SESSION XVI

DISSOCIATIVE ANESTHETICS

SESSION XVI DISSOCIATIVE ANESTHETICS

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

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

A. Overview of the Category

Dissociative Anesthetics include drugs that inhibit pain by cutting off or dissociating the brain's perception of pain. The drugs within this category normally will induce a state of sedation, immobility, amnesia, and marked analgesia.

The term Dissociative Anesthesia is derived from the strong feeling of dissociation from the environment that is experienced by the user.

Phencyclidine (PCP) was the first drug used for this purpose, but the frequent occurrence of unpleasant hallucinations and psychological problems soon led to its discontinued legal use. Ketamine and Ketalar, two analogs of PCP, also are considered Dissociative Anesthetics.

Phencyclidine (PCP)

The formal chemical name for this drug is Phenyl Cyclohexyl Piperidine, from which the initials PCP are derived. "Phencyclidine" is simply a contracted form of the actual chemical name.

PCP, or Phencyclidine and its analogs are sometimes referred to as "psychedelic anesthetics" because of the bizarre and varying effects they can cause in the user. In some respects, PCP and its analogs can be similar to a CNS Depressant, and in some respects, they act like a CNS Stimulant. In other respects, they act like an hallucinogen, and they are frequently classed as an Hallucinogen in medical texts and scientific/research reports.

The drug PCP was first developed in the 1950's as an intravenous anesthetic. It was patented and marketed in 1963 under the trade name Sernyl. Within a few years, as evidence of PCP's very undesirable side effects accumulated, its use as an anesthetic for humans was discontinued in 1967. In 1968 it was re-patented as a veterinary anesthetic under the trade name Sernylan.

There are numerous slightly different drugs that are similar to PCP. These drugs are the analogs of PCP. In this case, an analog is a chemical that is similar to the drug in terms of molecular structure or psychoactive effects.

PCP is relatively easy to manufacture, using readily available chemicals. The formula for producing PCP has been widely publicized. However, although easy to make, it is also dangerous to make. A lack of caution in the production process could release the same deadly gas that is used for executions in gas chambers. Also, liquid PCP is especially dangerous because it can be absorbed through the skin.

PCP has numerous "street names". The chart below lists some of the more common "street names" for PCP.

WATER			
ACE	CRYSTAL	MONKEY DUST	ELEPHANT TRANQUILIZER
AMOEBA	KRYSTAL	GREEN	HORSE TRANQUILIZER
TRANK	CRYSTAL JOINT	GREEN LEAVES	ANIMAL TRANQUILIZER
JET FUEL	KJ (or CJ)	KOOLS	SUPER WEED
JUICE	EMBALMING FLUID	SUPER KOOLS	ZOMBIE WEED
DUST	TIC TAC	SHERMS	PEACE WEED
ANGEL DUST	PEACE	SUPER GRASS	MINT WEED
DEVIL DUST	PAZ	KILLER WEED LOVELY	
MAGIC DUST	PEACE PILL		

Methods of Ingestion

Many users ingest PCP by smoking. These drugs can be applied in either liquid or powder form to a variety of vegetable or leafy substances, such as mint leaves, parsley, oregano, tobacco or marijuana. The substances then can be smoked in a pipe or cigarette. PCP smoke is very hot and can irritate the mouth and tongue, so many smokers prefer to use mint leaves and similar material to cool the smoke. For the same reason, PCP smokers who adulterate commercial cigarettes prefer to use mentholated brands, such as "Kools" and "Shermans".

The powdered forms of PCP can also be snorted or taken orally. Liquid PCP and its analogs can be injected, or administered directly to the eyes, via an eyedropper. These drugs can also be ingested transdermally, i.e. through the skin.

Ketamine

A frequently abused analog of PCP is Ketamine. It is chemically related to PCP, and is used to produce rapid general anesthesia for medical procedures of short duration, or as an initial surgical anesthetic. It is available in liquid form for human use (Ketalar), and for veterinary use (Ketaved, Ketaset, Vetamine, and Vetalar). Liquid Ketamine may vary in color from clear to yellow. Ketamine in powdered form is normally a white, crystalline powder. It is commercially available as a veterinary anesthetic. It is a Schedule III controlled substance in the U.S.

Street names for Ketamine include “Vitamin K,” “Special K,”“Kitty,” “Super K,” “Kit Kat,” Jet,”“K,” “Lady K,” “Super acid,” and “Cat Valium.”

Methods of Ingestion

Many users ingest Ketamine by smoking. This drug can also be applied in either liquid or powder form to a variety of vegetable or leafy substances, similar to PCP.

The Ketamine then can be smoked in a pipe or cigarette. Ketamine smoke is also very hot and can irritate the mouth and tongue, so many smokers will try and cool the smoke.

The powdered form of Ketamine can also be snorted or taken orally. Liquid Ketamine can be injected, or administered directly to the eyes, via an eyedropper. Like PCP and other analogs, these drugs can be ingested transdermally.

Dextromethorphan (DXM)

Dextromethorphan, or DXM, is a synthetically produced substance that is chemically related to codeine, although it is not an opiate. DXM is an ingredient found in numerous over-the-counter cough and cold remedies. When ingested at recommended dosage levels, DXM generally is a safe and highly effective cough suppressant; however, when ingested in larger amounts, DXM produces negative physiological effects. Over-the-counter products that contain DXM often contain other ingredients such as acetaminophen, chlorpheniramine, and guaifenesin.

In some respects, DXM's effects can be similar to a CNS Depressant, CNS Stimulant, and Hallucinogens. It has been classified as a CNS Depressant in some medical texts and scientific/research reports.

Dextromethorphan is commonly known as "DXM," "Triple C (CCC)," "Robo," "Robo-tripping,""Skittles," "Robo-dosing," "Robo-fire," "Rojo," "Candy," "Velvet,"and "DM."

Methods of Ingestion

Most DXM abusers ingest the drug orally, although some snort the pure powdered form of the drug. Some abusers ingest 250 to 1,500 milligrams in a single dosage, far more than the recommended therapeutic doses of 10 to 20 milligrams every four hours or 30 milligrams every 6 to 8 hours

B. Possible Effects of Dissociative Anesthetics

Dissociative Anesthetics produce impairment and other observable effects on the human mind and body that are a combination of effects produced by CNS Depressants, CNS Stimulants and Hallucinogens.

PCP is classified as a Dissociative Anesthetic because it cuts off the brain's perceptions of the senses. PCP users often feel that their heads are physically separated from their bodies. They sometimes report feeling they are dead, and that their heads are floating away.

Among these drugs least desirable side effects are:

- Delirium
- Agitation, anxiety
- Rigid muscle tone

- Elevated blood pressure
- Convulsions
- Difficulty in speech
- Hallucinations
- Violent reactions

Some evidence of long term memory disorders and psychological disturbances resembling schizophrenia has also been linked to PCP.

The following are extreme, but not unique, examples:

- One young man methodically pulled out his own teeth, with a pair of pliers.

- A second suffered hallucinations of unbelievably grotesque monsters, and gouged out his own eyes to avoid seeing the monsters.

- Another drank rat poison, hoping to kill the rats that he imagined were infesting his body.

- A 26 year old nude woman in Washington, DC repeatedly plunged a butcher knife into her own eye, chest, groin and abdomen. She then threatened a police officer with the knife and was shot to death. (Washington Post, March 7, 1988)

Dextromethorphan (DXM)

Abusers of Dextromethorphan will also ingest various amounts of DXM depending on their body weight and the effect or plateau that they are attempting to achieve. The levels of DXM plateaus include:

- First Plateau: Mild inebriation.

- Second Plateau: An effect similar to alcohol intoxication and, occasionally, mild hallucinations. The abuser's speech can become slurred, and short-term memory may be temporarily impaired.

- Third Plateau: An altered state of consciousness. The abuser's senses, particularly vision, can become impaired.

- Fourth Plateau: Mind and body dissociation or an "out-of-body" experience. The abuser can lose some or all contact with his or her senses. The effects at this plateau are comparable to PCP and its analogs.

Other effects resulting from acute dosages of DXM (between 250 and 1,500 milligrams) include blurred vision, body itching, rash, sweating, fever, hypertension, shallow respiration, diarrhea, toxic psychosis, and an increased heart rate, blood pressure and body temperature.

C. Onset and Duration of Effects

PCP

When smoked or injected, PCP's effects generally are felt within 1-5 minutes. When snorted, the onset occurs in about 2-3 minutes. The effects reach their peak in about 15-30 minutes. If taken orally, PCP's effects are generally felt in 30-60 minutes. The effects generally last 4-6 hours, but they can last somewhat longer.

Ketamine

The onset of effects of Ketamine is within seconds if smoked, 1-5 minutes if injected, 5-10 minutes if snorted and 15-20 minutes if orally administered. Effects generally last 30-45 minutes if injected, 45-60 minutes if snorted, and 1-2 hours following oral ingestion. It is often re-administered due to its relatively short duration of action.

Dextromethorphan (DXM)

Dextromethorphan is rapidly absorbed from the gastrointestinal tract and peak plasma concentrations are reached in approximately 2.5 hours. It is widely distributed, and is rapidly and extensively metabolized by the liver. Dextromethorphan is demethylated to dextrophan, an active metabolite, and to 3-methoxymorphinan and 3-hydroxymorphinan. It exerts its antitussive effects within 15-30 minutes of oral administration. The duration of action is approximately 3-6 hours with conventional dosage forms.

D. Signs and Symptoms of Dissociative Anesthetic Overdose

In addition to the bizarre, violent, and self-destructive behavior discussed previously, persons severely intoxicated by PCP or DXM may exhibit definite and extreme symptoms signifying a medically dangerous condition. Some examples are:

- A deep coma, lasting for up to 12 hours.
- Seizures and convulsions.
- Respiratory depression.
- Possible cardiac problems. Lower doses of PCP may trigger a heart attack if the user had some pre-existing condition, predisposing them to possible cardiac problems.
- Eyes generally open with a blank stare.

There is also some evidence that prolonged use of PCP and DXM can lead to psychosis, which can be permanent.

E. Expected Results of the Evaluation

When a DRE concludes that a subject is impaired by a Dissociative Anesthetic, such as Phencyclidine or DXM, his or her report should state that "...the subject is under the influence of a Dissociative Anesthetic."

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

Horizontal Gaze Nystagmus – present, with a very early angle of onset.

Vertical Gaze Nystagmus - present

Lack of Convergence - present

Pupil size - normal

Reaction to light - normal

Pulse rate - up

Blood pressure - up

Temperature - up. It is not uncommon for persons under the influence of PCP to remove most or all of their clothing in an effort to cool down.

Muscle tone - rigid

Injection sites usually won't be found, although some PCP users do inject the drug.

General Indicators:

- Blank stare
- Confused
- Chemical odor (of Ether, used in preparation of PCP)
- Cyclic behavior
- Difficulty with speech
- Disorientated
- Early HGN onset
- Hallucinations
- Incomplete verbal responses
- Increased pain threshold
- Loss of memory
- "Moon Walking"
- Non-communicative

- Perspiring
- Possibly violent
- Sensory distortions
- Slow, slurred speech

Not all laboratories that perform blood and urine analyses are capable of detecting all of the known analogs of PCP; in fact, some of the analogs can be detected by few if any laboratories. Thus, a DRE should not be surprised if a negative toxicological report comes back for a subject the DRE believed was impaired by Phencyclidine. It is possible that the subject had used an analog that the particular lab couldn't detect.

DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Gerry Britt, Yamouth P.D.	DRE #: 007480	Rolling Log #: 10-09-12	**Session XVI- #1**
Recorder/Witness: Dr. Jack Richman	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 388661
Arrestee's Name (Last, First, Middle): Ross, Robert H.	Date of Birth: 9/6/79	Sex: M / Race: W	Arresting Officer (Name, ID#): Sgt. Deb Batista, Middleboro P.D. #4485
Date Examined / Time /Location: 09/18/10 2145 Middleboro PD	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 12838	Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐

Miranda Warning Given: Given By: Sgt. Batista	☒ Yes ☐ No	What have you eaten today? When? Chicken 6 AM	What have you been drinking? How much? Nothing	Time of last drink? N/A
Time now/ Actual: 8 PM/10 PM	When did you last sleep? How long: Yesterday 6 hrs.	Are you sick or injured? ☐ Yes ☒ No	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: Passive, cooperative	Coordination: Poor, staggering		
Speech: Slurred, slow and low	Breath Odor: Chemical odor	Face: Flushed and sweaty		
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. 100 / 2150	Lack of Smooth Pursuit	Yes	Yes
2. 102 / 2204	Maximum Deviation	Yes	Yes
3. 98 / 2217	Angle of Onset	Immediate	Immediate

Convergence: Right eye, Left eye

7 ONE LEG STAND 6

Romberg Balance: 3" 3" 3" 3"

Circular sway

Walk and Turn test

Walked stiff legged

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

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

Test stopped

Internal clock: 45 estimated as 30 seconds	Describe Turn: Spun around	Cannot do test (explain): N/A	Type of footwear: Boots

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	4.0	6.0	3.5
Right Eye	4.0	6.0	3.5

Nasal area: Clear

Oral cavity: Clear, chemical odor

REBOUND DILATION: ☐ Yes ☒ No

REACTION TO LIGHT: Normal

RIGHT ARM / LEFT ARM

Nothing observed

Blood pressure: 146/100	Temperature: 99.8

Muscle tone: ☐ Normal ☐ Flaccid ☒ Rigid

Comments: Very rigid arms

What drugs or medications have you been using? Nothing	How much? N/A	Time of use? No answer	Where were the drugs used? (Location) No answer
Date / Time of arrest: 09/18/10 2100	Time DRE was notified: 2120	Evaluation start time: 2145	Evaluation completion time: 2250 / Precinct/Station:
Officer's Signature:	DRE #: 007480	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**:** Ross, Robert H.

1. **LOCATION:** The evaluation was conducted at the Middleboro Police Department.

2. **WITNESSES:** Arresting officer; Sergeant Deb Batista of the Middleboro Police Department and Dr. Jack Richman of New England College of Optometry.

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

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted and advised to contact Sergeant Batista at the Middleboro Police Department for a drug evaluation. Sergeant Batista advised that she had observed the suspect driving on N. Main Street at approximately 10 mph drifting within his lane and nearly hitting other vehicles. When stopped, the suspect appeared dazed and did not know where he was or where he was going. He had a blank stare and appeared very confused. He was arrested for DUI after performing poorly on the SFST's.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at M.P.D. He appeared dazed and disoriented, had a fixed stare and responded very slowly to questions. He was perspiring heavily and had rambling speech.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" in a circular motion and estimated 30 seconds in 45 seconds. Walk & Turn: Suspect started walking immediately and lost his balance during the instructions, stepped off the line twice, stopped walking twice, used his arms for balance and missed heel to toe on all steps. One Leg Stand: Suspect was unable to complete the test on either foot. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts. His arm movements were very rigid.

8. **CLINICAL INDICATORS:** Suspect exhibited an immediate onset of HGN. Vertical Gaze Nystagmus and Lack of Convergence were also present. The suspect's pulse, blood pressure and temperature were above the normal ranges.

9. **SIGNS OF INGESTION:** There was a strong chemical odor on the suspect's breath.

10. **SUSPECT'S STATEMENTS:** The suspect stated that he did not use any drugs.

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

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

13. **MISCELLANEOUS:**

Rev. 10/10

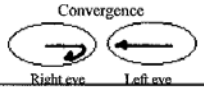
DRUG INFLUENCE EVALUATION

Evaluator Officer Steve Dunn, Anchorage P.D.	DRE # 0011218	Rolling Log # 10-04-33	**Session XVI- #2**
Recorder/Witness Officer Chris Ritala, A.P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 07-18430
Arrestee's Name (Last, First, Middle) Albright, Jeremy J.	Date of Birth 4/10/86	Sex M	Race W	Arresting Officer (Name, ID#) Officer David Pollock, A.P.D. #1374
Date Examined / Time /Location 04/07/10 1420 4th Ave. Substation	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 75470	Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐

Miranda Warning Given Given By: Ofc. Pollock	☒ Yes ☐ No	What have you eaten today? When? Cheeseburger & fries 11AM	What have you been drinking? How much? Water N/A	Time of last drink? N/A
Time now/ Actual "1:30PM" (1427)	When did you last sleep? How long "Night before last" 1-2 hrs.	Are you sick or injured? ☐ Yes ☒ No	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: Cooperative	Coordination: Slow and deliberate		
Speech: Slurred	Breath Odor: Normal	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. 110 / 1430	Lack of Smooth Pursuit	Yes	Yes
2. 112 / 1446	Maximum Deviation	Yes	Yes
3. 110 / 1501	Angle of Onset	Immediate	Immediate

Convergence



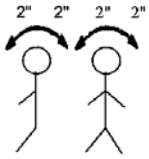
Right eye Left eye

34 ONE LEG STAND 36

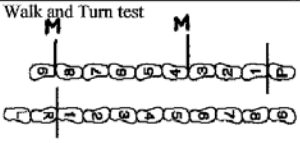
L	R	
☑	☑	Sways while balancing
☑	☑	Uses arms to balance
☐	☐	Hopping
☐	☐	Puts foot down

Leg tremors

Romberg Balance



Walk and Turn test

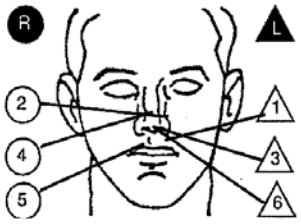


Walked slowly

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

Internal clock 28 estimated as 30 seconds	Describe Turn Shuffled feet	Cannot do test (explain) N/A	Type of footwear: Tennis shoes

Draw lines to spots touched



Used the first pad of each finger

PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5
Left Eye	5.0	8.0	4.0
Right Eye	5.0	8.0	4.0

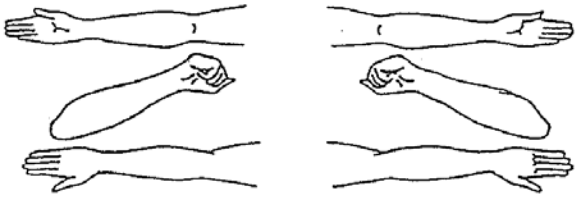
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION ☐ Yes ☒ No

REACTION TO LIGHT: Normal

RIGHT ARM **LEFT ARM**



Nothing observed

Blood pressure 152/102	Temperature 99.7

Muscle tone: ☒ Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using? Coricidin	How much? 24 pills	Time of use? Last night	Where were the drugs used? (Location) Friend's house
Date / Time of arrest: 04/30/10 1300	Time DRE was notified: 1350	Evaluation start time: 1420	Evaluation completion time: 1515	Precinct/Station:
Officer's Signature:	DRE # 0011218	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**:** Albright, Jeremy J.

1. **LOCATION:** The evaluation was conducted at the 4th Avenue substation of the Anchorage Police Department.

2. **WITNESSES:** Officer Chris Ritala of A.P.D. witnessed the evaluation.

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

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted and requested to contact Officer Pollock regarding a drug evaluation. Officer Pollock advised he had stopped the suspect for speeding on Minnesota Ave. The suspect had bloodshot eyes and slurred speech. He appeared impaired, however, there was no odor of alcoholic beverage on his breath. He had six clues of HGN and performed poorly on the SFST's. He admitted taking some "Dex" the night before.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the substation. His face was flushed and his speech slurred. His movements were slow and deliberate. He seemed disoriented and confused.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 2" side to side and approximately 2" front to back. Walk & Turn: Suspect lost his balance during the instructions, turned by shuffling his feet and missed heel to toe twice on the second nine steps. One Leg Stand: Suspect had leg tremors, swayed while balancing and used his arms for balance. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts. He used the pad of his finger on each attempt.

8. **CLINICAL INDICATORS:** HGN was present with an immediate onset. Vertical Gaze Nystagmus and Lack of Convergence were also present. His pulse, blood pressure and temperature were above the normal ranges.

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

10. **SUSPECT'S STATEMENTS:** Suspect admitted taking about 24 Coricidin pills.

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

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

13. **MISCELLANEOUS:** The suspect stated he had been transported to the hospital several months ago when he overdosed by taking 32 Coricidin pills.

Rev. 10/10

DRUG INFLUENCE EVALUATION

Evaluator: Officer Jim Pullen, Westminster P.D.	DRE #: 010766	Rolling Log #: 10-56	**Session XVI- #3**
Recorder/Witness: Officer Jeff Schuster, W.P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 55170-04
Arrestee's Name (Last, First, Middle): George, Debra A.	Date of Birth: 8/24/84	Sex: F / Race: W	Arresting Officer (Name, ID#): Jeff Schuster, WPD #10765
Date Examined / Time /Location: 05/02/10 2315 Westminster PD	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 74080	Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐
Miranda Warning Given: ☒ Yes ☐ No Given By: Ofc. Schuster	What have you eaten today? When? Pizza 6 PM	What have you been drinking? How much? Nothing N/A	Time of last drink? N/A
Time now/ Actual: 11 PM/11:15 PM	When did you last sleep? How long: Last night 6-7 hrs.	Are you sick or injured? ☐ Yes ☒ No	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: Passive, non-responsive	Coordination: Poor, slow, staggering	
Speech: Slow, confused, thick	Breath Odor: Normal	Face: Sweaty, 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. 106 / 2325	Lack of Smooth Pursuit	Yes	Yes
2. 104 / 2336	Maximum Deviation	Yes	Yes
3. 104 / 2345	Angle of Onset	Immediate	Immediate

Convergence: Right eye / Left eye

ONE LEG STAND (3 / 2)

Romberg Balance: 3" 3" 3" 3"

Walk and Turn test

	1st Nine	2nd Nine
Cannot keep balance	✓✓	
Starts too soon		
Stops walking		
Misses heel-toe	✓✓✓✓✓	all steps
Steps off line		
Raises arms	constant	constant
Actual steps taken	10	12

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

Test stopped for safety reasons

Internal clock: 42 estimated as 30 seconds	Describe Turn: Stopped, slow	Cannot do test (explain): N/A	Type of footwear: 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	4.0	6.5	3.5
Right Eye	4.0	6.5	3.5

Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION: ☐ Yes ☒ No

REACTION TO LIGHT: Normal

RIGHT ARM / LEFT ARM

Nothing observed

Blood pressure: 158/104	Temperature: 100.4

Muscle tone: ☐ Normal ☐ Flaccid ☒ Rigid

Comments:

What drugs or medications have you been using? No response	How much? N/A	Time of use? No response	Where were the drugs used? (Location) No response
Date / Time of arrest: 05/02/10 2250	Time DRE was notified: 2300	Evaluation start time: 2315	Evaluation completion time: 2358 / Precinct/Station:
Officer's Signature:	DRE #: 010766	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**:** George, Debra A.

1. **LOCATION:** The evaluation was conducted at the Westminster Police Department.

2. **WITNESSES:** Arresting officer; Jeff Schuster of W.P.D. witnessed the evaluation.

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

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted and requested to contact Officer Schuster at W.P.D. for a drug evaluation. Officer Schuster stated he had stopped the suspect after observing her nearly hit several parked cars. Her speech was slow and slurred. She was very confused and not sure of her surroundings. Her coordination was very poor and she nearly fell attempting the SFST's.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the Processing Room at W.P.D. She appeared dazed and disoriented. She had a fixed stare and was responding slowly to Officer Schuster's questions. She was unstable on her feet and several times used the wall to steady herself. Her movements were slow and deliberate.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" in a circular motion and estimated 30 seconds in 42 seconds. Walk & Turn: Suspect missed heel to toe numerous times and nearly fell twice. She repeatedly used her arms for balance and took a wrong number of steps. One Leg Stand: Suspect lost her balance using the wall to steady herself and the test had to be stopped. Finger to Nose: Suspect missed the tip of her nose on five of the six attempts.

8. **CLINICAL INDICATORS:** Suspect had six clues of Nystagmus with an immediate onset. Vertical Gaze Nystagmus was also present. She was unable to convergence her eyes and looked straight ahead. Her pulse, blood pressure and temperature were above the normal ranges.

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

10. **SUSPECT'S STATEMENTS:** The suspect did not respond when questioned about drug. However, she did make several "K-Hole" references.

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

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

13. **MISCELLANEOUS:**

Topics for Study

1. What was the original purpose for which PCP was first patented and marketed?

2. Why do many PCP smokers prefer to adulterate mentholated cigarettes with PCP?

3. What is Ketamine?

4. What does the term "dissociative anesthetic" mean?

5. "Phencyclidine" is a contraction of what three words?