

Indicators Consistent with Drug Categories

	CNS Depressants	CNS Stimulants	Hallucinogens	Dissociative Anesthetics	Narcotic Analgesics	Inhalants	Cannabis
HGN	Present	None	None	Present	None	Present	None
Vertical Gaze Nystagmus	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
General Indicators	Disorientation Droopy eyelids Drowsiness Drunk-like behavior Slow, sluggish reactions Thick, slurred speech Uncoordinated Unsteady walk	Anxiety Body tremors Dry mouth Euphoria Exaggerated reflexes Excited Eyelid tremors Grinding teeth Increased alertness Insomnia Irritability Redness to the nasal area Restlessness Runny nose Talkative	Body tremors Dazed appearance Difficulty with speech 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 Confusion Chemical odor (PCP) Cyclic behavior Difficulty with speech Disoriented Early HGN Onset Hallucinations Incomplete verbal responses Increased pain threshold "Moon Walking" Non-communicative Perspiring (PCP) Possibly violent Sensory distortions Slow, slurred speech Slowed responses Warm to touch (PCP)	Depressed reflexes Droopy eyelids Drowsiness Dry mouth Euphoria Facial itching Inability to concentrate Nausea "On the Nod" Puncture marks Slow, low, raspy speech Slow breathing Slow deliberate movements NOTE: Tolerant users exhibit relatively little psychomotor impairment.	Bloodshot 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 Watery eyes	Altered time/distance perception Alteration in thought formation Body tremors Bloodshot eyes Disoriented Drowsiness Eyelid tremors Euphoria Impaired memory Increased appetite Lack of concentration Mood changes Odor of Marijuana Rebound Dilatation Relaxed inhibitions Sedation
Duration of Effects	Ultra-Short: A few minutes Short: Up to 5 hours Intermediate: 6-8 hours Long: 8-14 hours	Cocaine: 5-90 minutes Methamphetamine: Up to 12 hours	Duration varies widely from one hallucinogen to another: LSD: 10-12 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 and feel effects (Impairment may last up to 24 hours, without awareness of effects)
Usual Methods of Administration	Injected (occasionally) Insufflation Oral	Insufflation Injected Oral Smoked	Insufflation Oral Smoked Transdermal	Injected Insufflation Oral Smoked Transdermal	Injected Insufflation Oral Smoked Transdermal	Inhalation	Oral Smoked Transdermal
Overdose Signs	Clammy skin Coma Rapid, weak pulse Shallow breathing	Agitation Hallucinations	Intense bad "trip" Hyperthermia Convulsions	Deep coma Seizures and convulsions	Cold, clammy skin Coma Convulsions Slow, shallow breathing	Cardiac arrhythmia Possible psychosis Respiration ceases Severe nausea/vomiting Risk of death	Excessive vomiting Fatigue Acute anxiety attacks Paranoia Possible psychosis

FOOTNOTE: These indicators are the 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 some antidepressants usually dilate pupils

2) Quaaludes, ETOH and some antidepressants 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