (such as psychosis or depression). Substance abuse should be considered a comorbid issue for some people with a mental illness and appropriate assessment and integrated treatment for both problems should be obtained.

- ◆ Be prepared to set limits on needy or demanding behaviour. Encourage honesty and challenge manipulative behaviour. Do not 'give in' to unreasonable demands or behaviour, as this can promote denial.
- ◆ Ensure referral to an appropriate drug and alcohol or mental health service is made and ensure the consumer is linked into the appropriate service. Consider child protection issues and report or refer these as indicated.
- ◆ Provide family members and carers with information about intoxication, substance use problems and dual diagnosis, if appropriate, as well as reassurance and validate their experiences with the person. Encourage family members and carers to look after themselves and seek support if required.
- ◆ A person's cultural background is important in understanding the context of their drug or alcohol use. It is essential to take this into account when formulating diagnosis and care plans. Indigenous mental health workers or multicultural mental health coordinators and the Transcultural Clinical Consultation Service from Queensland Transcultural Mental Health Centre are available for advice and assistance in understanding these issues. For more information visit [www.health.qld.gov.au/pahospital/qtmhc/default.asp](http://www.health.qld.gov.au/pahospital/qtmhc/default.asp)
- ◆ Be aware of your own feelings when caring for a person who is intoxicated. Arrange for debriefing for yourself or for any colleague who may need support or assistance — this may occur with a clinical supervisor or Employee Assistance Service counsellor.

The Employee Assistance Service provides confidential, short-term counselling free-of-charge to Queensland Health staff to assist them to resolve personal and work related problems. For more information visit <http://qheps.health.qld.gov.au/eap/home.htm>

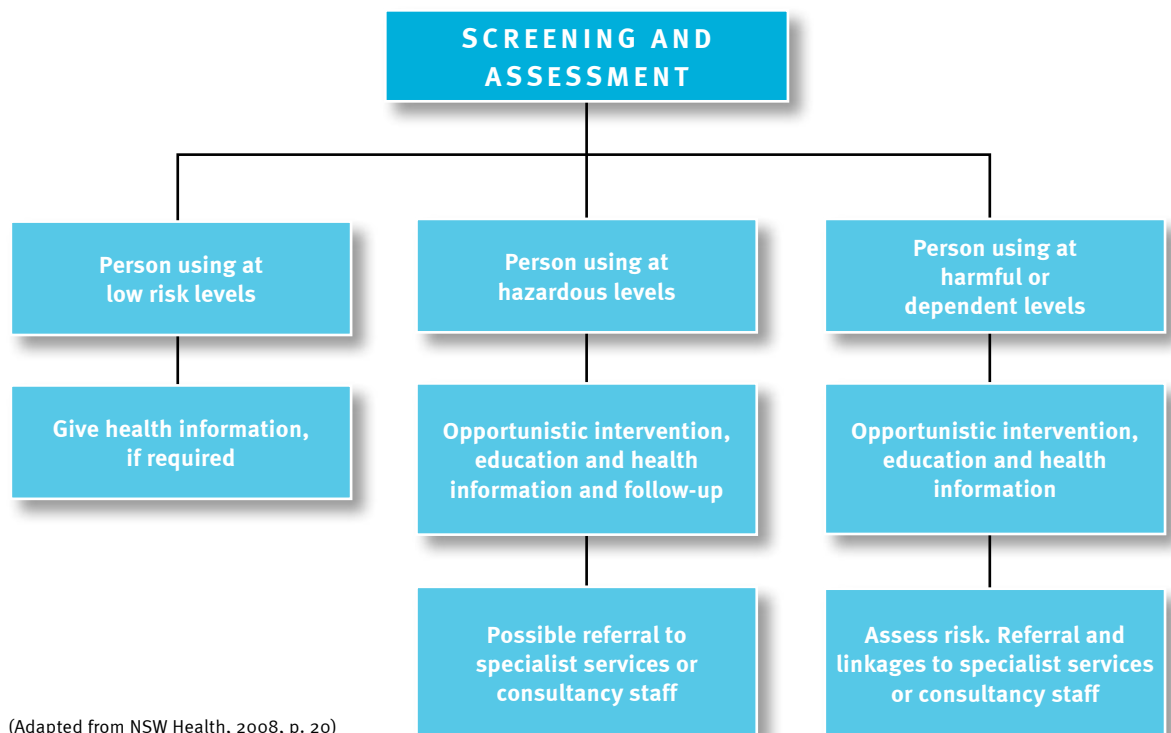
## Treatment of intoxication and drug or substance use

Most people will need to acknowledge that they have a substance abuse problem before any changes can be made. Brief or early intervention techniques for people at risk of harm can be used by nurses to help people take this first step. People with more entrenched dependence usually require more intensive treatment.

However, to identify the most appropriate treatment for substance use, an assessment of the drug and alcohol use must be completed. Refer to the MIND Essentials resource ‘Drug and alcohol screening assessment’ for details on drug and alcohol assessment.

The drug and alcohol screening assessment will help determine the level at which a person is using drugs or alcohol, which is then used to identify the best treatment option, as outlined in the flowchart below.

**Figure 1: Drug and alcohol screening assessment overview**



Treatments often consist of both pharmacological management and counselling. Non-pharmacological supports will usually focus on maintaining the person’s motivation to ‘stay clean’ or ‘stay sober’ and assisting the person to develop coping strategies for times when drugs or alcohol would usually be used.

Pharmacological treatments usually focus on managing the withdrawal symptoms, cravings or addressing comorbid presenting symptoms (for example, depression). Support groups such as Alcoholics Anonymous or Narcotics Anonymous are also useful to a number of people.



## Discharge planning

Discuss referral options with the person and consider referrals to the following:

- ◆ GP
- ◆ Community Health
- ◆ For information regarding the location of your nearest Alcohol, Tobacco and Other Drug Service, please call the 24 hour Alcohol and Drug Information Service on 1800 177 833 or visit [www.health.qld.gov.au/atod](http://www.health.qld.gov.au/atod)
- ◆ Mental Health Services (infant, child and youth or adult)
- ◆ Private service providers

To access the contact numbers and details for your local services use QFinder (available on QHEPS) or call 13HEALTH (13 43 25 48).

## Further information

For guidelines regarding immediate management of intoxication and substance use, please refer to the Queensland Health Resource 'Emergency Department Mental Health Management Protocols' which can be assessed at:

[http://qheps.health.qld.gov.au/mentalhealth/docs/ed\\_guidelines.pdf](http://qheps.health.qld.gov.au/mentalhealth/docs/ed_guidelines.pdf)

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