1 Hour and 40 Minutes

SESSION XVI

DISSOCIATIVE ANESTHETICS

SESSION XVI DISSOCIATIVE ANESTHETICS

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

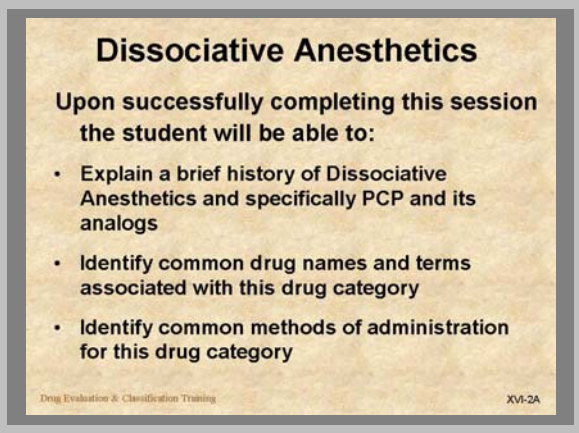
- Explain a brief history of Dissociative Anesthetics and specifically PCP and its analogs.
- Identify common drug names and terms associated with this drug category.
- Identify common methods of administration for this drug category.
- Describe the symptoms, observable signs and other effects associated 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.

CONTENT SEGMENTS	LEARNING ACTIVITIES
A. Overview of Dissociative Anesthetics	▪ Instructor-Led Presentations
B. Possible Effects of Dissociative Anesthetics	▪ Review of DEC Exemplars
C. Onset and Duration of Effects	▪ Reading Assignments
D. Signs and Symptoms of Dissociative Anesthetics Overdose	▪ Video Presentations
E. Expected Results of the Evaluation	▪ Slide Presentations

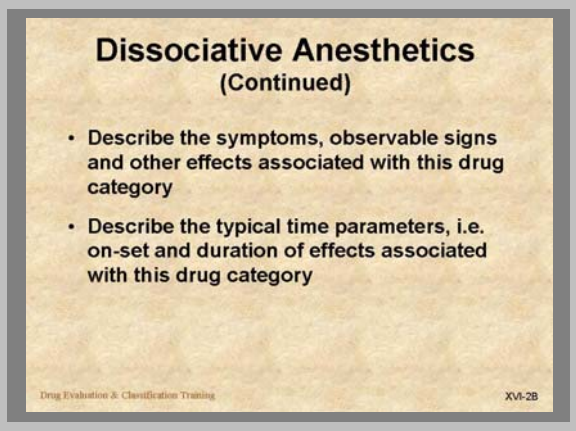
I. DISSOCIATIVE ANESTHETICS

Session 16-1: Session 16

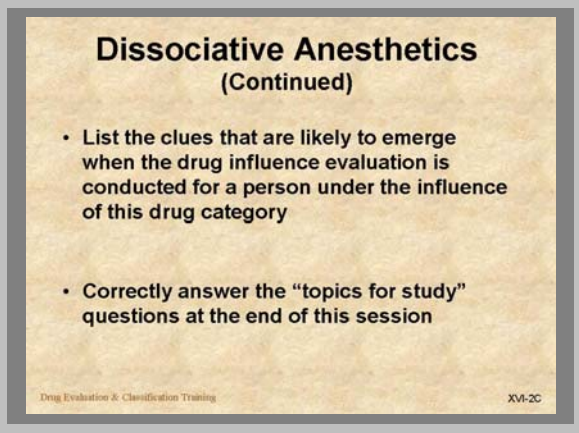
Session 16-2: Dissociative Anesthetics



Session 16-2B: Dissociative Anesthetics



Session 16-2C: Dissociative Anesthetics

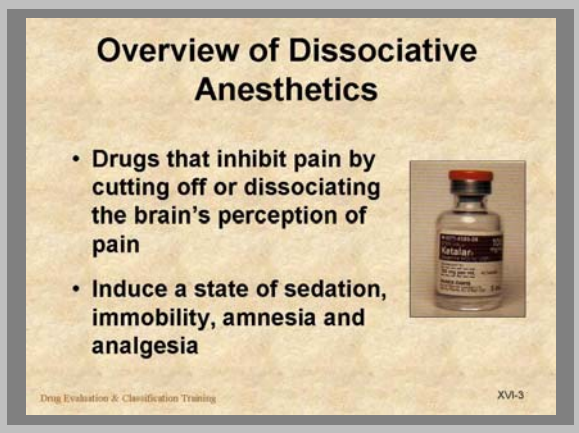


Briefly review the objectives, content and activities of this session.

A. Overview of the Category

- Point out that this category was changed from PCP to Dissociative Anesthetics by the IACP DRE Technical Advisory Panel in September 2005.

Session 16-3: Overview of Dissociative Anesthetics



Dissociative Anesthetics

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

- Point out that the term "Dissociative Anesthesia" is derived from the strong feeling of dissociation from the environment that is expected by the user. PCP was the first drug used for this purpose.

Phencyclidine (PCP)

Phencyclidine or PCP, is a drug that, along with its analogs, are examples of this distinct drug category.

The chemical for PCP is Phenyl Cyclohexyl Piperidine.

Write the chemical name on the dry erase board or flip-chart, underlining the first "P", the first "C" and the last "P".

- PCP shares some characteristics with each of the three categories of drugs previously covered in this training.

- Point out that PCP and its analogs have often been referred to as "psychedelic anesthetics" because of the bizarre and varying effects they can cause.

- Point out that "Phencyclidine" is a contracted or a shortened form of the chemical name.

- Point out that an "analog" is a chemical that is very similar to the drug in terms of molecular structure or in psychoactive effects.

    - It produces some effects that are similar to the effects of CNS Depressants.

- Examples of effects PCP shares with Depressants: Nystagmus, slurred speech, slowed responses.

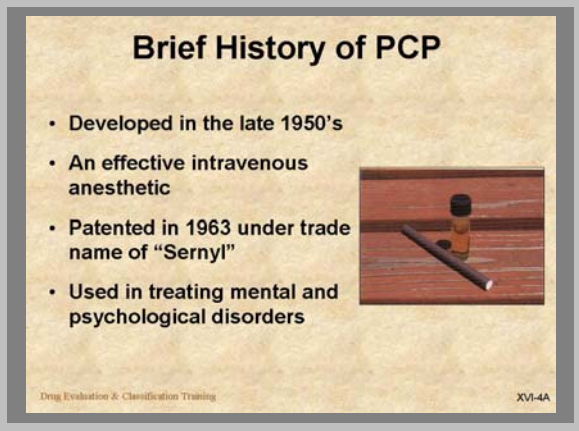
    - It produces some effects that are similar to those of CNS Stimulants.

- Examples of effects PCP shares with CNS Stimulants: elevated vital signs and restlessness.

    - In some respects it acts like a Hallucinogen.

- Point out that in many medical texts and other reference documents, PCP may be classified as a Hallucinogen. However, for purposes of the Drug Evaluation and Classification program, it is treated as a separate category.

Session 16-4A: Brief History of PCP



Phencyclidine was first developed in the late 1950's.

Developed by Parke-Davis and Company, a leading pharmaceutical firm.

- The developers were searching for a drug that would serve as an efficient intravenous anesthetic.

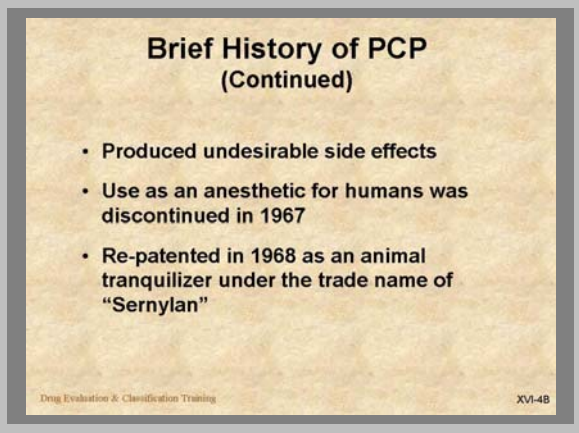
- PCP proved to be a very effective anesthetic.

An anesthetic is an agent that reduces or abolishes sensation.

- It was patented and marketed in 1963 under the trade name Sernyl.
- It was used in the treatment of mental and psychological disorders, including schizophrenia.
- Many adverse side effects were experienced by persons who had been treated with PCP.

Point out that some of these side effects will be discussed later.

Session 16-4B: Brief History of PCP



- In 1967, use of Phencyclidine as an anesthetic for humans was discontinued.
- In 1968, Parke-Davis re-patented PCP under the trade name Sernylan, which was restricted to use as a veterinary anesthetic.
- Sernyl for animals = Sernylan.
- However, Sernylan was often illicitly diverted to "street" use, so most legitimate manufacturing of PCP was stopped in 1978.
- Point out that this is why PCP sometimes goes by the "street" names "Monkey Dust"; "Elephant Tranquilizer"; "Horse Tranquilizer"; etc.

The Manufacture of PCP

PCP is relatively easy to manufacture.

- The chemicals required to produce it are readily available commercially.
- The formula for producing PCP has been widely publicized.
- Emphasize, however, that there is some danger present in the manufacturing process. Illicit PCP laboratories frequently explode and burn.
- The hardware needed to combine the chemicals is very basic.

Session 16-5A: Common "Street Names" for PCP

Session 16-5B: More "Street Names" for PCP

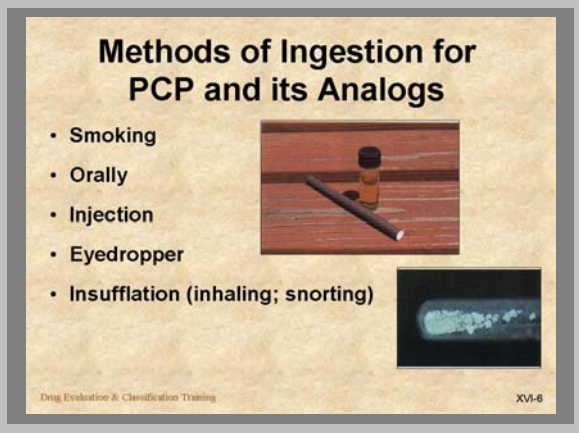
- Street names for PCP – “angel dust,” “crystal,” “sherms,” “elephant tranquilizer,” and “water.”

- Note that PCP labs commonly contain potassium cyanide and hydrochloric acid. If combined, those two chemicals produce the same lethal gas used in gas chambers designed for executions.

- Emphasize that officers should exercise great caution when they discover an illicit PCP lab.

Review the policy and procedures of the students’ department for dealing with PCP labs and materials.

Session 16-6: Methods of Ingestion for PCP and its Analogs



Methods of Ingestion: PCP

If available, display slides of the various PCP ingestion paraphernalia.

- Many users ingest PCP by smoking.

- PCP can be applied in either powder or liquid form to a variety of vegetable or leafy substances, which can then be smoked in a pipe or home made cigarette.

- Popular substances include mint leaves, parsley, oregano, tobacco, or marijuana.

- Note: Liquid PCP is especially dangerous because it can be absorbed through the skin. Hence, it could be used as a weapon.

- Point out that PCP smoke is very hot and can irritate the mouth and tongue. Mint leaves and similar material help to cool the smoke.

- Commercially prepared cigarettes can also be dipped in liquid PCP, allowed to dry and then smoked.

- Note: PCP adulterated cigarettes usually will be wrapped in metal foil to be preserved.

- Some users prefer to dip a string in liquid PCP, and then insert the string into a tobacco cigarette.

- Point out that "Kool" and "Sherman" brand cigarettes are popular for this, because they are mentholated. PCP adulterated cigarettes are sometimes called "Super Kools" or "Sherms."

- Note: White cigarette paper will be stained brown if adulterated with PCP. Brown cigarette paper will show white crystals, when adulterated.

PCP can also be insufflated or "snorted."

It can also be taken orally, in capsule or tablet form.

Some users inject liquid PCP, either directly into a vein, under the skin or into a muscle.

Some users have administered PCP to themselves by dripping liquid PCP onto their eyes, using an eyedropper.

Transdermal absorption of PCP has also been reported (i.e. when applied to the skin, especially as a liquid, PCP can penetrate directly into the body and bloodstream).

- Re-emphasize the danger to officers handling suspected drugs without proper protective gloves.

Solicit students' questions and comments about the overview of PCP.

Session 16-7A: Ketamine

Ketamine

Another drug in this category is called Ketamine. It continues to be manufactured and sold legitimately.

Write Ketamine on the dry erase or flip-chart.

Ketamine is a white, crystalline powder or clear liquid.

- Ketamine is used as a rapid surgical anesthetic, both for animals and humans, especially children.
- Some brand names of Ketamine: Ketalar, Ketaject, Ketaset, and Vetalar.
- Ketamine is also used for burn victims.

Session 16-7B: “Street Names” for Ketamine

- Street names include “K,” “Special K,” “Vitamin K,” “Jet” and “Super acid.”

Session 16-7C: Methods of Ingesting Ketamine

Ketamine can be applied in either powder or liquid form to a variety of vegetable or leafy substances, which can then be smoked in a pipe or homemade cigarettes.

Popular substances include mint leaves, parsley, oregano, tobacco, or marijuana.

Commercially prepared cigarettes can also be dipped in liquid Ketamine, allowed to dry and then smoked.

Some users prefer to dip a string in liquid Ketamine, and then insert the string into a tobacco cigarette.

Session 16-8A: Dextromethorphan (DXM)

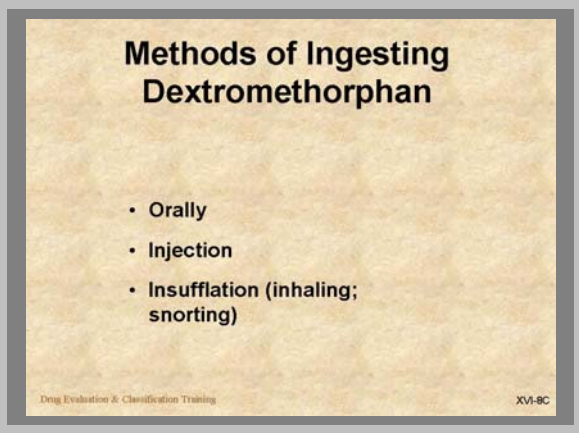
Another drug in this category is Dextromethorphan. It is sometimes referred to as "DXM" and is an ingredient found in numerous over-the-counter cough and cold remedies.

- Point out that DREs frequently encounter persons abusing DXM due to it's availability in so many over-the-counter products.
- Point out in some respects, DXM's effects can be similar to a CNS Depressant, CNS Stimulant, and Hallucinogen. It has been classified as a CNS Depressant in some medical texts and scientific/ research reports.
- Point out that DXM is often in other over-the-counter substances containing Acetaminophen, Chlorpheniramine, and Guaifenesin.
- DXM is a synthetically produced substance that is chemically related to Codeine, although it is not an opiate.
- When ingested in recommended dosage levels, DXM generally is a safe and highly effective cough suppressant; however, when ingested in large amounts, it produces negative physiological effects.
- DXM abusers normally ingest the drug orally, although some snort
- Some abusers ingest 250 to 1,500 milligrams in a single dosage.

Session 16-8B: “Street Names” for DXM

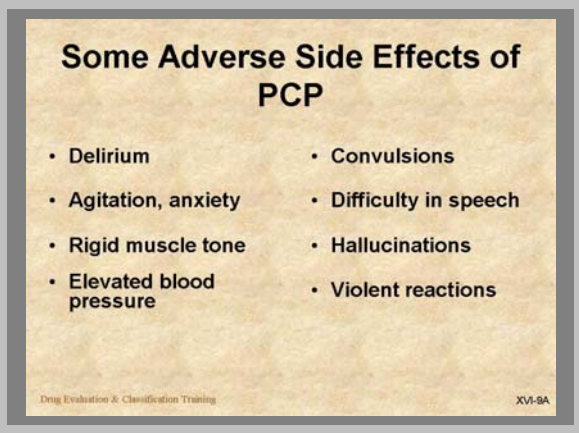
- Street names for Dextromethorphan include: “DXM,” “robo tripping,” “Skittles,” “Triple C,” “Robo dosing,” “DM,” and “robo.”

Session 16-8C: Methods of Ingesting Dextromethorphan



B. Possible Effects

Session 16-9A: Some Adverse Side Effects of PCP



Continuing research has demonstrated that PCP and other Dissociative Anesthetics consistently produced the following adverse side effects:

- Delirium
  - Delirium: confusion, incoherent speech, excitement, illusions, hallucinations, and disorientation.
- agitation, anxiety
- rigid muscle tone
- elevated blood pressure
- convulsions
  - Convulsion: involuntary contortion of the muscles, producing contortion of the body and limbs.
- difficulty in speech
- hallucinations
- violent reactions

Some lingering and long term effects were also noted.

- Some patients complained of dizziness for several hours after their attention and consciousness appeared to be cleared of PCP's effects.

- Some patients report memory disorders and other psychological disorders resembling schizophrenia for several months and even years afterwards.

PCP has sometimes been called a psychotomimetic drug; i.e. it produces effects that mimic psychosis, or "craziness." When the craziness remains long after the drug has dissipated, we say that its effects were psychotogenic, i.e. it didn't simply mimic craziness, it caused craziness.

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.

Cases of terribly bizarre, self destructive behavior have been reported with persons under the influence of PCP.

- Note: Instructors should feel free to replace or supplement these examples with others known personally to them.

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

- Point out that PCP can render the user impervious to pain. It anesthetizes the central nervous system to the extent that surgery could be performed on the user while he or she is wide awake.

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

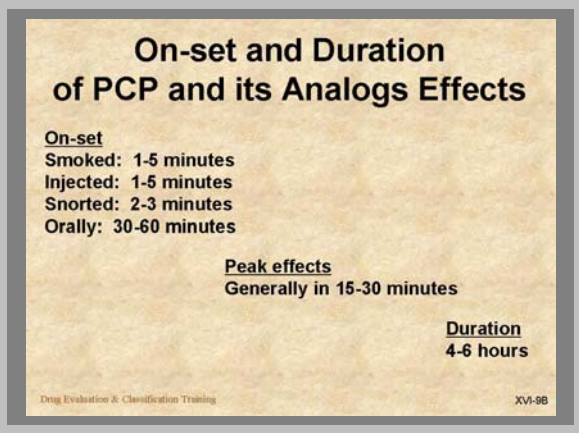
- Another young man drank rat poison, attempting to kill rats that he imagined were inhabiting his body.

- A nude woman 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.

    - Source: Washington Post, March 7, 1988.

C. Onset and Duration of Effects

Session 16-9B: On-set and Duration of PCP and its Analogs Effects



PCP

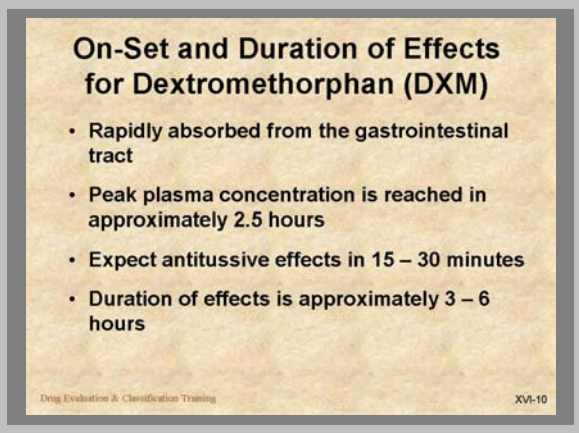
- When PCP is smoked or injected, onset occurs within 1 – 5 minutes.
- When inhaled ("snorted") onset occurs in 2 – 3 minutes.
- Onset is considerably slower when PCP is taken orally: 30 – 60 minutes.
- The effects reach their peak in about 15 – 30 minutes, assuming the PCP was smoked, injected or snorted.
- The effects generally last 4 – 6 hours, but they can go somewhat longer.
- The user usually, but not always returns to normal within 24 – 48 hours.

Ketamine

- Within seconds if smoked; duration varies.
    - Point out that Ketamine abusers will often "re-administer" the drug due to it's relatively short duration of action.
- 1 – 5 minutes if injected; lasting 30 – 45 minutes.
- 5 – 10 minutes if snorted; lasting 45 – 60 minutes.

- 15 – 20 minutes if orally; lasting 1 – 2 hours.

Session 16-10: On-set and Duration of Effects for Dextromethorphan



Dextromethorphan

- Point out that Dextromethorphan is demethylated to dextrorphan an active metabolite.

- Rapidly absorbed from the gastrointestinal tract and peak plasma concentrations are reached in approximately 2.5 hours.

- DXM is widely distributed and is rapidly and extensively metabolized by the liver.

- DXM exerts its antitussive effects within 15 – 30 minutes of oral administration. The duration of action is approximately 3 – 6 hours with conventional dosage forms.

DXM Plateau (or effect)

Abusers will also ingest various amounts of DXM depending on their body weight and the effect or "plateau" that they are attempting to achieve. Plateau's include:

- Point out that the normal recommended therapeutic dosages of DXM are 10 to 20 milligrams for every four hours or 30 milligrams every 6 to 8 hours.

1st Plateau: Mild inebriation.

2nd Plateau: An effect similar to alcohol intoxication with mild hallucinations.

- Point out that speech at the 2nd plateau can become slurred, and short term memory may be temporarily impaired.

3rd Plateau: An altered state of consciousness where the abuser's senses, particularly vision, can become impaired.

4th Plateau: Mind and body dissociation or an "out of body" experience.

- Point out that abusers at the 4th plateau can lose some or all contact with his or her senses. The effects at this level are comparable to PCP.

- Other effects include: blurred vision, body itching, rash, sweating, fever, hypertension, shallow respiration, diarrhea, toxic psychosis, and an increased heart rate, blood pressure and body temperature.
- Acute dose between 250 – 1500 mg.

Solicit students' questions and comments concerning onset and duration factors.

D. Signs and Symptoms of Dissociative Anesthetic Overdose

In addition to the bizarre, violent and self destructive behavior discussed previously, persons severely intoxicated by Dissociative Anesthetics may exhibit definite and extreme symptoms signifying a medically dangerous condition.

- A deep coma, lasting up to 12 hours.

- Seizures and convulsions.

- A danger associated with severe Dissociative Anesthetics intoxication is that the person may die due to respiratory depression.

- There is also some evidence that Dissociative Anesthetics may trigger a heart attack, if the user had some pre-existing condition disposing him or her to possible cardiac problems.

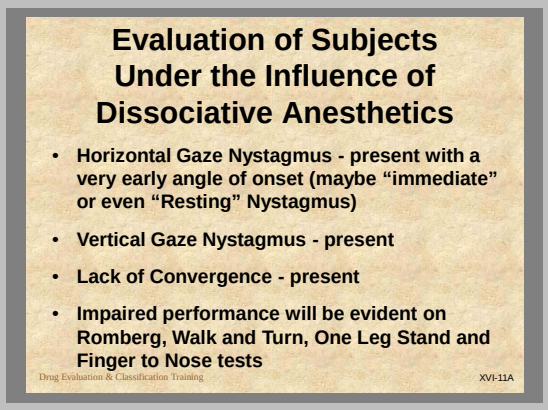
- Eyes generally open with a blank stare.

There is also some evidence that prolonged use of Dissociative Anesthetics can lead to psychosis, which can be permanent.

Solicit students questions and comments concerning signs and symptoms of Dissociative Anesthetic overdose.

E. Expected Results of the Evaluation

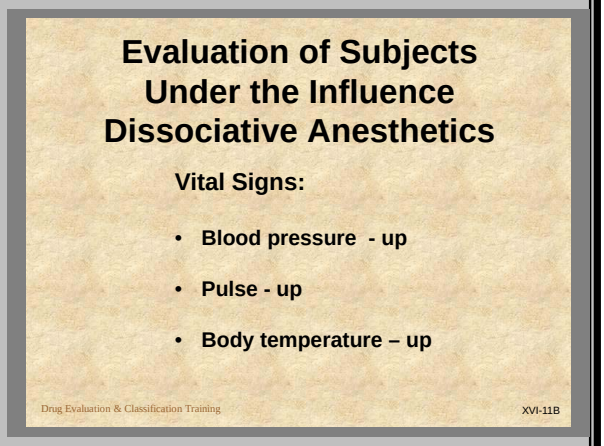
Session 16-11A: Evaluation of Subjects Under the Influence of Dissociative Anesthetics



- Horizontal Gaze Nystagmus generally will be present with a very early angle of onset.
  - Note: So-called "Resting Nystagmus" may be evident, especially with high doses.
  - Remind the students that Resting Nystagmus is a distinct jerking of the eyeballs even as the subject stares straight ahead.
- Vertical Gaze Nystagmus usually will be present.
- Lack of convergence will generally be present.
- Performance on Romberg will be impaired: internal clock may be slowed.
- Performance on Walk and Turn, One Leg Stand, and Finger to Nose will be impaired: muscle tone will usually be rigid.

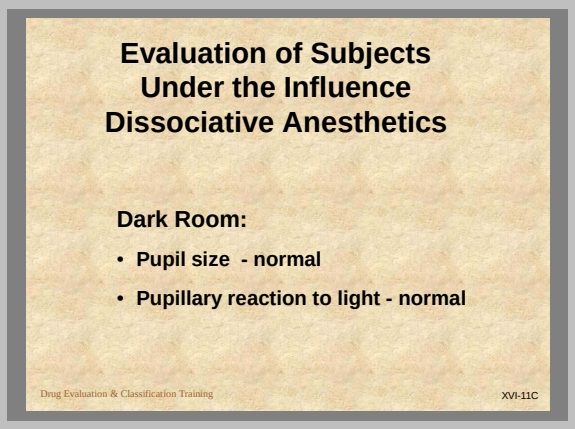
With PCP, the subject may exhibit a "high gait ataxia" or "moon walking," i.e. taking abnormally high and slow steps, as though he or she were trying to step over obstacles in his or her path.

Session 16-11B: Evaluation of Subjects Under the Influence of Dissociative Anesthetics



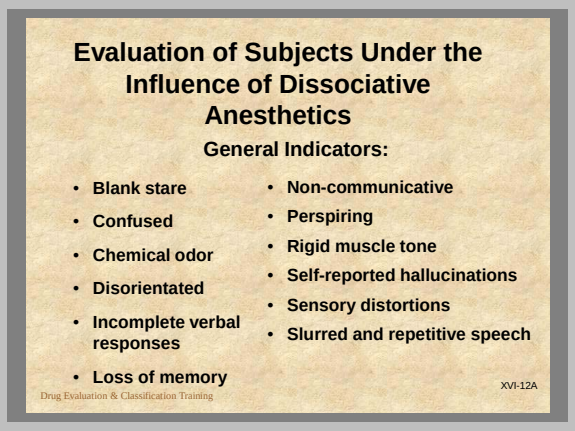
- Blood pressure will generally be elevated.
- Body temperature will generally be up.

Session 16-11C: Evaluation of Subjects Under the Influence of Dissociative Anesthetics



- Pupil size will be normal.
- Reaction to light will be normal.
- Muscle tone will generally be rigid.

Session 16-12A: General Indicators



General Indicators

Point out that many, but not all of the general indicators for PCP and DXM are very similar.

- Blank stare
- Confused
- Chemical odor
- Cyclic behavior

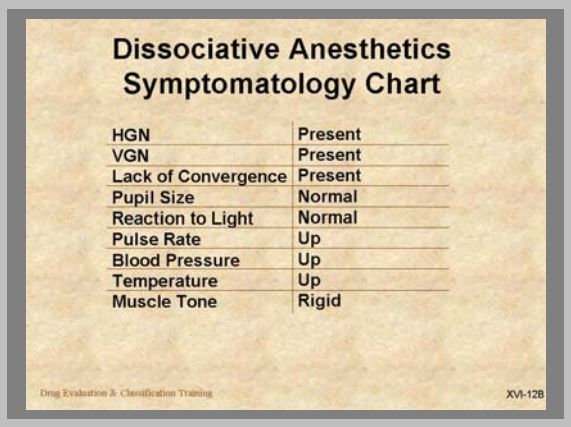
Note: PCP abusers may display "Cyclic behaviors" which mean that the signs and symptoms tend to increase and decrease cyclically.

- Difficulty with speech
- Disoriented
- Early HGN angle of onset
- Hallucinations

Note: Especially auditory hallucinations.

- Incomplete verbal responses
- Non-communicative
- Perspiring
- Sensory distortions
- Possibly violent
- Slurred and repetitive speech
- Warm to touch

Session 16-12B: Dissociative Anesthetics Symptomatology Chart



Summary

- Expected results of the evaluation.
- Point out that as with other drug categories, DREs should not specify the exact drug such as PCP, Ketamine or DXM.
- When a DRE concludes that a subject is impaired by a Dissociative Anesthetic, such as PCP or DXM, the report should state that "the subject is under the influence of a Dissociative Anesthetic."

Demonstrations

- Video Demonstrations

Drug Evaluation and Classification Exemplar Demonstrations

Point out that the one-page narrative in the example exemplars are not to be construed as the recommended or approved narrative report. The actual narrative report submitted by DREs will be more detailed.

- Point out that as with other drug categories, DREs should not specify the exact drug such as PCP, Ketamine or DXM.
- Point out that tolerance may reduce some Dissociative Anesthetic symptoms. Show video of subject(s) under the influence of Dissociative Anesthetics. Relate behavior and observations to the drug Symptomatology Chart.

Session 16-13: Questions

Solicit questions or comments concerning expected results of the drug evaluation of Dissociative Anesthetic subjects.

DRUG INFLUENCE EVALUATION

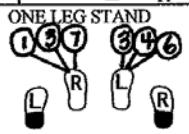
Evaluator: Sgt. Gerry Britt, Yamouth P.D.	DRE #: 007480	Rolling Log #: 10-09-12	**Session XVI- #1**
Recorder/Witness: Dr. Jack Richman	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 388661
Arrestee's Name (Last, First, Middle): Ross, Robert H.	Date of Birth: 9/6/79	Sex: M / Race: W	Arresting Officer (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 ✓

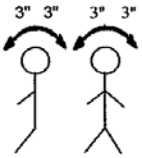
7 ONE LEG STAND 6



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

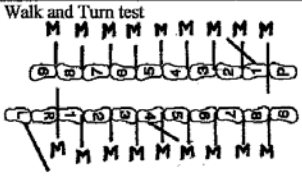
Test stopped

Romberg Balance



Circular sway

Walk and Turn test

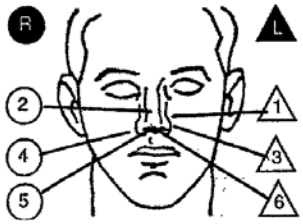


Walked stiff legged

	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

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

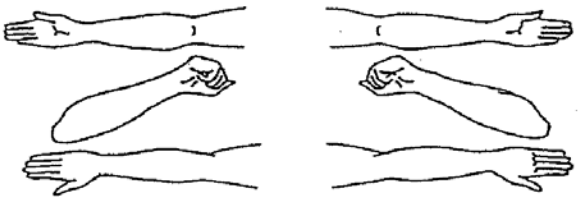
Nasal area: Clear

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

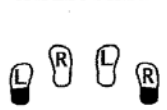
Evaluator: Officer Steve Dunn, Anchorage P.D.	DRE #: 0011218	Rolling Log #: 10-04-33	**Session XVI- #2**
Recorder/Witness: Officer Chris Ritala, A.P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 07-18430
Arrestee's Name (Last, First, Middle): Albright, Jeremy J.	Date of Birth: 4/10/86	Sex: M	Race: 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: ☒ Yes ☐ No Given By: Ofc. Pollock	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

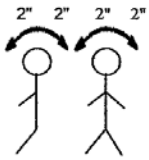
34 ONE LEG STAND 36



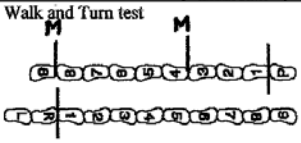
L	R	
☑	☑	Sways while balancing
☑	☑	Uses arms to balance
☐	☐	Hopping
☐	☐	Puts foot down

Leg tremors

Romberg Balance



Walk and Turn test

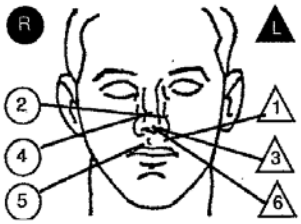


Walked slowly

	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

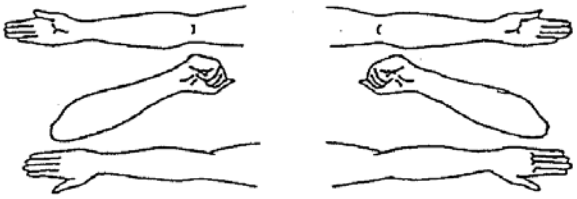
Nasal area: Clear

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.

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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

3 ONE LEG STAND 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:**

Rev. 10/10

TOPICS FOR STUDY

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

   It was developed in the 1950's as an intravenous anesthetic.

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

   PCP smoke is very hot, so users will cool it through the use of mentholated cigarettes.

3. What is Ketamine?

   An analog of PCP used as a surgical anesthetic, both for animals and humans, especially children.

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

   A dissociative anesthetic inhibits pain by cutting off (or dissociating) the brain's perception of the pain. PCP and its analogs are considered dissociative anesthetics.

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

   Phenyl Cyclohexyl Piperidine