SESSION XIV

HALLUCINOGENS

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Upon successfully completing this session the student will be able to:

- Explain a brief history of the Hallucinogen category of drugs.
- Identify common drug names and terms associated with this category.
- Identify common methods of administration for this category.
- Describe the symptoms, observable signs and other effects associated with this category.
- Describe the typical time parameters, i.e. onset and duration of effects, associated with this category.
- List the clues that are likely to emerge when the drug influence evaluation is conducted for a person under the influence of this category of drugs.
- Correctly answer the "topics for study" questions at the end of this session.

A. Overview of Hallucinogens

Hallucinogens are drugs or substances that affect a person's perceptions, sensations, thinking, self awareness and emotions. They may also cause hallucinations. A hallucination is a sensory experience of something that does not exist outside the mind. It may involve hearing, seeing, smelling, tasting or feeling something that isn't really there. Or, it may involve distorted sensory perceptions, so that things look, sound, smell, taste or feel differently from the way they actually are.

Hallucinogenic drugs usually produce so called pseudo-hallucinations. This means that the user typically knows that what he or she is seeing, hearing, smelling, etc. is not real, but is a product of the drug.

One common type of hallucination produced by these drugs is called synesthesia, a sensory perception disorder, in which an input via one sense is perceived by the brain as an input via another sense. In its simplest terms, it is a transposition of senses. For example, seeing a particular sight may cause the user to perceive a sound. Hearing a sound may cause him or her to perceive an odor. Thus, a person under the influence of a hallucinogen might hear a telephone ring, and "see" a flash of brilliant color. Or, he or she might look at something colored yellow and "smell" the fragrance of roses. Sometimes hallucinogen users will make statements indicating that they are experiencing synesthesia (examples: "That chair sounds beautiful!" "Look at those fantastic odors!"). DREs should be alert for such statements, and be aware that they are significant indicators of this drug category.

Sometimes, the hallucinations can be very frightening to the user. The user may be panic stricken by what he or she is seeing or hearing, and may become uncontrollably excited, or even try to flee from the terror. Hallucinogen users call these kinds of experiences "bad trips". Users of Hallucinogens have been known to be driven into permanent insanity by these experiences.

A terrifying "bad trip" sometimes may be re-experienced as a flashback. Hallucinogen flashbacks apparently do not occur because of a residual quantity of drug in the user's body. Rather, flashbacks apparently are vivid recollections of a portion of a previous hallucinogenic experience. Essentially, flashbacks are very intense, and very frightening, day dreams.

There are three types of flashback; emotional, somatic, and perceptual. The emotional flashback is the most dangerous. It brings back strong feelings of panic, fear and loneliness, and creates an intense and very real recollection of the original "bad trip". A somatic flashback consists of altered bodily sensations, e.g., tremors, weakness, nausea, dizziness, etc. that were part of the original "trip". In a perceptual flashback, the user re-experiences some of the sensory distortions of the original "trip".

Some users experience delusions which are false beliefs (I am an elephant!), others experience illusions which are false perceptions (I see an elephant!), while others may experience both.

Naturally occurring Hallucinogens: some common examples.

Peyote is a small, spineless cactus containing the active hallucinogenic ingredient called mescaline. The crowns, or "buttons", of the cactus can be collected and dried, and eaten. Certain American Indian tribes have used peyote in religious ceremonies for thousands of years. Peyote currently is used legally in religious ceremonies of the Native American church.

Psilocybin is a drug found in a number of different species of mushrooms. An unstable derivative of psilocybin, called psilocin, also has hallucinogenic properties and also is found in these mushrooms. Psilocybin mushrooms also have a long history of use in Indian religious rituals.

Other naturally occurring Hallucinogens include nutmeg, jimson weed, morning glory seeds, salvia divinorum, and Bufotenine. The last of those is a hallucinogenic substance found in the glands of certain toads. Bufotenine is toxic; the toad secretes Bufotenine through its skin as a defensive mechanism, to make it too unpleasant for a predator to eat the toad. But you guessed it: there are people who actually lick toads to get high from Bufotenine.

Salvia Divinorum is a perennial herb in the mint family native to certain areas of Mexico. The plant, which can grow to over three feet in height, has large green leaves, hollow square stems and white flowers with purple calyces, can also be grown successfully outside of this region. Salvia Divinorum has been used by the Mazatec Indians for its ritual divination and healing. The active constituent of Salvia Divinorum has been identified as Salvinorin A. It was not until August 2002 that researchers discovered that Salvia Divinorum acts at the kappa opiate receptor (KOR) site, where much of human perception is regulated.

According to a National Survey on Drug Use and Health Report published by SAMHSA in February 2008, it is estimated that 1.8 million persons aged 12 or older used Salvia divinorum in their lifetime.

There are numerous methods of ingesting Salvia with varying durations of hallucinogenic effects. It can be smoked, chewed, vaporized and boiled into a tea.

Effects of Salvia Divinorum include: intense hallucinations; feelings of floating through space or flying; twisting and spinning. Physical effects include dizziness; nausea; lack of coordination; slurred speech, and confused sentence patterns, and chills.

Some common street names for Salvia Divinorum include: Salvia, Sally D, Magic Mint, Maria Pastora, and Diviner's Sage.

Salvia is not approved for medical use.

(Source: DEA Office of National Control Policy Bulletin, November 2008)

Synthetically manufactured hallucinogens: some common examples.

LSD probably is the most famous synthetic Hallucinogen. "LSD" is an abbreviation of Lysergic Acid Diethylamide.

It is a white powder or a clear, colorless liquid. Street names include; acid, animal, barrels, beast, blotter, 'cid, dots, kool aid, LSD-25, lysergide, microdots, panes, sandoz, tabs, trips, window panes.

LSD is manufactured from lysergic acid which occurs naturally in the ergot fungus that grows on wheat and rye. It is a Schedule I controlled substance, available in liquid, powder, tablet (microdots), and capsule form. The liquid is often applied to blotter paper squares (frequently with colorful designs), stickers, sugar cubes, candy, or soda crackers. LSD is also available in dropper bottles or in the form of gelatin sheets/shapes (window panes).

MDA, MDMA, TMA, STP, DET, and DMT are other synthetic Hallucinogens. They are sometimes referred to as "Psychedelic amphetamines" or "psychotomimetic amphetamines". Their effects are often similar to those of high doses of CNS Stimulants.

MDA is an abbreviation for 3,4-Methylenedioxyamphetamine. Its users sometimes refer to MDA as the "Mellow Drug of America". It is normally produced as a clear liquid, or as a white powder in capsule or tablet form. MDA often is mixed with amphetamine, cocaine, methamphetamine, LSD or STP, or occasionally with strychnine. MDA probably is the most widely abused of the "Psychedelic amphetamines".

2 CB is an abbreviation for 4-Bromo-2,5-Dimethoxyphenethylamine. 2 CB is also known as "Venus", "Nexxus", and "bromo-mescaline". 2CB was first synthesized in 1974. 2CB is a white powder usually found in pressed tablets or gel caps. It is almost always taken orally.

MDMA is an abbreviation for 3,4-methylenedioxymethamphetamine and is commonly referred to as "Ecstasy". It is a hallucinogen that also acts as a stimulant. It produces an energizing effect, as well as distortions in time and perception and enhanced enjoyment from tactile experiences. Its effects are similar to those of MDA or peyote. MDMA can effect the brain by altering the activity of chemical messengers, or neurotransmitters, which enable nerve cells in many regions of the brain to communicate with one another. MDMA also causes the release of another transmitter, norepinephrine, which is likely what causes an increase in heart rate and blood pressure.

Materials in its illicit manufacture include Isosafrole (Leuckart reaction) and Safrole (Merck patent). MDMA is most commonly found in tablet forms of various colors, carrying distinctive markings on one side such as a dove, E, yin/yang symbol, Mitsubishi symbol, etc. It was developed in Germany in the early 1900's as a parent compound to be used to synthesize other pharmaceuticals. It was patented as an

appetite suppressant and used as a possible adjunct to psychotherapy. However, it was banned by DEA in 1985 and is currently a Schedule I Controlled Substance, with no legitimate medical use.

TMA is an abbreviation for 3,4,5-Trimethoxyamphetamine. Its effects are also similar to those of MDA or peyote.

STP is an abbreviation for "Serenity, Tranquility and Peace". It is also known by the chemical name DOM, or 2, 5-dimethoxy-4-methylamphetamine.

DET is diethyltryptamine.

DMT is dimethyltryptamine. It is sometimes known as the "businessman's trip" because its effects last only about one hour (i.e. short enough to occupy a "businessman's lunch").

An important fact about many Hallucinogens is that they are not addictive. Nevertheless, many Hallucinogen abusers frequently use these drugs, because they enjoy the effects.

The most common method of ingesting Hallucinogens is orally. Psilocybin mushrooms and peyote "buttons" can be eaten "as is". LSD often is placed on bits of paper, or on sugar cubes, and eaten.

Some Hallucinogens can be smoked.

Some MDA users snort that drug.

Some LSD users inject that drug.

B. Possible Effects of Hallucinogens

In general, Hallucinogens intensify whatever mood the user is in when the drug is ingested. If the user is depressed, the drug will deepen the depression. If the user is feeling pleasant, the drug usually will heighten that feeling. If the user expects that the drug will help him or her achieve new insights or an expanded consciousness, the drug will seem to have that effect. However, use of Hallucinogens often uncovers mental or emotional flaws of which the user was unaware. Such flaws can result in the panic and terror of a "bad trip" even though the user was expecting a pleasurable experience.

The most common effect of a hallucinogen is hallucination. The user's perception of reality is severely distorted, often to the point of synesthesia. This makes it virtually impossible for the Hallucinogen-influenced person to function in the real world.

C. Onset and Duration of Hallucinogens' Effects

1. Peyote's effects generally begin to be felt within one-half hour after eating the cactus "buttons". The initial effects often include nausea, possible vomiting, mild rise in blood pressure, pulse rate and temperature. And, the pupils dilate. After

about one hour, sensory changes begin. The user experiences visual distortions, accompanied by rich colors. Objects take on new forms and begin to move. Shapes "come alive". The sensory changes reach their peak in about 3-4 hours, with synesthesia occurring at about that time period. After about 10 hours there will be a gradual decline in effects, with near total recovery in about 12 hours.

2. Psilocybin's effects also start to develop in about one-half hour. The user first experiences dizziness, a light headed feeling, and giddiness. The extremities (hands, feet, etc.) begin to feel very light or very heavy. After about 30-60 minutes, vision blurs. Colors become brighter and leave longer lasting after images. Objects take on sharp visual definition and hearing becomes more acute.

   Sixty to ninety minutes after eating the mushrooms, color patterns and shapes start to develop. The surfaces of objects become wavy. Feelings of euphoria develop. Shortly thereafter, body sensations increase, along with mental perceptions. The user often becomes introspective.

   After 2-3 hours, the effects begin to diminish.

3. Salvia Divinorum effects can begin within minutes when smoked and can last up to 15-30 minutes. When the leaves are chewed, effects can last up to one hour.

4. LSD's effects begin to be felt in 30-45 minutes. Pulse rate, blood pressure and temperature rise. The pupils dilate. The hair starts to stand on end (piloerection). Nausea, dizziness and headache develop. The effects reach their peak in about 4-6 hours. After 7-9 hours, the effects diminish. The user generally feels normal after 10-12 hours.

5. MDMA's (Ecstasy) effects usually begin within several minutes to a half hour if taken orally. It often results in severe dehydration and heat stroke in the user. The drug can heat the user's body up to a temperature well over 100 degrees. It causes hyperthermia, muscle breakdown, seizures, stroke, kidney and cardiovascular system failure, as well as permanent brain damage from repetitive use. The psychological effects of Ecstasy include confusion, depression, anxiety, sleeplessness and paranoia. The duration of effects can last from 1-12 hours depending on the dosage.

6. MDA's effects usually begin within 40-60 minutes. The pupils dilate. Pulse rate and blood pressure increase. The effects reach their peak in about 90-120 minutes, and usually have dissipated within 8 hours.

7. 2CB's effects normally begin within 30-45 minutes. At lower doses (5-15 mg), it produces enhanced sensual sensations and feelings of being "in one's body". At higher doses (15-30 mg) it produces intense visual effects. The effects can last for approximately 2 -3 hours.

D. Signs and Symptoms of Hallucinogen Overdose

It is unlikely that Hallucinogens directly are life threatening. However, overdoses have often indirectly resulted in death. For example, one LSD user was killed when he attempted to stop a train, bare handed. The extreme panic and agitation of a "bad trip" have been known to lead to suicide, or to accidental deaths as users have tried to flee from their hallucinations.

The most common danger of a hallucinogen overdose is an intense "bad trip", which can result in severe and sometimes permanent psychosis.

There is some evidence that prolonged use of LSD may produce organic brain damage, leading to impaired memory, reduced attention span, mental confusion, and impaired ability to deal with abstract concepts.

E. Expected Results of the Evaluation

When a person under the influence of a Hallucinogen is evaluated by a DRE, the following results can generally be expected:

Horizontal Gaze Nystagmus - none

Vertical Gaze Nystagmus - none

Lack of Convergence - none

Pupil size - dilated

Reaction to light - normal. However, certain psychedelic amphetamines may cause slowing of the pupil's reaction to light.

Pulse rate - up

Blood pressure - up

Temperature - up

Muscle tone – rigid

Injection sites generally will not be found. However, some LSD users do inject the drug.

General Indicators:

- body tremors
- dazed appearance
- difficulty with speech

- disoriented
- flashbacks
- hallucinations
- memory loss
- nausea
- paranoia
- perspiring
- poor perception of time and distance
- synesthesia
- uncoordinated

DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Barry Dixson, Chaves Co.	DRE #: 8744	Rolling Log #: 10-07-04	**Session XIV #1**
Recorder/Witness: Tpr. Michael Champion	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 10-07-1145
Arrestee's Name (Last, First, Middle): Hoeckle, Rebecca S.	Date of Birth: 9/23/62	Sex: F / Race: I	Arresting Officer (Name, ID#): Tpr. Michael Champion, New Mexico SP #3238
Date Examined / Time /Location: 07/29/10 2030 Chaves Co. Jail	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 13340	Chemical Test: Urine ☒ Blood ☐ Test or tests refused ☐

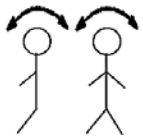
Miranda Warning Given: ☒ Yes ☐ No. Given By: Tpr. Champion	What have you eaten today? When? "Nothing, I'm fasting"	What have you been drinking? How much? "I don't drink"		Time of last drink? N/A
Time now/ Actual: 7 pm / 2040	When did you last sleep? How long: Last night 6-7 hours	Are you sick or injured? ☒ Yes ☐ No Upset stomach	Are you diabetic or epileptic? ☐ Yes ☒ No	
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No		
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Withdrawn, distracted	Coordination: Very poor, difficulty standing		
Speech: Rapid, stuttering	Breath Odor: Sour, rancid	Face: Flushed		
Corrective Lenses: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left ☐ Right	Tracking: ☒ Equal ☐ Unequal	
Pupil Size: ☒ Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes ☒ No	Able to follow stimulus ☒ Yes ☐ No	Eyelids ☒ Normal ☐ Droopy	

Pulse and time	HGN	Left Eye	Right Eye
1. 104 / 2040	Lack of Smooth Pursuit	No	No
2. 112 / 2057	Maximum Deviation	No	No
3. 104 / 2112	Angle of Onset	None	None

Convergence: Right eye → ← Left eye

3 ONE LEG STAND

Romberg Balance



Unable to stand

Walk and Turn test

Test stopped

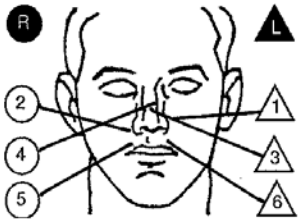
	1st Nine	2nd Nine
Cannot keep balance	✓✓✓	
Starts too soon		
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

L R
- ☒ ☐ Sways while balancing
- ☐ ☐ Uses arms to balance
- ☐ ☐ Hopping
- ✓✓✓ ☐ Puts foot down

Test stopped for safety reasons

Internal clock: N/A estimated as 30 seconds	Describe Turn: N/A	Cannot do test (explain): Test stopped for safety reasons	Type of footwear: Leather sandals

Draw lines to spots touched



PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5
Left Eye	7.0	8.5	6.5
Right Eye	7.0	8.5	6.5

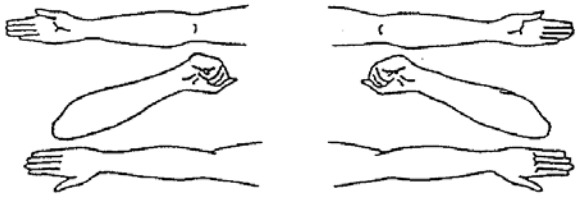
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION: ☐ Yes ☒ No

REACTION TO LIGHT: Normal

RIGHT ARM / LEFT ARM



Nothing observed

Blood pressure: 148/104	Temperature: 100.0

Muscle tone: ☐ Normal ☐ Flaccid ☒ Rigid

Comments: Rigidity in arms

What drugs or medications have you been using? "My medium doesn't permit drugs"	How much? N/A	Time of use? N/A	Where were the drugs used? (Location) N/A
Date / Time of arrest: 07/29/10 1930	Time DRE was notified: 2010	Evaluation start time: 2030	Evaluation completion time: 2135 / Precinct/Station:
Officer's Signature:	DRE #: 8744	Reviewed/approved by / date:	

Opinion of Evaluator: ☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☐ CNS Depressant ■ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Hoeckle, Rebecca S.

1. LOCATION: The evaluation took place at the Chaves County Jail.

2. WITNESSES: The arresting officer, Trooper Michael Champion of the New Mexico State Police witnessed and recorded the evaluation.

3. BREATH ALCOHOL TEST: Hoeckle's breath test was a 0.00%.

4. NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER: Writer was contacted by Trooper Champion and requested to conduct a drug evaluation on Hoeckle. Writer contacted Trooper Champion at the jail where he advised that he had found the suspect stopped at a green light in downtown Roswell. When contacted, the suspect appeared dazed and disoriented. She pointed to the traffic light and told Trooper Champion that "God is light and the light is God." She was unable to perform the roadside SFST's and was arrested for DUI.

5. INITIAL OBSERVATION OF SUSPECT: The suspect was seated next to the Intoxilyzer and was staring straight ahead. She slowly turned and asked "Are you God?" Writer replied by giving her my name and asking for consent to conduct a drug evaluation on her. She replied, "The gods sent you therefore you must be good." Her speech was rapid and she stuttered slightly.

6. MEDICAL PROBLEMS AND TREATMENT: The suspect indicated that she had an upset stomach and was not feeling good.

7. PSYCHOPHYSICAL TESTS: The suspect was unable to stand without assistance. It was necessary to terminate the Romberg Balance, Walk and Turn and One Leg Stand tests for her safety. The Finger to Nose test was conducted while she was seated. She missed the tip of her nose on all six attempts.

8. CLINICAL INDICATORS: The suspect's pupils were dilated in two of the lighting levels. Her pulse, blood pressure and temperature were above the normal ranges.

9. SIGNS OF INGESTION: The suspect's breath was sour smelling and was rancid.

10. SUSPECT'S STATEMENTS: The suspect stated she was fasting for religious reasons and that her medium forbids the use of alcohol and drugs. She further stated that her religious leader is a man "whose body is of fire and air and whose spirit is of light." She also indicated that she had just attended a service conducted by the medium.

11. DRE'S OPINION: In my opinion Hoeckle is under the influence of a Hallucinogen and unable to operate a vehicle safely.

12. TOXICOLOGICAL SAMPLE: The suspect provided a urine sample.

13. MISCELLANEOUS:

Rev. 10/10

DRUG INFLUENCE EVALUATION

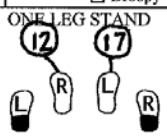
Evaluator: Sergeant Allan Kolak, Coral Gables P.D.	DRE #: 007401	Rolling Log #: 05-209	**Session XIV #2**
Recorder/Witness: Kyle Clark, IPTM	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 04-DRE-0123
Arrestee's Name (Last, First, Middle): Warburton, Cindy T.	Date of Birth: 7/18/82	Sex: F	Race: W	Arresting Officer (Name, ID#): Deputy Darrel Kehne, Collier Co. S.O.
Date Examined / Time /Location: 05/07/10, 2300 Naples Intake Center	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 13465	Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐

Miranda Warning Given: ☒ Yes ☐ No. Given By: Dpty. Kehne	What have you eaten today? When? Spaghetti lunch	What have you been drinking? How much? Nothing	Time of last drink? N/A
Time now/ Actual: 7:00 PM/2310	When did you last sleep? How long: Yesterday 6 hrs.	Are you sick or injured? ☐ Yes ☒ No "I feel hot."	Are you diabetic or epileptic? ☐ Yes ☒ No
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No	
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Distracted, paranoid	Coordination: Poor, staggering	
Speech: Rambling, incoherent at times	Breath Odor: Normal	Face: Perspiring	
Corrective Lenses: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva ☒ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left ☐ Right	Tracking: ☒ Equal ☐ Unequal
Pupil Size: ☒ Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes ☒ No	Able to follow stimulus ☒ Yes ☐ No	Eyelids ☒ Normal ☐ Droopy

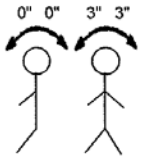
Pulse and time	HGN	Left Eye	Right Eye
1. 112 / 2314	Lack of Smooth Pursuit	No	No
2. 116 / 2325	Maximum Deviation	No	No
3. 116 / 2340	Angle of Onset	None	None

Convergence: Right eye → ← Left eye

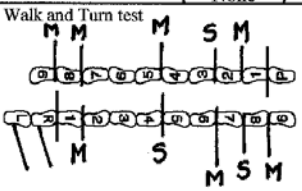
18 ONE LEG STAND 31



Romberg Balance



Walk and Turn test



Leg tremors

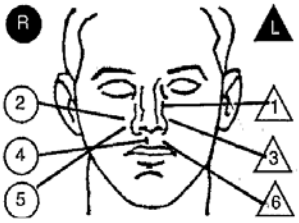
	1st Nine	2nd Nine
Cannot keep balance	✓✓	
Starts too soon	✓	
Stops walking	✓✓	✓
Misses heel-toe	✓✓✓	✓✓✓✓
Steps off line		
Raises arms	Constant	Constant
Actual steps taken	9	8

L	R	
☑	☑	Sways while balancing
☑	☑	Uses arms to balance
☐	☐	Hopping
☑	☑	Puts foot down

Leg tremors

Internal clock: 10 estimated as 30 seconds	Describe Turn: Lost balance, stumbled, nearly fell	Cannot do test (explain): N/A	Type of footwear: Sandals

Draw lines to spots touched



Opened her eyes.

PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5
Left Eye	6.0	8.5	5.5
Right Eye	6.0	8.5	5.5

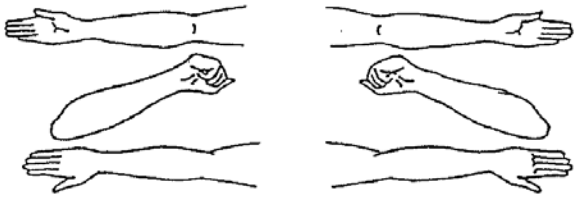
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION: ☐ Yes ☒ No

REACTION TO LIGHT: Normal

RIGHT ARM **LEFT ARM**



Nothing observed

Blood pressure	Temperature
150/102	99.8

Muscle tone: ☐ Normal ☐ Flaccid ☒ Rigid

Comments:

What drugs or medications have you been using? Nothing	How much? N/A	Time of use? N/A	Where were the drugs used? (Location) No answer
Date / Time of arrest: 05/07/10 2230	Time DRE was notified: 2240	Evaluation start time: 2300	Evaluation completion time: 2355	Precinct/Station: Traffic
Officer's Signature:	DRE #: 7401	Reviewed/approved by / date:	

Opinion of Evaluator: ☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☐ CNS Depressant ■ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect**:** Warburton, Cindy T.

1. **LOCATION:** The evaluation was conducted at the Naples Jail Center.

2. **WITNESSES:** DRE State Coordinator, Kyle Clark witnessed and recorded the evaluation.

3. **BREATH ALCOHOL TEST:** Warburton's breath test was 0.00%.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** The writer was on-duty when informed by dispatch that Deputy Kehne was requesting a drug evaluation. Writer contacted Deputy Kehne at the Jail Center where he advised the suspect had been arrested after driving along the gravel shoulder of Beach Road passing other vehicles. According to Deputy Kehne, the suspect pointed to his baton and shouted "Look out, there's a big snake hanging from your belt!" She was very paranoid acting and also claimed that the overhead lights on the patrol car were bleeding into her eyes and skin.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect sitting in the interview room. She appeared paranoid and disoriented. At one point she pointed to the clock on the wall and shouted, "Keep that off me, keep it away from me!"

6. **MEDICAL PROBLEMS AND TREATMENT:** None observed and none stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" side to side and estimated 30 seconds in 10 seconds. Walk & Turn: Suspect started walking too soon, lost her balance during the instructions, missed heel to toe, stopped walking, stepped off the line, raised her arms, staggered while turning and only took eight steps on the return. One Leg Stand: Suspect swayed, raised her arms, and put her foot down. Finger to Nose: Suspect missed the tip of her nose on each attempt. She also opened her eyes and shouted, "I can't feel my face!" "My face is missing!"

8. **CLINICAL INDICATORS:** The suspect's pulse, blood pressure and temperature were above the normal ranges. The suspect's pupils were dilated.

9. **SIGNS OF INGESTION:** None observed.

10. **SUSPECT'S STATEMENTS:** The suspect stated that she felt hot and denied drug use.

11. **DRE'S OPINION:** In my opinion Warburton is under the influence of a Hallucinogen and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

13. **MISCELLANEOUS:** The suspect was wearing an "XTC" tee-shirt.

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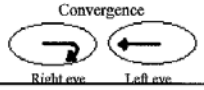
DRUG INFLUENCE EVALUATION

Evaluator Officer David Rencken, Tuscon P.D.	DRE # 005308	Rolling Log # 2010-003	**Session XIV #3**
Recorder/Witness Tim Gaffney, Phoenix P.D,	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 10-000128
Arrestee's Name (Last, First, Middle) Buchanan, Lew B.	Date of Birth 6/19/76	Sex M	Race B	Arresting Officer (Name, ID#) Officer Terry McCarthy, Tucson P.D. #8846
Date Examined / Time /Location 01-25-10 0115 Central Testing	Breath Results: Test Refused ☐ Results: 0.02 Instrument #: 10234		Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐

Miranda Warning Given Given By: D. Gregory	☒ Yes ☐ No	What have you eaten today? When? Pizza about 6pm	What have you been drinking? How much? Beer Two	Time of last drink? 8pm
Time now/ Actual 10 pm / 0125	When did you last sleep? How long Last night 3 hrs.	Are you sick or injured? ☒ Yes ☐ No I might throw up	Are you diabetic or epileptic? ☐ Yes ☒ No	
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No		
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Withdrawn/cooperative	Coordination: Very poor - staggering		
Speech: Difficulty in speaking, rambling	Breath Odor: Normal	Face: Dazed, perspiring heavily		
Corrective Lenses: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☒ Watery	Blindness: ☒ None ☐ Left ☐ Right	Tracking: ☒ Equal ☐ Unequal	
Pupil Size: ☒ Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes ☒ No	Able to follow stimulus ☒ Yes ☐ No	Eyelids ☒ Normal ☐ Droopy	

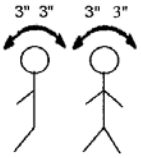
Pulse and time	HGN	Left Eye	Right Eye
1. 116 / 0130	Lack of Smooth Pursuit	No	No
2. 112 / 0147	Maximum Deviation	No	No
3. 104 / 0200	Angle of Onset	None	None

Convergence



4 ONE LEG STAND

Romberg Balance



Walk and Turn test

Test stopped for safety reasons- could not maintain balance

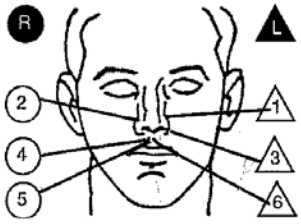
	1st Nine	2nd Nine
Cannot keep balance	✓✓✓	
Starts too soon		
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

L	R	
☒	☐	Sways while balancing
☐	☐	Uses arms to balance
☐	☐	Hopping
✓✓✓	☐	Puts foot down

Stopped test for safety reasons

Internal clock 35 estimated as 30 seconds	Describe Turn N/A	Cannot do test (explain) Stepped off line 3 times during instruction	Type of footwear: Running shoes

Draw lines to spots touched



PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5
Left Eye	6.5	9.0	6.0
Right Eye	6.5	9.0	6.0

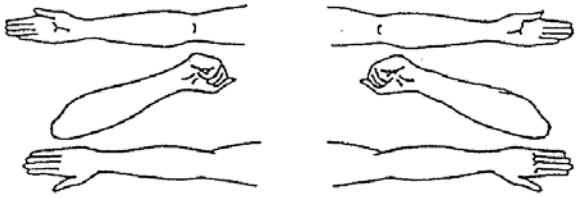
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION ☐ Yes ☒ No

REACTION TO LIGHT: Normal

RIGHT ARM **LEFT ARM**



Nothing observed

Blood pressure 146/102	Temperature 100.5

Muscle tone: ☐ Normal ☐ Flaccid ☒ Rigid

Comments: Arms, neck, face rigid

What drugs or medications have you been using? Nothing	How much? No answer	Time of use? No answer	Where were the drugs used? (Location) Refused
Date / Time of arrest: 01/25/10 0055	Time DRE was notified: 0100	Evaluation start time: 0115	Evaluation completion time: 0205	Precinct/Station:
Officer's Signature:	DRE # 005308	Reviewed/approved by / date:		

Opinion of Evaluator: ☐ Rule Out ■ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☐ CNS Depressant ■ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect**:** Buchanan, Lew B.

1. **LOCATION:** The evaluation was conducted in the Central Testing Room at the Tucson Police Department.

2. **WITNESSES:** The evaluation was witnessed by the arresting officer; Officer Terry McCarthy of the Tucson Police Department and Tim Gaffney of the Phoenix P.D.

3. **BREATH ALCOHOL TEST:** Buchanan's breath test was 0.02%.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** The writer was dispatched to Central Testing to conduct a drug evaluation for Officer McCarthy. Officer McCarthy stated that he had observed the suspect driving 20 miles under the posted speed limit on E. Broadway Street. He also observed the suspect's vehicle drifting from lane to lane. The suspect preformed poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the breath testing room. He was swaying slightly as he stood and appeared dazed and disoriented. He responded slowly to my greeting, but was cooperative and responsive to my questions. He was perspiring heavily and had rambling speech.

6. **MEDICAL PROBLEMS AND TREATMENT:** Suspect stated he felt nauseous.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" in a circular motion and estimated 30 seconds in 35 seconds. Walk & Turn and One Leg Stand: Suspect was unable to perform the tests. Both were terminated for safety reasons. Finger to Nose: Suspect missed the tip of his nose on each attempt.

8. **CLINICAL INDICATORS:** The suspect's pupils were dilated in all three lighting levels. The suspect's pulse, blood pressure and temperature were above the normal ranges.

9. **SIGNS OF INGESTION:** None were observed.

10. **SUSPECT'S STATEMENTS:** The suspect admitted drinking "a couple of beers" but denied any other drug use.

11. **DRE'S OPINION:** In my opinion Buchanan is under the influence of Alcohol (ETOH) and a Hallucinogen and was unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

13. **MISCELLANEOUS:** A small baggy of dried mushrooms were located in the suspect's coat pocket. He denied ownership and said he didn't know what they were.

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Topics for Study

1. What does "synesthesia" mean?

2. What is a "flashback"? What are the three types of "flashback"?

3. Name two naturally occurring Hallucinogens.

4. What is a "bad trip"?

5. What does "psychotomimetic" mean?

6. What is an "illusion"? What is a "delusion"?

7. What is the difference between "hallucinations" and "pseudo-hallucinations"?

8. What is "piloerection"?