1 Hour and 45 Minutes

SESSION XIV

HALLUCINOGENS

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

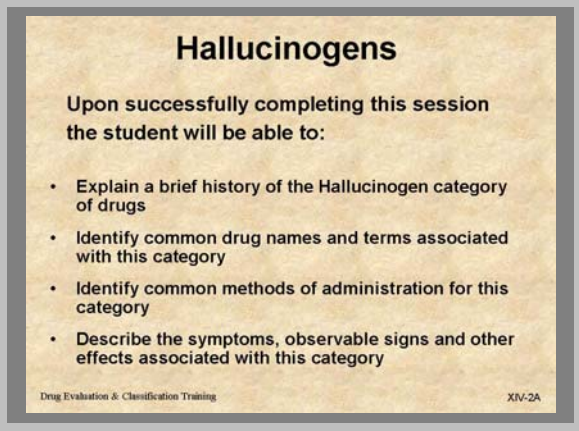
- Explain a brief history of the Hallucinogen category of drugs.
- Identify common drug names and terms associated with this category.
- Identify common methods of administration for this category.
- Describe the symptoms, observable signs and other effects associated with this category.
- Describe typical 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 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

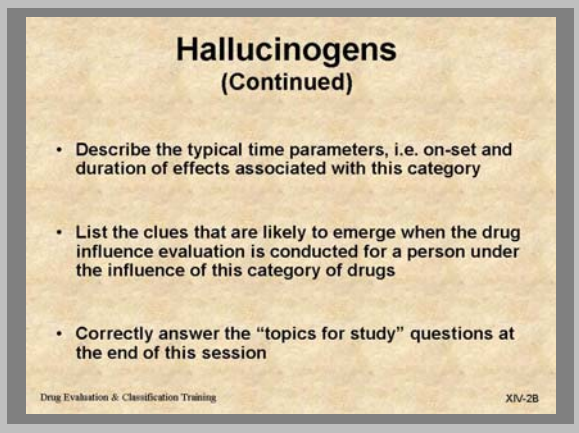
I. HALLUCINOGENS

Session 14-1: Session 14

Session 14-2A: Hallucinogens



Session 14-2B: Hallucinogens



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

A. Overview of the Category

Hallucinogens are drugs that affect a person's perceptions, sensations, thinking, self awareness and emotions.

- The word "Hallucinogen" means something that causes hallucinations.
    - Definition from <u>The Random House College Dictionary</u> (Revised Edition, 1980)

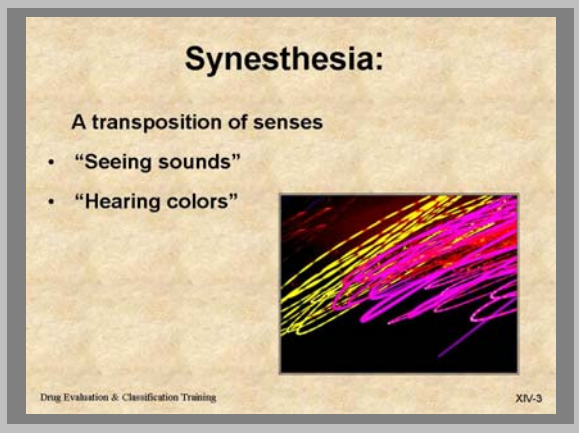
A hallucination is a sensory experience of something that does not exist outside the mind.

- Seeing, hearing, smelling, tasting or feeling something that isn't really there.
- Having distorted sensory perceptions, so that things look, sound, smell, etc. differently than they really are.

Hallucinogenic drugs usually produce what are called <u>pseudo-hallucinations</u>: i.e. the user typically is aware that what he or she is seeing, hearing, smelling, etc. isn't real, but is a product of the drug.

- But emphasize that the fact that the user knows the hallucinations aren't real doesn't make those hallucinations any less dangerous if they occur while driving.

Session 14-3: Synesthesia



Synesthesia

One common type of hallucination produced by these drugs is called Synesthesia, which is a sensory perception disorder, in which an input via one sense is perceived by the brain as an input via another sense. In its simplest terms, it is a transposition of senses.

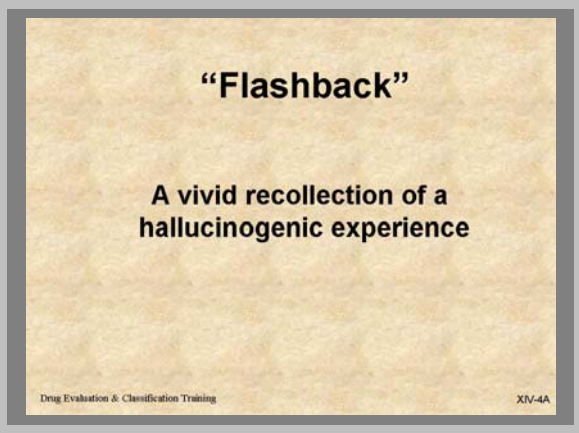
- Note: Synesthesia may occur naturally in an insignificant percentage of the population.
- Examples: The user may "see a flash of color, or some other sight, when the telephone rings."
- Sounds for example, may be transposed into sights.
- Sights may be transposed into odors.
- The user may "smell" a particular fragrance when he or she looks at something painted yellow.

The illusions and distorted perceptions produced by hallucinogenic drugs may be very alarming, even terrifying.

- They may produce panic and uncontrolled excitement.
- Point out that the expression "bad trip" refers principally to these panic filled reactions to Hallucinogens.
- The user may be unable to cope with the terror, and may attempt to flee wildly.

- A user who is emotionally or mentally unstable may become psychotic in response to this frightening experience.

Session 14-4A: Flashback



Flashback

A terrifying "bad trip" sometimes may be re-experienced as a flashback.

- In simple terms, a flashback is a vivid recollection of a portion of a hallucinogenic experience.
- A flashback does not occur because of a residual quantity of drug in the user's body.
- Instead, a flashback essentially is a very intense daydream.
- But point out that subsequent use of the drug may precipitate a flashback, by causing the user to re-experience the frightening illusions of the previous "bad trip."

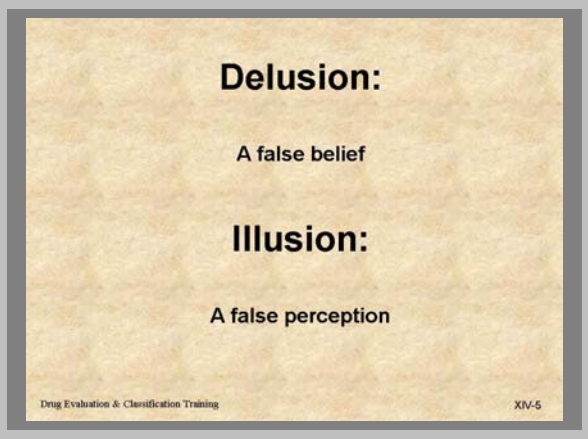
Session 14-4B: Types of Flashbacks

Types of Flashback

There are three types of flashback:

- Emotional: feelings of panic, fear, etc; the sensations of a "bad trip."
- Somatic: Altered body sensations, tremors, weakness, dizziness, crawly, tingly feelings on the skin.
- Perceptual: Distortions of vision, hearing, smell and/or other senses.
- These distortions are "re-runs" of the original "trip."

Session 14-5: Delusion/Illusion

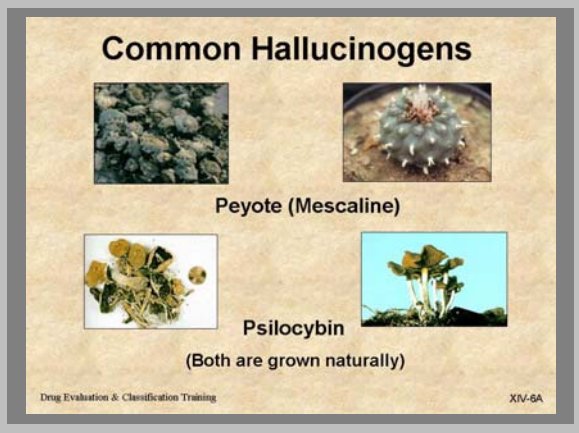


Illusion and Delusion

Remember that hallucinogens produce illusions, delusions, or both.

- A delusion is a false belief.
- Example of a delusion: "I am an Elephant."
- An illusion is a false perception, i.e. a misrepresentation of what the senses are receiving.
- Example of an illusion: "I see an Elephant."

Session 14-6A: Common Hallucinogens



Because they often make the user appear to be insane, Hallucinogens sometimes are called psychotomimetic drugs.

Write "PSYCHOTOMIMETIC" on the dry erase board or flip-chart.

- "Psychotomimetic" means "something that mimics psychosis." A psychosis is a major mental disorder. It implies a loss of touch with reality.
- Point out some Hallucinogens may create a psychotomimetic response in the user, meaning that they literally appear to have psychosis.

Some Hallucinogens come from natural sources, while others are synthetically manufactured.

Instructor, for your information: Other naturally occurring Hallucinogens include nutmeg, jimson weed, morning glory seeds, salvia divinorum, and bufotenine, a substance found in the glands of certain toads.

- Note: Some regional or local Hallucinogens may be discussed in more detail.
- Peyote, Psilocybin and Salvia Divinorum are examples of naturally occurring Hallucinogens.
- LSD, MDA, MDMA, DMT, STP, TMA and 2CB are examples of synthetically manufactured Hallucinogens.
- LSD: Lysergic Acid Diethylamide.
- Point out that STP is also known as DOM (2, 5-dimethoxy-4-methylamphetamine). STP is an abbreviation for "Serenity, Tranquility and Peace."

Instructor, for your information: Drugs such as MDA, MDMA, STP, and TMA all contain amphetamine based compounds. They are for this reason sometimes called "psychedelic amphetamines." In essence, they are high powered CNS Stimulants that cause hallucinations.

- TMA: Trimethoxyamphetamine
- DMT: Dimethyltryptamine
- MDMA is an abbreviation for 3,4-Methylenedioxymethamphetamine and is commonly referred to as "Ecstasy." It is a hallucinogen that also acts as a stimulant. It produces an energizing effect, as well as distortions in time and perception and enhances enjoyment from tactile experiences.
- MDA is an abbreviation for 3,4-Methylenedioxyamphetamine. It is normally produced as a clear liquid, or as a white powder in capsule or tablet form.
- Peyote is a small, spineless cactus.

If available, show slides of the peyote cactus and /or other peyote examples.

- The active, hallucinogenic ingredient in peyote is Mescaline.

- Mescaline is a chemical relative of adrenaline. Effects may be similar to those that would result from a massive rush of adrenalin.

- Mescaline was first isolated from Peyote in 1856. It was named after the Mescalero Apaches.

- Peyote is used legally in religious ceremonies of the Native American Church.

- Psilocybin is a drug found in a number of different species of mushrooms of the genus Psilocybe.

- There are over 100 known species of mushrooms that contain psilocybin and psilocin. Source: Drug Identification Bible, 2004/2005 Edition.

- These mushrooms also have been used in Native American religious ceremonies for thousands of years.

- An unstable derivative of Psilocybin, called Psilocin, is also found in these mushrooms and also has hallucinogenic properties.

- Psilocybin is chemically very similar to serotonin, a neurotransmitter that is found in the brain.

- The effects of psilocybin may be similar to what would happen if the brain were suddenly flooded with Serotonin.

If available, show slides of Psilocybin Mushrooms.

- Salvia Dinvinorum, also known as S. divinorum or Salvia, is a naturally occurring Hallucinogen.

- Salvia divinorum is a perennial herb in the mint family native to certain areas of Mexico. The plant, which can grow to over three feet in height, has large green leaves, hollow square stems and white flowers with purple calyces, can also be grown successfully outside of this region.

- Salvia divinorum has been used by the Mazatec Indians for its ritual divination and healing. The active constituent of Salvia divinorum has been identified as Salvinorin A.

- It was not until August 2002 that researchers discovered that Salvia divinorum acts at the kappa opiate receptor (KOR) site, where much of human reception is regulated.

- According to a National Survey on Drug Use and Health Report published by SAMHSA in February 2008, it is estimated that 1.8 million persons aged 12 or older used Salvia divinorum in their lifetime.

- There are several methods of ingesting Salvia with varying durations of hallucinogenic effects:

  - Dried leaves of Salvia can be smoked like marijuana, in a bong, pipe or as a joint, with the effects lasting up to 15-30 minutes.

  - Fresh leaves can be chewed as quid. The leaves of Salvia produce extractions of Salvinorin A before the leaves are removed from the mouth. Effects from chewing Salvia can last up to one hour.

  - Salvinorin A can also be vaporized and inhaled by heating the leaves in a pipe of tin foil and the vapors inhaled through a glass pipe.

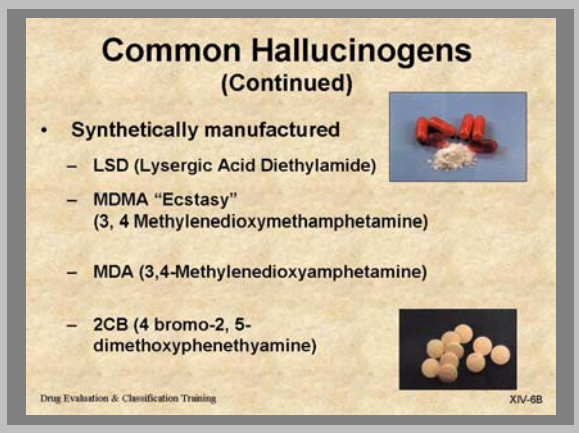
- Effects of Salvia Divinorum include: intense hallucinations; feelings of floating through space or flying; twisting and spinning. Physical effects include dizziness; nausea; lack of coordination; slurred speech, confused sentence patterns; and chills.

- Some common street names for Salvia Divinorum include: Salvia, Sally D, Magic Mint, Maria Pastora, and Diviner's Sage.

- Salvia is not listed under the Controlled Substance Act (CSA) or approved for medical use.

  - Source: DEA Office of National Control Policy Bulletin, November 2008.

Session 14-6B: Common Hallucinogens



LSD is perhaps the most famous of the synthetically manufactured Hallucinogens.

If available, show slides of various forms of LSD.

- "LSD" is an abbreviation of Lysergic Acid Diethylamide.
- It was first produced in 1938, although its hallucinogenic properties were not discovered until 1943.
- LSD was used in psychotherapy during the 1940's and early 1950's.
    - Example: it was occasionally used in the treatment of alcoholism.
- Although LSD is a synthetic drug, it was first derived from Ergot, a fungus that grows on rye and other grains.

Write "LSD derived from Ergot, a fungus" on the dry erase board or flip chart.

- In the Middle Ages, when people accidentally ate this fungus, their resulting bizarre behavior was thought to stem from possession by the Devil.
- Ergot is still used medically to treat migraine headaches.
- Sandoz Laboratories markets a combination of caffeine and Ergot called Cafergot.

2CB (4-Bromo-2, 5-Dimethoxyphenethylamine) is a popular drug first synthesized in 1974.

- 2CB is considered both a psychedelic and an entactogen.
- Note: "Entactogen" is a term used by psychiatrists to classify Ecstasy (MDMA). It literally means "touching within."
- 2CB is a white powder usually found in pressed tablets or gel caps.
- 2CB is sometimes referred to as "Venus"; "Nexus"; and "bromo-mescaline."

MDA, STP, and TMA are synthetically manufactured hallucinogens that sometimes are called "Psychedelic Amphetamines."

- They are chemically related to Amphetamines and produce many effects similar to those of CNS Stimulants.
- They are also chemically related to Mescaline.
- MDA is an abbreviation for 3, 4-Methylenedioxyamphetamine.
- Among users, MDA sometimes is referred to as the "Mellow Drug of America."
- TMA is an abbreviation for 3, 4, 5-Trimethoxyamphetamine.
- Point out that there are many more Hallucinogens beyond those listed in this session.

An important fact about Hallucinogens is that they are not addictive, in the sense that cessation of use does not produce withdrawal signs or symptoms; however, regular users do develop tolerance to these drugs.

- But point out that many people repeatedly abuse these non-addictive drugs because they enjoy the hallucinogenic effects they produce.

Methods of Ingestion of Hallucinogens

- The most common method of ingesting Hallucinogens is orally.
- Some Hallucinogens can also be smoked.
- Point out that some Hallucinogens such as LSD can be absorbed through the skin. Officers should make it a practice to wear protective gloves when handling any suspected drugs.
- Some users inject LSD.
- MDA can also be insufflated, or "snorted."

Solicit students' comments or questions on this overview of Hallucinogens.

B. Possible Effects

The effects of Hallucinogens vary widely, and are affected by the user's personality, mood and expectations, and by the surroundings in which the drug is taken.

Generally, Hallucinogens intensify whatever mood the user is in at the time the drug is taken.

- If the user is depressed, the drug will deepen the depression.
- If the user is feeling pleasant, the drug will heighten that feeling.
- If the user expects that the drug will help him or her achieve new insights or an expanded consciousness, the "trip" will seem to have that effect.

However, Hallucinogens also often uncover mental or emotional flaws that the user was unaware of possessing.

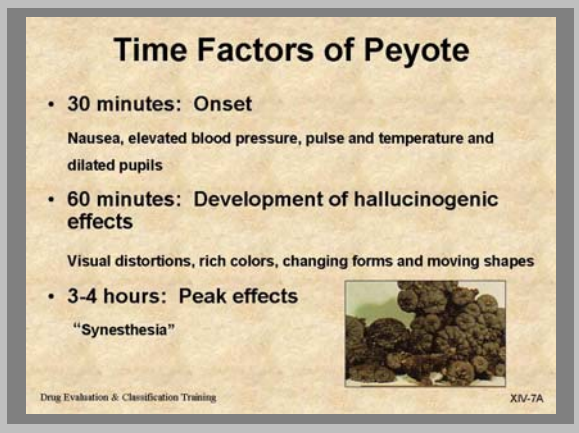
Therefore, many users who expect a positive experience with the drug will encounter instead the panic of a "bad trip."

The most common effect of the Hallucinogen is hallucination: the distorted perception of reality, often with a mixing of senses that makes it virtually impossible for the drug influenced user to function in the real world.

Solicit students' comments or questions on this overview of Hallucinogens.

C. Onset and Duration of Effects

Session 10-7A: Time Factors of Peyote



<u>*Time Factors of Peyote*</u>

The time parameters associated with Hallucinogens vary from drug to drug.

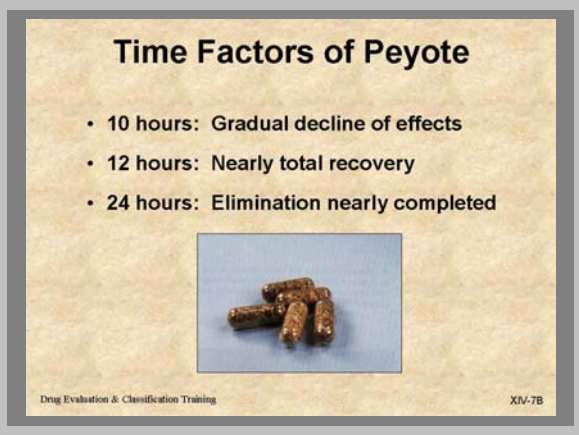
The effects of Peyote (Mescaline) begin to be felt within approximately one-half hour after eating the cactus "buttons."

- 30 minutes: nausea, possibly leading to vomiting; mild rise in blood pressure, pulse, temperature and heart rate; pupils dilate.

- One hour: sensory changes begin; visual distortions accompanied by rich colors; objects take on new forms and begin to move; shapes "come alive."

- 3 – 4 hours: sensory changes reach their peak; synesthesia (mixing of senses) commonly occurs.

Session 14-7B: Time Factors of Peyote

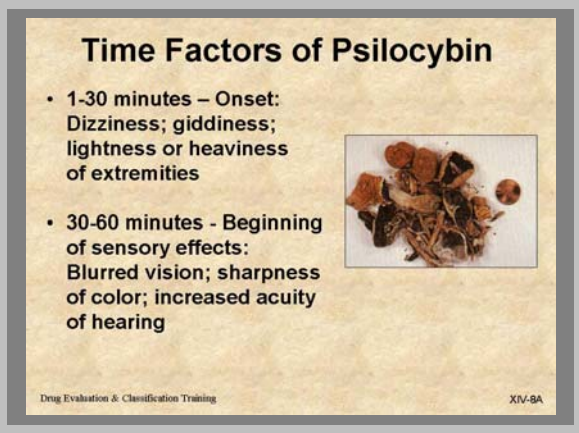


- 10 hours: gradual decline in effects.

- 12 hours: nearly total recovery from effects.

- 24 hours: approximately 87% of the Mescaline has been excreted from the body.

Session 14-8A: Time Factors of Psilocybin



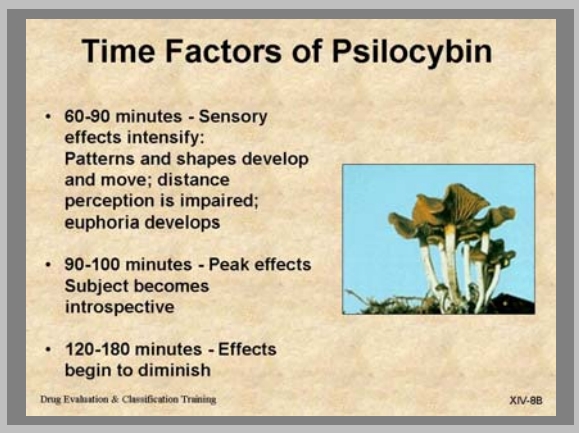
Time Factors of Psilocybin

Psilocybin also begins to exert its effects within one-half hour.

- 1 – 30 minutes: dizziness, light headed feeling, giddiness; the extremities (hands, feet, etc.) may feel very light or very heavy.

- 30 – 60 minutes: vision blurs; colors become brighter, leave longer lasting after images; objects take on sharp visual definition; hearing becomes more acute.

Session 14-8B: Time Factors of Psilocybin

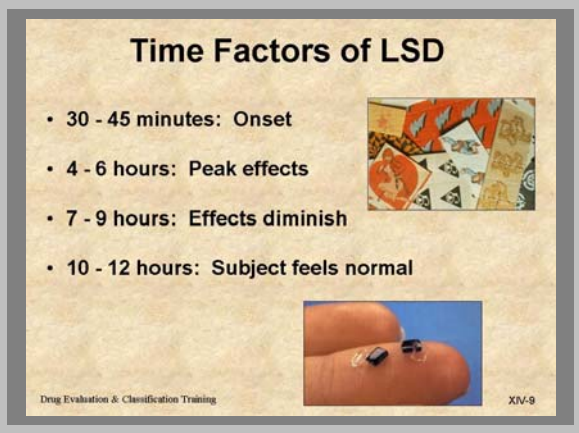


- 60 – 90 minutes: color patterns and shapes start to develop; the surfaces of objects appear to develop waves and wave-like patterns; distance perception becomes impaired; feelings of euphoria develop.

- 90 – 100 minutes: body sensations increase, along with mental perceptions; user commonly becomes introspective.

- 120 – 180 minutes: effects start to diminish.

Session 14-9: Time Factors of LSD



LSD's effects begin to be felt within 30 – 45 minutes.

- 30 – 45 minutes: blood pressure, pulse and temperature rise; pupils dilate; hair starts to stand on end (Piloerection); nausea, dizziness and headache development.

- 4 – 6 hours: effects reach their peak.

- 7 – 9 hours: effects diminish.

- 10 – 12 hours: user feels normal.

MDMA's effects usually begin within several minutes to a half hour if taken orally.

- Psychological effects include confusion, depression, anxiety and paranoia.

- The duration effects can last from 1 – 12 hours depending on dosage.

2CB's effects are dose related.

- Lower doses (5-15mg) produces enhanced sensual sensations and feelings of being "in one's body."

- At higher doses (15-30mg) it produces intense visual effects that includes moving objects with "trails" behind them and colors appearing from nowhere.

Onset and duration of effects of other Hallucinogens vary widely from about two hours to about 24 hours.

D. Overdose Signs and Symptoms

The most common danger of an overdose of Hallucinogen is an intense "bad trip," which can result in severe and sometimes permanent damage.

- It is unlikely that other Hallucinogens would directly result in death from overdoses.

- However, an overdose can be extremely dangerous and indirectly result in death.

- The extreme panic and agitation of a "bad trip" have been known to result in suicide, or in accidental death as the user attempts to flee the hallucinations.

- Sometimes Hallucinogens induce a perception of invulnerability in the user, leading to bizarre and very dangerous behavior, and death.

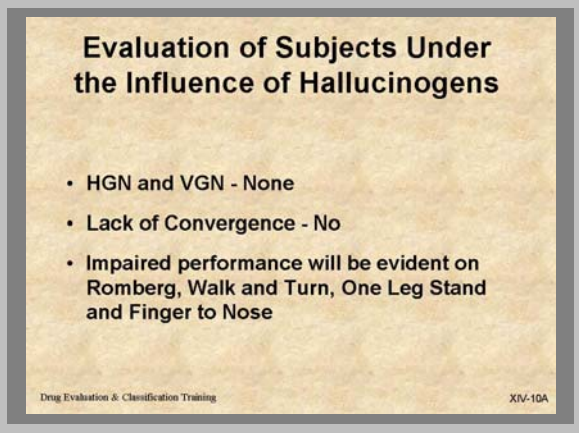
- Example: at least one LSD user was killed when he attempted to stop a train. Others have died from jumping off buildings believing they can fly.

Some evidence suggests that prolonged use of LSD may produce organic brain damage, leading to impaired memory, reduced attention span, mental confusion and impaired ability to deal with abstract concepts.

Solicit students' comments and questions concerning time factors.

E. Expected Results of the Evaluation

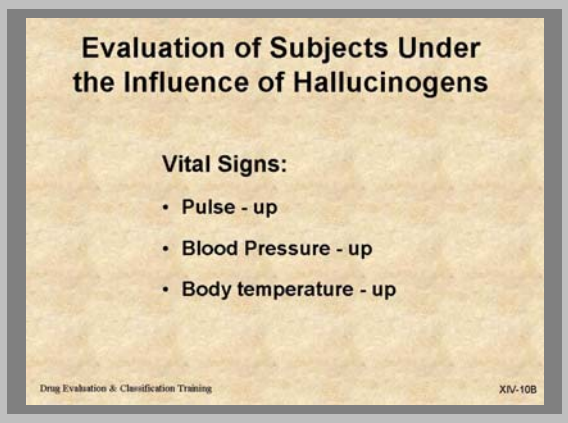
Session 14-10A: Evaluation of Subjects Under the Influence…



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

- Point out that some subjects under the influence of Hallucinogens may not be able to understand or complete the tests, especially if the subject is hallucinating.
- Neither Horizontal Gaze nor Vertical Gaze Nystagmus will be present.
- Lack of Convergence will not be evident.
- Performance on the Romberg balance test will be impaired, particularly in the subject's estimation of the passage of 30 seconds.
- Emphasize that DRE officers conducting evaluations on subjects under the influence of hallucinogens should be especially careful due to the bizarre and unpredictable behavior of these subjects.
- Performance on the Walk and Turn, One Leg Stand, and Finger to Nose tests will be markedly impaired due to the subject's severe visual distortion, impaired perception of distance and decreased muscle coordination.

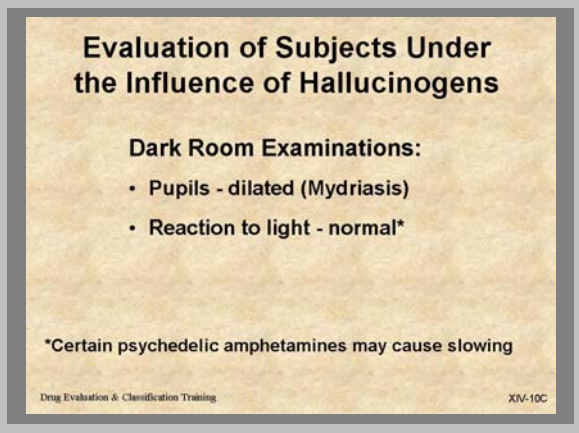
Session 14-10B: Evaluation of Subjects Under the Influence…



Vital Signs

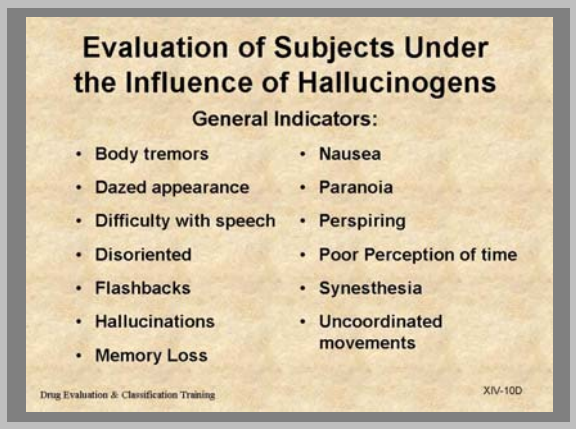
- Pulse will generally be up
- Blood pressure generally will be elevated
- Body temperature generally will be up

Session 14-10C: Evaluation of Subjects Under the Influence…



- Pupils generally will be dilated
- Reaction to light will usually be normal. Certain Psychedelic Amphetamines may cause slowing of the pupil's reaction to light.

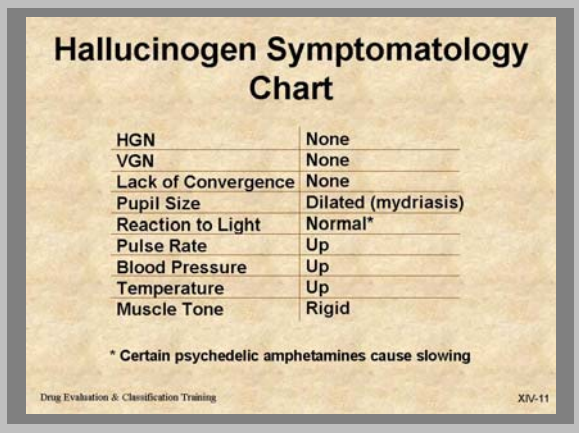
Session 14-10D: Evaluation of Subjects Under the Influence…



General Indicators

- body tremors
- dazed appearance
- difficulty with speech
- disoriented
- flashbacks
- hallucinations
- memory loss
- nausea
- paranoia
- perspiring
- piloerection (LSD)
- poor perception of time and distance
- synesthesia
- uncoordinated

Session 14-11: Hallucinogen Symptomatology Chart



Demonstrations

Video Demonstrations.

Show video of subject(s) under the influence of Hallucinogens. Relate behavior and observations to the Symptomatology Chart.

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.

Drug Evaluations and Classification Exemplar Demonstrations

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

Relate the items noted on the exemplars to the Symptomatology Chart.

Session 14-12: Questions

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

DRUG INFLUENCE EVALUATION

Evaluator Sgt. Barry Dixson, Chaves Co.	DRE # 8744	Rolling Log # 10-07-04	**Session XIV #1**
Recorder/Witness Tpr. Michael Champion	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 10-07-1145
Arrestee's Name (Last, First, Middle) Hoeckle, Rebecca S.	Date of Birth 9/23/62	Sex F	Race I	Arresting Officer (Name, ID#) Tpr. Michael Champion, New Mexico SP #3238
Date Examined / Time /Location 07/29/10 2030 Chaves Co. Jail	Breath Results: Test Refused ☐ Results: 0.00 Instrument #: 13340		Chemical Test: Urine ☒ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By: Tpr. Champion	☒ Yes ☐ No	What have you eaten today? When? "Nothing, I'm fasting"	What have you been drinking? How much? "I don't drink"	Time of last drink? N/A
Time now/ Actual 7 pm / 2040	When did you last sleep? How long Last night 6-7 hours	Are you sick or injured? ☒ Yes ☐ No Upset stomach	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: Withdrawn, distracted	Coordination: Very poor, difficulty standing		
Speech: Rapid, stuttering	Breath Odor: Sour, rancid	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

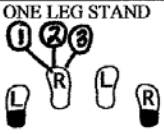
1. 104 / 2040
2. 112 / 2057
3. 104 / 2112

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

Convergence

Right eye Left eye

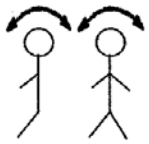
3 ONE LEG STAND



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

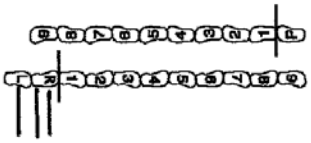
Test stopped for safety reasons

Romberg Balance



Unable to stand

Walk and Turn test

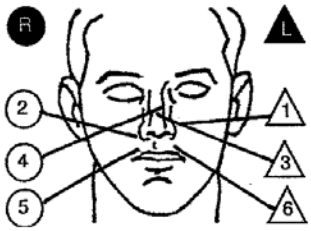


Test stopped

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

Internal clock N/A estimated as 30 seconds	Describe Turn N/A	Cannot do test (explain) Test stopped for safety reasons	Type of footwear: Leather 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	7.0	8.5	6.5
Right Eye	7.0	8.5	6.5

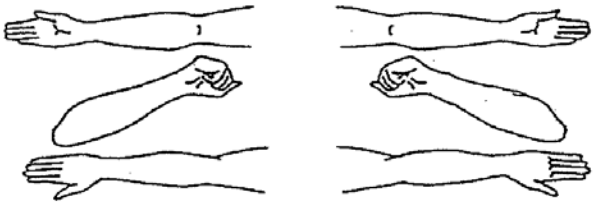
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION ☐ Yes ☒ No

REACTION TO LIGHT: Normal

RIGHT ARM LEFT ARM



Nothing observed

Blood pressure 148/104	Temperature 100.0

Muscle tone: ☐ Normal ☐ Flaccid ☒ Rigid

Comments: Rigidity in arms

What drugs or medications have you been using? "My medium doesn't permit drugs"	How much? N/A	Time of use? N/A	Where were the drugs used? (Location) N/A
Date / Time of arrest: 07/29/10 1930	Time DRE was notified: 2010	Evaluation start time: 2030	Evaluation completion time: 2135	Precinct/Station:
Officer's Signature:	DRE # 8744	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: Hoeckle, Rebecca S.

1. LOCATION: The evaluation took place at the Chaves County Jail.

2. WITNESSES: The arresting officer, Trooper Michael Champion of the New Mexico State Police witnessed and recorded the evaluation.

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

4. NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER: Writer was contacted by Trooper Champion and requested to conduct a drug evaluation on Hoeckle. Writer contacted Trooper Champion at the jail where he advised that he had found the suspect stopped at a green light in downtown Roswell. When contacted, the suspect appeared dazed and disoriented. She pointed to the traffic light and told Trooper Champion that "God is light and the light is God." She was unable to perform the roadside SFST's and was arrested for DUI.

5. INITIAL OBSERVATION OF SUSPECT: The suspect was seated next to the Intoxilyzer and was staring straight ahead. She slowly turned and asked "Are you God?" Writer replied by giving her my name and asking for consent to conduct a drug evaluation on her. She replied, "The gods sent you therefore you must be good." Her speech was rapid and she stuttered slightly.

6. MEDICAL PROBLEMS AND TREATMENT: The suspect indicated that she had an upset stomach and was not feeling good.

7. PSYCHOPHYSICAL TESTS: The suspect was unable to stand without assistance. It was necessary to terminate the Romberg Balance, Walk and Turn and One Leg Stand tests for her safety. The Finger to Nose test was conducted while she was seated. She missed the tip of her nose on all six attempts.

8. CLINICAL INDICATORS: The suspect's pupils were dilated in two of the lighting levels. Her pulse, blood pressure and temperature were above the normal ranges.

9. SIGNS OF INGESTION: The suspect's breath was sour smelling and was rancid.

10. SUSPECT'S STATEMENTS: The suspect stated she was fasting for religious reasons and that her medium forbids the use of alcohol and drugs. She further stated that her religious leader is a man "whose body is of fire and air and whose spirit is of light." She also indicated that she had just attended a service conducted by the medium.

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

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

13. MISCELLANEOUS:

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DRUG INFLUENCE EVALUATION

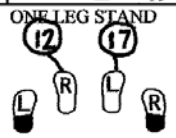
Evaluator: Sergeant Allan Kolak, Coral Gables P.D.	DRE # 007401	Rolling Log # 05-209	**Session XIV #2**
Recorder/Witness: Kyle Clark, IPTM	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 04-DRE-0123
Arrestee's Name (Last, First, Middle): Warburton, Cindy T.	Date of Birth: 7/18/82	Sex: F / Race: W	Arresting Officer (Name, ID#): Deputy Darrel Kehne, Collier Co. S.O.
Date Examined / Time /Location: 05/07/10, 2300 Naples Intake Center	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 13465	Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐

Miranda Warning Given: ☒ Yes ☐ No; Given By: Dpty. Kehne	What have you eaten today? When? Spaghetti lunch	What have you been drinking? How much? Nothing	Time of last drink? N/A
Time now/ Actual: 7:00 PM/2310	When did you last sleep? How long: Yesterday 6 hrs.	Are you sick or injured? ☐ Yes ☒ No "I feel hot."	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: Distracted, paranoid	Coordination: Poor, staggering	
Speech: Rambling, incoherent at times	Breath Odor: Normal	Face: Perspiring	
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

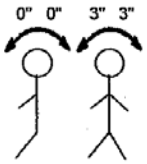
Pulse and time	HGN	Left Eye	Right Eye
1. 112 / 2314	Lack of Smooth Pursuit	No	No
2. 116 / 2325	Maximum Deviation	No	No
3. 116 / 2340	Angle of Onset	None	None

Convergence: Right eye → ← Left eye

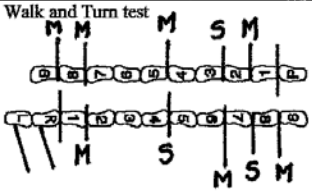
18 ONE LEG STAND 31



Romberg Balance



Walk and Turn test



Leg tremors

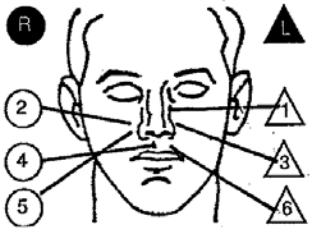
	1st Nine	2nd Nine
Cannot keep balance	✓✓	
Starts too soon	✓	
Stops walking	✓✓	✓
Misses heel-toe	✓✓✓	✓✓✓✓
Steps off line		
Raises arms	Constant	Constant
Actual steps taken	9	8

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

Leg tremors

Internal clock	Describe Turn	Cannot do test (explain)	Type of footwear:
10 estimated as 30 seconds	Lost balance, stumbled, nearly fell	N/A	Sandals

Draw lines to spots touched



Opened her eyes.

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

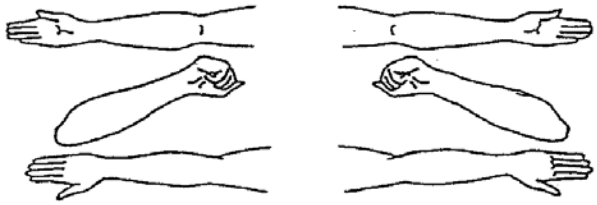
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION ☐ Yes ☒ No

REACTION TO LIGHT: Normal

RIGHT ARM LEFT ARM



Nothing observed

Blood pressure	Temperature
150/102	99.8

Muscle tone: ☐ Normal ☐ Flaccid ☒ Rigid

Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
Nothing	N/A	N/A	No answer

Date / Time of arrest:	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:
05/07/10 2230	2240	2300	2355	Traffic

Officer's Signature:	DRE # 7401	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**:** Warburton, Cindy T.

1. **LOCATION:** The evaluation was conducted at the Naples Jail Center.

2. **WITNESSES:** DRE State Coordinator, Kyle Clark witnessed and recorded the evaluation.

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

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** The writer was on-duty when informed by dispatch that Deputy Kehne was requesting a drug evaluation. Writer contacted Deputy Kehne at the Jail Center where he advised the suspect had been arrested after driving along the gravel shoulder of Beach Road passing other vehicles. According to Deputy Kehne, the suspect pointed to his baton and shouted "Look out, there's a big snake hanging from your belt!" She was very paranoid acting and also claimed that the overhead lights on the patrol car were bleeding into her eyes and skin.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect sitting in the interview room. She appeared paranoid and disoriented. At one point she pointed to the clock on the wall and shouted, "Keep that off me, keep it away from me!"

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

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" side to side and estimated 30 seconds in 10 seconds. Walk & Turn: Suspect started walking too soon, lost her balance during the instructions, missed heel to toe, stopped walking, stepped off the line, raised her arms, staggered while turning and only took eight steps on the return. One Leg Stand: Suspect swayed, raised her arms, and put her foot down. Finger to Nose: Suspect missed the tip of her nose on each attempt. She also opened her eyes and shouted, "I can't feel my face!" "My face is missing!"

8. **CLINICAL INDICATORS:** The suspect's pulse, blood pressure and temperature were above the normal ranges. The suspect's pupils were dilated.

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

10. **SUSPECT'S STATEMENTS:** The suspect stated that she felt hot and denied drug use.

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

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

13. **MISCELLANEOUS:** The suspect was wearing an "XTC" tee-shirt.

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DRUG INFLUENCE EVALUATION

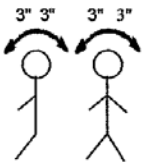
Evaluator: Officer David Rencken, Tuscon P.D.	DRE #: 005308	Rolling Log #: 2010-003	**Session XIV #3**
Recorder/Witness: Tim Gaffney, Phoenix P.D.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 10-000128
Arrestee's Name (Last, First, Middle): Buchanan, Lew B.	Date of Birth: 6/19/76	Sex: M	Race: B
Arresting Officer (Name, ID#): Officer Terry McCarthy, Tucson P.D. #8846			
Date Examined / Time /Location: 01-25-10 0115 Central Testing	Breath Results: Results: 0.02	Test Refused ☐ Instrument #: 10234	Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐
Miranda Warning Given: ☒ Yes ☐ No Given By: D. Gregory	What have you eaten today? When? Pizza about 6pm	What have you been drinking? How much? Beer Two	Time of last drink? 8pm
Time now/ Actual: 10 pm / 0125	When did you last sleep? How long: Last night 3 hrs.	Are you sick or injured? ☒ Yes ☐ No I might throw up	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: Withdrawn/cooperative	Coordination: Very poor - staggering	
Speech: Difficulty in speaking, rambling	Breath Odor: Normal	Face: Dazed, perspiring heavily	
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. 116 / 0130	Lack of Smooth Pursuit	No	No
2. 112 / 0147	Maximum Deviation	No	No
3. 104 / 0200	Angle of Onset	None	None

Convergence: Right eye, Left eye

4 ONE LEG STAND

Romberg Balance



Walk and Turn test

Test stopped for safety reasons- could not maintain balance

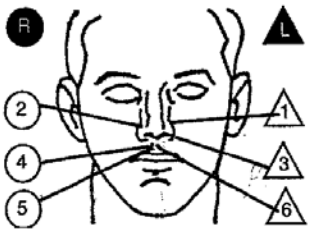
	1st Nine	2nd Nine
Cannot keep balance	✓✓✓	
Starts too soon		
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

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

Stopped test for safety reasons

Internal clock	Describe Turn	Cannot do test (explain)	Type of footwear:
35 estimated as 30 seconds	N/A	Stepped off line 3 times during instruction	Running shoes

Draw lines to spots touched



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

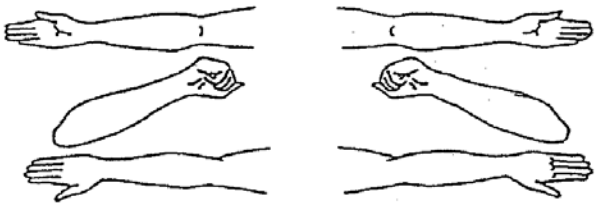
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION ☐ Yes ☒ No

REACTION TO LIGHT: Normal

RIGHT ARM LEFT ARM



Nothing observed

Blood pressure	Temperature
146/102	100.5

Muscle tone: ☐ Normal ☐ Flaccid ☒ Rigid

Comments: Arms, neck, face rigid

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
Nothing	No answer	No answer	Refused

Date / Time of arrest:	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:
01/25/10 0055	0100	0115	0205	

Officer's Signature:	DRE #: 005308	Reviewed/approved by / date:

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

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect**:** Buchanan, Lew B.

1. **LOCATION:** The evaluation was conducted in the Central Testing Room at the Tucson Police Department.

2. **WITNESSES:** The evaluation was witnessed by the arresting officer; Officer Terry McCarthy of the Tucson Police Department and Tim Gaffney of the Phoenix P.D.

3. **BREATH ALCOHOL TEST:** Buchanan's breath test was 0.02%.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** The writer was dispatched to Central Testing to conduct a drug evaluation for Officer McCarthy. Officer McCarthy stated that he had observed the suspect driving 20 miles under the posted speed limit on E. Broadway Street. He also observed the suspect's vehicle drifting from lane to lane. The suspect preformed poorly on the SFST's and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the breath testing room. He was swaying slightly as he stood and appeared dazed and disoriented. He responded slowly to my greeting, but was cooperative and responsive to my questions. He was perspiring heavily and had rambling speech.

6. **MEDICAL PROBLEMS AND TREATMENT:** Suspect stated he felt nauseous.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect swayed approximately 3" in a circular motion and estimated 30 seconds in 35 seconds. Walk & Turn and One Leg Stand: Suspect was unable to perform the tests. Both were terminated for safety reasons. Finger to Nose: Suspect missed the tip of his nose on each attempt.

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

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

10. **SUSPECT'S STATEMENTS:** The suspect admitted drinking "a couple of beers" but denied any other drug use.

11. **DRE'S OPINION:** In my opinion Buchanan is under the influence of ***Alcohol (ETOH) and a Hallucinogen*** and was unable to operate a vehicle safely.

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

13. **MISCELLANEOUS:** A small baggy of dried mushrooms were located in the suspect's coat pocket. He denied ownership and said he didn't know what they were.

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TOPICS FOR STUDY

1. What does "synesthesia" mean?

   A sensory perception disorder, in which an input via one sense is perceived by the brain as another sense. "Hearing" a phone ring and "seeing" the sound as a flash of light. Synesthesia sometimes occurs with persons under the influence of hallucinogens.

2. What is a "flashback"? What are the three types of "flashback"?

   A flashback is a vivid recollection of a portion of a hallucinogenic experience. Essentially, it is a very intense daydream. There are three types: (1) emotional – feelings of panic, fear, etc.; (2) somatic – altered body sensations, tremors, dizziness, etc.; (3) perceptual – distortions of vision, hearing, smell, etc.

3. Name two naturally occurring Hallucinogens.

   Peyote, Psilocybin, Nutmeg, Jimson Weed, Morning Glory seeds, and/ or Bufotenine

4. What is a "bad trip"?

   An hallucination where the user becomes panic-stricken by what he/she is seeing or hearing, and may become uncontrollably excited, or even try to flee from the terror.

5. What does "psychotomimetic" mean?

   Literally "mimicking psychosis," or "impersonating insanity." A drug is considered psychotomimetic if persons who are under the influence of the drug look and act insane while they are under the influence of that drug.

6. What is an "illusion"? What is a "delusion"?

   An "illusion" is a false perception, i.e. a misrepresentation of what the senses are receiving. A "delusion" is a false belief.

7. What is the difference between "hallucinations" and "pseudo-hallucinations"?

   The difference is that the user typically knows that what he/ she is seeing, hearing, smelling, etc. is not real, but is a product of the drug with a "pseudo-hallucinogen."

8. What is "piloerection"?

   Literally, "hair standing up," or goose bumps. This condition of the skin is often observed in persons who are under the influence of LSD.