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.
- 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.

INDICATORS CONSISTENT WITH DRUG CATEGORIES

	Possible Effects	CNS Depressants	CNS Stimulants	Hallucinogens	Dissociative Anesthetics	Narcotic Analgesics	Inhalants	Cannabis
HGN	Present or None	Present	None	None	Present	None	Present	None
VGN	Present or None	Present (High Dose)	None	None	Present	None	Present (High Dose)	None
Lack of Convergence	Present or None	Present	None	None	Present	None	Present	Present
Pupil Size	Normal Dilated Constricted	Normal (1)	Dilated	Dilated	Normal	Constricted	Normal (4)	Dilated (6)
Reaction to Light	Normal Slow Little to None Visible	Slow	Slow	Normal (3)	Normal	Little to None Visible	Slow	Normal
Pulse Rate	Normal Up Down	Down (2)	Up	Up	Up	Down	Up	Up
Blood Pressure	Normal Up Down	Down	Up	Up	Up	Down	Up/Down (5)	Up
Body Temperature	Normal Up Down	Normal	Up	Up	Up	Down	Up/Down/ Normal	Normal
Muscle Tone	Normal Flaccid Rigid	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.
- Quaaludes, ETOH and some anti-depressants may elevate. (2)
- Certain psychedelic amphetamines may cause slowing.
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MAJOR	CNS	CNS STIMULANTS	HALLUCINOGENS	DISSOCIATIVE	NARCOTIC	INHALANTS	CANNABIS
INDICATORS	DEPRESSANTS	011001111011111		ANESTHETICS	ANALGESICS		
GENERAL	Disoriented	Anxiety	Body tremors	Blank stare	Constricted pupils	Bloodshot, watery	Body tremors
INDICATORS	Droopy eyes	Body tremors	Dazed appearance	Confused	Depressed reflexes	eyes	Disoriented
	(Ptosis)	Dry mouth	Difficulty w/speech	Chemical odor	Drowsiness	Confusion	Debris in mouth
	Drowsiness	Euphoria	Disoriented	Cyclic behavior	Droopy eyelids	Disoriented	Eyelid tremors
	Drunk-like	Exaggerated reflexes	Flashbacks	Difficulty w/speech	(Ptosis)	Flushed face	Impaired
	behavior	Excited	Hallucinations	Disoriented	Dry mouth	Intense headaches	perception of
	Gait ataxia	Eyelid tremors	Memory loss	Early HGN Onset	Euphoria	Lack of muscle	time & distance
	Slow, sluggish	Grinding teeth	Nausea	Hallucinations	Facial itching	control	Increased appetite
	reactions	(Bruxism)	Paranoia	Incomplete verbal	Nausea	Non-communicative	Marked reddening
	Thick, slurred	Increased alertness	Perspiring	responses	"On the Nod"	Odor of substance	of conjunctiva
	speech	Insomnia	Poor perception of	Increased pain threshold	Puncture marks	Possible nausea Residue of	Odor of Marijuana
	Uncoordinated	Irritability Redness to pasal	time and distance		Slow, low, raspy		Possible paranoia Relaxed
	*NOTE: With	stea	Synesthesia Uncoordinated	"Moon Walking" Muscle rigidity	speech Slowed breathing	substance Slow thick slurred	inhibitions
	Methaqualone, pulse	Restlessness	Uncoordinated	Non-communicative	Slowed breatning	speech	innioitions
	will be elevated and	Runny nose	NOTE: With LSD.	Perspiring	NOTE: Tolerant	speecn	
	body tremors will be	Talkative	piloerection may be	Possibly violent	users exhibit	**NOTE: Anesthetic	
	evident. Alcohol and	Taikative	observed (goose bumps,	Sensory distortions	relatively little	gases cause below	
	Quaaludes elevate		hair standing on end).	Slow, slurred speech	psychomotor	normal blood	
	pulse. Soma and		nan standing on endy.	Warm to touch	impairment.	pressure: volatile	
	Quaaludes dilate				impilation.	solvents and aerosols	
	pupils.					cause above normal	
						blood pressure.	
DURATION OF	Barbiturates:	Cocaine:	Duration varies widely	PCP Onset:	Heroin: 4-6 hours	6-8 hours for most	2-3 hours - exhibit
EFFECTS	1-16 hours	5-90 minutes	from one hallucinogen	1-5 minutes		volatile solvents	effects
			to another.		Methadone: Up to 24		
	Tranquilizers:	Amphetamines:		Peak Effects:	hours	Anesthetic gases and	(Impairment may
	4-8 hours	4-8 hours	LSD: 4-6 hours	15-30 minutes		aerosols – very short	last up to 24
					Others: Vary	duration	hours, without
	Methaqualone:	Meth: 12 hours	Psilocybin: 2-3 hours	Exhibits effects up to 4-6 hours			awareness effects.)
	4-8 hours			4-0 hours			
				DXM: Onset 15-30 min.			
				Effects 3-6 hours			
USUAL METHODS	Oral	Insufflation	Oral	Smoked (PCP)	Injected	Insufflation	Smoked
OF	Injected	(snorting)	Insufflation	Oral	Oral		Oral
ADMINISTRATION	(occasionally)	Smoked	Smoked	Insufflation (PCP)	Smoked	(Historically, have	
ADMINISTRATION	(Injected	Injected	Injected (PCP)	Insufflation	been taken orally.)	
		Oral	Transdermal	Eye drops			
OVERDOSE SIGNS	Shallow breathing	Agitation	Long intense "trip"	Long intense "trip"	Slow, shallow	Coma	Fatigue
	Cold, clammy skin	Increased body			breathing		Paranoia
	Pupils dilated	temperature			Clammy skin		
1	Rapid, weak pulse	Hallucinations		l	Coma		
	Coma	Convulsions			Convulsions		
	Shallow breathing						