

DRUG INTOXICATION AND WITHDRAWAL SYMPTOMS

From: American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Ed.*
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INTOXICATION

Depressants: Alcohol, Sedative, Hypnotic or Anxiolytics

Behavioral-Psychological changes:

- 1) inappropriate sexual or aggressive behavior
- 2) mood lability or impaired judgment

Physiological changes:

- 1) slurred speech
- 2) incoordination
- 3) unsteady gait
- 4) nystagmus (involuntary side-to-side eye movement)
- 5) attention or memory impairment

Within several hours (4-12) or several days of reducing/stopping:

- 1) autonomic hyperactivity (sweating or pulse rate >100)
- 2) increased hand tremor
- 3) insomnia
- 4) nausea or vomiting
- 5) transient visual, tactile or auditory hallucinations or illusions
- 6) psychomotor agitation
- 7) anxiety
- 8) grand mal seizures

Stimulants: Amphetamine, methamphetamine, cocaine, etc.

Behavioral-Psychological changes:

- 1) euphoria with enhanced vigor, gregariousness
- 2) hyperactivity, restlessness, or hypervigilance
- 3) interpersonal sensitivity and talkativeness
- 4) anxiety, tension, alertness, or grandiosity
- 5) repetitive behavior, anger, or fighting
- 6) affective blunting with fatigue, or sadness and social withdrawal

Physiological changes:

- 1) tachycardia (fast heartbeat) or bradycardia (slow)
 - 2) dilated pupils
 - 3) elevated blood pressure
 - 4) perspiration or chills
 - 5) nausea or vomiting
 - 6) weight loss
 - 7) psychomotor agitation or retardation
 - 8) muscular weakness, respiratory depression chest pain, or cardiac arrhythmias
 - 9) confusion, seizures, dyskinesia (impairment of body movements), dystonia (lack of muscle tone) or coma
- Parasympathetic (depressant) effects are less common and generally emerge only with chronic high-dose use.

Within a few hours to several days dysphoric mood plus two of the following:

- 1) fatigue
- 2) vivid, unpleasant dreams
- 3) insomnia or hypersomnia
- 4) increased appetite
- 5) psychomotor retardation or agitation

A “crash” typically follows an episode of intense, high-dose using: Intense and unpleasant feelings of being tired and listless, depression that may be accompanied by suicidal ideation and behavior, and weight gain

Cannabis: Marijuana, hashish, etc.

Behavioral-Psychological changes:

- 1) impaired motor coordination
- 2) euphoria with inappropriate laughter and grandiosity
- 3) sedation or lethargy
- 4) impaired short-term memory or difficulty carrying out complex mental processes
- 5) impaired judgment, distorted sensory perceptions, or sensation that time is passing slowly

Physiological changes:

Two or more of the following:

- 1) conjunctival injection
- 2) increased appetite
- 3) dry mouth
- 4) tachycardia

Withdrawal is not clinically reliable (no physiological dependence) but may include:

- 1) irritable mood or anxiety
- 2) tremor, perspiration, or nausea
- 3) sleep disturbances



INTOXICATION

Hallucinogens: LSD, mescaline, MDMA [Ecstasy], psilocybin, etc.

Behavioral-Psychological changes:

- 1) marked anxiety or depression
- 2) ideas of reference
- 3) fear of losing one's mind
- 4) paranoid ideation
- 5) impaired judgment

Perceptual changes occur while fully awake and alert:

- 1) subjective intensification of sensations and perceptions
- 2) depersonalization or derealization
- 3) illusions, hallucinations, or synesthesia (mixing of the senses)

Physiological changes (two or more):

- 1) dilated pupils
- 2) tachycardia
- 3) sweating
- 4) palpitations (fast or fluttering heartbeat)
- 5) blurred vision, 6) tremors, 7) incoordination

Inhalants: Glue, gasoline, Whippets, etc.

Behavioral-Psychological changes:

- 1) belligerence, assaultiveness, or apathy
- 2) impaired judgment
- 3) auditory, visual or tactile hallucinations
- 4) delusions, illusions, or anxiety

Physiological changes (two or more):

- 1) dizziness
- 2) blurred vision
- 3) nystagmus (involuntary side-to-side eye movements)
- 3) incoordination
- 4) slurred speech
- 5) unsteady gait
- 6) tremor
- 7) euphoria

Higher doses may lead to:

- 8) lethargy (abnormal drowsiness, sluggishness, etc.)
- 9) depressed reflexes or generalized muscle weakness
- 10) stupor or coma

Opioids: Opium, morphine, heroin, methadone, codeine, etc.

Behavioral-Psychological changes:

- 1) initial euphoria followed by apathy
- 2) dysphoria (feeling anxiety & physical discomfort)
- 3) psychomotor agitation or retardation
- 4) impaired judgment

Physiological changes (#5 and one other):

- 5) constricted pupils (except for severe overdose)
- 6) drowsiness ("nodding") or coma
- 7) slurred speech
- 8) impaired attention or memory

Click [here](#) for the Brief Opioid Overdose Knowledge Questionnaire (Dunn, et al, 2016)

WITHDRAWAL

Tolerance develops rapidly to the euphoric and psychedelic effects but not to the autonomic effects. Withdrawal has not been documented but "cravings" and "hangovers" are often reported.

Tolerance may occur with heavy use but withdrawal has not been documented.

Withdrawal occurs within 6-24 hours (2-4 days for longer-acting drugs like methadone), peak within 1-3 days, and subside over 5-7 days. Begins with subjective complaints of feeling anxiety, restlessness, and an "achy feeling" often located in the back and legs. Three or more of the following:

- 1) dysphoria
- 2) nausea or vomiting
- 3) muscle aches
- 4) lacrimation (excessive tears) or rhinorrhea (snot)
- 5) dilated pupils, goose bumps, or sweating
- 6) diarrhea
- 7) yawning
- 8) fever
- 9) insomnia

You Decide: Intoxication or Withdrawal?
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Write the potential symptoms in the lines below and circle one of the four conditions

- #1. Stacy comes to see you for the first time in 2 months. He appears angry “because he had to take off work” to see you. He begins to sweat profusely as he describes how he can outwork any two people on his work detail so it’s alright for him to miss work occasionally. You ask for a money order and he says that he will bring one to you before you leave today, but that he is working 50 miles away from your office. During the discussion you notice that he periodically grabs his chest and repeatedly seems to burp.

cocaine intoxication alcohol intoxication
cocaine withdrawal alcohol withdrawal

- #2. You are making field visits when you happen across a person who is bent over at the side of the road vomiting. As you pass by you realize it is Frankie, a probationer who you believe will be discharged soon. Upon walking back to where he is you notice he’s sweating, his hands are shaking and he’s cursing loudly saying: “I can’t do that anymore so stop telling me to!” He finally notices you and responds to your questions by saying he has the flu and it has given him a bad headache. He says he will be OK if he can just make it home but he’s very tired from walking.

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- #3. Bobby came to see you today because he was so happy; he’d found a new job that paid twice what his old job paid. As he talked, you noticed that his speech was quicker than usual, his arms were constantly moving as he made gestures with his hands, and his mood was elated. He was planning to celebrate by taking his family out to eat tonight before they went to their prayer meeting.

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- #4. Jean was just released from jail 2 days ago and she only found out where the parole office is this morning and she came in right away because she, “was afraid you or the Sheriff were looking for her.” She appeared depressed and upon questioning she states that she has not slept much since being released and was very tired. She plans to go home and go to bed before starting to look for work tomorrow at 7 a.m. As you are reading the parole conditions you notice that she constantly fidgets in her chair, twirls her hair, and sniffs frequently. You are not sure, but you smell alcohol.

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