Participant Manual DRE 7-Day Session 9 – Central Nervous System Depressants

Notes: __________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________

Learning Objectives

• Explain a brief history of the CNS Depressant category of drugs
• Identify common drug names and terms associated with this category
• Identify common methods of administration for this category
• Describe the symptoms, observable signs and other effects associated with this category

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

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

CONTENT SEGMENTS

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

LEARNING ACTIVITIES

Instructor-Led Presentations
Instructor Led Demonstrations
Reading Assignments
Video Presentations
Slide Presentations
Learning Objectives (Cont.)

• Explain the typical time parameters, i.e. onset and duration of effects associated with this category.

• List the clues that are likely to emerge when the drug influence evaluation is conducted for a person under the influence of this category of drugs.

• Correctly answer the “topics for study” questions at the end of this session.

Notes:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
A. **Overview of the Category**

*CNS Depressants*

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

- Depressants first affect those areas of the brain that control a person’s conscious, voluntary actions.
- Judgment, inhibitions and reaction time are some of the things that CNS Depressants affect first.
- As the dose is increased, depressants begin to affect the parts of the brain that control the body’s automatic processes, heartbeat, respiration, etc.

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

- Alcohol has been used and abused since prehistoric times.
- Alcohol and its effects are familiar to most people.
- Alcohol is a model for the CNS Depressant category: with some exceptions, all depressants produce effects that are quite similar to the effects of alcohol.
Drug Recognition Expert Course
Session 9
– Central Nervous System Depressants

Chloral Hydrate
(“Mickey Finn”)
The first non-alcohol CNS depressant

Chloral Hydrate

Non-alcohol CNS Depressants have been around for more than 150 years.
The first non-alcohol CNS Depressant was Chloral Hydrate.
It was developed in 1832 and utilized clinically in 1869.
Chloral Hydrate was derived from alcohol.
It is commonly referred to as “Mickey Finn” or “Knockout drops” because of its fast acting effects.
Chloral Hydrate is still produced and prescribed today. It is a sedative used in the short term treatment of insomnia and to relieve anxiety and induce sleep before surgery.
“Noctec” is a registered brand name of Chloral Hydrate.
Sub Categories of CNS Depressants

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

**Barbiturates**

More than 250 different barbiturates have been produced; of these, about 50 have been accepted for medical use.

- Derivatives of Barbituric Acid
- First produced in 1864
- Very common in use and abuse today

**Non-Barbiturates**

Note: Chloral Hydrate belongs to the non-barbiturate subcategory.

- Synthetic compounds with a variety of chemical structures
- Prescribed to help with some of the unintended side effects of barbiturates including sleepiness or drowsiness
- Still produce physical and psychological dependence

**Anti-Anxiety Tranquilizers**

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

- First produced in 1950
- In very wide spread use
- Frequently abused
Anti-Depressants
Sometimes called the “mood elevators.”

Anti-Psychotic Tranquilizers
Sometimes called the “major tranquilizers.”
Anti-psychotic tranquilizers were first introduced in the early 1950’s. They provide a way to manage schizophrenia and other mental disorders, and allow psychiatric patients to be released from hospitals and to lead fairly normal lives.
The most familiar Anti-Psychotic Tranquilizer is “Thorazine.”

Combinations
This subcategory includes a small class of depressants involving various combinations of the other five subcategories.
### Specific Barbiturates Examples

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand Name</th>
<th>Street Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amobarbital</td>
<td>Amytal</td>
<td>Blues, Blue Heavens</td>
</tr>
<tr>
<td>Amossecobarbital</td>
<td>Tuinal</td>
<td>Rainbows, Christmas Trees</td>
</tr>
<tr>
<td>Pentobarbital</td>
<td>Nembutal</td>
<td>Yellows, Yellow Jackets</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>Luminal</td>
<td>Pink Ladies</td>
</tr>
<tr>
<td>Secobarbital</td>
<td>Seconal</td>
<td>Reds, Red Devils, RDs, Fender Benders, F-40's</td>
</tr>
</tbody>
</table>

#### The Barbiturates

- Amobarbital (Trade name “Amytal”) Street names “blues”; “blue heavens”
- Amossecobarbital (Trade name “Tuinal”) Street names “rainbows”; “Christmas Trees”
- Pentobarbital (Trade name “Nembutal”) Street names “yellows”; “yellow jackets”
- Phenobarbital (Includes Luminal and other trade names) Street name “pink ladies”.
- Secobarbital (Trade name “Seconal”) Street names “reds”; “red devils”; “RDs”; “fender benders”; F-40s

### Specific Non-Barbiturates Examples

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand Name</th>
<th>Street Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carisoprodol</td>
<td>Soma</td>
<td></td>
</tr>
<tr>
<td>Chloral hydrate</td>
<td>Felsule, Noctec</td>
<td>Knock Out Drops, Mickey Finn</td>
</tr>
<tr>
<td>Diphenhydramine Hydrochloride</td>
<td>Benadryl, Sominex</td>
<td></td>
</tr>
<tr>
<td>Diphenylhydantoin Sodium</td>
<td>Dilantin</td>
<td></td>
</tr>
<tr>
<td>Eszopiclone</td>
<td>Lunesta</td>
<td></td>
</tr>
</tbody>
</table>

#### The Non-Barbiturates

Note: The absence of street names implies only that illicitly manufactured versions of these drugs are not common. The legally manufactured versions are abused, however.

- Carisoprodol (Trade name “Soma”)
- Chloral Hydrate (Trade names “Noctec”, “Somnos”) (Street names “Knockout drops”; “Mickey Finn”)
- Diphenhydramine Hydrochloride (Trade names “Benadryl”; “Sominex”; “Dramamine” and “nytol”)
- Diphenylhydantoin Sodium (Trade name “Dilantin”)
- Eszopiclone (Trade names “eszopiclone”, “Estorra” and “Lunesta”)
### Specific Non-Barbiturates Examples (Cont.)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand Name</th>
<th>Street Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethchlorvynol</td>
<td>Placidyl</td>
<td>GHB, Liquid X</td>
</tr>
<tr>
<td>Gamma Hydroxybutyrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methyprylon</td>
<td>Noludar</td>
<td></td>
</tr>
<tr>
<td>Methaqualone</td>
<td>Parest, Quaalude, Sopor, Optimil, Mandrax</td>
<td>Ludes</td>
</tr>
<tr>
<td>Paraldehyde</td>
<td>Paral</td>
<td></td>
</tr>
<tr>
<td>Zolpidem</td>
<td>Ambien</td>
<td></td>
</tr>
</tbody>
</table>

- Ethchlorvynol (Trade name “Placidyl”)
- Gamma Hydroxybutyrate (Street name “GHB”; “GBL”; “Liquid X”; “1,4-butanediol”)
- Methaqualone (Trade names “Parest”; “Quaalude”; “Sopor”; “Optimil”; “Mandrax”) (Street name “ludes”)
- Paraldehyde (Trade name “Paral”)
- Zolpidem (Trade names “Ambien”, “Edluar” and “Stilncot”)

### Specific Anti-Anxiety Tranquilizers Examples

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand Name</th>
<th>Street Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam</td>
<td>Xanax</td>
<td>Bars, Zanny Bars</td>
</tr>
<tr>
<td>Chloridiazepoxide</td>
<td>Librium</td>
<td></td>
</tr>
<tr>
<td>Clonazepam</td>
<td>Klonopin</td>
<td></td>
</tr>
<tr>
<td>Diazepam</td>
<td>Valium</td>
<td></td>
</tr>
<tr>
<td>Estazolam</td>
<td>ProSom</td>
<td></td>
</tr>
</tbody>
</table>

**The Anti-Anxiety Tranquilizers**

- Alprazolam (Trade names “Xanax”, “Niravam”) (Street name “Bars”; “Zannys”; “Blues”)
- Chloridiazepoxide (Trade name “Librium”)
- Clonazepam (Trade name “Klonopin”)
- Diazepam (Trade name “Valium”)
- Estazolam (Trade name “ProSom”)

Notes: __________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
Specific Anti-Anxiety Tranquilizers Examples (Cont.)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand Name</th>
<th>Street Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flunitrazepam</td>
<td>Rohypnol</td>
<td></td>
</tr>
<tr>
<td>Flurazepam</td>
<td>Dalmadorm, Dalmane</td>
<td></td>
</tr>
<tr>
<td>Lorazepam</td>
<td>Ativan, Temesta</td>
<td></td>
</tr>
<tr>
<td>Meprobamate</td>
<td>Equanil, Miltown</td>
<td></td>
</tr>
<tr>
<td>Oxazepam</td>
<td>Serax</td>
<td></td>
</tr>
<tr>
<td>Temazepam</td>
<td>Restoril</td>
<td></td>
</tr>
<tr>
<td>Triazolam</td>
<td>Halcion</td>
<td></td>
</tr>
</tbody>
</table>

- Flunitrazepam (Trade name “Rohypnol”) (Street name “Roofies”; “Roches”)
- Flurazepam (Trade names Dalmadorm”, “Dalmane”)
- Lorazepam (Trade names “Ativan” and “Temesta”)
- Meprobamate (Trade names “Equanil”, “Miltown”)
- Oxazepam (Trade name “Serax”)
- Temazepam (Trade name “Restoril”)
- Triazolam (Trade name “Halcion”)

Specific Anti-Depressants

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand Name</th>
<th>Street Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amitriptyline Hydrochloride</td>
<td>Elavil, Endep</td>
<td></td>
</tr>
<tr>
<td>Bupropion</td>
<td>Wellbutrin, Zyban</td>
<td></td>
</tr>
<tr>
<td>Citalopram</td>
<td>Celexa</td>
<td></td>
</tr>
<tr>
<td>Desipramine Hydrochloride</td>
<td>Norpramin, Pertofrane</td>
<td></td>
</tr>
<tr>
<td>Doxepin Hydrochloride</td>
<td>Adapin, Sinequan</td>
<td></td>
</tr>
<tr>
<td>Duloxetine</td>
<td>Cymbalta</td>
<td></td>
</tr>
</tbody>
</table>

- Amitriptyline Hydrochloride (Trade names “Elavil”; “Endep”)
- Bupropion (Trade name “Wellbutrin”)
- Citalopram (Trade name “Celexa”)
- Desipramine Hydrochloride (Trade names “Norpramin”; “Pertofrane”)
- Doxepin Hydrochloride (Trade names “Adapin”; “Sinequan”)
- Duloxetine (Trade name “Cymbalta”)

The Anti-Depressants
### Specific Anti-Depressants (Cont.)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand Name</th>
<th>Street Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escitalopram</td>
<td>Lexapro</td>
<td></td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>Prozac, Sarafem</td>
<td></td>
</tr>
<tr>
<td>Fluvoxamine</td>
<td>Luvox</td>
<td></td>
</tr>
<tr>
<td>Imipramine</td>
<td>Tofranil</td>
<td></td>
</tr>
<tr>
<td>Paroxetine</td>
<td>Paxil</td>
<td></td>
</tr>
</tbody>
</table>

- Escitalopram (Trade name “Lexapro”)
- Fluoxetine (Trade names “Prozac”, “Sarafem”)
- Fluvoxamine (Trade name “Luvox”)
- Imipramine (Trade name “Tofranil”)
- Paroxetine (Trade name “Paxil”)

### Specific Anti-Depressants (Cont.)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand Name</th>
<th>Street Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenelzine Sulfate</td>
<td>Nardil</td>
<td></td>
</tr>
<tr>
<td>Sertraline</td>
<td>Zoloft</td>
<td></td>
</tr>
<tr>
<td>Trazodone</td>
<td>Desyrel</td>
<td></td>
</tr>
<tr>
<td>Venlafaxine</td>
<td>Effexor</td>
<td></td>
</tr>
</tbody>
</table>

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

**Anti-Depressants Exceptions**

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

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

Some Combinations of Depressants

- Chlordiazepoxide in combination with Amitriptyline
  Trade name: “Limbitrol”
- Chlordiazepoxide Hydrochloride in combination with Clidinium Bromide
  Trade name: “Librax”
- Perphenazine in combination with Amitriptyline Hydrochloride
  Trade name: “Triavil” and “Etrafon”

The Combinations

- Chlordiazepoxide in combination with Amitriptyline (trade name “Limbitrol”)
- Chlordiazepoxide Hydrochloride in combination with Clidinium Bromide (Trade name “Librax”)
- Perphenazine in combination with Amitriptyline Hydrochloride (Trade name “Triavil” and “Etrafon”)

Notes:_______________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Notes:_______________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Notes:_______________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Notes:_______________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
Methods of Ingestion of CNS Depressants

- Most common and easiest method is orally
- Some abusers prefer to use intravenous injection for Barbiturates
- Some abusers experience a “flash” or “rush” from intravenous injection of Barbiturates, that they do not experience from oral ingestion

The injection paraphernalia used for Barbiturates are very similar to those used for Heroin.

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

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

The injection sites on the skin of a Barbiturate abuser appear quite different from those of a Heroin addict.
A large swelling, about the size of a quarter or fifty cent piece frequently will appear at the Barbiturate injection site.

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

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

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

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

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

- Reduced social inhibitions
- Divided attention impairment
  - Clarification: impede the person’s ability to concentrate on more than one thing at a time.
- Slowed reflexes
- Impaired judgment and concentration
- Impaired vision
  - Elaboration: ability to focus eyes may be impaired; “double vision” may develop.
- Lack of coordination
- Slurred, mumbled, or incoherent speech
- Produce a variety of emotional effects, such as euphoria, depression, suicidal tendencies, laughing or crying without provocation, etc.

Generally speaking, a person under the influence of CNS Depressants will look and act drunk.
C. Onset and Duration Effects

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

Ultrashort:

- Very fast acting, very brief effects
- Take effect in a matter of seconds
- Effects last only a few minutes
- Very rarely are the “drugs of choice” for drug abusers

Ultrashort depressants are sometimes used at the beginning of a surgical operation, in conjunction with an inhaled anesthetic.

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

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

An example of an ultrashort depressant is Brevital Sodium which is a rapid, injectable barbiturate anesthetic mainly used in hospital settings.
Short Acting

Short: fairly fast acting, effects last for approximately 4-5 hours.
• They produce effects reasonably quickly
• The effects last long enough to “enjoy” the effects
• The effects can take up to 40 minutes to be activated
• Effects last for approximately 5 hours
• This is the most commonly abused class of CNS Depressants

Short Acting Depressants frequently are prescribed as a treatment for insomnia. They also may be used as a pre-anesthetic medication to calm a patient prior to surgery.

A common example of a short acting Depressant, Secobarbital, Brand name “Seconal”

Intermediate Acting

Intermediate: relatively slow acting, but prolonged effects.
• Generally take effect in about 30 minutes
• Effects typically last about 6-8 hours
• Fairly often abused, especially by users who desire a longer lasting state of intoxication. Medical use of this class of drugs is similar to that of short acting Depressants (i.e. treat insomnia, etc.) Common example of an intermediate Depressant: Amobarbital, brand name “Amytal”.

Notes:_______________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
Long Acting CNS Depressants

- Generally take effect about one hour after ingestion
- Effects typically last 8-14 hours
- Phenobarbital (Luminal), Diazepam (Valium), and Flurazepam (Dalmane) are examples

**Long Acting**: delayed but long lasting effects.
- Generally take effect about one hour after ingestion
- Effects typically last 8-14 hours.
- Generally not the “drugs of choice” for abusers, however, some people will abuse the long acting Depressants if the more popular short and intermediate types are not readily available.

Long acting Depressants are used medically in the control of epilepsy and of other conditions that can cause convulsions.

They can also be used to provide continuing sedation to patients suffering from extreme anxiety.

A common example of a long acting depressant is Phenobarbital (Luminal) used primarily as a daytime sedative and anticonvulsant.

Other long acting depressants include:
- Diazepam (Valium) and
- Flurazepam (Dalmane).

**How would you classify Alcohol in terms of the onset and duration of its effects?**

**Alcohol as a Specific Example**

Notes:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Examples of Short-to-Intermediate CNS Depressants

Non-barbiturates
- Noctec or Felsule (“Mickey Finn”)
- Methaqualone (Quaalude)
- Placidyl
- Equanil or Miltown
- Soma
- Gamma Hydroxybutyrate (GHB)
- Zolpidem (Ambien)

Anti-anxiety tranquilizers (Cont.)
- Valium
- Librium
- Xanax
- Serax
- Klonopin
- Ativan
- Rohypnol

Notes:_______________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
D. Overdose Signs and Symptoms

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

- Subject will become extremely drowsy and may pass out
- The heartbeat (pulse) will be rapid and weak
- Respiration will become shallow
- Skin may feel cold and clammy

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

A sufficiently high dose of CNS Depressant will suppress the portions of the brain that control respiration.

This situation only rarely occurs from alcohol intoxication: usually, a drinker will pass out before he or she consumes enough alcohol to suppress respiration completely. With other depressants, it is relatively easy to take a fatal overdose.
Another major danger with CNS Depressants occurs when they are combined with alcohol.

Clarification: the combination of alcohol and certain other CNS Depressants may produce an effect greater than the sum of the effects of the two drugs independently. There is at least an additive effect when alcohol and another depressant are taken together.

With many CNS Depressants, there may be more than an additive effect. Coroners have reported a number of cases in which neither the alcohol level nor the depressant level independently would have been close to a fatal dose. It is not possible to predict how great an effect will occur when alcohol is mixed with another depressant.

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

E. Expected Results of the Evaluation

Observable Evidence of Impairment
Horizontal Gaze Nystagmus will be present with subjects under the influence of CNS Depressants.
Vertical Gaze Nystagmus may be present, with high doses, of depressants for that individual.
Performance on Modified Romberg Balance, Walk and Turn, One Leg Stand and Finger to Nose tests will be similar to that of subjects impaired by alcohol.
Evaluation of Subjects Under the Influence of CNS Depressants (Cont.)

Vital Signs
- Blood pressure will be Down
- Pulse will be Down \(^{(2)}\)
- Body temperature will be Normal
\(^{(2)}\) Quaaludes, ETOH and possibly some anti-depressants may elevate.
- Body temperature generally will be in the Normal Range (98.6 plus or minus one degree)

Muscle Tone
- Muscle tone will be Flaccid

Notes:_______________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Dark Room Examinations
- Pupil sizes will generally be Normal
  \(^{(1)}\) Soma, Quaaludes and possibly some anti-depressants usually dilate pupils.
- Pupillary reaction to light will be Slowed
General Indicators

- Disoriented
- Droopy eyes (ptosis)
- Drowsiness
- Drunk-like behavior
- Flaccid muscle tone
- Gait ataxia
- Slow, sluggish reactions
- Thick, slurred speech
- Uncoordinated

NOTE:

- With Methaqualone, pulse will be elevated and body tremors will be evident.
- Alcohol, Quaaludes and possibly some anti-depressants elevate the pulse.
- Soma, Quaaludes and possibly some anti-depressants usually dilate pupils.

Anti-Depressant Exceptions:

- As a reminder, some Anti-Depressants may cause elevated pulse rate and pupil dilation.
- Anti-Depressants may cause dry, sore throat, dry mouth, blurred vision, urinary retention, muscle twitching, restlessness, and increased anxiety.
Drugs Recognition Expert Course
Session 9 – Central Nervous System Depressants

CNS Depressant Symptomatology Chart

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGN</td>
<td>Present</td>
</tr>
<tr>
<td>VGN</td>
<td>Present (High dose for that individual)</td>
</tr>
<tr>
<td>Lack of Convergence</td>
<td>Present</td>
</tr>
<tr>
<td>Pupil Size</td>
<td>Normal (1)</td>
</tr>
<tr>
<td>Reaction to Light</td>
<td>Slow</td>
</tr>
<tr>
<td>Pulse Rate</td>
<td>Down (2)</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Down</td>
</tr>
<tr>
<td>Temperature</td>
<td>Normal</td>
</tr>
<tr>
<td>Muscle Tone</td>
<td>Flaccid</td>
</tr>
</tbody>
</table>

Notes:_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

CNS Depressants

Notes:_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Drug Evaluation and Classification

Exemplar Demonstrations

Notes:_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

F. Classification Exemplar
TOPICS FOR STUDY

1. Name the six major subcategories of CNS Depressants.

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

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

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

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

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

**Evaluator:** Leo Hegarty, PA State Police  
**DR#:** 11947  
**Rolling Log:** 12-08-155  
**Session IX #1**

**Recorded By:** George Geidler Old Lecornino PD  
**Name:** George Geidler  
**Other Name:** Lecornino PD

**Amnestee's Name:** Leonard, Fred, Middle  
**Date Born:** 4/21/64  
**Sex:** M  
**Race:** W  
**Arresting Officer:** Trooper Frank Citrino, PA SP  
**Test Results:** 6/6  
**Test Location:** 08-06-13, 0145, Harrisburg, PA Barracks  
**Test Results:** 0.60  
**Chemical Test:** None  
**Blood:** Blood

**Mental Warning Given:**  
- **Time now:** 9:15  
- **Time first drunk:** 8:00  
- **Last drink:** 6:00

**Time of Last Drink:** N/A

**Medical History:**  
- **Are you taking any medication or drugs?** Yes  
- **Do you have a physical defect?** Yes  
- **Are you under the care of a doctor or dentist?** No

**Atmophic:** Stiffed, With-drawn, non-responsive at times  
**Coordination:** Poor, Stumbling, Staggering

**Speech:** Normal

**Corneal Reflex:** None  
**Lashes:** None  
**Eyes:** Reddened, Conjunctivae

**Nystagmus:** None  
**Vertigo Nystagmus:** None  
**Vision:** Able to follow stimuli  
**Face:** Normal

**Pupil Size:** Equal  
**Unusual:** Equal

**Pulse and Respiration:**  
1. 60  
2. 80  
3. 80

**Pupill Size:**  
- **Left Eye:** 4.0  
- **Right Eye:** 4.0

**Room light:** 6.0  
**Darkness:** 3.5

**Diagnosis:**  
- **Suspected Substance:** N/A

**Blood Pressure:** 110/70

**Temperature:** 98.2

**What drugs or medications have you been using?** None

**Description of Turn:** N/A

**Type of Footwear:** None

**Footwear:** Normal

**Reaction to Light:** Slow

**Right Arm:**  
- **Sways while balancing**
- **Uses arms to balance**
- **Hops**
- **Puts foot down**

**Left Arm:**

**Draw lines to spots touched**

**Pupill Size:**  
- **Left Eye:** 4.0  
- **Right Eye:** 4.0

**Room light:** 6.0  
**Darkness:** 3.5

**Dilation:** N/A

**Nothing observed**

**Spinal Cord:** Normal  
**Halsed:** No

**Opinion of Evaluator:**  
- **Drug/Difficult to test**
- **Alcohol:** None
- **Medical:** None
- **CNS Depressant:** None
- **CNS Stimulation:** None
- **Hypoglycemia:** None
- **Hypertension:** None
- **Narcotic Analgesics:** None
- **Other:** None

**Date/Time of Arrest:** 08/06/12 0115

**Time DRE was notified:** 0145

**Evaluates start time:** 0145

**Evaluates completion time:** 0145

**DRE# 13886**

**Officer's Signature:**

**Case # 12-445788**

**Location:** Harrisburg

**Reviewed/approved by:**

**Date/Time:**

**Opinion of Evaluator:**

**Drug/Difficult to test**

**Alcohol:** None

**Medical:** None

**CNS Depressant:** None

**CNS Stimulation:** None

**Hypoglycemia:** None

**Hypertension:** None

**Narcotic Analgesics:** None

**Other:** None

**Date:** 26 of 29
DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Cramer, Carolyn

1. LOCATION: The evaluation was conducted at Harrisburg State Police Barracks.

2. WITNESSES: George Geisler of the Old Lycoming PD recorded the evaluation.

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

4. NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER: I was notified that Trooper Cichra had arrested a subject for DUI and was requesting a drug evaluation. Writer contacted Trooper Cichra at the Harrisburg SP Barracks where it was determined that the suspect had been observed driving at 30 MPH on I-283. When contacted, the suspect appeared dazed and disoriented. She was unable to perform the roadside SFST's as directed and was arrested for DUI.

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

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

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

8. CLINICAL INDICATORS: The suspect exhibited six clues of HGN and a Lack of Convergence. Two of her pulse rates were below the DRE average range and her Systolic blood pressure was also below the DRE average range.

9. SIGNS OF INGESTION: None were evident.

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

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

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

13. MISCELLANEOUS:
**DRUG INFLUENCE EVALUATION**

**Evaluator:** Sat. Helena Williams, California H.P.  
**DRF #:** 5249  
**Rolling Log #:** 12-05-12  
**Session IX #2**  
**Evaluator:** Officer Travis Herbert, CHP  
**Date Examined / Time Location:** 09-06-12, 2110 W. Sacramento  
**Arrestee’s Name (Last, First, Middle):** Henry, Michael James  
**Date of Birth:** 5/11/70  
**Sex:** M  
**Race:** W  
**Drinking Location:** Officer Cindy Morgan, CHP  
**Breach Result:** 0.09  
**Test Refused:** 0  
**Chemical Test:** Breath  
**Instrument #:** 700548  
**Test or tests refused:**  
**Miranda Warning Given:** Yes  
**Given By: OTC Morgan**  
**Drug taken for the past 5 days:** Cheeseburger  
**Time you last took:** 10 P.M.  
**When you last took:** 2115  
**What you ate today:** Nothing  
**What you drank:** Nothing  
**Time you last drank:** N/A  
**Are you diabetic or epileptic:** No  
**Are you under the care of a doctor or dentist:** Yes  
**Do you have any physical defects:** No  
**Are you taking any medications:** No  
**Attributes:** Withdrawn, Cooperative  
**Coordination:** Poor, Slow, Sluggish  
**Speech:** Normal  
**Corrective Lenses:** None  
**Glasses:** No  
**Contacts:** No  
**Hand:** Soft  
**Pupil Size:** Equal  
**Normal:** Yes  
**Visual field:** Normal  
**Electrocardiogram:** Normal  
**Corneal Reflex:** Equal  
**Facial Neglect:** Normal  
**Lack of Smooth Pursuit:** No  
**Mnemosyne:** No  
**Nystagmus:** Vertical  
**Blindness:** None  
**Redness:** Conjunctiva  
**Bloodshot:** No  
**Wear:** Watery  
**Tracking:** Equal  
**Equal:** Yes  
**Unequal:** Yes  
**Can follow stimulus:** Yes  
**Eye movement:** Normal  
**Can follow left eye:** Yes  
**Can follow right eye:** Yes  
**Nystagmus:** Convergence  
**Does the left eye:** Left eye  
**Does the right eye:** Right eye  
**Convergence:** Yes  
**Does the eye:** 40  
**Right eye:** 40  
**Convergence:** 0  
**Angle of Onset:** 0  
**Maximum Deviation:** 0  
**Lack of Smooth Pursuit:** 0  
**Pupils:** Equal  
**Nystagmus:** Vertical  
**Do you have a balance problem:** Yes  
**Does the patient:** Stride  
**Can balance:** No  
**Does the patient:** Loss of balance  
**Can the patient:** Start too soon  
**Does the patient:** Step  
**Can the patient:** Walk  
**Does the patient:** Misses  
**Can the patient:** Stepping  
**Does the patient:** Falls  
**Can the patient:** Raise  
**Does the patient:** Arms  
**Can the patient:** Actual steps taken  
**Can the patient:** 9  
**Does the patient:** 9  
**Does the patient:** 0  
**Cannot do test:** Explain  
**Type of footwear:** Clear  
**Use of footwear:** Clear  
**Pupil Size:** Left eye: 4.5  
**Left darkness:** 6.5  
**Darkness:** 3.5  
**Right darkness:** 4.5  
**Right darkness:** 6.5  
**Direct:** 3.5  
**Blood pressure:** 106/66  
**Temperature:** 98.6  
**Mucous:** Normal  
**Secretion:** None  
**Rigidity:** None  
**Nasal:** Clear  
**Eye:** Clear  
**Type:** Rebound Dilation  
**Reaction to light:** Slow  
**Date / Time of arrest:** 09-06-12  
**Time DRE was notified:** 2050  
**Evaluation start time:** 2110  
**Evaluation completion time:** 2220  
**Officer’s Signature:**  
**DRF #:** 5249  
**Officer’s approval / date:**  
**Drug taken for the past 5 days:** Cheeseburger  
**Rebreathing:** Nothing  
**Inhalants:** Yes  
**Medical:** Yes  
**Alcohol:** Yes  
**CNS Depressant:** Yes  
**Narcotic Analgesic:** Yes  
**Amphetamines:** Yes  
**MDMA:** Yes  
**Hallucinogen:** Yes  
**Opiates:** Yes  
**Narcotic Analgesic:** Yes  
**CNS Stimulant:** Yes  
**Narcotic Analgesic:** Yes  
**Amphetamines:** Yes  
**MDMA:** Yes  
**Hallucinogen:** Yes  
**Opiates:** Yes  
**Narcotic Analgesic:** Yes  
**CNS Stimulant:** Yes  
**Opinion of Officer:** 

---

* HS 172 R5/13  
* 28 of 29
DRUG INFLUENCE EVALUATION NARRATIVE

Suspect: Henry, Michael J.

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

2. WITNESSES: Officer Travis Herbert of the CHP recorded the evaluation.

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

4. NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER: I was requested to conduct a drug evaluation for Officer Morgan at the West Sacramento CHP office. Officer Morgan advised that she had located the suspect slumped over in the driver's seat of a vehicle stopped in the S/B traffic lane of S.R. 49. Officer Morgan further advised that the suspect appeared to be impaired and performed poorly on the SFST’s.

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

6. MEDICAL PROBLEMS AND TREATMENT: The suspect stated he was under the care of a doctor for stress and was not in need of any medical assistance.

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

8. CLINICAL INDICATORS: Henry exhibited six clues of HGN and a Lack of Convergence. One of his pulse rates was below the DRE average range and his blood pressure was also below the DRE average ranges.

9. SIGNS OF INGESTION: None observed.

10. SUSPECT’S STATEMENTS: The suspect admitted taking Xanax. He stated he normally takes the Xanax three times a day for stress and may have taken more today.

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

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

13. MISCELLANEOUS: The suspect voluntarily produced a pill bottle containing Xanax pills. A prescription for 30 pills had been filled two days earlier and there were 12 pills in the bottle.