1 Hour and 45 Minutes

SESSION IX

CENTRAL NERVOUS SYSTEM DEPRESSANTS

SESSION IX CENTRAL NERVOUS SYSTEM DEPRESSANTS

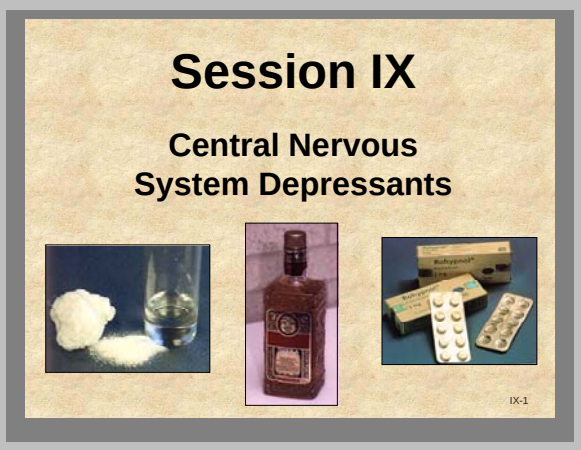
Upon successfully completing this session the student will be able to:

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

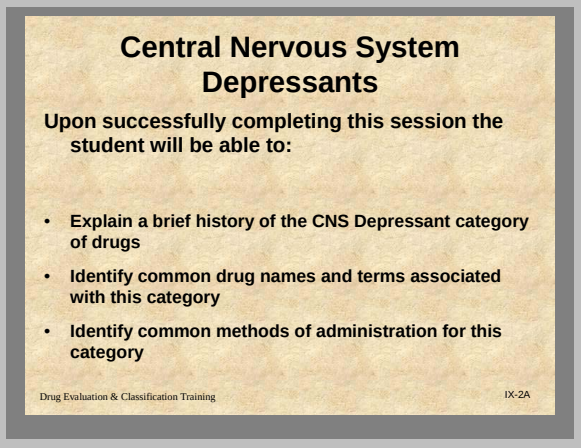
CONTENT SEGMENTS	LEARNING ACTIVITIES
A. Overview of the Category	▪ Instructor-Led Presentations
B. Possible Effects	▪ Instructor Led Demonstrations Classification Exemplars
C. Onset and Duration of Effects	▪ Reading Assignments
D. Overdose Signs and Symptoms	▪ Video Presentations
E. Expected Results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

I. CENTRAL NERVOUS SYSTEM DEPRESSANTS

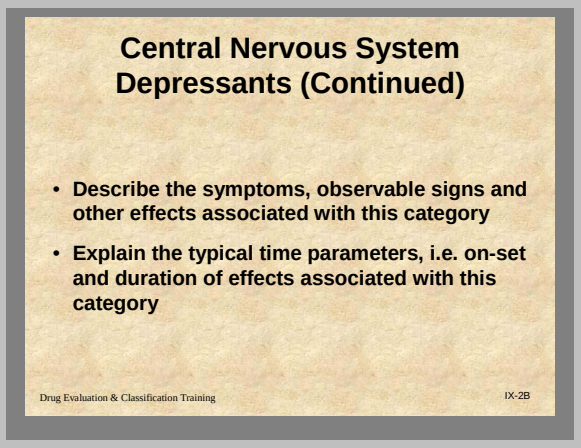
Session 9-1: Central Nervous System Depressants



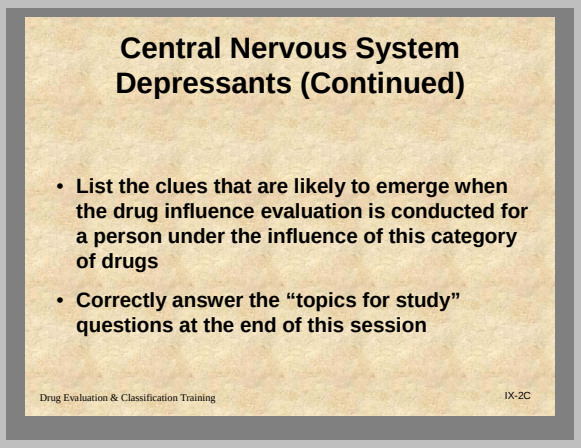
Session 9-2A: Central Nervous System Depressants (continued)



Session 9-2B: Central Nervous System Depressants (continued)



Session 9-2C: Central Nervous System Depressants (continued)



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

A. Overview of the Category

CNS Depressants

Central Nervous System Depressants slow down the operations of the brain.

- Point out that other common names for CNS Depressants are "downers" and "sedative-hypnotics."

- Depressants first affect those areas of the brain that control a person's conscious, voluntary actions.

- Judgment, inhibitions and reaction time are some of the things that CNS Depressants affect first.

- As the dose is increased, depressants begin to affect the parts of the brain that control the body's automatic processes.

    - Heartbeat
    - Respiration
    - Etc.

Session 9-3: Alcohol – The Most Familiar CNS Depressant

The CNS Depressant category includes the single most commonly abused drug in America.

Ask this question: "What is the single most commonly abused drug?"

- Alcohol has been used and abused since prehistoric times.

- Alcohol and its effects are familiar to most people.

- Alcohol is a model for the CNS Depressant category: with some exceptions, all depressants produce effects that are quite similar to the effects of alcohol.

- Point out that the remainder of the session will focus on the non-alcohol CNS depressants.

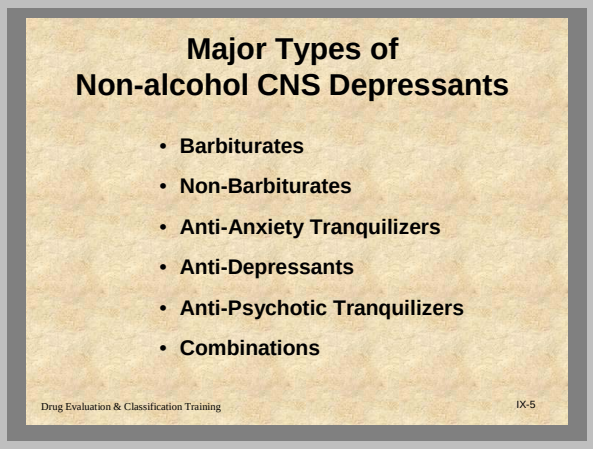
Session 9-4: Chloral Hydrate ("Mickey Finn")

Chloral Hydrate

Non-alcohol CNS Depressants have been around for more than 150 years.

- The first non-alcohol CNS Depressant was Chloral Hydrate.
- It was developed in 1832
- Chloral Hydrate was derived from alcohol.
- It is commonly referred to as "Mickey Finn" or "Knockout drops" because its fast acting effects.
- Chloral Hydrate is still produced and prescribed today. It is a sedative used in the short term treatment of insomnia and to relieve anxiety and induce sleep before surgery.
- "Felsule" and "Noctec" are two registered brand names of Chloral Hydrate.

Session 9-5: Major Types of Non-alcohol CNS Depressants



Subcategories of CNS Depressants

There are six major subcategories of CNS Depressants other than alcohol.

Barbiturates

- More than 250 different barbiturates have been produced; of these, about 50 have been accepted for medical use.
- Derivatives of Barbituric Acid.
- First produced in 1864.
- Very common in use and abuse today.

Non-Barbiturates

- Note: Chloral Hydrate belongs to the non-barbiturate subcategory.
- Synthetic compounds with a variety of chemical structures.
- Avoid some of the undesirable side effects of barbiturates.
    - i.e. sleepiness or drowsiness
- Still produce physical and psychological dependence.

Anti-Anxiety Tranquilizers

The Anti-Anxiety Tranquilizers are also known as the "minor tranquilizers." They include the group of drugs known as the "Benzodiazepines" examples of which are Valium, Xanax, and Librium.

- First produced in 1950.
- In very wide spread use.
- Frequently abused.

Anti-Depressants

- Point out that it is not a contradiction to call one subcategory of CNS Depressants the Anti-Depressants. It is psychological depression that they are "anti.".
- Sometimes called the "mood elevators."
- Point out that many anti-depressants may cause CNS Stimulant effects.
- Point out that Anti-Depressants can produce side effects which may mimic many of the signs associated with CNS Stimulants.

Anti-Psychotic Tranquilizers

- Point out that the Anti-Psychotic Tranquilizers are generally more powerful than the Anti-Anxiety Tranquilizers.
- Sometimes called the "major tranquilizers."
- Anti-psychotic tranquilizers were first introduced in the early 1950's. They provide a way to manage schizophrenia and other mental disorders, and allow psychiatric patients to be released from hospitals and to lead fairly normal lives.
- The most familiar Anti-Psychotic Tranquilizer is "Thorazine."

Combinations of the other five subcategories

- Examples of specific common CNS Depressants.
- Note: Briefly review these examples.

- Emphasize that students are not expected to memorize the names of these various CNS Depressants. But, if they see the names, they should be able to recognize them as depressants.

Session 9-6A: Specific Barbiturates Examples

Specific Barbiturates Examples

Drug	Brand Name	Street Names
Amobarbital	Amytal	Blues, Blue Heavens
Amosecobarbital	Tuinal	Rainbows, Christmas Trees
Pentobarbital	Nembutal	Yellows, Yellow Jackets
Phenobarbital	Luminal	Pink Ladies
Secobarbital	Seconal	Reds, Red Devils, RDs, Fender Benders, F-40's

Drug Evaluation & Classification Training IX-6A

The Barbiturates

- Amobarbital (Trade name "Amytal") Street names "blues"; "blue heavens."
- Amosecobarbital (Trade name "Tuinal") Street names "rainbows"; "Christmas Trees"
  - NOTE: This is a combination of Amobarbital and Secobarbital.
- Pentobarbital (Trade name "Nembutal") Street names "yellows"; "yellow jackets"
  - According to the "Physician's Guide to Psychoactive Drugs." 1 ounce of 80 proof alcohol is equivalent to about 15 milligrams of Phenobarbital.
- Phenobarbital (Many trade names) Street name "pink ladies"
- Secobarbital (Trade name "Seconal") Street names "reds"; "red devils"; "RDs"; "fender benders"; F-40s"

Session 9-6B: Specific Non-Barbiturate Examples

Specific Non-Barbiturates Examples

DRUG	BRAND NAMES	STREET NAMES
Carisoprodol	Soma	
Chloral hydrate	Felsule, Noctec	Knock Out Drops, Mickey Finn
Diphenhydramine Hydrochloride	Benadryl, Sominex	
Diphenylhydantoin Sodium	Dilantin	
Eszopiclone	Lunesta	
Gamma Hydroxybutyrate		GHB, Liquid X
Methyprylon	Noludar	
Methaqualone	Parest, Quaalude, Sopor, Optimil, Mandrax	Ludes
Paraldehyde	Paral	
Zolpidem	Ambien	

Drug Evaluation & Classification Training IX-6B

If available, display slides of these various drugs.

The Non-Barbiturates

- Point out that primary medical use for the Non-Barbiturate is the treatment of insomnia.
- Note: The absence of street names implies only that illicitly manufactured versions of these drugs are not common. The legally manufactured versions are abused, however.
- Carisoprodol (Trade name “Soma”)
- Chloral Hydrate (Trade names “Felsule”; “Noctec”) (Street names “Knockout drops”; “Mickey Finn”)
- Diphenhydramine Hydrochloride (Trade names “Benadryl”; “Sominex”; “Dramamine” and Phenytoin)
- Diphenylhydantoin Sodium (Trade name “Dilantin”)
- Eszopiclone (Trade name “Lunesta”)
- Ethchlorvynol (Trade name “Placidyl”)
- Gamma Hydroxybutyrate (Street name “GHB”; “GBL”; “Liquid X”; “1,4-butanediol”)
- Gamma Hydroxybutyric Acid (GHB)

- Methaqualone (Trade names “Parest”; “Quaalude”; “Sopor”; “Optimil”; “Mandrax”) (Street name “ludes”)
    - Note: Methaqualone continues to be pharmaceutically manufactured in Mexico, trade name “Mandrax.
- Paraldehyde (Trade name “Paral”)
- Zolpidem (Trade names “Ambien”)

Session 9-6C: Specific Anti-Anxiety Tranquilizers Examples

Specific Anti-Anxiety Tranquilizers Examples

DRUG	BRAND NAMES	STREET NAMES
Alprazolam	Xanax	Bars, Zanny Bars
Chlordiazepoxide	Librium	
Clonazepam	Klonopin	
Diazepam	Valium	
Estazolam	Prosom	
Flunitrazepam	Rohypnol	Roofies, Roches
Flurazepam	Dalmane	
Lorazepam	Ativan	
Meprobomate	Miltown	
Oxazepam	Serax	
Temazepam	Restoril	
Triazolam	Halcion	

Drug Evaluation & Classification Training IX-6C

If available, display slides of these various drugs.

<u>The Anti-Anxiety Tranquilizers</u>

- Alprazolam (Trade name “Xanax”)
- Chlordiazepoxide (Trade name “Librium”)
- Clonazepam (Trade name “Klonopin”)
- Diazepam (Trade name “Valium”)
- Estazolam (Trade name “ProSom”)
- Flunitrazepam (Trade name “Rohypnol”) (Street name “Roofies”; “Roches”)
- Flurazepam (Trade name “Dalmane”)
- Lorazepam (Trade name “Ativan”)

- Meprobamate (Trade name “Miltown”; “Probate”)
- Oxazepam (Trade name “Serax”)
- Temazepam (Trade name “Restoril”)
- Triazolam (Trade name “Halcion”)

Session 9-6D: Specific Anti-Depressants Examples

Specific Anti-Depressants Examples

DRUG	BRAND NAMES
Amitriptyline Hydrochloride	Elavil, Endep
Bupropion	Wellbutrin
Citalopram	Celexa
Desipramine Hydrochloride	Norpramin, Pertofrane
Doxepin Hydrpchloride	Adapin, Sinequan
Duloxetine	Cymbalta
Escitalopram	Lexapro
Fluoxetine	Prozac, Sarafem
Fluvoxamine	Luvox
Impramine	Trofranil
Paroxetine	Paxil
Phenelzine Sulfate	Nardil
Sertraline	Zoloft
Venlafaxine	Effexor

Drug Evaluation & Classification Training IX-6D

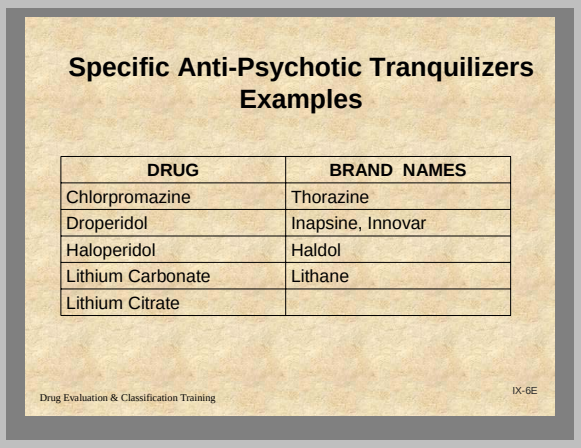
If available, display slides of these various drugs.

<u>The Anti-Depressants</u>

- Amitriptyline Hydrochloride (Trade names “Elavil”; “Endep”)
- Bupropion (Trade name “Wellbutrin”)
- Citalopram (Trade name “Celexa”)
- Desipramine Hydrocholoride (Trade names “Norpramin”; “Pertofrane”)
- Doxepin Hydrochloride (Trade names “Adapin”; “Sinequan”)
- Duloxetine (Trade name “Cymbalta”)
- Escitalopram (Trade name “Lexapro”)
- Fluoxetine (Trade names “Prozac”; “Sarafem”)
- Fluvoxamine (Trade name “Luvox”)

- Imipramine (Trade name “Tofranil”)
- Paroxetine (Trade name “Paxil”)
- Phenelzine Sulfate (Trade name “Nardil”)
- Sertraline (Trade name “Zoloft”)
- Trazodone (Trade name “Desyrel”)
- Venlafaxine (Trade name “Effexor”)

Session 9-6E: Specific Anti-Psychotic Tranquilizers Examples

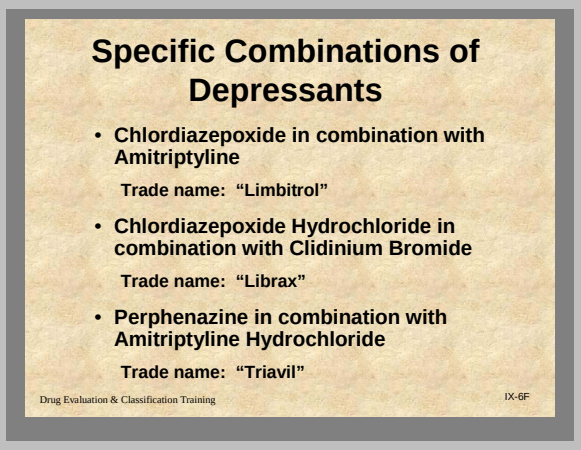


DRUG	BRAND NAMES
Chlorpromazine	Thorazine
Droperidol	Inapsine, Innovar
Haloperidol	Haldol
Lithium Carbonate	Lithane
Lithium Citrate	

The Anti-Psychotic Tranquilizers

- Chlorpromazine (Trade name “Thorazine”)
- Droperidol (Trade name “Inapsine”)
- Haloperidol (Trade name “Haldol”)
- Lithium Carbonate (Trade name “Lithane”)
- Lithium Citrate

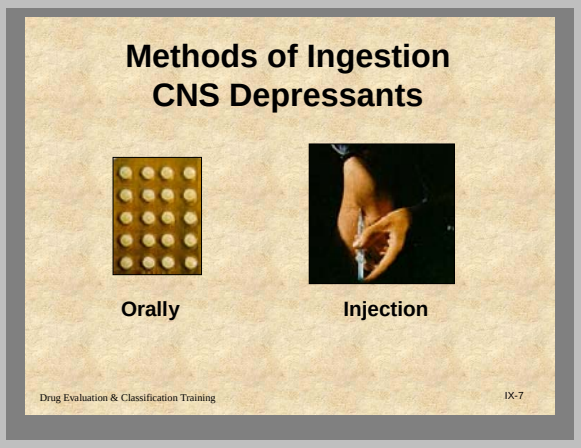
Session 9-6F: Specific Combinations of Depressants



The Combinations

- Chlordiazepoxide in combination with Amitriptyline (trade name "Limbitrol")
  - "Limbitrol" is a combination of an anti-anxiety tranquilizer and an anti-depressant.
- Chlordiazepoxide Hydrochloride in combination with Clidinium Bromide (Trade name "Librax")
  - Point out that "Librax" is a combination of a benzodiazepine and an anti-spasmodic, used to relax the muscles in the stomach wall.
- Perphenazine in combination with Amitriptyline Hydrochloride (Trade name "Triavil" and "Etrafon")
- Point out that "Triavil" is a combination of an anti-psychotic tranquilizer and an anti-depressant.

Session 9-7: Methods of Ingestion CNS Depressants



Methods of ingestion of CNS Depressants

- Most common and easiest method is orally.
- Some abusers prefer to use intravenous injection for Barbiturates.
- Some abusers experience a "flash" or "rush" from intravenous injection of Barbiturates, that they do not experience from oral ingestion.
- The injection paraphernalia used for Barbiturates are very similar to those used for Heroin.

Examples:

- Spoon, for heating and dissolving the barbiturate
- Cotton, for filtering the solution when drawing it into the needle.
- Hypodermic syringe
- Tourniquet

However, the Barbiturate abuser will use a larger hypodermic needle because the barbiturate solution is thicker than the heroin solution.

- Note: The "gauge" of a hypodermic needle indicates the width of the needle's inside diameter. The smaller the number, the larger the needle. For example, a 16 gauge needle is larger in diameter than a 20 gauge needle.

The injection sites on the skin of a Barbiturate abuser appear quite different from those of an Heroin addict.

A large swelling, about the size of a quarter or fifty cent piece frequently will appear at the Barbiturate injection site.

- Point out that these effects result from the skin's reaction to the high alkaline content of the barbiturate solution.

Necrosis may occur: i.e. a decaying of the body's tissue at the injection site.

If available, display a slide showing ulcerated injection sites.

The dead tissue may begin to separate from the living tissue, producing ulcerations.

- Point out that these ulcerations resemble burns placed on the skin by the tip of a cigarette.

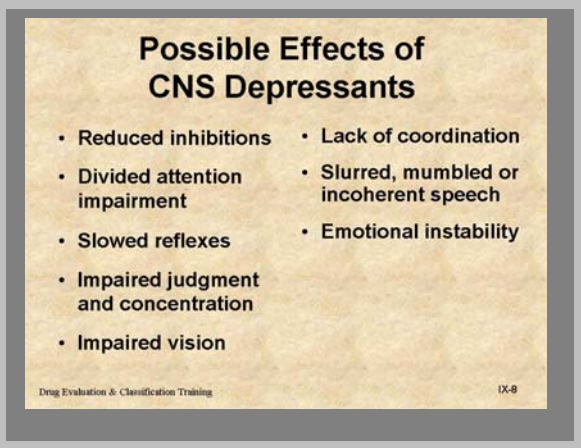
The Barbiturate user who injects the drug usually will not display the same type of track marks as the heroin addict who uses repeated injections along the same vein.

Barbiturate abusers often will inject in parts of the body other than the forearm, and will commonly exhibit the characteristic swellings at random locations on the extremities.

Solicit students' questions and comments about the overview of CNS Depressants.

B. Possible Effects

Session 9-8: Possible Effects of CNS Depressants



CNS Depressants produce impairments of the human mind and body that essentially mirror alcohol impairment.

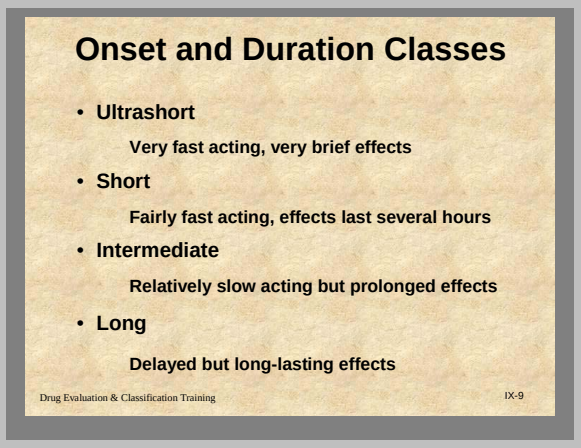
- Point out that these effects will not necessarily appear in a predictable sequence as dose increases.

- Reduced social inhibitions

- Divided attention impairment
- Clarification: impede the person's ability to concentrate on more than one thing at a time.
- Slowed reflexes
- Impaired judgment and concentration
- Impaired vision
- Elaboration: ability to focus eyes may be impaired; "double vision" may develop.
- Lack of coordination
- Slurred, mumbled, or incoherent speech
- Emphasize: the extent to which a CNS Depressant user will exhibit these effects will depend, in part, on the user's tolerance to these drugs. Person's habituated to a drug often won't exhibit its effects as clearly as will a novice user.
- Produce a variety of emotional effects, such as euphoria, depression, suicidal tendencies, laughing or crying without provocation, etc.
- Generally speaking, a person under the influence of CNS Depressants will look and act drunk.
- Anti-Depressants may cause dry, sore throat, dry mouth, blurred vision, urinary retention, muscle twitching, restlessness, and increased anxiety.

Solicit students' questions and comments concerning possible effects of CNS Depressants.

Session 9-9: Onset and Duration Classes



Selectively reveal.

C. Onset and Duration Effects

Depressant drugs can be grouped loosely into four classes based on how quickly they take effect and how long their effects last.

Ask students: "Why is there little or no street abuse of the ultrashort CNS Depressants?"

Solicit responses.

Guide respondents to bring out the point that abusers seek drugs that will produce reasonable long lasting effects. Effects that last for only a few minutes aren't attractive or satisfying to most drug abusers.

Ultrashort

Ultrashort: very fast acting, very brief effects.

- Take effect in a matter of seconds.
- Effects last only a few minutes.
- Very rarely are the "drugs of choice" for drug abusers.
- Ultrashort depressants are sometimes used at the beginning of a surgical operation, in conjunction with an inhaled anesthetic.

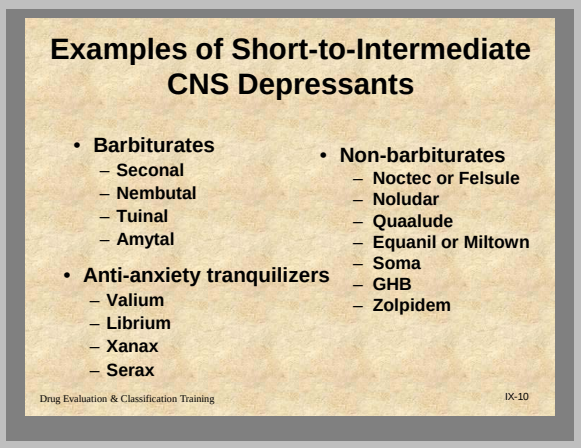
- Clarification: to provide a momentary sedation to ease the patient's anxiety and allow for the proper administration of the anesthetic.

- Psychiatrists sometimes use ultrashort depressants at the beginning of a session, to reduce the client's inhibitions and foster a free and open communication.

- Point out that this is sometimes called "truth serum."

- Common example of an ultrashort depressant is Thiopental, brand name "Pentothal."

Session 9-10: Examples of Short-to-Intermediate CNS Depressants



Short

Short: fairly fast acting, effects last for several hours.

- Point out that short acting depressants are attractive to many drug abusers because:

  - They produce effects reasonably quickly.

  - The effects last long enough to "enjoy."

  - The effects don't last so long that the user is in a prolonged state of impairment.

- Generally take effect in 10-15 minutes.

- Effects last for approximately 4 hours.

- This is the most commonly abused class of CNS Depressants.

Anti-Depressants Exceptions

- Note: Remind students that some anti-depressants may cause elevated body temperature, pulse rate, and pupil dilation.

Anti-Depressants may cause dry mouth, sore throat, blurred vision, urinary retention, muscle twitching, restlessness, and increased anxiety.

- Short acting Depressants frequently are prescribed as a treatment for insomnia.

- They also may be used as a pre-anesthetic medication to calm a patient prior to surgery.

- Common example of a short acting Depressant, Secobarbital, brand name "Seconal."

Intermediate

Intermediate: relatively slow acting, but prolonged effects.

- "Tuinal" i.e. two-in-all, is in between short and intermediate depressants.

- Point out that Tuinal is a combination of a fast acting drug (10-20 minutes onset, due to the Seconal) with prolonged effects (up to 8 hours, due to the Amytal).

- Generally take effect in about 30 minutes.

- Effects typically last about 6 – 8 hours.

- Fairly often abused, especially by users who desire a longer lasting state of intoxication.

- Medical use of this class of drugs is similar to that of short acting Depressants (i.e. treat insomnia, etc.)

- Common example of an intermediate Depressant: Amobarbital, brand name "Amytal"; "Tuinal."

- A popularly abused drug is Amobarbital in combination with Secobarbital.

Solicit students' questions and comments about the overview of CNS Depressants.

Long

Long: delayed but long lasting effects.

Ask students: "Why don't drug abusers usually prefer the long acting depressants?"

- Generally take effect about one hour after ingestion.
- Effects typically last 8 – 14 hours.
- Generally not the "drugs of choice" for abusers.
- However, some people will abuse the long acting Depressants if the more popular short and intermediate types are not readily available.
- Long acting Depressants are used medically in the control of epilepsy and of other conditions that can cause convulsions.
- They can also be used to provide continuing sedation to patients suffering from extreme anxiety.
- Example of a long acting depressant: Barbital, brand name "Veronal."
    - Barbital, also marketed under the name of Veronal, was the first commercially marketed barbiturate used as a sleeping aid.

Alcohol as a Specific Example

Ask students: "How would you classify alcohol in terms of the onset and duration of its effects?"

Probe question: Suppose an average person drank two shots of whiskey. How long would it be before he or she started to feel the effects? (Solicit Responses).

Probe question: How long would the average person continue to feel the effects of those two shots?

(Solicit Responses)

Guide students toward the conclusion that alcohol would be classified as a short or short to intermediate depressant.

Other examples of Short to Intermediate Depressants

- Point out that these are frequently abused CNS Depressants, but they are not the only depressants that are abused.

Barbiturates

- Seconal ("reds")
- Nembutal ("yellows")
- Tuinal ("rainbows")
- Amytal ("blues")

Non-Barbiturates

- Noctec or Felsule ("Mickey Finn")
- Noludar
- Quaalude ("Ludes")
- Placidyl
- Equanil or Miltown
- Soma
- Gamma Hydroxybutyrate (GHB)
- Zolpidem

Anti-Anxiety Tranquilizers

- Valium
- Librium
- Xanax
- Serax
- Klonopin
- Ativan
- Rohypnol

Point out that Rohypnol is currently not legally manufactured in the United States and is illegal to possess. However, it is legally manufactured and prescribed in other countries along with GHB, it is known as one of the "date rape" drugs.

D. Overdose Signs and Symptoms

Overdoses of the Central Nervous System Depressants produce symptoms essentially identical to those of alcohol overdoses.

- Subject will become extremely drowsy and may pass out.

- The heartbeat (pulse) will be rapid and weak.

- Respiration will become shallow.

- Skin may feel cold and clammy.

One major danger with CNS Depressant overdoses is death from respiratory failure.

- A sufficiently high dose of CNS Depressant will suppress the portions of the brain that control respiration.
- This situation only rarely occurs from alcohol intoxication: usually, a drinker will pass out before he or she consumes enough alcohol to suppress respiration completely.

- With other depressants, it is relatively easy to take a fatal overdose.

- Point out that CNS Depressants are often used as a means of suicide.

Another major danger with CNS Depressants occurs when they are combined with alcohol.

- Clarification: the combination of alcohol and certain other CNS Depressants may produce an effect greater than the sum of the effects of the two drugs independently.

- There is at lease an additive effect when alcohol and another depressant are taken together.

- With many CNS Depressants, there may be a more then additive effect.

- Coroners have reported a number of cases in which neither the alcohol level nor the depressant level independently would have been close to a fatal dose.

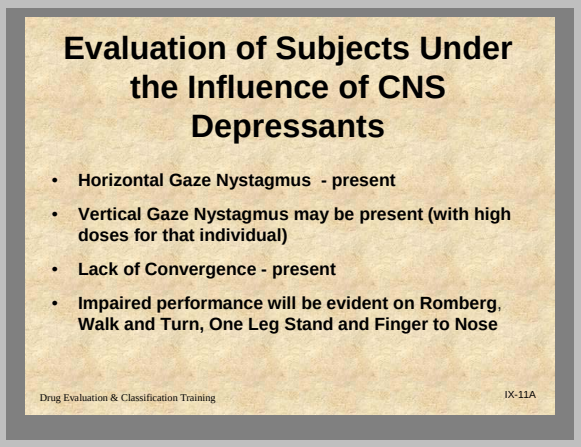
- It is not possible to predict how great an effect will occur when alcohol is mixed with another depressant.

- However, it is clear that the combination is always risky.

Solicit students' questions and comments concerning overdoses of CNS Depressants.

E. Expected Results of the Evaluation

Session 9-11A: Evaluation of Subjects Under the Influence of CNS Depressants



Observable Evidence of Impairment

Point out that, if a person is under the influence of a combination of alcohol and some other CNS Depressant, the onset angle of HGN will not be consistent with the person's BAC; in other words, the eyes will start to jerk earlier than would be expected due to the alcohol alone.

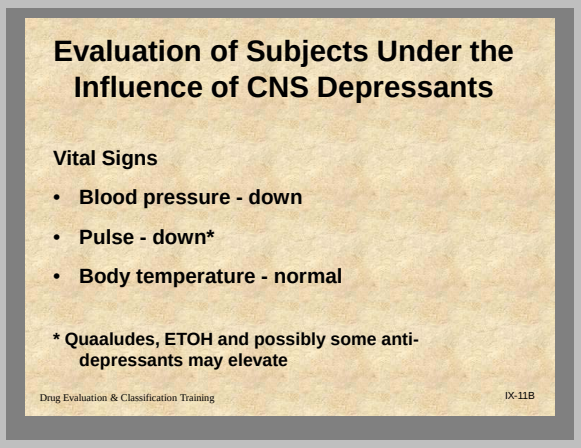
- Horizontal Gaze Nystagmus will be present with suspects under the influence of CNS Depressants.

- Vertical Gaze Nystagmus may be present, with high doses, of depressants for that individual.

- Performance on Romberg, Walk and Turn, One Leg Stand, and Finger to Nose tests will be similar to that of suspects impaired by alcohol.

- Point out that subject's perception of time (on Romberg) may be slowed, i.e. may estimate "30 seconds" after more than 30 seconds has elapsed.

Session 9-11B: Evaluation of Subjects Under the Influence of CNS Depressants

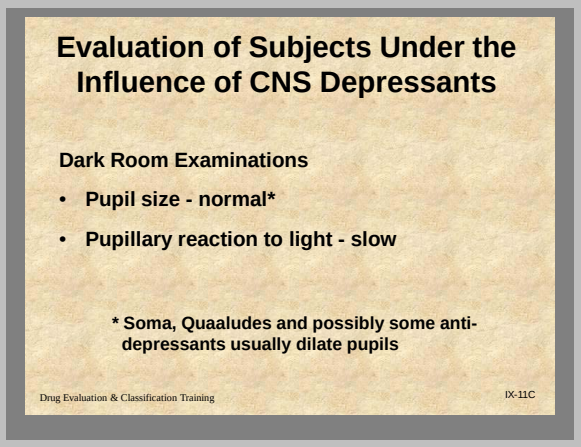


- Blood pressure will be down.

- Pulse will be down.

- Body temperature generally will be normal.

Session 9-11C: Evaluation of Subjects Under the Influence of CNS Depressants

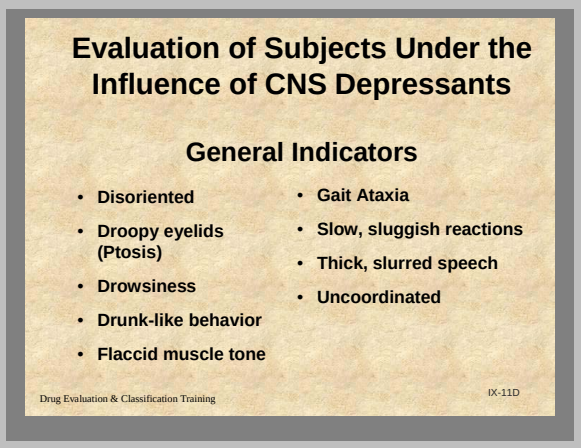


- Pupil size generally will be normal.
- Pupillary reaction to light will be slowed.

Possible exceptions:

- Quaaludes (Methaqualone) and alcohol may cause the pulse to be increased.
- Quaaludes, ETOH, and some anti-depressants may possibly elevate pulse rate.
- Soma Quaaludes and possibly some anti-depressants usually dilate pupils.

Session 9-11D: Evaluation of Subjects Under the Influence of CNS Depressants



General Indicators

- disoriented
- droopy eyes (ptosis)
- drowsiness
- drunk-like behavior
- flaccid muscle tone
- gait ataxia
- slow, sluggish reactions
- thick, slurred speech
- uncoordinated

Note: speech may also be incoherent.

Analogy: drunken behavior without the odor of alcoholic beverages.

- But remind students: suspects may have consumed alcohol and some other CNS Depressant. Hence, odor of alcoholic beverage may also be present.

Anti-Depressant Exceptions:

- Some Anti-Depressants may cause elevated body temperature, pulse rate, and pupil dilation.

- Anti-Depressants may cause dry, sore throat, dry mouth, blurred vision, urinary retention, muscle twitching, restlessness, and increased anxiety.

Summary

Session 9-12: CNS Depressant Symptomatology Chart

CNS Depressant Symptomatology Chart

HGN	Present
Vertical Gaze Nystagmus	Present (High dose for that individual)
Lack of Convergence	Present
Pupil Size	Normal*
Reaction to Light	Slow
Pulse Rate	Down**
Blood Pressure	Down
Temperature	Normal
Muscle Tone	Flaccid

* Soma, Quaaludes and possibly some anti-depressants usually dilate pupils

** Quaaludes, ETOH and possibly some anti-depressants may elevate

Drug Evaluation & Classification Training IX-12

Demonstrations

Video Demonstrations

Show video of subject(s) under the influence of CNS Depressants. Relate behaviors and observations to the CNS Depressant Symptomatology Chart.

Drug Evaluation and Classification Exemplar Demonstrations

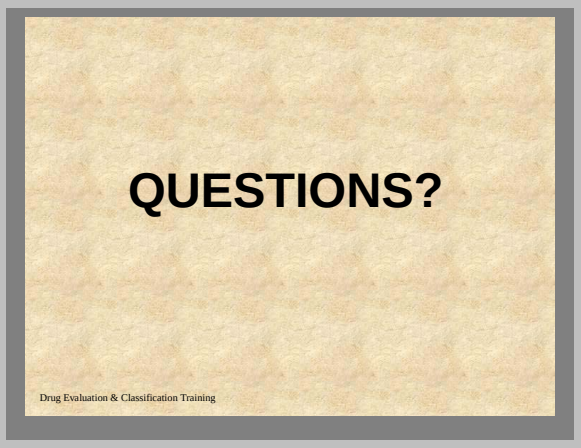
Refer students to the exemplars found at the end of section IX of their student manuals.

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.

Relate the items on the exemplars to the CNS Depressant Symptomatology Chart.

Solicit students' questions or suggestions concerning Expected Results of the Evaluation of subjects under the influence of Depressants.

Session 9-13: Questions



DRUG INFLUENCE EVALUATION

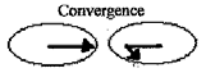
Evaluator PFC David Pacoe, B.C. P.D.	DRE # 5293	Rolling Log # 2073	**Session IX - #1**
Recorder/Witness Lt. Tom Woodward, Maryland SP	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 07-100455
Arrestee's Name (Last, First, Middle) Cockroft, Carolyn L.	Date of Birth 4/21/64	Sex F	Race W	Arresting Officer (Name, ID#) Officer Mike Gregor, MTA P.D. #30125
Date Examined / Time /Location 08-06-10, 0145, Tunnel Command Office	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 100324	Chemical Test: Urine ☒ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By: Ofc. Gregor	☒ Yes ☐ No	What have you eaten today? When? Chicken Soup 8 pm	What have you been drinking? How much? Nothing N/A	Time of last drink? N/A

Time now/ Actual Midnight/0215	When did you last sleep? How long Last night/ 6 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 "None of your business"	Attitude: Sullen, With-drawn, non-responsive at times	Coordination: Poor, Stumbling, Staggering	
Speech: Slurred at times	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. 60 / 0222	Lack of Smooth Pursuit	Yes	Yes
2. 58 / 0230	Maximum Deviation	Yes	Yes
3. 58 / 0244	Angle of Onset	35	35

Convergence

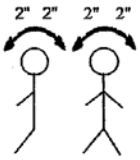


Right eye Left eye

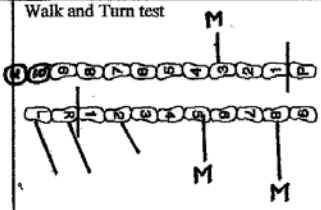
26 ONE LEG STAND 28

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

Romberg Balance



Walk and Turn test

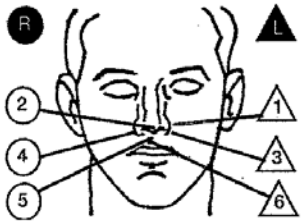


	1st Nine	2nd Nine
Cannot keep balance	✓	
Starts too soon	✓	
Stops walking		
Misses heel-toe	✓✓	✓
Steps off line	✓	
Raises arms	✓✓	✓
Actual steps taken	9	11

Took two extra steps at end

Internal clock 46 estimated as 30 seconds	Describe Turn Lost balance	Cannot do test (explain) N/A	Type of footwear: Loafers

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

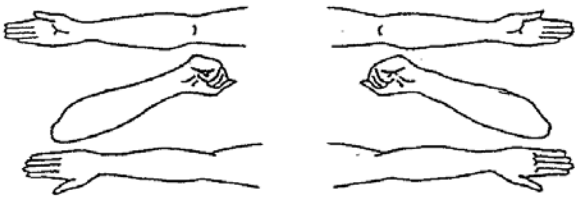
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION ☐ Yes ☒ No

REACTION TO LIGHT: Slow

RIGHT ARM LEFT ARM



Nothing observed

Blood pressure 110/70	Temperature 98.2

Muscle tone: ☐ Normal ☒ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using? "I told you, it's none of your business"	How much? No response	Time of use? No response	Where were the drugs used? (Location) No response
Date / Time of arrest: 08/06/10 0115	Time DRE was notified: 0140	Evaluation start time: 0145	Evaluation completion time: 0300	Precinct/Station: Tunnel Station
Officer's Signature:	DRE # 5293	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: Cockroft, Carolyn

1. **LOCATION:** The evaluation was conducted at Tunnel Command Processing Room at the Maryland Transportation Authority Police Department.

2. **WITNESSES:** Arresting Officer Mike Gregor of the Maryland Transportation Authority P.D and Sgt. Tom Woodward of the Maryland State Police.

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

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was notified that Officer Gregor had arrested a subject for DUI and was requesting a drug evaluation. Writer contacted Officer Gregor at the M.T.A. Tunnel Command office where it was determined that the suspect had been observed driving at 30 MPH on I-95 near the tunnel. When contacted, the suspect appeared dazed and disoriented. She was unable to perform the roadside SFST's as directed and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the Processing Room. She was quiet, withdrawn and slow to respond to questions. When she would try to walk, she would stumble and several times nearly fell.

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

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: The suspect exhibited a 2" front to back and side to side sway. She estimated 30 seconds in 46 seconds. Walk and Turn: The suspect lost her balance during the instructions, started too soon, stepped off the line, missed heel to toe, raised her arms for balance, staggered to the right while turning and took two extra steps returning back down the line. One Leg Stand: The suspect swayed, raised her arms for balance, hopped and put her foot down. Finger to Nose: The suspect missed the tip of her nose on all six attempts.

8. **CLINICAL INDICATORS:** The suspect exhibited six clues of HGN and a Lack of Convergence. Two of her pulse readings were below the normal range and her Systolic blood pressure was below the normal range.

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

10. **SUSPECT'S STATEMENTS:** The suspect admitted taking "some medicine" her brother gave her. She also stated she did not know what the medicine was.

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

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

13. **MISCELLANEOUS:**

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DRUG INFLUENCE EVALUATION

Evaluator: Officer Jason Craven, California H.P.	DRE #: 4480	Rolling Log #: 07-28	**Session IX - #2**
Recorder/Witness: Officer Travis Herbert, CHP	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 07-445690
Arrestee's Name (Last, First, Middle): Henry, Michael James	Date of Birth: 3/11/70	Sex: M	Race: W	Arresting Officer (Name, ID#): Sgt. Helena Williams, CHP #113408
Date Examined / Time /Location: 09-06-10, 2110 hours, W. Sacramento	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 200548	Chemical Test: Urine ☒ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By: Sgt. Williams	☒ Yes ☐ No	What have you eaten today? When? Cheeseburger 10	What have you been drinking? Nothing	How much? N/A	Time of last drink? N/A
Time now/ Actual: 10 pm / 2115	When did you last sleep? How long: Last night / 8 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 Doctor for Stress			
Are you taking any medication or drugs? ☒ Yes ☐ No "Just Xanax"	Attitude: Withdrawn, Cooperative	Coordination: Poor, Slow, Sluggish			
Speech: Slurred, thick at times	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		

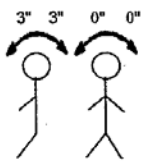
Pulse and time	HGN	Left Eye	Right Eye
1. 62 / 2130	Lack of Smooth Pursuit	Yes	Yes
2. 62 / 2142	Maximum Deviation	Yes	Yes
3. 58 / 2200	Angle of Onset	40	40

Convergence: Right eye / Left eye

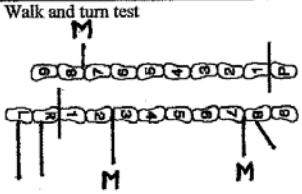
29 ONE LEG STAND 27

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

Romberg Balance



Walk and turn test

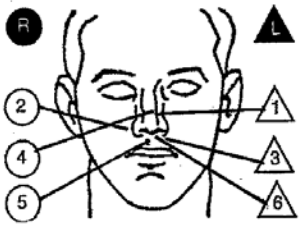


Slow, rubber legged walk

	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: 50 estimated as 30 seconds	Describe Turn: Lost balance	Cannot do test (explain): N/A	Type of footwear: Lace up 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	4.5	6.5	3.5
Right Eye	4.5	6.5	3.5

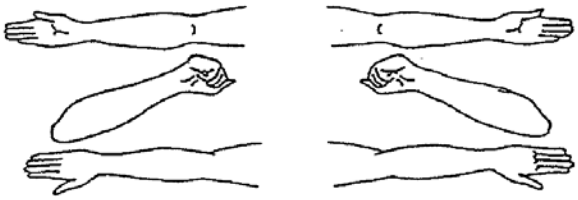
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION ☐ Yes ☒ No

REACTION TO LIGHT: Slow

RIGHT ARM / LEFT ARM



Nothing observed

Blood pressure: 106/66	Temperature: 98.6

Muscle tone: ☐ Normal ☒ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using? Xanax	How much? A couple	Time of use? 6 pm	Where were the drugs used? (Location) McDonald's
Date / Time of arrest: 09/06/10 2015	Time DRE was notified: 2050	Evaluation start time: 2110	Evaluation completion time: 2210	Precinct/Station: West Sac
Officer's Signature:	DRE #: 4480	Reviewed/approved by / date:	

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

Revised. 10/10

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Henry, Michael J.

1. LOCATION: The evaluation took place at the West Sacramento CHP office.

2. WITNESSES: Arresting Officer, Sergeant Helena Williams and Officer Travis Herbert, CHP.

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

4. NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER: Writer was requested to conduct a drug evaluation for Sergeant Williams at the West Sacramento CHP office. Sergeant Williams advised that she had located the suspect slumped over in the driver's seat of a vehicle stopped in the S/B traffic lane of S.R. 99. Sergeant Williams further advised that the suspect appeared to be impaired and performed poorly on the SFST's.

5. INITIAL OBSERVATION OF SUSPECT: Writer first observed the suspect in a slumped position in a chair next to the interview room desk. The suspect was mumbling, had thick, slurred speech and was slow to respond to questions.

6. MEDICAL PROBLEMS AND TREATMENT: The suspect stated he was under the care of a doctor for stress.

7. PSYCHOPHYSICAL TESTS: Romberg Balance: The suspect swayed approximately 3" front to back and estimated 30 seconds in 50 seconds. Walk and Turn: The suspect lost his balance twice during the instructions, stepped off the line, missed heel to toe three times, raised his arms for balance and lost his balance while turning. One Leg Stand: Suspect swayed, raised his arms and put his foot down once while standing on the left foot and twice while standing on the right foot. Finger to Nose: Suspect missed the tip of his nose on each attempt.

8. CLINICAL INDICATORS: Henry exhibited HGN and a Lack of Convergence. One of his pulse rates was below the normal range. His blood pressure was below the normal range.

9. SIGNS OF INGESTION: None observed.

10. SUSPECT'S STATEMENTS: The suspect admitted taking Xanax. He stated he takes the Xanax three times a day for stress.

11. DRE'S OPINION: In my opinion Henry is under the influence of a CNS Depressant and was unable to operate a vehicle safely.

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

13. MISCELLANEOUS: The suspect voluntarily produced a pill bottle containing his Xanax pills. The prescription for 30 pills had been filled two days earlier. There were only 12 pills remaining in the bottle.

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TOPICS FOR STUDY

1. Name the six major subcategories of CNS Depressants.

   Barbiturates, Non-barbiturates, Anti-Anxiety Tranquilizers, Anti-Depressants, Anti-Psychotic Tranquilizers, Combinations

2. Name the four groups of Depressants based on onset and duration time factors.

   Ultra short, Short, Intermediate, Long

3. To which subcategory of Depressants does Thorazine belong? To which subcategory does Chloral Hydrate belong? To which subcategory does Xanax belong?

   Anti-Psychotic Tranquilizers, Non-barbiturates, Anti-Anxiety Tranquilizers

4. Name a CNS Depressant that usually causes the pupils to dilate.

   Soma, Methaqualone

5. What is the generic name for the drug that has the trade name “Prozac”?

   Fluoxetine

6. What is a trade name for the generic drug "Alprazolam"?

   Xanax

7. What is the name of the subcategory of CNS Depressants that is also known as the "Minor Tranquilizers"?

   Anti-Anxiety Tranquilizers