Chapter 18
Substance Abuse and
Behavioral Emergencies

Objectives
- Identify four conditions that may mimic alcohol intoxication
- Describe alcohol withdrawal syndrome
- Identify five major classes of abused drugs
- Describe the care given to patients suspected of alcohol or drug abuse

Objectives
- Define the term behavioral emergency
- Describe general methods to approach and treat persons with behavioral emergencies
- Differentiate between neurosis and psychosis
- Describe three signs of depression
Substance Abuse

- Alcohol abuse
  - Medical, behavioral, or social changes in an individual

- Alcoholism
  - Dependence on alcohol

Substance Abuse

- Conditions that mimic alcohol intoxication
  - Drug abuse
  - Brain tumor
  - Hypoglycemia
  - Meningitis
  - Head injury
  - Stroke
  - Postictal state
  - Diabetic ketoacidosis
  - Hypoxia

Substance Abuse

- Emergency care
  - Immobilize cervical spine
  - Maintain airway and assist breathing
  - Suction
  - High-concentration oxygen
  - Check for hypoglycemia
  - Build rapport and trust
  - Restrain as necessary
  - Summon police when necessary
Substance Abuse

- Alcohol withdrawal syndrome
  - Physical reaction experienced
    - The "shakes"
    - Withdrawal seizures

- Alcohol withdrawal syndrome
  - Delirium tremens
    - Delirium
    - Hallucinations
    - Autonomic nervous system hyperactivity
      - Fever
      - Tachycardia
      - Hypertension

- Drug abuse
  - Misuse
    - Intentional or accidental use of medication other than for its prescribed purpose
    - Failure to take prescribed medication
      - Poor patient compliance
Substance Abuse

- Drug abuse
  - Use of a drug for a nontherapeutic effect

- Substance abuse
  - Includes alcohol and marijuana

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Substance Abuse

- Drug addiction
  - Overwhelming desire to continue taking a drug
  - Both psychological and physical

- Drug dependence
  - Psychological craving or reliance on drug

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Substance Abuse

- Drug withdrawal
  - Abrupt cessation of taking drug
  - Most dangerous when person is addicted
    - Physically and psychologically “hooked”

- Can result from sudden stoppage of prescription medications
Substance Abuse

Five major classes of abused drugs
- Stimulants
- Depressants
- Hallucinogens
- Narcotics
- Volatile chemicals

Stimulants
- Stimulate the central nervous system
- Symptoms
  - Hyperactivity
  - Euphoria
  - Tachycardia
  - Hypertension
  - Dilated pupils
  - Diaphoresis
  - Sleeplessness
  - Seizures
  - Disorientation

Depressants
- Depress the central nervous system
- Symptoms
  - Sluggishness
  - Poor coordination
  - Slurred speech
  - Decreased respiration or respiratory arrest
  - Impaired memory and judgment
Substance Abuse

- Hallucinogens
  - Induce a sense of euphoria and hallucinations
  - PCP may result in suicidal or violent behavior
  - Symptoms
    - Hallucinations
    - Unpredictable behavior
    - Tachypnea and tachycardia
    - Dilated pupils
    - Increased pulse and blood pressure

Substance Abuse

- Narcotics
  - Heroin
  - Morphine
  - Methadone

Substance Abuse

- Narcotics
  - Symptoms
    - Drowsiness and impaired coordination
    - Coma
    - Sweating
    - Respiratory depression and arrest
    - Constricted pupils
    - Shock
    - Convulsions and coma
Substance Abuse

- Volatile chemicals
  - Aerosols, glue, gasoline
  - Symptoms
    - Altered level of responsiveness
    - Swollen mucous membranes
    - Increased pulse and respiratory rates
    - Respiratory distress
    - Nausea and vomiting

Substance Abuse

- Patient assessment
  - Assess for suicide attempt
  - Expect a mixed intoxication
  - Expect the unexpected
  - History unreliable
  - Attempt to determine
    - What
    - When
    - How
    - How much
    - Antidotes

Substance Abuse

- Emergency care
  - Maintain the airway
  - Oxygen
  - Watch for vomiting
  - Law enforcement
  - Consult local poison information center
Substance Abuse

- Emergency care
  - IV lifeline
  - 50% dextrose
  - Naloxone
  - Monitor ECG
  - Monitor for shock
  - Restrain as necessary
  - Police if necessary
  - Nonjudgmental

Behavioral Emergencies

- Definition
  - Patient feels he or she has lost control of life
  - May not be aware of loss of control

- Causes
  - Outside influences
  - Feeling overwhelmed
  - Drugs
  - Psychiatric disorders

Behavioral Emergencies

- Legal issues
  - Vary from state to state and locality
  - EMT-I must follow both state laws and local protocols
  - Be aware of local facilities and procedures
    - Alcohol and drug detoxification
    - Crisis intervention
Behavioral Emergencies

• General approach
  ➢ Maintain scene and personal safety
  ➢ Build good rapport
  ➢ Be honest

Behavioral Emergencies

• Avoiding violence
  ➢ Physical assistance nearby
  ➢ Maintain an open exit
  ➢ Let patient ventilate
  ➢ Form alliance
  ➢ Avoid extended eye contact

Behavioral Emergencies

• Dealing with violence
  ➢ Regain control
  ➢ Leave scene
Behavioral Emergencies

- Clues to development of violent behavior
  - Pacing back and forth
    - Ask patient to sit once
    - Leave the scene
  - Increasing anger
    - Excessive body language
      - Try to talk to patient
      - Leave the scene
  - Acting out
    - Throwing objects, hitting wall, thrashing
    - Leave the scene

- Bragging
- Domestic violence situation
  - Separate the involved parties
  - Law enforcement on scene
- Intoxicated or on drugs
  - Violence more likely to occur
- Persistent complaints about EMS system
- Men more likely than women

Behavioral Emergencies

- Neurosis
  - An anxious reaction to a perceived fear
  - No basis in reality
  - Fear of heights
**Behavioral Emergencies**

- **Psychosis**
  - A mental condition; loses sense of reality
  - Believes situation real
  - Drug-induced psychosis
    - Hyperactive and dangerous
    - Talk down

- **Depression**
  - Reaction to major life stresses
  - Symptoms
    - Unkempt appearance
    - Different speech patterns
    - Frequent crying bouts
    - Abnormally increased or decreased appetite
    - Sleep disturbances

- **Suicidal patients**
  - Intentional taking of one’s own life

- **Suicide gesture**
  - Call for help

- **Suicide attempt**
  - Desire to die
  - Planned event
Behavioral Emergencies

- Suicide
  - Risk factors
    - Male sex
    - <19 or >45 y/o
    - Depression or feeling of hopelessness
    - Previous suicide attempts
    - Excessive alcohol or drug use
    - Loss of rational thinking
    - Separated, widowed, or divorced
    - Well-thought-out plan
    - Loss of support systems
    - Stated intent to try again
    - Major life event

Summary

- Alcohol abuse includes medical, behavioral, or social problems related to alcohol consumption

- Severe intoxication may lead to:
  - Hypotension
  - Respiratory depression
  - Seizures
  - Coma

- Be alert to life-threatening conditions that may mimic intoxication

Summary

- Transport patient for evaluation and observation

- Abrupt cessation of alcohol may cause withdrawal symptoms
  - Shakes
  - Seizures
  - Delirium tremens

- Reactions to Antabuse can be life threatening

- Transport patients as soon as possible
Summary

- Drug abuse is a common problem
- Five categories of abused drugs:
  - Stimulants
  - Depressants
  - Hallucinogens
  - Narcotics
  - Volatile chemicals

Summary

- Attempt to ascertain if patient is suicidal and obtain law enforcement assistance per protocol
- Carefully monitor airway
- Behavioral emergencies involve situations in which patient feels loss of control of life
- Patient may be violent

Summary

- May be associated with substance abuse
- Be aware of local procedures and follow protocol
- Build good rapport with patient
- Allow exit if situation escalates
- Never enter violent situation without appropriate backup