## Indicators Consistent with Drug Categories

<table>
<thead>
<tr>
<th>2018 DECP Matrix</th>
<th>CNS Depressants</th>
<th>CNS Stimulants</th>
<th>Hallucinogens</th>
<th>Dissociative Anesthetics</th>
<th>Narcotic Analgesics</th>
<th>Inhalants</th>
<th>Cannabis</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGN</td>
<td>Present</td>
<td>None</td>
<td>None</td>
<td>Present</td>
<td>None</td>
<td>Present</td>
<td>None</td>
</tr>
<tr>
<td>Vertical Nystagmus</td>
<td>Present (High Dose)</td>
<td>None</td>
<td>None</td>
<td>Present</td>
<td>None</td>
<td>Present</td>
<td>None</td>
</tr>
<tr>
<td>Lack of Convergence</td>
<td>Present</td>
<td>None</td>
<td>None</td>
<td>Present</td>
<td>None</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>Pupil Size</td>
<td>Normal (1)</td>
<td>Dilated</td>
<td>Dilated</td>
<td>Normal</td>
<td>Constricted</td>
<td>Normal (4)</td>
<td>Dilated (6)</td>
</tr>
<tr>
<td>Reaction to Light</td>
<td>Slow</td>
<td>Slow</td>
<td>Normal (3)</td>
<td>Normal</td>
<td>Little or None Visible</td>
<td>Slow</td>
<td>Normal</td>
</tr>
<tr>
<td>Pulse Rate</td>
<td>Down (2)</td>
<td>Up</td>
<td>Up</td>
<td>Up</td>
<td>Down</td>
<td>Up</td>
<td>Up</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Down</td>
<td>Up</td>
<td>Up</td>
<td>Up</td>
<td>Down</td>
<td>Up/Down (5)</td>
<td>Up</td>
</tr>
<tr>
<td>Body Temperature</td>
<td>Normal</td>
<td>Up</td>
<td>Up</td>
<td>Up</td>
<td>Down</td>
<td>Up/Down/ Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Muscle Tone</td>
<td>Flaccid</td>
<td>Rigid</td>
<td>Rigid</td>
<td>Rigid</td>
<td>Flaccid</td>
<td>Normal or Flaccid</td>
<td>Normal</td>
</tr>
</tbody>
</table>

### General Indicators

- **Disorientation**
- **Droopy eyelids**
- **Drowsiness**
- **Drunk-like behavior**
- **Slow, sluggish 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**
- **Talkerive**
- **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, pilocerection may be observed (goose bumps, hair standing on end).

- **Blank stare**
- **Confusion**
- **Chemical odor (PCP)**
- **Cyclical behavior**
- **Difficulty with speech**
- **Disoriented**
- **Early HGN Onset**
- **Hallucinations**
- **Incomplete verbal responses**
- **Increased pain threshold**
- **“Moon Walking”**
- **Non-communicative Perspiring**
- **Possibly violent Sensory distortions**
- **Slow, slurred speech**
- **Warm to touch**
- **Constricted pupils**
- **Depressed reflexes**
- **Droopy eyelids**
- **Drowsiness**
- **Dry mouth**
- **Euphoria**
- **Irritability**
- **Lack of muscle control**
- **Non-communicative**
- **Odor of substance**
- **Possible nausea**
- **Residue of substance**
- **Slow, thick, slurred speech**
- **Watery eyes**

### 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
- **Amphetamines:** 4-8 hours
- **Meth:** 12 plus 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**
- **DMX:** Onset 15-30 min.
- **Effects 3-6 hours**

- **Heroin:** 4-6 hours
- **Methadone:** Up to 24 hours
- **Others:** Vary

### Usual Methods of Administration

- **Injected (occasionally)**
- **Insufflation**
  - Oral
  - Smoked

### Overdose Signs

- **Clammy skin**
- **Coma**
- **Dilated pupils**
- **Rapid, weak pulse**
- **Shallow breathing**

### 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 dilute 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

- **Shallow breathing**
- **Rapid, weak pulse**
- **Dilated pupils**
- **Coma**

- **Cold, clammy skin**
- **Coma**
- **Convulsions**
- **Slow, shallow breathing**

- **Cardiac arrhythmia**
- **Possible psychosis**
- **Respiration ceases**
- **Severe nausea/vomiting**
- **Risk of death**

- **Excessive vomiting**
- **Fatigue**
- **Paranoia**
- **Possible psychosis**