Session 16
Dissociative Anesthetics

100 Minutes

Learning Objectives

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

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

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

Notes:

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Learning Objectives (Cont.)

• Describe the typical time parameters associated with this drug category
• List the clues that are likely to emerge when the drug influence evaluation is conducted for a person under the influence of this drug category
• Correctly answer the “topics for study” questions at the end of this session

CONTENT SEGMENTS

A. Overview of Dissociative Anesthetics
B. Possible Effects of Dissociative Anesthetics
C. Onset and Duration of Effects
D. Signs and Symptoms of Dissociative Anesthetics Overdose
E. Expected Results of the Evaluation
F. Classification Exemplars

LEARNING ACTIVITIES

Instructor-Led Presentations
Review of DEC Exemplars
Reading Assignments
Video Presentations
Slide Presentations

A. Overview of Dissociative Anesthetics

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

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

The chemical for PCP is Phenyl Cyclohexyl Piperidine.

PCP shares some characteristics with each of the three categories of drugs.

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

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

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

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

In some respects it acts like a Hallucinogen.
Phencyclidine was first developed in the late 1950's. It was developed by Parke-Davis and Company, a leading pharmaceutical firm.

- The developers were searching for a drug that would serve as an efficient intravenous anesthetic.
- PCP proved to be a very effective anesthetic.

An anesthetic is an agent that reduces or abolishes pain sensitivity.

- It was patented and marketed in 1963 under the trade name Sernyl.
- It was used in the treatment of mental and psychological disorders, including schizophrenia.

- Many adverse side effects were experienced by persons who had been treated with PCP.
- In 1967, use of Phencyclidine as an anesthetic for humans was discontinued.
- In 1968, Parke-Davis re-patented PCP under the trade name Sernylan, which was restricted to use as a veterinary anesthetic.
- Sernyl for animals = Sernylan.
- However, Sernylan was often illicitly diverted to “street” use, so most legitimate manufacturing of PCP was stopped in 1978.
PCP is relatively easy to manufacture.

- The chemicals required to produce it are readily available commercially.
- The formula for producing PCP has been widely publicized.
- The hardware needed to combine the chemicals is very basic.

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

Notes: __________________________________________

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More PCP “Street Names”

- Peace
- Peace Pill
- Paz
- Green
- Elephant Tranquilizer
- Horse Tranquilizer
- Animal Tranquilizer
- Green Leaves
- Tic Tac

- Kools
- Super Kools
- Super Grass
- Super Weed
- Zombie Weed
- Peace Weed
- Mint Weed
- Killer Weed
- Sherms
Methods of Ingestion: PCP

- Many users ingest PCP by smoking.
- PCP can be applied in either powder or liquid form to a variety of vegetable or leafy substances, which can then be smoked in a pipe or homemade cigarette.
- Popular substances include mint leaves, parsley, oregano, tobacco, or marijuana.
- Commercially prepared cigarettes can also be dipped in liquid PCP, allowed to dry and then smoked.

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

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

Note: White cigarette paper will be stained brown if adulterated with PCP. Brown cigarette paper will show white crystals, when adulterated.
PCP and Analogs
Methods of Ingestion (Cont.)
• Insufflation (inhaling; snorting)
• Orally
• Injection
• Eyedropper
• Transdermal absorption

PCP can also be insufflated or “snorted.”
It can also be taken orally, in capsule or tablet form.
Some users inject liquid PCP, either directly into a vein, under the skin or into a muscle.
Some users have administered PCP to themselves by dripping liquid PCP onto their eyes, using an eyedropper.
Transdermal absorption of PCP has also been reported (i.e. when applied to the skin, especially as a liquid, PCP can penetrate directly into the body and bloodstream).
Note: Liquid PCP is especially dangerous because it can be absorbed through the skin. Hence, it could be used as a weapon.
Ketamine

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

Ketamine is a white, crystalline powder or clear liquid.

Ketamine is used as a rapid surgical anesthetic, both for animals and humans, especially children.

- Some brand names of Ketamine: Ketalar (human use), Ketaset, Ketavet, Vetalar and Vetamine (veterinary use).
- Ketamine is being studied as a possible treatment of depression.
- Methoxetamine – a research chemical not currently approved for human or veterinary use. Methoxetamine has a similar abuse profile to Ketamine, and can cause pain suppression, tachycardia, hypertension, and altered perception and memory. Signs and symptoms include dissociated and catatonic state, nausea, vomiting, and visual hallucinations.


Ketamine street names include “K,” “Special K,” “Vitamin K,” “Jet” and “Super acid.”
**Methods of Ingestion**

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

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

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

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

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

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

- Triple C
- Robo
- Robo-Tripping
- Skittles
- Robo-dosing
- Robo-fire
- Rojo
- Candy
- Velvet
- DM

Methods of ingesting Dextromethorphan include:

- Orally
- Injection
- Insufflation (snorting)
Some Adverse Side Effects of PCP
- Delirium
- Agitation, anxiety
- Rigid muscle tone
- Elevated blood pressure
- Convulsions
- Difficulty in speech
- Hallucinations
- Violent reactions

B. Possible Effects of Dissociative Anesthetics
Continuing research has demonstrated that PCP and other Dissociative Anesthetics consistently produced the following adverse side effects:

- Delirium: confusion, incoherent speech, excitement, illusions, hallucinations, and disorientation.
- Agitation, anxiety
- Rigid muscle tone
- Elevated blood pressure
- Convulsions: involuntary contortion of the muscles, producing contortion of the body and limbs.
- Difficulty in speech
- Hallucinations
- Violent reactions

Some lingering and long term effects were also noted.
- Some patients complained of dizziness for several hours after their attention and consciousness appeared to be cleared of PCP’s effects.
- Some patients report memory disorders and other psychological disorders resembling schizophrenia for several months and even years afterwards.
PCP has sometimes been called a psychotomimetic drug; i.e. it produces effects that mimic psychosis, or “craziness.” When the craziness remains long after the drug has dissipated, we say that its effects were psychotogenic, i.e. it didn’t simply mimic craziness, it caused craziness.

PCP is classified as a Dissociative Anesthetic, because it cuts off the brain’s perceptions of the senses.

• PCP users often feel that their heads are physically separated from their bodies.
• They sometimes report feeling they are dead, and that their heads are floating away.
Cases of terribly bizarre, self-destructive behavior have been reported with persons under the influence of PCP.

- One young man methodically pulled his own teeth out, using a pair of pliers.
- Point out that PCP can render the user impervious to pain. It anesthetizes the central nervous system to the extent that surgery could be performed on the user while he or she is wide awake.
- Another individual suffered hallucinations of unbelievably grotesque monsters, and gouged out his own eyes to avoid seeing the monsters.
- Another young man drank rat poison, attempting to kill rats that he imagined were inhabiting his body.
- A nude woman plunged a butcher knife into her own eye, chest, groin and abdomen. She then threatened a police officer with the knife and was shot to death.

C. **Onset and Duration of Effects**

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

**Ketamine**
- Within seconds if smoked; duration varies.
- 1 – 5 minutes if injected; lasting 30 – 45 minutes.
- 5 – 10 minutes if snorted; lasting 45 – 60 minutes.
- 15 – 20 minutes if orally; lasting 1 – 2 hours.
**Dextromethorphan**

- Rapidly absorbed from the gastrointestinal tract and peak plasma concentrations are reached in approximately 2.5 hours.
- DXM is widely distributed and is rapidly and extensively metabolized by the liver.
- DXM exerts its antitussive effects within 15 – 30 minutes of oral administration. The duration of action is approximately 3 – 6 hours with conventional dosage forms.

**DXM Plateau (or effect)**

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

1. **1st Plateau**: Mild inebriation.
2. **2nd Plateau**: An effect similar to alcohol intoxication with mild hallucinations.
3. **3rd Plateau**: An altered state of consciousness where the abuser’s senses, particularly vision, can become impaired.
4. **4th Plateau**: Mind and body dissociation or an “out of body” experience.

Other effects include: blurred vision, body itching, rash, sweating, fever, hypertension, shallow respiration, diarrhea, toxic psychosis, and an increased heart rate, blood pressure and body temperature.

Acute dose between 250 – 1500 mg.
D. **Signs and Symptoms of Dissociative Anesthetic Overdose**

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

- A deep coma, lasting up to 12 hours.
- Seizures and convulsions.
- A danger associated with severe Dissociative Anesthetics intoxication is that the person may die due to respiratory depression.
- There is also some evidence that Dissociative Anesthetics may trigger a heart attack, if the user had some pre-existing condition disposing him or her to possible cardiac problems.
- Eyes generally open with a blank stare.

There is also some evidence that prolonged use of Dissociative Anesthetics can lead to psychosis, which can be permanent.
E. **Expected Results of the Evaluation**

- Horizontal Gaze Nystagmus generally will be present with a very early angle of onset.
- Vertical Gaze Nystagmus usually will be present.
- Lack of convergence will generally be present.
- Performance on Modified Romberg Balance will be impaired: internal clock may be slowed.
- Performance on Walk and Turn, One Leg Stand, and Finger to Nose will be impaired: muscle tone will usually be rigid.

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

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**Vital Signs**

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

**Dark Room**

- Pupil size will be within the average ranges.
- Reaction to light will be normal.
**Evaluation of Subjects Under the Influence of Dissociative Anesthetics**

**Dark Room:**
- Pupil size - within the average ranges
- Pupillary reaction to light - Normal

**General Indicators**
- Blank stare
- Confused
- Chemical odor (PCP)
- Cyclic behavior (PCP)

**Notes:**

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**Dark Room**
- Pupil size will be within the average ranges.
- Reaction to light will be normal.
• Difficulty with speech
• Disoriented
• Early HGN angle of onset
• Hallucinations
• Incomplete verbal responses
• Non-communicative
• Perspiring (PCP)
• Possibly violent
• Slurred and repetitive speech
• Warm to touch
• Loss of Memory

Notes:_______________________________________________
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**Dissociative Anesthetic Symptomatology Chart**

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<thead>
<tr>
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<tbody>
<tr>
<td>HGN</td>
<td>Present</td>
<td></td>
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<tr>
<td>VGN</td>
<td>Present</td>
<td></td>
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<tr>
<td>Lack of Convergence</td>
<td>Present</td>
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<tr>
<td>Pupil Size</td>
<td>Normal</td>
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<tr>
<td>Reaction to Light</td>
<td>Normal</td>
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<tr>
<td>Pulse Rate</td>
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<tr>
<td>Blood Pressure</td>
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<tr>
<td>Temperature</td>
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<td></td>
</tr>
<tr>
<td>Muscle Tone</td>
<td>Rigid</td>
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**Summary**

- **Expected Results of the Evaluation.** Note: “Normal” for pupil sizes refers to within the DRE average ranges.
- **Point out that as with other drug categories, DREs should not specify the exact drug such as PCP, Ketamine or DXM.**
- **When a DRE concludes that a subject is impaired by a Dissociative Anesthetic, such as PCP or DXM, the report should state that “the subject is under the influence of a Dissociative Anesthetic.”**

**F. Classification Exemplar**
TOPICS FOR STUDY

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

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

3. What is Ketamine?

4. What does the term “dissociative anesthetic” mean?

5. “Phencyclidine” is a contraction of what three words?
DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Albright, Jeremy J.

1. LOCATION: The evaluation was conducted at the APD 4th Avenue Substation.

2. WITNESSES: Officer Chris Ritala of APD recorded the evaluation.

3. BREATH ALCOHOL TEST: Albright’s breath test was 0.00%.

4. NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER: I was contacted and requested to contact Officer Pollock regarding a drug evaluation. Officer Pollock advised he had stopped the suspect for speeding on Minnesota Ave. The suspect had bloodshot eyes and slurred speech. He appeared impaired, however, there was no odor of alcoholic beverage on his breath. He had six clues of HGN and performed poorly on the SFST’s. He admitted taking some cold medicine.

5. INITIAL OBSERVATION OF SUSPECT: I first observed the suspect in the interview room at the substation. His face was flushed and his speech slurred. His movements were slow and deliberate. He seemed disoriented and confused.

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

7. PSYCHOPHYSICAL TESTS: Modified Romberg Balance: Suspect swayed approximately 2” side to side and approximately 2” front to back. Walk & Turn: Suspect lost his balance during the instructions, turned by shuffling his feet and missed heel to toe twice on the second nine steps. One Leg Stand: Suspect had leg tremors, swayed while balancing and used his arms for balance. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts. He used the pad of his finger on each attempt.

8. CLINICAL INDICATORS: HGN was present with an immediate onset. Vertical Gaze Nystagmus and Lack of Convergence were also present. His pulse, blood pressure and temperature were all elevated and above the DRE average ranges.

9. SIGNS OF INGESTION: None were evident.

10. SUSPECT’S STATEMENTS: Suspect admitted taking about 24 Coricidin pills.

11. DRE’S OPINION: In my opinion Albright is under the influence of a Dissociative Anesthetic and unable to operate a vehicle safely.

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

13. MISCELLANEOUS: The suspect stated he had been transported to the hospital several months ago when he overdosed by taking 32 Coricidin pills.
DRUG INFLUENCE EVALUATION

Evaluator: Officer Michael Boyls, LAPD
DR#: 13542
Rolling #: 12-05-56

Session XVI #3

Resident/Name: Officer Helen Pallares, LAPD
Criminal None
Fatality None
Injury None
Property None

Arrestee’s Name (Last, First, Middle): George, Debra A.
Date of Birth: 8/24/84
Sex: F
Race: W

Date Examined / Time / Location: 05/02/12 2315 Parker Center
Breath Results: Test Refused
Result: 0.00
Chemical Test: None
Blood Test: None

Miranda Warning Given: Yes
Given By: Officer Pallares

What have you eaten today? Pizza
What have you been drinking? 6 PM
Nothing
How much? N/A
Time of last drink? N/A

Do you take insulin? No
Do you have any physical defects? No
Are you under the care of a doctor or dentist? No

Are you taking any medication or drugs? No

Attitude: Passive, non-responsive
Coordination: Poor, slow, staggering
Speech: Slow, confused, thick
Breath Odor: Normal
Face: Sweaty, flushed

Corrective Lenses: None
Glasses: None
Contacts, if so: None
Hard Soft

Eyes: Reddened Conjunctiva
Redness

Blindness: None
Left Right

Tracking: Equal Unequal

Pupil Size: Equal Unequal (explain)

Face: Sweaty, flushed

Pupil and time:

1. 106 / 2325
2. 104 / 2336
3. 104 / 2345

HGN
Left Eye Right Eye

Lack of Smooth Pursuit
Lack of Smooth Pursuit

Yes Yes

Minimum Deviation
Minimum Deviation

Yes Yes

Angle of Onset
Immediate
Immediate

Convergence

Walk and Turn test

3" 3" 3" 3"

Cannot keep balance

Starts too soon

1st Nine 2nd nine

Stumbles

Misses lead too

Steps off line

Reasons arms

Actual steps taken

10 12

Internal clock

Draw lines to spots touched

PUPIL SIZE

Brain light 2.4 - 6.0
Darkness: 5.6 - 8.5
Direct: 2.0 - 4.5

Left Eye

Right Eye

4.0 6.5 3.5

4.0 6.5 3.5

REBOUND DILATION

Yes No

Type of footwear:

Left:

Sandals

Right:

Clear

Talal:

Clear

Oral cavity:

Clear

Mouth:

Clear

Mouth:

Clear

Nasal area:

Clear

Nasal area:

Clear

Muscle tone:

Normal

Placed

Rigid

Floor:

Rigid

Floor:

Rigid

Nothing observed

Blood pressure: 158/104
Temperature: 100.4

Other:

Time of arrest: 05/02/12 2210
Time DRE was notified: 2300
Evaluation start time: 2315
Evaluation completion time: 2358

Central

Opinion of Evaluator:

HS 172 R5/13
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DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: George, Debra A.

1. **LOCATION:** The evaluation was conducted at the Parker Center Intake Center.

2. **WITNESSES:** Arresting officer; Helen Pallares, LAPD recorded the evaluation.

3. **BREATH ALCOHOL TEST:** George’s breath test was 0.00%.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted and requested to contact Officer Pallares at Parker Center for a drug evaluation. Officer Pallares advised she stopped the suspect after observing her nearly hit several parked cars on Broadway near 4th Street. Her speech was slow, thick and slurred. She was very confused and not sure of her surroundings. Her coordination was very poor and she nearly fell attempting the SFST’s and was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** I first observed the suspect in the Processing Room at Parker Center. She appeared dazed and disoriented. She had a fixed stare and was responding slowly to questions. She was unstable on her feet and several times used the wall to steady herself. Her movements were slow and deliberate.

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

7. **PSYCHOPHYSICAL TESTS:** Modified Romberg Balance: Suspect swayed approximately 3” in a circular motion and estimated 30 seconds in 42 seconds. Walk & Turn: Suspect missed heel to toe numerous times and nearly fell twice. She repeatedly used her arms for balance and took a wrong number of steps. One Leg Stand: Suspect lost her balance using the wall to steady herself and the test had to be stopped. Finger to Nose: Suspect missed the tip of her nose on five of the six attempts.

8. **CLINICAL INDICATORS:** Suspect had six clues of HGN with an immediate angle of onset. She had VGN and was unable to convergence her eyes and looked straight ahead. Her pulse, blood pressure and temperature were all elevated and above the DRE average ranges.

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

10. **SUSPECT’S STATEMENTS:** The suspect did not respond when questioned about drug use but did make several “K-Hole” references.

11. **DRE’S OPINION:** In my opinion George is under the influence of a Dissociative Anesthetic and unable to operate a vehicle safely.

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

13. **MISCELLANEOUS:**
**Drug Influence Evaluation**

Session XVI #1

**Evaluator:** Sgt. Gerry Britt, Yamouth P.D.

**DRF #** 5479  
**Rolling Log #** 12-09-11

**Case #** 388661

**Arraignment:** 2145 Middleboro P.D.

**Date Examined:** 09/18/12  
**Location:** Middleboro P.D.

**Breath Results:** 0.00  
**Chemical Test:** None

**Time of last drink:** N/A

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**Time now/Actual** 8 PM/10 PM  
**When did you last sleep?** N/A  
**How long?** N/A

**Did you take insulin?** No  
**Do you have any physical defects?** No

**Are you taking any medication or drugs?** No  
**Attitude:** Passive, cooperative

**Spots:** None  
**Breath odor:** Chemical odor

**Corrective lenses:** None  
**Eyes:** Reddened Conjunctiva

**Pupil Size:** Normal  
**Vertical Nystagmus:** Yes

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**Pulse and time**

1. 100 / 2150  
2. 102 / 2204  
3. 98 / 2217

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**Modified Romberg Balance**

- Circular sway
- Walked stiff legged

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**Draw lines to spots touched**

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**HGN**

- Left Eye: Yes
- Right Eye: Yes

**Convergence**

- Cannot keep balance

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**Internal clock**

- $45$ estimated as $30$ seconds

**Describe turn:** Span around

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**Pupil Size**

- Room Light: 2.5 - 5.0
- Darkness: 5.0 - 8.5
- Direct: 2.0 - 3.4

- Left Eye: 4.0, 6.0, 3.5
- Right Eye: 4.0, 6.0, 3.5

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**Blood Pressure**

- 140/100
- 99.8

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**Mucus:**

- Normal
- Foul
- Riged

**Complaint:** Very rapid respiration

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**What drugs or medications have you been using?**

- No answer

**Time of use?** N/A

**Where were the drugs used?** N/A

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**What is the diagnosis?**

- N/A

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**Diagnosis:** None

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**Opinion of evaluator:**

- Bulit Out
- Alcohol
- NARCOTIC
- Drows...
DRUG INFLUENCE EVALUATION NARRATIVE
Suspect: Ross, Robert H.

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

2. **WITNESSES:** Arresting officer Sgt. Deb Batista of the Middleboro PD witnessed the evaluation and Don Decker of Nahant PD recorded the evaluation.

3. **BREATH ALCOHOL TEST:** Ross’ breath test was 0.00%.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** I was contacted and advised to contact Sergeant Batista at the Middleboro Police Department for a drug evaluation. Sergeant Batista advised that she had observed the suspect driving on N. Main Street at approximately 10 mph drifting within his lane and nearly hitting parked vehicles. When stopped, the suspect appeared dazed and did not know where he was or where he was going. He had a blank stare and appeared very confused. He was arrested for DUI after performing poorly on the SFST’s.

5. **INITIAL OBSERVATION OF SUSPECT:** I first observed the suspect in the interview room at M.P.D. He appeared dazed and disoriented, had a fixed stare and responded very slowly to questions. He was perspiring heavily and had rambling speech.

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

7. **PSYCHOPHYSICAL TESTS:** Modified Romberg Balance: Suspect swayed approximately 3” in a circular motion and estimated 30 seconds in 45 seconds. Walk & Turn: Suspect started walking immediately and lost his balance during the instructions, stepped off the line twice, stopped walking twice, used his arms for balance and missed heel to toe 6 times during the test. One Leg Stand: Suspect was unable to complete the test on either foot and the test was stopped for safety reasons. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts. His arm movements were very rigid.

8. **CLINICAL INDICATORS:** Suspect exhibited an immediate onset of HGN. Vertical Gaze Nystagmus and Lack of Convergence were also present. The suspect’s pulse, blood pressure and temperature were all elevated and above the DRE average ranges.

9. **SIGNS OF INGESTION:** There was a strong chemical-type odor on the suspect’s breath.

10. **SUSPECT’S STATEMENTS:** The suspect stated that he did not use any drugs.

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

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

13. **MISCELLANEOUS:**