

## INDICATORS CONSISTENT WITH DRUG CATEGORIES

	CNS DEPRESSANTS	CNS STIMULANTS	HALLUCINOGENS	DISSOCIATIVE ANESTHETICS	NARCOTIC ANALGESICS	INHALANTS	CANNABIS
HGN	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	NONE
VGN	PRESENT (HIGH DOSE)	NONE	NONE	PRESENT	NONE	PRESENT (HIGH DOSE)	NONE
LACK OF CONVERGENCE	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	PRESENT
PUPIL SIZE	NORMAL (1)	DILATED	DILATED	NORMAL	CONSTRICTED	NORMAL (4)	DILATED (6)
REACTION TO LIGHT	SLOW	SLOW	NORMAL (3)	NORMAL	LITTLE OR NONE VISIBLE	SLOW	NORMAL
PULSE RATE	DOWN (2)	UP	UP	UP	DOWN	UP	UP
BLOOD PRESSURE	DOWN	UP	UP	UP	DOWN	UP/DOWN (5)	UP
BODY TEMPERATURE	NORMAL	UP	UP	UP	DOWN	UP/DOWN/NORMAL	NORMAL
MUSCLE TONE	FLACCID	RIGID	RIGID	RIGID	FLACCID	NORMAL OR FLACCID	NORMAL

FOOTNOTE: These indicators are those most consistent with the category, keep in mind that there may be variations due to individual reaction, dose taken and drug interactions.

- (1) Soma, Quaaludes and possibly some anti-depressants usually dilate pupils.
- (2) Quaaludes, ETOH and possibly some anti-depressants may elevate.
- (3) Certain psychedelic amphetamines may cause slowing.
- (4) Normal, but may be dilated.
- (5) Down with anesthetic gases, up with volatile solvents and aerosols.
- (6) Pupil size possibly normal.

MAJOR INDICATORS	CNS DEPRESSANTS	CNS STIMULANTS	HALLUCINOGENS	DISSOCIATIVE ANESTHETICS	NARCOTIC ANALGESICS	INHALANTS	CANNABIS
<b>GENERAL INDICATORS</b>	Disoriented Droopy eyes (Ptosis) Drowsiness Drunk-like behavior Gait ataxia Slow, sluggish reactions Thick, slurred speech Uncoordinated  *NOTE: With Methaqualone, pulse will be elevated and body tremors will be evident. Alcohol and Quaaludes elevate pulse. Soma and Quaaludes dilate pupils.	Anxiety Body tremors Dry mouth Euphoria Exaggerated reflexes Excited Eyelid tremors Grinding teeth (Bruxism) Increased alertness Insomnia Irritability Redness to nasal area Restlessness Runny nose Talkative	Body tremors Dazed appearance Difficulty w/speech Disoriented Flashbacks Hallucinations Memory loss Nausea Paranoia Perspiring Poor perception of time and distance Synesthesia Uncoordinated  NOTE: With LSD, piloerection may be observed (goose bumps, hair standing on end).	Blank stare Confused Chemical odor (PCP) Cyclic behavior (PCP) Difficulty w/speech Disoriented Early HGN Onset Hallucinations Incomplete verbal responses Increased pain threshold "Moon Walking" (PCP) Non-communicative Perspiring (PCP) Possibly violent (PCP) Sensory distortions Slow, slurred speech	Constricted pupils Depressed reflexes Drowsiness Droopy eyelids (Ptosis) Dry mouth Euphoria Facial itching Nausea "On the Nod" Puncture marks Slow, low, raspy speech Slowed breathing  NOTE: Tolerant users exhibit relatively little psychomotor impairment.	Bloodshot, watery eyes Confusion Disoriented Flushed face Intense headaches Lack of muscle control Non-communicative Odor of substance Possible nausea Residue of substance Slow, thick, slurred speech  **NOTE: Anesthetic gases cause below normal blood pressure; volatile solvents and aerosols cause above normal blood pressure.	Body tremors Disoriented Debris in mouth Eyelid tremors Impaired perception of time & distance Increased appetite Marked reddening of conjunctiva Odor of Marijuana Possible paranoia Relaxed inhibitions
<b>DURATION OF EFFECTS</b>	Barbiturates: 1-16 hours  Tranquilizers: 4-8 hours  Methaqualone: 4-8 hours	Cocaine: 5-90 minutes  Amphetamines: 4-8 hours  Meth: 12 hours	Duration varies widely from one hallucinogen to another.  LSD: 4-6 hours  Psilocybin: 2-3 hours	PCP Onset: 1-5 minutes  Peak Effects: 15-30 minutes  Exhibits effects up to 4-6 hours  DXM: Onset 15-30 min. Effects 3-6 hours	Heroin: 4-6 hours  Methadone: Up to 24 hours  Others: Vary	6-8 hours for most volatile solvents  Anesthetic gases and aerosols – very short duration	2-3 hours – exhibit effects  (Impairment may last up to 24 hours, without awareness effects.)
<b>USUAL METHODS OF ADMINISTRATION</b>	Oral Injected (occasionally)	Insufflation (snorting) Smoked Injected Oral	Oral Insufflation Smoked Injected Transdermal	Smoked (PCP) Oral Insufflation (PCP) Injected (PCP) Eye drops	Injected Oral Smoked Insufflation	Insufflation  (Historically, have been taken orally.)	Smoked Oral
<b>OVERDOSE SIGNS</b>	Shallow breathing Cold, clammy skin Pupils dilated Rapid, weak pulse Coma	Agitation Increased body temperature Hallucinations Convulsions	Long intense "trip"	Long intense "trip"	Slow, shallow breathing Clammy skin Coma Convulsions	Coma	Fatigue Paranoia