

(A) History:**(iv) Medical history**

Abused drugs are by their nature pharmacologic agents with acute, subacute, and chronic physiologic effects on not only the brain, but on a variety of other body organs and systems as well. As a result of these physiologic effects or potential negative medical consequences of these effects, such as accidents, a person using or abusing psychoactive drugs may be presented to a primary health care professional.

Because drug abusers, especially the adolescents, do not commonly acknowledge their drug use, the psychoactive and physiologic effects and medical consequences of drug use may be the only overt manifestation of drug use. Knowledge of these effects and consequences (Refer to Annex 3) allows those dealing with adolescents to potentially identify drug use by this group of people and to provide appropriate education and information about the effects of drug use.

With the physical effects and consequences of drug abuse in mind, a medical history and brief physical examination should be an essential part of early assessment of a drug abuser, especially an adolescent with emotional and behavioural problems.

(I) Previous physical illnesses:

- Major illnesses

- (1) neurological conditions (e.g., epilepsy, attention deficit disorder, developmental disabilities) may precede the onset of drug use and which could be etiologically significant

- (2) pre-existing physical illnesses (e.g., asthma, allergies, liver diseases, congenital heart disease, diabetes) may be given deleterious effects by abused drugs

Unattended physical illness of the client demands urgent or early referral to assessment by medical practitioner.

- Major accidents, head injury, operation

Road traffic and other accidents are common among adolescent polydrug abusers due to their risky life style and the disinhibiting/stimulating or depressant and hallucinatory effects of abused drugs, especially when accompanied with alcohol and cannabis use.

- Dates of admission to hospital
Including treatment in accident and emergency department, when intoxicating injury and intoxication/overdose are common presentations.
- Accidental overdoses -
Vigorous attempts should be made to get a detailed history especially for repeated attempters, which include identification of suicidal/para-suicidal attempts, the ignorance of drug tolerance, the interaction of drugs and alcohol, etc.

(II) Consequences of drug use:

These may be due to -

- Lifestyle of the chronic drug abusers
 - (1) malnutrition which resulted from dietary (calorie, protein, vitamins) deficiency or from other drug related diseases impairing absorption or body metabolism.
 - (2) traffic and other accidents
- The mode of drug administration
Technique specific hazards are complications due to the mode of drug administration. HIV and hepatitis infection are undoubtedly the dominating complication of injecting drug use. There are a wide range of physical complications, some are directly related to poor sterile technique but others arise despite careful aseptic precautions. Inhalation and nasal sniffing have their own complications.
- The drug specific complications
Each individual drug will cause problems in toxic doses or even in lower doses with adverse reactions. (Refer to Annex 3)

(III) Last menstrual period (if female):

Diagnosis of pregnancy may be delayed because there is a high incidence of abnormal menstrual cycles and amenorrhoea during drug abuse. Complication of pregnancy, foetal distress and congenital abnormalities are of great concern to the client. Pregnant drug abusers must require early intervention which include referral to obstetrician and addiction specialist.

(Reference:

Annex 5: A list of drug induced/related physical disorders)