

# SUBSTANCE USE ASSESSMENT GUIDE FOR CLIENTS PRESENTING AS AFFECTED BY A SINGLE SUBSTANCE



**DEPRESSANTS:** Substances that slow down the activity of the Central Nervous System (CNS) and the messages going between the brain and the body. Depressants affect concentration and coordination. They slow down a person's ability to respond to unexpected situations and in small quantities can make people feel more relaxed and less inhibited. In larger quantities they may cause drowsiness, vomiting unconsciousness and death.

**STIMULANTS:** Substances that speed up the messages going between the brain and the body. They can make a person feel more awake, alert, confident and energetic. Large quantities of stimulants can cause anxiety, panic, seizures, headaches, stomach cramps, aggression and paranoia. Prolonged stimulant use can also cause these affects.

**HALLUCINOGENICS:** Substances that distort a person's perception of reality. People who use them may see or hear things that aren't really there. Or what they do see may be distorted in some way. The effects of hallucinogens vary greatly.

Substance	Eyes or Pupils	Skin/ Physical	Speech and Cognition	Affect or Mood	Gait or Movement	Other Possible Symptoms
<b>Cannabis</b>	Bloodshot eyes	Possibly clammy but not usually excessively	May have slowed speech and or difficulty maintaining a train of thought	May be sedated but less so for seasoned users, may seem confused and or anxious	Slowed movements usually quite lethargic or inactive	Dry mouth, increased desire for sweet or fatty foods
<b>Alcohol</b>	Red and glassy	Face may appear flushed and red but not in all cases	Possible slurred speech and difficulty concentrating and holding thoughts	Variable but usually dis-inhibited with poor impulse control and increased confidence	Impaired co-ordination and balance, poor muscle control	Nausea and or vomiting. May smell like alcohol.
<b>Heroin and other opiates eg., Morphine, Oxy's, Buprenorphine</b>	Pinned, small or constricted pupils	Clammy and warm	Slowed speech and possible inattention, slowed thought processes and comprehension	May be mildly to heavily sedated and in a pleasant mood	Slowed movements often dropping things, drowsiness	Nausea and or vomiting, dry mouth, possible itchiness, slowed respiration rate.
<b>Benzodiazepines eg., Zanax, Valium, Rohipnol (etc)</b>	Pinned, small or constricted pupils	Clammy and warm	Slurred speech and stuttering, confusion and disorientation	May feel euphoria or isolation and possible depression and confusion, mood swings and aggressive outbursts may also occur	Poor co-ordination, impaired judgement, dizziness and vertigo	Tremors, nausea and vomiting, loss of appetite, constipation or diarrhoea
<b>Inhalants eg., paint or other volatile substances</b>	Glassy, dazed or watery eyes	Possible runny nose, may have sores around mouth/ nose	Slurred speech and disorientation/ confusion	Drunk, dazed or dizzy appearance. Can become agitated or aggressive usually in response to intervention.	Lack of co-ordination, usually slow movements	Nausea and or loss of appetite, paint or solvent fumes or stains on clothing
<b>Amphetamines and Ecstasy</b>	Dilated or enlarged pupils	Often cold or pale skin at extremities such as hands and feet.	Rapid speech and often jumps from one idea to another quickly and without obvious links	Euphoric, excited or manic but can present as aggressive and or paranoid	Fidgety and energetic, may fixate on repetitive tasks like cleaning or sorting	Decreased appetite. Possible repeated sniffing if the user snorted the substance
<b>Hallucinogenics eg., LSD and Magic Mushrooms</b>	Dilated or enlarged pupils	Sweating and increased temp may alternate with chills and shivering	May be withdrawn, confused or speaking nonsense/ laughing but may also appear sober at times	May feel euphoric or anxious or seem psychotic/ delusional	May exhibit strange movements/ walks but not necessarily	Nausea and or vomiting and cramps

## How to Use the Substance Use Assessment Matrix

This matrix is a very **basic guide** to assist front line workers to communicate some common single substance presentations and as such will be of **little use** for clients who are poly (multi) substance affected.

**This guide should not form the basis of any decision making around the care planning or assessment of clients.**

One of the most easily accessible sources of information is often the client or their friends, so ask them what they have taken if you are able.

When documenting a client's presentation it is important to remain objective and not make assertions. This can be achieved by using words like "appeared," "looked" or "seemed" as you rarely know for sure what a client has been using. An example of this could be "*Dave returned to the unit at 1800 hours and seemed to be substance affected by a depressant, as his movements appeared slow and uncoordinated and his pupils looked small and constricted.*"

For further information or clarification please call your State Drug Advice line

*NOTE: This document is designed to be printed double sided to have the correct use information on the back side of the matrix.*