

(B) Examination:**(ii) Assessing general health**

Physical examination is an important part of the assessment process. It includes assessing the general health of the drug abusers and to confirm the history, and to determine the presence of any complication of drug abuse.

The findings on physical examination vary according to the drug(s) of abuse and the method of their administration. Although a full physical examination is advisable to be carried out by a medical practitioner, this does not mean a non-medical assessor should not attempt to observe and report on the client's physical state. The following is a guide for doing so.

General appearance:

- General neglect with poor nutritional state suggests a lifestyle that has become totally concerned with drugs, ignoring personal hygiene, food or clothing, etc.
- Marked weight loss is particularly seen with chronic use of stimulants such as amphetamines.
- Scars over head may indicate injuries sustained during convulsions, usually in the course of sedative hypnotic withdrawal.

Gait:

- Unsteady gait (ataxia), often in association with slurred speech (resemble drunkenness), suggests intoxication with sedative hypnotics.

Eyes:

- Watering eyes occur during opiate withdrawal.
- Pin-point pupils suggests the recent administration of opiates.
- Dilated pupils occurs in opiate withdrawal, and which also occur following the use of amphetamine, cocaine, hallucinogens (LSD), and anticholinergic drugs (in some OTC drugs).
- Nystagmus is indicative of intoxication with sedative hypnotics. Jerky nystagmus may be seen in chronic barbiturates intoxication.
- Jaundice of the sclera conjunctivae suggests hepatitis (due to non-sterile injections or to inhalation of volatile solvents).
- Red eye (dilatation of conjunctival blood vessels) usually due to cannabis or volatile solvents abuse.

Nose:

- Congestion of nasal mucosa (lining of the nose) occurs if drugs have been snorted.
- Nasal septum ulceration or perforation occurs when cocaine or heroin is snorted.
- Runny nose (rhinorrhoea) is due to opiate withdrawal, or due to constant sniffing.
- Red, spotty rash around the nose and mouth is due to solvent sniffing.

Mouth:

- Dental caries is frequently found in opiate dependent users (due to poor dental hygiene and predilection for sweet food).
- Loss of several teeth may occur in the course of convulsions during sedative hypnotic withdrawal.
- Breath odour may indicate solvents or alcohol abuse.

Skin:

- Gooseflesh (pilo-erection) indicates opiate withdrawal.
- Profuse sweating indicates withdrawal from sedative-hypnotics and alcohol.
- Scars of abscesses over anywhere of the body, especially on the extremities, are frequently found in injecting drug users (IDUs). This is due to dirty injection techniques, and/or adulterants which are highly irritant to body tissues (e.g. barbiturates found in street heroin) when injected subcutaneously.
- Needle puncture marks in the skin overlying the veins of injection.
- Inflamed veins (thrombophlebitis), being red and may be associated with swelling (oedema) of the extremities due to vein obstruction.
- Pigmentation of the skin over the veins (tracking) due to repeated injection.
- Marks of infrequent injection sites over foot, groin, neck indicates the veins of the arms can no longer be used for injection. This suggests severe dependence.
- Decorative tattoos may be placed to conceal evidence of drug injection.
- Gangrene of limbs indicates intravenous injection been accidentally injected into an adjacent artery, which results in artery spasm. The spasm if severe and prolonged, leads to gangrene and requires amputation.

Neuromuscular system:

- Tremor and muscle twitching are signs of opiate withdrawal.
- Severe wasting of the muscle occurs when drug like pethidine is repeatedly injected.

Further examination:

Examination of cardiovascular system, respiratory system, abdomen, lymphatic system and neuromuscular system requires referral to medical practitioners with experience in addiction.