



State of Oklahoma

Drug Evaluation and Classification Program

Evaluation – Symptomology Matrix

2013 January

Major Indicators	CNS Depressants	CNS Stimulants	Hallucinogens	Dissociative Anesthetics	Narcotic Analgesics	Inhalants	Cannabis
HGN	Present	None	None	Present	None	Present	None
Vertical 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	Disoriented Droopy eyes (Ptosis) Drowsiness Drunk-like behavior Gait ataxia Slow, sluggish reactions Thick, slurred speech Uncoordinated <i>NOTE: With Methaqualone, pulse will be elevated and body tremors will be evident. Alcohol and Quaaludes elevate pulse. SOMA and Quaaludes dilate pupils.</i>	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 Flashback Hallucinations Memory loss Nausea Paranoia Perspiring Poor perception of time & distance Synesthesia Uncoordinated <i>NOTE: With LSD, piloerection may be observed (goose bumps, hair standing on end)</i>	Blank stare Confused Chemical odor (pcp) Cyclic behavior (pcp) Difficulty w/ speech Disoriented Early HGN on-set 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 <i>NOTE: Tolerant users exhibit relatively little psychomotor impairment</i>	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 <i>NOTE: Anesthetic gases cause below normal blood pressure; volatile solvents & aerosols cause above normal blood pressure</i>	Body tremors Disoriented Debris in mouth Eyelid tremors Impaired perception of time & distance Increased appetite Marked reddening of the conjunctiva Odor of Marijuana Possible paranoia Relaxed inhibitions
Duration Of Effects	Barbiturates: 1-16hr Tranquilizers: 4-8hr Methaqualone: 4-8h	Cocaine: 5-90 min Amphetamines: 4-8hrs Methamphetamines: 12hrs	Duration varies widely from one Hallucinogen to another LSD: 4-6 hrs Psilocybin: 2-3 hrs	PCP : On-set: 1-5 min Peak effects: 15-30m Exhibit effects: 4-6hr DXM: Onset 15-30 Min Effects 3-6 hours	Heroin: 4-6hrs Methadone: up to 24hrs Other: Vary	6-8hrs for most volatile solvents Anesthetic gases and aerosols: very short duration	2-3hrs – exhibits effects (Impairment may last up to 24hrs without awareness of effects)
Usual Methods Of Administration	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
Overdose Signs	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

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.

Blood Pressure	S= 120-140	D= 70-90
Pulse	60-90	
Temperature	98.6 +/- 1	

Pupils	
Normal / Room:	2.5 – 5.0 mm
Direct Light:	2.0 – 4.5 mm
Darkness:	5.0 – 8.5 mm

Poly Drug Effects	
Null: 0+0=0	Antagonistic: A+B=C
Additive: 1+1=2	Overlapping: 1+0=1