SESSION XVII

NARCOTIC ANALGESICS

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

- Explain a brief history of the Narcotic Analgesic category of drugs.
- Identify common drug names and terms associated with the 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 drug category.
- Describe the procedures for examining and determining the ages of injection sites.
- Correctly answer the "topics for study" questions at the end of the session.

A. Overview of Narcotic Analgesics

There are two subcategories of Narcotic Analgesics. The first subcategory consists of the Opiates. The second subcategory is the Synthetics.

The Opiates are drugs that either contain or are derived from opium. There are two basic types of opiates, alkaloids and derivatives. An "alkaloid" is a substance that is found in another substance, and can be isolated from it. For example, Morphine, Codeine and Thebaine are all found in opium and are natural alkaloids. Opium Derivatives are produced by chemically treating the natural alkaloid. Heroin is probably the most famous Opium Derivative, but there are a number of other important drugs that are produced in this manner. The source for both the Natural Alkaloids and the Opium Derivatives is a particular species of poppy plant, called the "opium poppy", or papaver somniferum (Latin for "the poppy that brings sleep"). Opium is the sap from the seed pods of that plant.

The second subcategory of Narcotic Analgesics has nothing to do with the opium poppy. This subcategory consists of the Synthetics, which are produced artificially from a variety of non-opiate substances. One of the best known of these is Methadone, a drug used as a substitute for Heroin in drug treatment programs. The synthetics do not derive from opium at all, but have similar or identical effects.

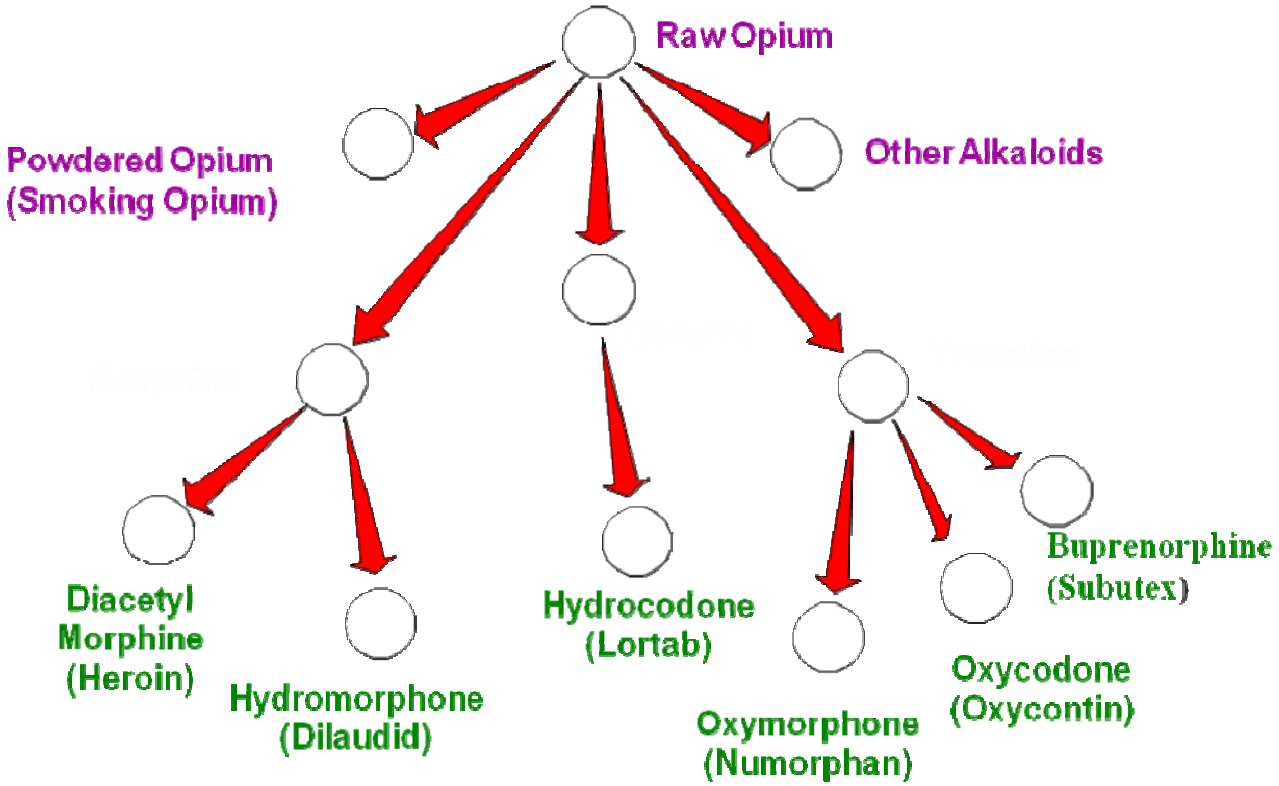
All Narcotic Analgesics share three distinguishing characteristics:

- they will relieve pain (this is what "analgesic" means);
- they will produce withdrawal signs and symptoms, when the drug is stopped after chronic administration;
- their use will suppress the signs and symptoms of chronic morphine withdrawal. (This means that the various Narcotic Analgesics can be substituted for each other to relieve withdrawal symptoms.)

1. The chart on the next page lists the names of some natural alkaloids and Opium Derivatives and shows their derivation from opium.

   Powdered opium, also known as "smoking opium", is not really a derivative, but rather is a simple refinement of raw opium. (In much the same sense, "refined sugar" is still sugar.) Powdered opium is used medically to treat diarrhea. As a medicine, it is taken orally. As a drug of abuse, it is smoked. It remains popular as a drug of abuse among some Asian American communities.

Commonly-Abused Opiates and Their Derivation From Opium



Morphine is the principal natural alkaloid of opium. It was first isolated from opium in 1805. Morphine is used medically to suppress severe pain, for example, with terminal cancer patients. It is highly addictive.

Codeine is another natural alkaloid of opium, separate from morphine. Codeine was first isolated in 1832. It is used medically to suppress coughing or minor pain. Although codeine is an analgesic, its pain killing ability is much weaker than morphine's. Codeine definitely is addictive. NOTE: The technical name for Codeine is Methylmorphine.

Heroin is an Opium Derivative that is produced by chemically treating Morphine. Heroin is the most commonly abused illicit Narcotic Analgesic. Heroin was first produced in 1874, in the hope that it would prove to be a non-addictive substitute for Morphine. Heroin was approved for general use by the American Medical Association in 1906. However, its importation and manufacture have been illegal in this country since 1925. NOTE: The technical, or generic, name for heroin is Diacetyl Morphine.

Dilaudid is another Opium Derivative that also is produced from Morphine. Dilaudid sometimes is called "drug store heroin", because it is commercially available. It is used medically for short term relief of moderate to severe pain, and to suppress severe, persistent coughs. Dilaudid has the same addictive liabilities as does heroin or morphine. NOTE: The technical, or generic, name for Dilaudid is Hydromorphone Hydrochloride.

Hydrocodone is derived from Codeine but is more closely related to Morphine in its pharmacological profile. It is most frequently prescribed in combination with acetaminophen (i.e. Vicodin, Lortab) but is also marketed in products with aspirin (Lortab ASA), ibuprofen (Vicoprofen) and antihistamines (Hycomine). Hydrocodone products are the most frequently prescribed pharmaceutical opiates in the United States with over 111 million prescriptions dispensed in 2003. Hycodan is another trade name of Hydrocodone.

Numorphan is a powerful semi-synthetic derivative analgesic with the same addictive properties as morphine. It is used medically for relief of chronic pain. It is sold in ampules (injection) and in suppositories. NOTE: The technical, or generic, name for Numorphan is Oxymorphone.

Thebaine is an opiate alkaloid derived from opium. It is not used therapeutically. It is converted into several drugs including oxycodone and oxymorphone.

Oxycodone is a semi-synthetic derivative produced by chemically treating Thebaine and prescribed for chronic or long-lasting pain. Oxycodone is the active ingredient of OxyContin and is also the main ingredient for Percodan and Tylox. OxyContin contains between 10 and 160 milligrams of Oxycodone in a timed release tablet. Other pain killers, such as Tylox contain 5 milligrams of Oxycodone. OxyContin has quickly become one of the major drugs of abuse. It is referred to as “Oxy”, “OC” and “killer” on the street. Abusers of the drug either crush the tablet for ingestion, snorting it or dilute it in water and inject it. Crushing or diluting the tablet disarms the timed-release action and causes a quick, powerful high. It is somewhat less addictive than morphine, but more addictive than codeine.

Buprenorphine is a Thebaine derivative with powerful analgesia properties. Depending on the application form, buprenorphine is normally prescribed for the treatment of moderate to severe chronic pain. Buprenorphine hydrochloride is normally administered by intramuscular injection, intravenous infusion, via a transdermal patch, or as a sublingual tablet. It is not administered orally.

2. Some common synthetic opiates include the following.

Demerol is one of the most widely used synthetic opiates for relief of pain and for sedation. It was first produced in 1939. The technical name for Demerol is Meperidine.

Methadone was developed in Germany during World War II. Methadone's effects are similar to morphine's, although Methadone's effects develop more slowly and last longer. Methadone was developed because of war-time shortages in Germany of morphine. Methadone is not designed to be injected, and it has a much longer duration of effects than heroin. Also, Methadone's withdrawal symptoms are slower and milder than are morphine's. It is for these reasons that Methadone is used extensively in "maintenance programs" as a substitute for heroin for addicts undergoing treatment. The technical name is Dolophine.

The Fentanyls include several hundred "designer drug" analogs of morphine. "Sublimaze" is a brand name for Fentanyl. It is a Schedule II drug. It is frequently found in overdose situations. For example, "Tango and Cash" and "Goodfellas," which contained Fentanyl, were sold in New York City in 1990 as Heroin. Many fatal overdoses occurred as a result. Fentanyls were first developed in 1965. The principal abused Fentanyl is "three-methyl Fentanyl". This analog is very powerful, and can be fatal in very small amounts.

MPPP is an illegally manufactured analog of Demerol. MPPP is powerfully addictive, and thus is very dangerous in its own right. What makes it even more dangerous is the fact that the "home chemists" who produce it often make a mistake that causes the MPPP to become contaminated with a substance called MPTP, a chemical that produces a paralysis similar to Parkinson's Disease.

3. Methods of administration vary from one Narcotic Analgesic to another. Methods of ingestion include: oral, smoking, injection, snorted, suppositories and transdermally. An example is heroin which can be injected, snorted or smoked.

B. Possible Effects of Narcotic Analgesics

However, the effects that a Narcotic Analgesic user will experience and exhibit depend on the tolerance that the user has developed for the drug. As a person develops tolerance for a drug, that person will experience diminishing effects if they continue to take the same dose of the drug. Conversely, if the person wishes to continue to experience the same effects, he or she will have to take steadily larger doses as tolerance develops.

People develop tolerance to Narcotic Analgesics fairly rapidly. A Narcotic Analgesic user who has developed tolerance and who has taken his or her "normal" dose of the drug may exhibit little or no evidence of intellectual or physical impairment. For example, a heroin addict who has injected his or her usual dose may be able to operate a car properly and satisfactorily perform the Standardized Field Sobriety Tests.

The clinical and physical effects of Narcotic Analgesics usually are evident with new users, or with tolerant users who have taken more than their "normal" doses.

One of the most easily observable effects is a condition known as "on the nod." This is a semiconscious state of deep relaxation, brought about by the sedative action of the drug. When a user is "on the nod", their eyelids will become very droopy (ptosis), and the head will slump forward until the chin rests on the chest. But the user usually can be awakened easily and be sufficiently alert to respond to questions.

Other effects may include:

- slowed reflexes
- slow and raspy speech
- slow, deliberate movement
- inability to concentrate
- slow breathing
- skin cool to touch
- possible vomiting
- itching of the face, arms, or body

C. Onset and Duration of Effects of Narcotic Analgesics

Heroin users generally experience certain psychological effects immediately after injection. These include a feeling of pleasure or euphoria; relief from withdrawal symptoms; and, relief from pain. Physical effects, if they are evident at all, typically will become evident after 5-30 minutes. But remember, physical effects may not be evident if the user is tolerant and has taken a normal dose.

The physical effects usually will be observable for up to 4-6 hours with new users.

As the physical effects begin to disappear, withdrawal signs and symptoms start to emerge. These withdrawal signs can become very severe, if the user does not take another dose. However, it is important to keep in mind that when withdrawal signs are evident, the individual is no longer under the active influence of the drug.

As the effects of the Heroin diminish, withdrawal symptoms begin. The addicted user experiences chills, aches of the muscles and joints, nausea and insomnia.

Outward signs of withdrawal typically start to be observable within 8-12 hours. The subject sweats and has goose bumps on the skin. Reflexes become hyperactive. The subject yawns, may vomit, their nose runs and the eyes tear. At this point, the withdrawal signs and symptoms closely resemble those of the common cold or the flu. The withdrawal signs and symptoms intensify from 14-24 hours, and may be accompanied by goose bumps (piloerection), slight tremors, loss of appetite and dilation of the pupils.

Approximately 24-36 hours since the last "fix", the subject experiences insomnia, vomiting, diarrhea, weakness, depression and hot/cold flashes. Withdrawal signs and symptoms generally reach their peak after 2-3 days. At this point, the subject usually experiences muscular and abdominal cramps, elevated temperature and severe tremors and twitching. This twitching, especially of the legs, is referred to as the expression "kicking the habit". The subject is very nauseated at this time, may gag and vomit repeatedly, and may lose 10-15 pounds within 24 hours.

D. Signs And Symptoms of Narcotic Analgesic Overdose

Narcotic Analgesics depress respiration. The subject's breathing becomes slow and shallow, and death can occur from severe respiratory depression. The danger of death from an overdose of Narcotic Analgesic is heightened by the fact that the addicted user may not know the strength of the drug that he or she is taking. The subject's skin becomes clammy, and the subject may experience convulsions, and slip into a coma. The subject's lips may turn blue, and the body may become pale or blue. The subject may have extremely constricted pupils (unless there is brain damage in which pupils may be dilated).

E. Expected Results of the Evaluation

When a person under the influence of a Narcotic Analgesic 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 - constricted

Reaction to light - little to none visible

Pulse rate - down

Blood pressure - lowered

Temperature - down

Muscle tone - flaccid

Injection sites usually will be found, with heroin users. Injection sites may not be evident with users of other Narcotic Analgesics.

In general, the effects of Narcotic Analgesics include:

- constricted pupils
- depressed reflexes
- drowsiness
- droopy eyelids (ptosis)
- dry mouth
- euphoria
- facial itching
- nausea
- "on the nod"
- puncture marks
- slowed reflexes
- slow, low, raspy speech
- slowed breathing

F. Injection Site Examination

Examination of injection sites can reveal many clues about a subject's drug habit. The sites can reveal if the subject injects their drugs and if the use was current or in the recent past.

Drugs enter the body through three major tissues of the body - intramuscular, just under the skin (subcutaneous) or through a vein.

The primary instrument used to inject drugs is a hypodermic syringe. The syringe consists of a hollow needle, tube and a plunger. The inside diameter of the needle or gauge vary in size. The larger the gauge, the smaller the needle.

The subject's equipment is commonly referred to as a "hype kit" or "works". The kit consists of a cooker, handle, matches or lighter, a tourniquet and "cottons."

As a DRE, you will be asked in court to describe the difference between legal and illegal injection marks. A legal injection utilizes the muscle, usually is only one mark, and sterile needles are used. An illegal injection utilizes veins, will usually be

multiple marks in various stages of healing and since the same needle is usually used over and over again, the mark will have a barbed or jagged appearance.

A user will frequently use the same spot to inject the drugs to reduce the likelihood of detection. This technique is sometimes referred to as "trap dooring."

There is not exact science to classify the age of puncture sites. However, there are some general puncture site classifications:

Classifications:

Fresh - A fresh puncture site is defined as 0 - 12 hours and will be a red dot and have a oozing appearance or blood crater with no scab formation.

Early - An early puncture site is approximately 12 - 96 hours (half day to 4 days) and will have a light scab, light bruise, reddened border and a crater appearance.

Late - A late puncture site is 5 - 14 days and will have a dark scab, dark bruise and the crater will flatten.

Healing - A healing puncture site is over 14 days old and the scab will be flaking and falling off with shriveled, light colored skin.

G. Expected Location of Injection Marks

Injection sites can be located anywhere on the subject's body. The arms are the most frequently used place. The subject may use the ankles, neck, feet or any place where a vein is accessible.

It is necessary to conduct a thorough slow methodical examination of the subject's arms. Using a magnifying light called a schematic light or "ski light," examine the left inner arm as it is extended with the palm facing you. Then ask the subject to contract the arm by grasping their shoulder (this forces the veins to protrude). Beginning at the wrist, examine the arm to the elbow. Examine the outer arm as it is extended palm facing down. Start the exam at the shoulder and move to the wrist. Ask the subject to extend his or her fingers to examine the fingers. Pay particular attention to the areas between the fingers, under watches and rings. Repeat the examination for the right arm.

Ankles are the next most common injection site, especially the back. Extreme caution should be used when examining the shoes and socks for evidence because syringes and needles are commonly hidden there.

H. Conclusion

The examination may reveal evidence of recent use, however, just the presence of injection sites doesn't mean the person is under the influence or impaired.

DRE's may elect to photograph new or recent injection marks for evidential purposes.

Conducting a thorough examination is a skill and requires practice to become proficient.

DRUG INFLUENCE EVALUATION

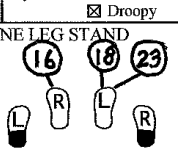
Evaluator: Karl Nieberlein, Sparks Police Department	DRE #: 6176	Rolling Log #: 10-08-014	**Session XVII-#1**
Recorder/Witness: Sgt. Mac Venzon, Reno PD	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 10-44745
Arrestee's Name (Last, First, Middle): Vaughn, Gerald T.	Date of Birth: 5/14/80	Sex: M / Race: B	Arresting Officer (Name, ID#): Officer Rich Gamwell, Sparks PD #1844
Date Examined / Time /Location: 08/24/10 1805 Washoe Co. Jail	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 15344	Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐

Miranda Warning Given ☒ Yes ☐ No; Given By: Ofc. Gamwell	What have you eaten today? When? Nothing N/A	What have you been drinking? How much? Dr. Pepper N/A	Time of last drink? N/A	
Time now/ Actual: 7:00 PM/1810	When did you last sleep? How long: Last night 4 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 "Methadone"	Attitude: Cooperative, passive	Coordination: Relaxed, slow, unstable		
Speech: Low, raspy	Breath Odor: Normal	Face: Normal		
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. 56 / 1817	Lack of Smooth Pursuit	No	No
2. 58 / 1825	Maximum Deviation	No	No
3. 58 / 1832	Angle of Onset	None	None

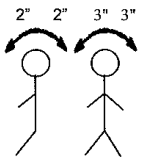
Convergence: Right eye → / Left eye ←

36 ONE LEG STAND 35

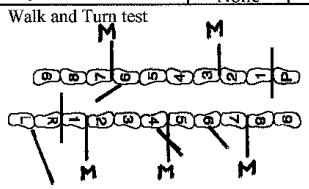


	L	R
Sways while balancing	✓✓	✓✓
Uses arms to balance	☑	☑
Hopping	☐	☐
Puts foot down	☑	✓✓

Romberg Balance: 2" 2" 3" 3"



Walk and Turn test

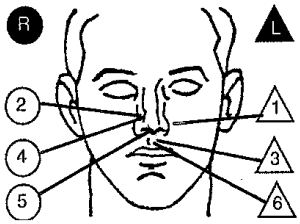


Slow, deliberate steps

	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: 44 estimated as 30 seconds	Describe Turn: Slow, deliberate	Cannot do test (explain): N/A	Type of footwear: Lace-up boots

Draw lines to spots touched



Slow movements

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

Nasal area: Clear

Oral cavity: Clear

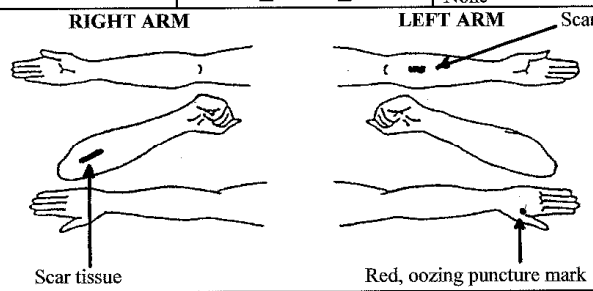
REBOUND DILATION: ☐ Yes ☒ No

REACTION TO LIGHT: None

Blood pressure: 110/64	Temperature: 98.0

Muscle tone: ☐ Normal ☒ Flaccid ☐ Rigid

RIGHT ARM **LEFT ARM**



Comments:

What drugs or medications have you been using? "Just methadone, man"	How much? "The normal"	Time of use? 3PM	Where were the drugs used? (Location) "The clinic"
Date / Time of arrest: 08/24/10 1720	Time DRE was notified: 1745	Evaluation start time: 1805	Evaluation completion time: 1900	Precinct/Station:
Officer's Signature:	DRE #: 6176	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**:** Vaughn, Gerald T.

1. **LOCATION:** The evaluation was conducted at the Washoe County Jail.

2. **WITNESSES:** Sergeant Mac Venzon of the Reno P.D witnessed the evaluation.

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

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted and requested to contact Officer Gamwell at the Washoe County Jail for a drug evaluation. Officer Gamwell advised the suspect was operating a vehicle reported stolen earlier in the day by Reno PD. After stopping the suspect, Officer Gamwell noted that suspect's speech was slow, slurred and raspy. His coordination was poor and he was licking his lips repeatedly. His pupils were constricted and he performed poorly on the SFST's.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the Washoe County Jail. He appeared to be asleep. His eyes were closed, his head kept nodding forward and his breathing was slow. The suspect responded to questions and became more alert as time passed. His voice was raspy and his pupils appeared constricted. He was licking his lips and his movements were slow and deliberate.

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

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 2" front to back and 3" side to side. He estimated 30 seconds in 44 seconds. Walk and Turn: Suspect lost his balance during the instructions, missed heel to toe three times on the first nine steps and twice on the return. He also stepped off the line three times and used his arms for balance. One Leg Stand: Suspect counted slowly, swayed and used his arms for balance. He put his foot down once while standing on the left foot and twice when standing on the right foot. Finger to Nose: Suspect missed the tip of his nose with five of the six attempts.

8. **CLINICAL INDICATORS:** Suspect's pulse and blood pressure were below the normal range. His pupils were constricted with no visible reaction to light. His eyelids were droopy.

9. **SIGNS OF INGESTION:** Subject had scar tissue on both his left and right forearms and a fresh oozing puncture wound on the back his left hand. (Photographed).

10. **SUSPECT'S STATEMENTS:** Suspect admitted using Methadone earlier in the day.

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

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

Rev. 10/10

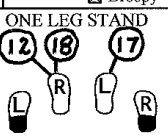
DRUG INFLUENCE EVALUATION

Evaluator: Sr. Trooper Jim Pierce, Oregon State Police	DRE #: 004600	Rolling Log #: 10-017	**Session XVII- #2**
Recorder/Witness: Sgt. Mike Iwai, Oregon State Police	Crash: ☐ None ☐ Fatal ☒ Injury ☐ Property		Case # 10-25250
Arrestee's Name (Last, First, Middle): Bursten, David L	Date of Birth: 4/20/80	Sex: M / Race: W	Arresting Officer (Name, ID#): Officer Darke Hull, Portland Police Bureau #12581
Date Examined / Time /Location: 06/01/10 8:40 pm Central Precinct	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 21250	Chemical Test: Urine ☒ Blood ☐ Test or tests refused ☐
Miranda Warning Given: ☒ Yes ☐ No Given By: Ofc. Hull	What have you eaten today? When? Nothing N/A	What have you been drinking? How much? Nothing N/A	Time of last drink? N/A
Time now/ Actual: Don't know	When did you last sleep? How long: Last night "a few hours"	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: Poor, sluggish, stumbling	
Speech: Slow and deliberate	Breath Odor: Normal	Face: Normal	
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

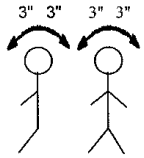
Pulse and time	HGN	Left Eye	Right Eye
1. 58 / 8:50	Lack of Smooth Pursuit	No	No
2. 56 / 9:05	Maximum Deviation	No	No
3. 54 / 9:20	Angle of Onset	None	None

Convergence: Right eye → / Left eye ←

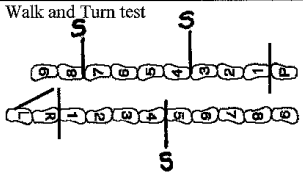
20 ONE LEG STAND 22



Romberg Balance



Walk and Turn test



Walked slowly

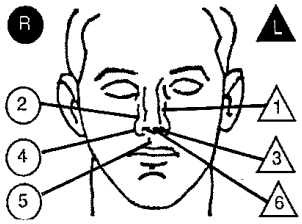
	1st Nine	2nd Nine
Cannot keep balance	✓	
Starts too soon		
Stops walking	✓	✓✓
Misses heel-toe		
Steps off line		
Raises arms	✓✓	✓✓✓
Actual steps taken	9	9

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

Counted slowly

Internal clock	Describe Turn	Cannot do test (explain)	Type of footwear:
58 estimated as 30 seconds	Lost balance, staggered to the left	N/A	Loafers

Draw lines to spots touched



Slow movements

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

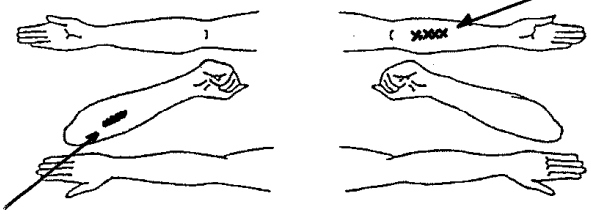
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION: ☐ Yes ☒ No

REACTION TO LIGHT: None visible

RIGHT ARM **LEFT ARM** 4 puncture wounds



Scar tissue

Blood pressure	Temperature
108/60	97.0

Muscle tone: ☐ Normal ☒ Flaccid ☐ Rigid

Comments: Arms and neck very relaxed

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
None	Refused	Refused	Refused

Date / Time of arrest:	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:
06/01/10 8:05 pm	8:20 pm	8:40 pm	9:50 pm	Central

Officer's Signature:	DRE #: 004600	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**:** Bursten, David L.

1. **LOCATION:** The evaluation was conducted at the PPB Central Traffic Precinct.

2. **WITNESSES:** Sgt Niiya of the Portland Police Bureau witnessed the evaluation.

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

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted and advised to contact Sgt. Niiya and Officer Darke Hull for a drug evaluation. Officer Hull advised the suspect had failed to stop at a red light on N.E. Burnside and struck a pedestrian in the crosswalk. The pedestrian was transported to the hospital in serious condition. Officer Hull noted that the suspect had slow and deliberate movements and his speech was slow, slurred and raspy. He was unable to perform the SFST's as directed and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the Central Precinct. He was repeatedly scratching his face and neck. His head kept nodding forward and he appeared to be "on the nod." His voice was raspy, his pupils appeared to be constricted and his eyelids were droopy.

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

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" in a circular motion and he estimated 30 seconds in 58 seconds. Walk & Turn: Suspect lost his balance during the instructions, stopped while walking once on the first nine steps and twice on the return. He walked very slowly and used his arms for balance. One Leg Stand: Suspect counted slowly, swayed, used his arms for balance and put his foot down. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts.

8. **CLINICAL INDICATORS:** Suspect's pulse, blood pressure and temperature were below the normal ranges. His pupils were constricted in two of the three lighting levels.

9. **SIGNS OF INGESTION:** Suspect had scars on his right forearm and fresh puncture wounds on the inside of his left arm. The puncture wounds were photographed.

10. **SUSPECT'S STATEMENTS:** The suspect refused to answer questions about drug use.

11. **DRE'S OPINION:** In my opinion Bursten is under the influence of a Narcotic Analgesic 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: Lt. Tim Tomczak, Raleigh P.D.	DRE #: 9139	Rolling Log #: 10-031	**Session XVII - #3**
Recorder/Witness: Brian Smith, NC DRE State Coordinator	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 10-35125
Arrestee's Name (Last, First, Middle): Sheehan, Thomas	Date of Birth: 5/16/76	Sex: M / Race: W	Arresting Officer (Name, ID#): Sgt. Brandon Craft, North Carolina H.P. #7745
Date Examined / Time /Location: 03/17/10 2210 Raleigh PD Intake	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 4200	Chemical Test: Urine ☒ Blood ☐ Test or tests refused ☐

Miranda Warning Given: ☒ Yes ☐ No. Given By: Sgt. Craft	What have you eaten today? When? "Nothing" "Don't know"	What have you been drinking? How much? "I don't drink"		Time of last drink? N/A
Time now/ Actual: 8 PM/2215 hours	When did you last sleep? How long: This morning 4 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 "I don't take drugs"	Attitude: Sarcastic	Coordination: Slow, stumbling, staggering		
Speech: Slow, raspy	Breath Odor: Normal	Face: Pale		
Corrective Lenses: ☐ None (removed glasses) ☒ 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 very	

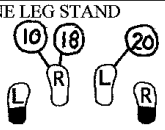
Pulse and time

1. 60 / 2220
2. 58 / 2235
3. 58 / 2258

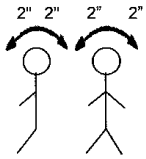
HGN	Left Eye	Right Eye
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

Convergence: Right eye → / Left eye ←

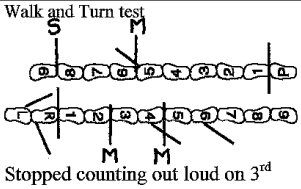
24 ONE LEG STAND 26



Romberg Balance



Walk and Turn test



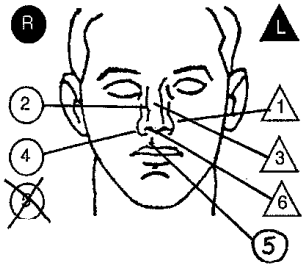
Stopped counting out loud on 3rd step

	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

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

Internal clock: 55 estimated as 30 seconds	Describe Turn: As instructed, slow	Cannot do test (explain): N/A	Type of footwear: Dress 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	2.5	3.0	1.5
Right Eye	2.5	3.0	1.5

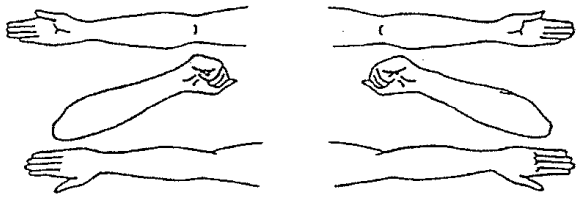
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION: ☐ Yes ☒ No

REACTION TO LIGHT: Little to none visible

RIGHT ARM **LEFT ARM**



None observed

Blood pressure: 112/64	Temperature: 97.7

Muscle tone: ☐ Normal ☒ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using? "Nothing"	How much? "I don't do drugs"	Time of use? "I didn't"	Where were the drugs used? (Location) No answer

Date / Time of arrest: 03/17/10 2105	Time DRE was notified: 2130	Evaluation start time: 2210	Evaluation completion time: 2315	Precinct/Station:

Officer's Signature:	DRE #: 9139	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**:** Sheehan, Thomas

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

2. **WITNESSES:** The A/O; Sgt. Brandon Craft of the North Carolina Highway Patrol recorded the evaluation. Brian Smith , the N.C. DRE State Coordinator witnessed.

3. **BREATH ALCOHOL TEST:** Sheehan had a 0.00% breath test result.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was requested to contact Sergeant Craft for a drug evaluation. Sergeant Craft advised the suspect was observed drifting in and out of his traffic lane and driving 20 mph under the posted speed on Highway 64. Sergeant Craft noted the suspect had poor coordination and had slow and deliberate movements. His speech was slow and slurred. His pupils were constricted. He performed poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the Raleigh Police Department. He was sitting at the interview table scratching his face and appeared to be "on the nod." His voice was low, slow and raspy. His pupils were constricted and his eyelids were droopy. He stated he was cold.

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

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 2" front to back and side to side and estimated 30 seconds in 55 seconds. Walk & Turn: Suspect lost his balance during the instructions, missed heel to toe, stopped walking and used his arms for balance. One Leg Stand: Suspect counted slowly, swayed, used his arms for balance and put his foot down. Finger to Nose: Suspect missed the tip of his nose on five of the six attempts and used the incorrect order as directed

8. **CLINICAL INDICATORS:** Two of the suspect's three pulse rates were below the normal range. His blood pressure was below the normal range. His pupils were constricted in two of the three lighting levels. He had no visible reaction to light.

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

10. **SUSPECT'S STATEMENTS:** The suspect denied drug use.

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

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

13. **MISCELLANEOUS:** An empty container of Vicodin was located in the suspect's vehicle.

10/10

Topics for Study

1. What are the two subcategories of Narcotic Analgesics?

2. What three distinguishing characteristics do all Narcotic Analgesics share?

3. Consider this situation:

   A heroin addicted user injects what is, for him, a "normal" dose of the drug. One hour later a DRE examines the addicted user and finds that he is not impaired.

   What is the most likely explanation for this?

4. What is another, more common, name for the drug call Diacetyl Morphine?

5. What is Methadone?

6. An analgesic is a drug that _____?

7. What is MPPP?

8. What is Oxycodone?