1 Hour and 45 Minutes

SESSION X

CENTRAL NERVOUS SYSTEM STIMULANTS

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

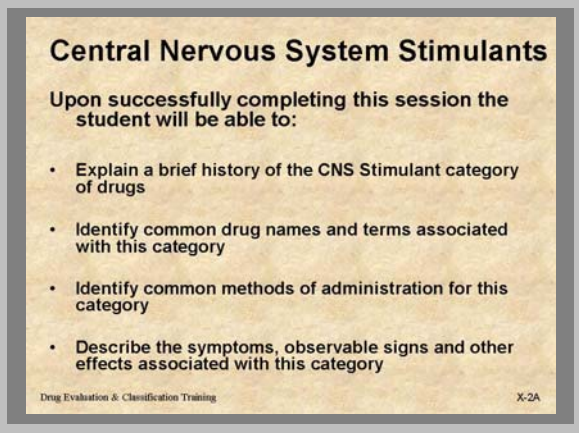
- Explain a brief history of the CNS Stimulant category of drugs.
- Identify common drug names and terms associated with this category.
- Identify common methods of administration for this category.
- Describe the symptoms, observable signs and other effects associated with this category.
- Describe 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	▪ Review of the Drug Evaluation and Classification Exemplars
C. Onset and Duration Effects	▪ Reading Assignments
D. Overdose Signs and Symptoms	▪ Video Presentations
E. Expected Results of the Evaluation	▪ Slide Presentations

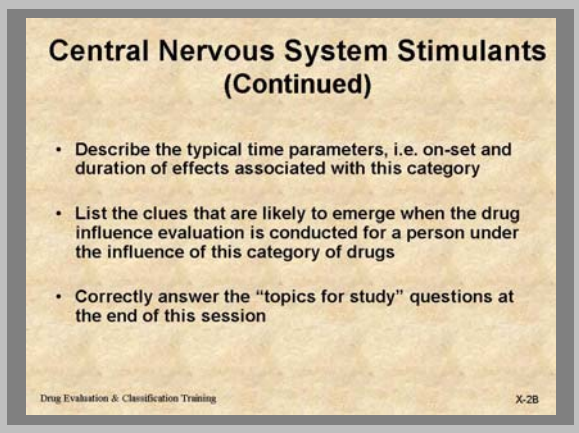
I. CENTRAL NERVOUS SYSTEM STIMULANTS

Session 10-1: Session 10

Session 10-2A: Central Nervous System Stimulants



Session 10-2B: Central Nervous System Stimulants (cont.)



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

A. Overview of the Category

CNS Stimulants speed up the operation of the Central Nervous System.

- "Speed Up" does not mean "improve."
- Emphasize that abuse of CNS Stimulants does not make the brain work "better" or "smarter." Rather, they induce the brain to cause many of the body's organs to work harder, but not better.
- The "speeding up" results in increased heartbeat, pulse, respiration, blood pressure, and temperature.

All of these effects can lead to physical harm to the stimulant user.

- However, Robert Louis Stevenson wrote "The Strange Case of Dr. Jekyll and Mr. Hyde" while under the influence of Cocaine. He wrote sixty thousand words in six days.

The "speeding up" also produces nervousness, irritability and an inability to concentrate or think clearly.

These psychological effects can lead to unpredictable and bizarre behavior by the stimulant user.

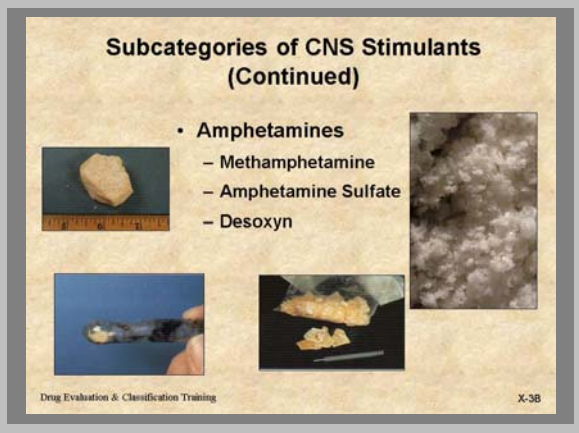
Session 10-3A: Subcategories of CNS Stimulants

Subcategories of CNS Stimulants

There are three major subcategories of Central Nervous System Stimulants.

- Cocaine

Session 10-3B: Subcategories of CNS Stimulants (cont.)

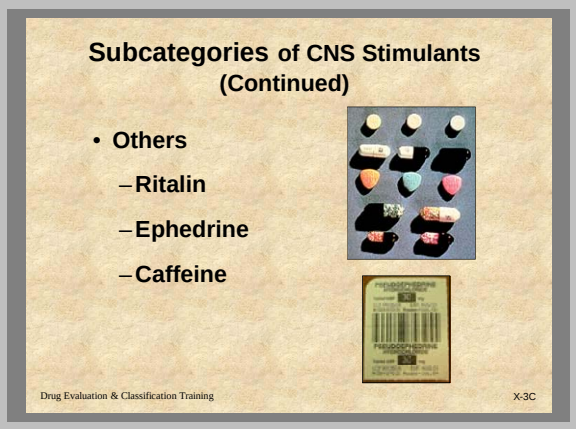


- The Amphetamines
    - Point out that the Amphetamines include a large number of individual drugs, only a few of which are listed on Visual X-3B.

Examples:

- Methamphetamine
- Amphetamine Sulfate
- Desoxyn

Session 10-3C: Subcategories of CNS Stimulants (cont.)



- Others
  - Point out that there are many "other" CNS Stimulants (i.e., non-Cocaine and non-Amphetamines); the ones listed on the visual are only a few of those.
  - Ritalin (methylphenidate hydrochloride)
  - Ephedrine
  - Caffeine
- Point out that we will focus on Cocaine and the Amphetamines, because they are the most widely abused CNS Stimulants. But, the students should be aware that there are many other stimulant drugs.

Session 10-4: Coca Plant

Cocaine

Cocaine derives from the coca plant.

Coca plant: Scientific name "Erythroxylon Coca."

- The plant is native to South America.
- Cocaine is made from the leaves of the coca plant.
- Note: the coca plant should not be confused with the cocoa plant, from which chocolate is made.
- Archaeological evidence indicates that natives of Peru chewed coca leaves 5,000 years ago.
- Sigmund Freud personally experimented with Cocaine for approximately 3 years.
- Small quantities of Cocaine originally were included in the formula of Coca Cola.
    - Use of Cocaine in products as Coca Cola was outlawed by the Pure Food and Drug Law of 1906.

Amphetamines

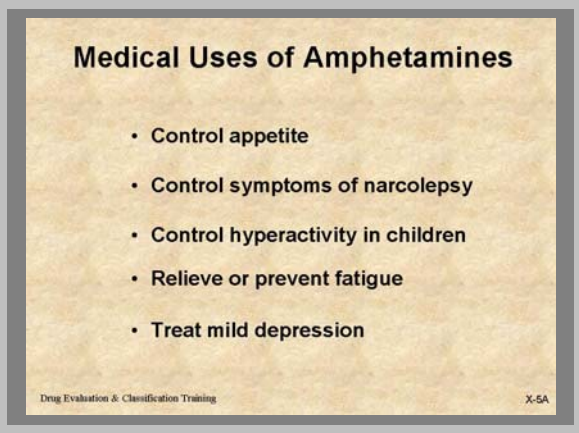
Amphetamines were first synthesized near the end of the 19th Century.

The first use of Amphetamines for medical purposes began in the 1920's.

Initial medical application was to treat colds.

- Amphetamines cause the nasal membranes to shrink.
- This gives temporary relief from stuffy nasal passages.
- Point out that much more effective drugs have been developed to treat cold symptoms. Amphetamines are no longer prescribed as cold remedies.

Session 10-5A: Medical Uses of Amphetamines



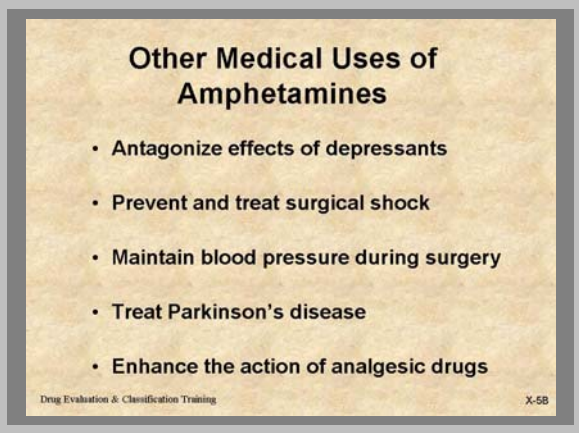
Present day medical purposes for amphetamines include:

- Control appetite.
  - Many over the counter appetite control products contain CNS Stimulants as their active ingredient.
- Control symptoms of narcolepsy.
  - Narcolepsy: an extremely rare disorder that causes the individual to fall asleep compulsively, often several hundred times per day.
- Control certain hyperactive behavioral disorders.

- Example: Ritalin is commonly prescribed for children diagnosed with ADD or similar disorders.

- Relieve or prevent fatigue to allow persons to perform essential tasks of long duration.
  - The U.S. Air Force previously gave pilots amphetamines to keep them alert on long flights. Amphetamines have also had other short term military applications.
- Treat mild depression.

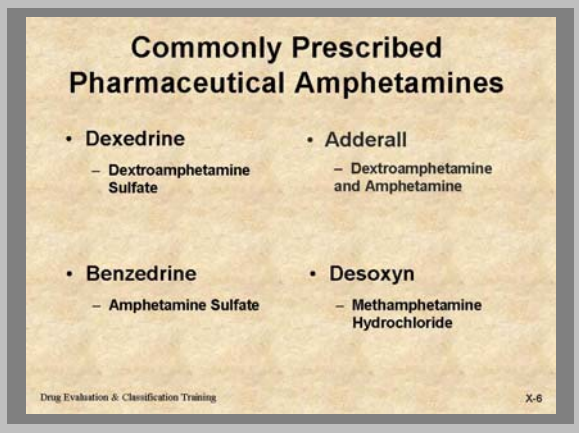
Session 10-5B: Other Medical Uses of Amphetamines



- Antagonize the effects of depressant drugs.
  - Remind students that two drugs are antagonistic when the signs and symptoms of one are opposite to the signs and symptoms of the other.
- Prevent and treat surgical shock.
- Maintain blood pressure during surgery.
- Treat Parkinson's Disease.
  - Parkinson's Disease: a form of paralysis characterized by muscular rigidity, tremor and weakness.
- Enhance the action of certain analgesic (pain killer) drugs.

Numerous pharmaceutical companies manufacture Amphetamines for these purposes.

Session 10-6: Commonly Prescribed Pharmaceutical Amphetamines



Examples of common pharmaceutical Amphetamines:

- Dexedrine (dextroamphetamine) used to treat narcolepsy and hyperkinetic behavior, and for weight control. (Street names “Dexies”; “Hearts”)

- Note: Dexedrine probably is the most commonly prescribed Amphetamine.

- Benzedrine (Amphetamine Sulfate) used to treat narcolepsy, hyperkinetic behavior and weight problems. (Street names “Bennies”; “Whites”; “Cartwheels”)

- Desoxyn (Methamphetamine Hydrochloride, also known as Desoxyephedrine) used in weight reduction.

- Adderall (Combination of Dextroamphetamine and Amphetamine)

Session 10-7A: Commonly Abused Illicit Amphetamines

Large quantities of Amphetamines are also illegally manufactured in this country.

If available, display slides of illicitly manufactured methamphetamine and amphetamine sulfate.

- The most commonly abused illicit Amphetamine is Methamphetamine.
- Methamphetamine Hydrochloride is a white to light brown crystalline powder, or clear chunky crystals resembling ice. Methamphetamine base is a liquid.
- The majority of street Methamphetamine is produced in Clandestine laboratories.
    - Note: Clandestine production normally involves the reduction of l-ephedrine or d-pseudoephedrine over red phosphorus with hydroiodic acid, or reduction with sodium or lithium in condensed liquid ammonia.
- Medicinally, Methamphetamine is used in the treatment of:
    - Narcolepsy
    - Attention Deficit Disorder (ADD)
    - Attention Deficit Hyperactivity Disorder (ADHD)

- Methamphetamine is also known as Methedrine or Methamphetamine Hydrochloride.

- It's more common street names are "speed"; "crank"; "ice"; "crystal"; "meth"; and "water."

Session 10-7B: Other CNS Stimulants

Other CNS Stimulants

There are some other CNS Stimulants, apart from Cocaine or the Amphetamines.

If available, display slides of Ritalin.

Ritalin is a manufactured, non-Amphetamine CNS Stimulant:

Ask students if they know of any children for whom Ritalin has been prescribed.

- Generic name Methylphenidate Hydrochloride.

- Used to treat mild depression, hyperkinetic behavior, narcolepsy and drug induced lethargy produced by CNS Depressants.

- Has many of the basic clinical effects of Amphetamine.

- Remind the students that we will focus on Cocaine and the Amphetamines for our discussion of CNS Stimulants and their effects.

Ephedrine

Ephedrine is a licitly manufactured stimulant used in diet aides and body building supplements. It can also be found in herbal preparations and numerous over-the-counter (OTC) substances.

Cathine and Cathinone

Cathine and Cathinone are the two psychoactive chemicals derived from the Khat plant. It originates from the sub-Sahara regions of Africa.

- Also known as "cat."
- Methcathinone is illicitly manufactured from common household chemicals. Effects are very similar to Methamphetamine.

Session 10-8A: Methods of Ingesting Stimulants

Methods of Ingestion of CNS Stimulants

There are a variety of ways in which the different CNS Stimulants may be ingested.

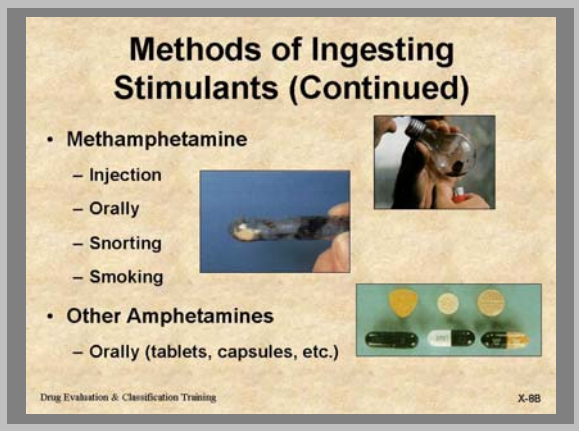
Cocaine is commonly insufflated (snorted), smoked, injected and taken orally.

In order to be smoked, a pure form of Cocaine is required.

- Much of the Cocaine sold in this country is mixed with other materials, or chemically bonded to other elements.
- Various chemical processes can be used to "free" the Cocaine from other elements and impurities.
- One such process produces pure Cocaine in the form of small chunks.

- These chunks are known as “Crack” or “Rock Cocaine.”
    - Note: the term “Crack” derives from the cracking sound produced when the chunks are burned for smoking.
- Licitly manufactured Amphetamines are taken orally, in the form of tablets, capsules and liquid elixirs.

Session 10-8B: Methods of Ingesting Stimulants (cont.)

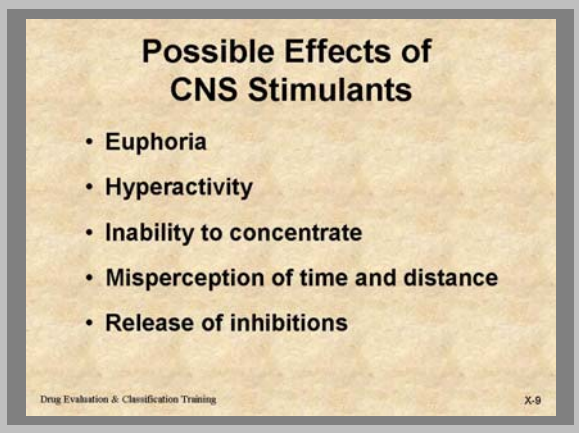


- Illicitly manufactured Methamphetamine most commonly is injected or smoked but sometimes may be snorted or taken orally.
- Point out that bruising often will be seen around a Methamphetamine injection site.
- The smokeable forms of Methamphetamine are known as “Crystal Meth” or “Ice.” They contain the same active chemical compound as powdered Methamphetamine, but undergo a re-crystallization process in which some impurities are removed.
- Point out that “Ice” is a clear crystal similar in appearance to rock candy, crushed ice, or broken glass.
- Point out that “Crystal Meth” is less pure and has a cloudy appearance or maybe yellowish, tan, or even brown in color.
- Amphetamine Sulfate usually is produced in tablet form (called “mini bennies”) and is taken orally.

Solicit students questions and comments about the overview of CNS Stimulants.

B. Possible Effects

Session 10-9: Possible Effects of CNS Stimulants



Both Cocaine and the Amphetamines produce euphoria, a feeling that there are no problems.

- A feeling of super strength and absolute self confidence may also be present.

- With Cocaine, but not with Amphetamines, there is an anesthetic effect, and the dulling of pain may contribute to the euphoria.

Stimulant users tend to become hyperactive, indicated by a nervousness, extreme talkativeness, and an inability to sit still.

CNS Stimulants tend to release inhibitions, allowing users to commit acts that they normally would avoid.

Stimulant users misperceive time and distance.

- Example: to the subject, time seems to be speeded up, so that 2 hours may seem like two minutes.

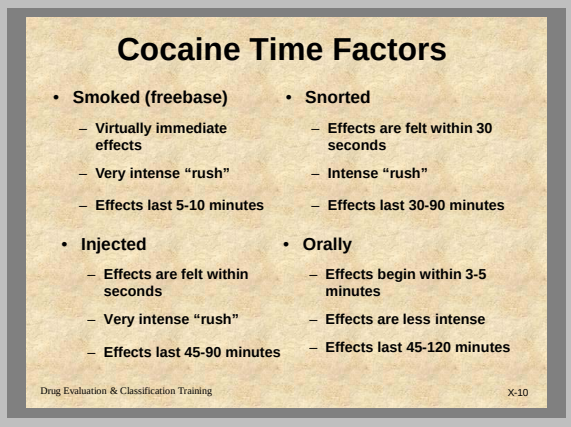
Persons under the influence of CNS Stimulants become easily confused, and lose the ability to concentrate or to think clearly for any length of time.

- Point out that this lack of concentration makes it very difficult for the user to perform divided attention tests successfully.

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

C. Onset and Duration of Effects

Session 10-10: Cocaine Time Factors



The onset and duration of effects are quite different for Cocaine as compared to Amphetamines.

- Generally speaking, Cocaine's effects are much briefer than are Amphetamine's.
- The time parameters of Cocaine vary with the method of ingestion.
- Note: Subjects that have ingested both Cocaine and Alcohol will produce a metabolite known as "Cocaethylene"; which has a half-life of four hours possibly extending the effects of Cocaine longer than the normal.

<u>*Cocaine: Smoked*</u>

When Cocaine is smoked, or "freebased," the drug goes immediately to the lungs, and is absorbed into the blood stream very rapidly.

- The smoker begins to feel the effects of the Cocaine virtually immediately.
- Note: Injection sites will be discussed in Session XVII (Narcotic Analgesics).
- The "rush," or euphoria is reported to be very intense.

- However, the euphoric effects only last 5 – 10 minutes after the Cocaine is smoked.

Cocaine: Injected

When Cocaine is injected, the drug is passed directly to the blood stream, where it is carried swiftly to the brain.

- The effects are felt within seconds.
- The onset of effects is very intense.
- The effects usually last 45 - 90 minutes. (Source: "Disposition of Toxic Drugs and Chemicals in Man")

Cocaine: Snorted

When Cocaine is snorted (insufflated), the onset of effects is not quite as rapid as with smoking or injecting.

- Point out that snorting remains a very popular method of ingesting Cocaine.
- The user typically feels the onset of effects within 30 seconds after snorting the drug.
- Although the "rush" occurs, it is not quite as intense as it is when the Cocaine is smoked or injected.
- The effects from snorting usually last from 30 – 90 minutes.

Cocaine: Oral Ingestion

- Oral ingestion of Cocaine usually is the least preferred method.
- Clarification: the effects of Cocaine taken orally may last from 45 – 120 minutes.
- The user generally does not begin to feel the effects for 3 – 5 minutes.
- The effects are not as intense as they are with other methods of ingestion.
- However, the effects may last 15 – 30 minutes longer than with other methods.

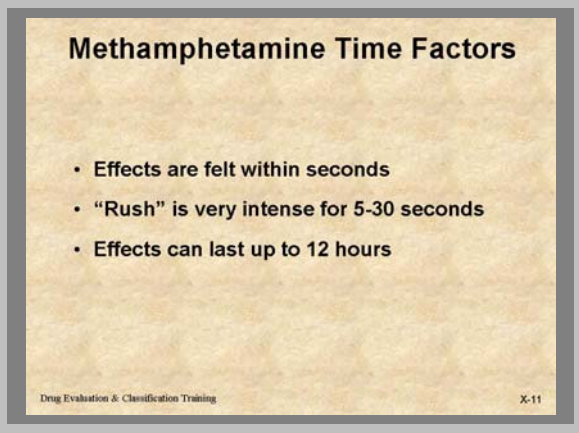
With all methods of ingestion, the duration of Cocaine's effects tend to be briefer than the effects of most other drugs.

- Point out that it is very possible that a Cocaine user may not be examined by a DRE until at least 30 minutes following the use of the drug. Often, much more time will have elapsed. For this reason, Cocaine use may be difficult to ascertain from the drug evaluation.

- As the effects wear off, it becomes very difficult to observe evidence of impairment.

- If the subject is not evaluated by a DRE fairly soon after the subject has been apprehended, the DRE may not uncover evidence of the CNS Stimulant.

Session 10-11: Methamphetamine Time Factors



Methamphetamine: Injected

When Methamphetamine is injected, the initial effects are very similar to the injection of Cocaine.

- The user beings to feel the effects within a few seconds.

- The "rush" is very intense, and lasts at a high level of intensity for 5 – 30 seconds.

- Unlike Cocaine, Methamphetamine's effects are longer and may last up to 12 hours after injection.

Methamphetamine: Smoked

When Methamphetamine is smoked, the rush is very intense, and the effects are long lasting. The user stays "high" for 4 – 8 hours with residual effects lasting up to 12 hours.

- Source: Drugs and Human Performance Fact Sheets, NHTSA (2004).

Methamphetamine: Snorted

When Methamphetamine is snorted or taken orally, the onset takes longer, the rush is much less intense, and the effects are much briefer.

Solicit students' comments and questions concerning time parameters of Cocaine and Methamphetamine.

D. Overdose Signs and Symptoms

Overdose of Cocaine or Amphetamines can cause the pleasurable effects to turn into panic and often violent behavior. If the overdose is caused by Cocaine, it is commonly referred to as Cocaine Psychosis or Cocaine Delirium.

Write on dry erase board or flip-chart "Cocaine Psychosis or Cocaine Delirium."

- Subject may become very confused and aggressive.
- Subject may suffer convulsions and faint or pass into a coma.
- Heartbeat (pulse) will increase, possibly dramatically.
- Hallucinations may occur.
    - Example: The feeling that bugs are crawling under the skin is also known as "Coke Bugs." The medical term for this condition is formication.

Death can occur from sudden respiratory failure, or from heart arrhythmia, leading to cardiac arrest.

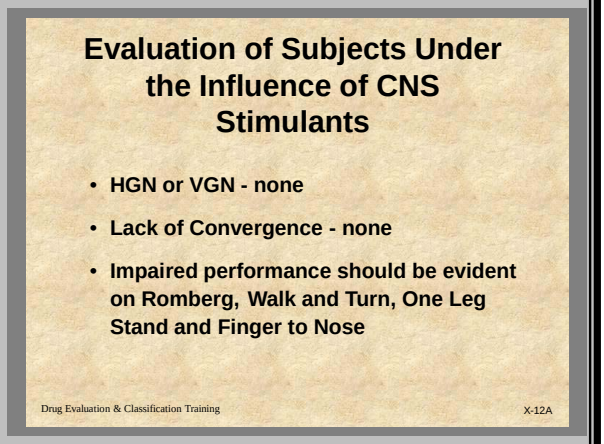
- Note: It is important that officers are aware of this to avoid custody deaths.

Another danger is that subjects may attempt to treat CNS Stimulant overdoses with Barbiturates, possibly leading to overdose of CNS Depressants.

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

E. Expected Results of the Evaluation

Session 10-12A: Evaluation of Subjects Under the Influence…

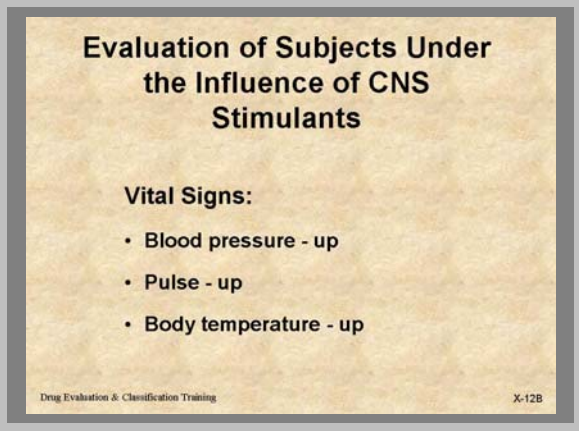


<u>*Observable Evidence of Impairment*</u>

- Horizontal Gaze Nystagmus will not be present with subjects under the influence of CNS Stimulants.
- Vertical Gaze Nystagmus will not be present.
- Lack of Convergence will not be evident.
- Performance on Romberg should be impaired.
- Point out that CNS Stimulants impair the user's perception of time, so that the subject's estimate of 30 seconds, on the Romberg test, may be sped up.
- Performance on Walk and Turn may be impaired due to the subject's hyperactivity and inability to concentrate.
    - Example: subject may start too soon on the Walk and Turn, and may tend to walk fast, thus losing balance or missing heel-to-toe.
- Performance on the One Leg Stand may be impaired due to the subject's hyperactivity.
    - Example: subject may also count very rapidly on the One Leg Stand test.

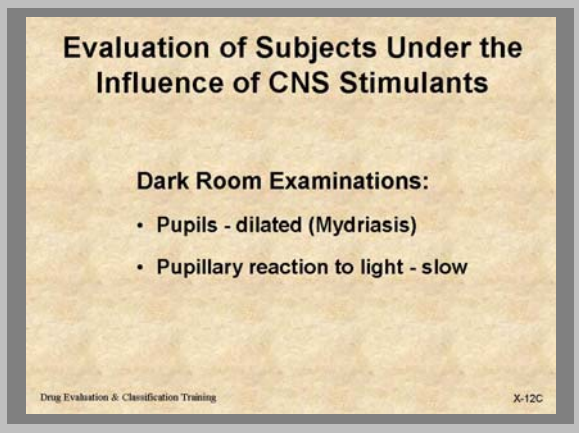
- Performance on the Finger to Nose test should be impaired.
    - His or her finger movements may be abrupt, jerky and inaccurate.

Session 10-12B: Evaluation of Subjects Under the Influence …



- Blood pressure will generally be elevated.
- Pulse generally will be increased.
- Body temperature generally will be elevated.

Session 10-12C: Evaluation of Subjects Under the Influence…

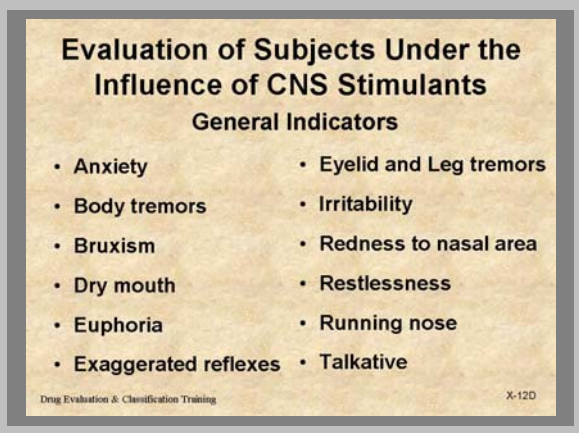


- Pupils generally will be dilated.

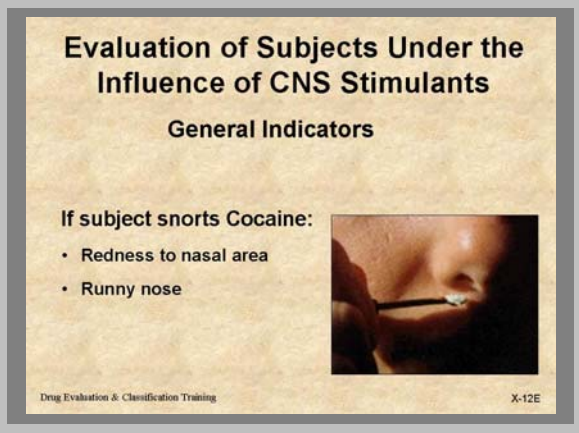
- The technical term for “dilated pupils” is Mydriasis.

- Pupil reaction to light generally will be slow.

Session 10-12D: Evaluation of Subjects Under the Influence…



Session 10-12E: Evaluation of Subjects Under the Influence



General Indicators

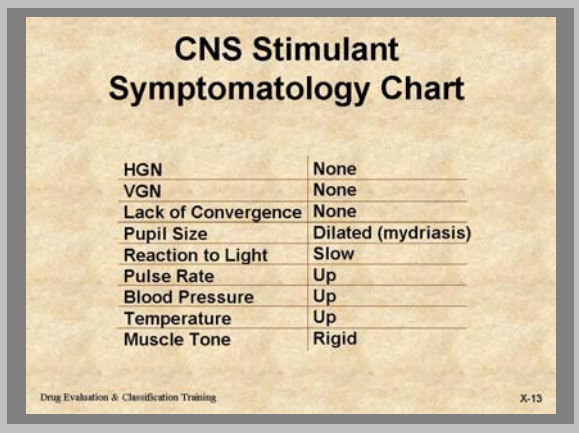
- anxiety
- body tremors
- bruxism (grinding teeth)
- dry mouth
- euphoria
- excited
- exaggerated reflexes
- eyelid and leg tremors

- increased alertness
- insomnia
- irritability
- redness to nasal area
- restlessness
- rigid muscle tone
- runny nose
- talkative

Note: Indicators associated with the nasal area may be evident if the subject is in the habit of snorting Cocaine.

Summary

Session 10-13: CNS Stimulant Symptomatology Chart



Demonstrations

Show DVD of subject(s) under the influence of CNS Stimulants. Relate behavior/ observations to the CNS Stimulant Symptomatology Chart.

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.

Refer students to the exemplars found at the end of Section X in their student manuals.

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

Session 10-14: Questions

Solicit students' questions or comments concerning expected results of the evaluation of subjects under the influence of CNS Stimulants.

DRUG INFLUENCE EVALUATION

Evaluator: Sgt. Ross Batson, Arkansas H.P.	DRE #: 7883	Rolling Log #: 10-10-014	**Session X - #1**
Recorder/Witness: Pam Mays, Arkansas CJI	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 07-44580
Arrestee's Name (Last, First, Middle): Hedlund, James R.	Date of Birth: 7/10/63	Sex: M / Race: W	Arresting Officer (Name, ID#): TFC Jeff Hust Arkansas H.P. #11340
Date Examined / Time /Location: 02-08-10, 2230 Pulaski Co. Jail	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 600458	Chemical Test: Urine ☒ Blood ☐ Test or tests refused ☐

Miranda Warning Given: Given By: TFC Hust	☒ Yes ☐ No	What have you eaten today? When? Candy bar About 6 pm	What have you been drinking? How much? Nothing	Time of last drink? N/A
Time now/ Actual: 8 pm/10:45 pm	When did you last sleep? How long: Last night / 2 - 3 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: Talkative, Cooperative	Coordination: Poor, Quick, Unsteady		
Speech: Quick, 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. 102 / 2240	Lack of Smooth Pursuit	No	No
2. 100 / 2253	Maximum Deviation	No	No
3. 100 / 2305	Angle of Onset	None	None

Convergence: Right eye → / Left eye ←

24 ONE LEG STAND 22

20 (R) 17 (L)

L (R) / R (L)

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

Counted quickly

Romberg Balance: 3" 3" 0" 0"

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	9

Walked quickly

Internal clock: 22 estimated as 30 seconds	Describe Turn: Quick, spun around	Cannot do test (explain): N/A	Type of footwear: Boots

Draw lines to spots touched

Quick movements

PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5
Left Eye	6.0	9.0	5.5
Right Eye	6.0	9.0	5.5

Nasal area: White powder left nostril

Oral cavity: Clear

REBOUND DILATION: ☐ Yes ☒ No

REACTION TO LIGHT: Slow

RIGHT ARM / LEFT ARM

Nothing observed

Blood pressure: 142/96	Temperature: 99.8

Muscle tone: ☐ Normal ☐ Flaccid ☒ Rigid

Comments:

What drugs or medications have you been using? "Nothing"	How much? N/A	Time of use? N/A	Where were the drugs used? (Location) N/A
Date / Time of arrest: 02-08-10	Time DRE was notified: 2205	Evaluation start time: 2230	Evaluation completion time: 2335 / Precinct/Station: North Precinct
Officer's Signature:	DRE # 7883	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**:** Hedlund, James R.

1. **LOCATION:** The evaluation of James Hedlund was conducted at the Pulaski County Jail.

2. **WITNESSES:** Arresting Officer, TPC Jeff Hust, Arkansas State Police and Pam Mays of the Arkansas Criminal Justice Institute.

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

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** The writer was contacted by Trooper Hust requesting a drug evaluation. Writer contacted Trooper Hust at the County Jail where it was determined that he had stopped the suspect for driving 100 mph and for driving without headlights on I-30 East. The suspect was excited, talkative and very restless. He performed poorly on the roadside SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room with Trooper Hust. The suspect was rocking back in forth in his chair and could not remain still. His speech was fast and his reflexes were quick and exaggerated.

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

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" front to back and estimated 30 seconds in 22 seconds. Walk & Turn: Suspect started too soon, lost his balance twice during the instructions, raised his arms for balance and made an abrupt quick turn. One Leg Stand: Suspect swayed, raised his arms, hopped and put his foot down once standing on the left foot and once while standing on the right foot. Finger to Nose: Suspect missed the tip of his nose on five of the six attempts.

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

9. **SIGNS OF INGESTION:** White powder residue was located in the suspect's left nostril.

10. **SUSPECT'S STATEMENTS:** The suspect denied using any drugs.

11. **DRE'S OPINION:** In my opinion Hedlund is under the influence of a CNS Stimulant 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: Sgt. Frank Barnes, Oklahoma City P.D.	DRE #: 2894	Rolling Log #: 10-08-02	**Session X - #2**
Recorder/Witness: Sgt. Charlie Phillips, Oklahoma City P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 07-22876
Arrestee's Name (Last, First, Middle): Kohlhepp, Kim J.	Date of Birth: 8/24/73	Sex: F / Race: W	Arresting Officer (Name, ID#): Officer David Steiner, OKC PD #8895
Date Examined / Time /Location: 08/02/10 2315 Oklahoma Co. Jail	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 150024	Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐

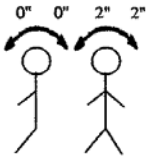
Miranda Warning Given: Given By: F. Barnes 2317	☒ Yes ☐ No	What have you eaten today? When? Hot dog 1pm	What have you been drinking? How much? "Nothing"	Time of last drink? N/A
Time now/ Actual: Midnight/2322	When did you last sleep? How long: Yesterday 4 hours	Are you sick or injured? ☐ Yes ☒ No	Are 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 "I don't do drugs".	Attitude: Cooperative, restless	Coordination: Poor, jittery, stumbling		
Speech: Very talkative, rapid	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. 100 / 2328	Lack of Smooth Pursuit	No	No
2. 108 / 2341	Maximum Deviation	No	No
3. 104 / 2355	Angle of Onset	None	None

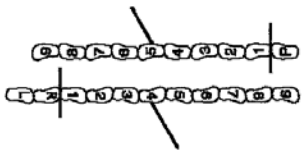
Convergence: Right eye → ← Left eye

34 ONE LEG STAND 35

Romberg Balance



Walk and Turn test

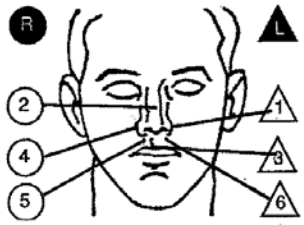


	1st Nine	2nd Nine
Cannot keep balance		
Starts too soon		
Stops walking		
Misses heel-toe		
Steps off line	✓	✓
Raises arms	✓✓	✓
Actual steps taken	9	9

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

Internal clock: 20 estimated as 30 seconds	Describe Turn: Spinning turn, quick movement	Cannot do test (explain): N/A	Type of footwear: Heels (removed)

Draw lines to spots touched



Eyelid tremors

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

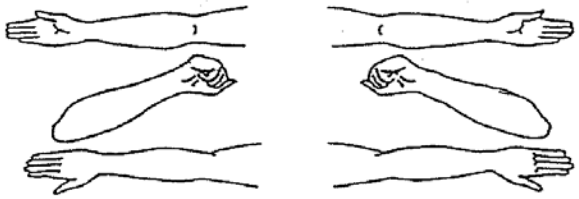
Nasal area: Red, ulcerated

Oral cavity: Clear

REBOUND DILATION ☐ Yes ☒ No

REACTION TO LIGHT: Slow

RIGHT ARM **LEFT ARM**



Nothing observed

Blood pressure: 144/104	Temperature: 99.8

Muscle tone: ☒ Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using? "I don't use drugs anymore."	How much?	Time of use? Refused	Where were the drugs used? (Location) Refused
Date / Time of arrest: 08/02/10 2240	Time DRE was notified: 2305	Evaluation start time: 2315	Evaluation completion time: 08/03/10 0035
Officer's Signature:	DRE #: 2894	Reviewed/approved by / date:	Precinct/Station:

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

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect**:** Kohlhepp, Kim J.

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

2. **WITNESSES:** The evaluation was witnessed by the arresting officer; Officer David Steiner and by Sergeant Charlie Phillips of the Oklahoma City P.D.

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

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** The writer was contacted by Officer Steiner requesting a drug evaluation. After arriving at the County Jail, Officer Steiner reported that he had stopped the suspect for driving 65 mph in a 30 mph zone and for failing to stop at a traffic signal. The suspect was very talkative and restless. She 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 standing next to Officer Steiner. She was very fidgety and could not stand still. When told to sit down she would sit for a few seconds and then quickly get back up.

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

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 2" side to side and estimated 30 seconds in 20 seconds. Walk & Turn: Suspect stepped off the line twice, raised her arms for balance and turned using an abrupt spinning movement. One Leg Stand: Suspect swayed, raised her arms, hopped once when standing on the left foot, and put her foot down one time while standing on each foot. Finger to Nose: Suspect missed the tip of her nose on each attempt.

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

9. **SIGNS OF INGESTION:** The suspect's nostrils were red and ulcerated.

10. **SUSPECT'S STATEMENTS:** She denied using drugs, stating "I don't use drugs anymore."

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

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

13. **MISCELLANEOUS:** There was an outstanding warrant for the suspect for failure to appear on a charge of possession of methamphetamine.

Rev.10/10

TOPICS FOR STUDY

1. Why is it sometimes difficult for a DRE to obtain evidence of CNS Stimulant influence when examining a cocaine user?

   Cocaine, in general, is a fairly fast-acting, but short duration drug. When smoked, the user feels a "rush," or very intense euphoria, but the effects only continue for 5 – 10 minutes. When injected, the effects begin quickly but only last 45 – 90 minutes.

2. What kinds of illicitly manufactured Amphetamines are most commonly abused?

   The two most commonly illicitly abused amphetamines are Methamphetamine and Amphetamine Sulfate.

3. Name two CNS Stimulants other than Cocaine or the Amphetamine compounds.

   Ritalin and Ephedrine

4. How do CNS Stimulants usually affect the blood pressure and pulse rate?

   CNS Stimulants usually elevate both blood pressure and pulse rate.

5. True or False: A person under the influence of a CNS Stimulant alone usually will not exhibit Horizontal Gaze Nystagmus?

   True

6. What is "bruxism"?

   Grinding the teeth. This behavior is often seen in persons who are under the influence of Cocaine or other CNS Stimulants.