

UNDER THE INFLUENCE: Identifying Drugged People

Stan Rhoads, Host

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Drugs cause people to do strange things. While some drugs make people feel mellow, others lead to hyperactivity and everything in between. Sometimes people act "drunk" but there is no alcohol in their system, signaling that other drugs might be the cause. Usage of multiple types of drugs mixes the symptoms, making things even more difficult. What's a first responder, new law enforcement officer, parent, teacher, or concerned citizen to do when encountering someone who is exhibiting strange behaviors that you just can't figure out?

During this hour-long broadcast, learn what types of drugs cause particular behaviors and responses. See what field tests could be useful in determining what is causing certain behaviors. Discover how some illnesses can mask symptoms. Learn how to document your results so they stand up in court.

Learning Objectives:

- * Learn how to identify drug use
- * Learn about the different classes of drugs
- * See which drugs cause certain behaviors
- * See which tests can help you determine if someone is on drugs
- * Find out how to document your results

Content Providers:

Tim McClure, *Detective Sergeant, Dodge City, KS Police Department*

Tim McClure is a Drug Recognition Expert (DRE) and has been in law enforcement since 1997. He has taught at public schools and local, state, and federal law enforcement agencies. He is a member of the National Major Gang Task Force, National Alliance of Gang Investigator Association, Mid-States Asian Gang Intelligence Association, and Kansas Narcotic Officer's Association. McClure graduated from the Kansas Law Enforcement Training Center. He is a certified clan lab technician and has over 200 hours of training in gang identification, sociology, prevention, and prosecution. McClure also attended the Kansas Top Gun School on narcotic investigations.

Charles "CJ" Beck, *West Monroe Police Department in West Monroe, LA*

Charles Beck is currently serving in the Detective Division and is assigned to the Street Crimes Unit of the West Monroe Police Department in West Monroe, LA. Beck has been in law enforcement since 2001. He has served in the Street Crimes Unit since 2003 and is one of the department's crisis negotiators. Additionally, he teaches classes in traffic stops, active shooter and building searches at the North Delta Regional Police Training Academy. Beck assists the department in public service campaigns and teaches driver's education students about seat belt safety and the dangers of driving while intoxicated.

He has a Master of Arts degree in Marriage and Family Therapy from Northeast Louisiana University and is a licensed professional counselor and marriage and family therapist in Louisiana. Beck also serves as a Clinical Manager at Cognitive Development Center in Monroe, Louisiana. He is certified in Standard Field Sobriety and has a state of Louisiana Commission and has been deputized as a United States Marshall for the Fugitive Task Force.

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DRUG CATEGORIES

"drugs" – anything that makes a person feel better

CANNABIS

Examples: marijuana, hashish, has oil, marinol

General Indicators

- Relaxed state; slow, sluggish
- Diminished inhibitions
- Impaired perception of time/distance
- Disorientation
- Body &/or eyelid tremors (close eyes & watch)
- Reddening of the conjunctiva (under eyelid)
- Possible debris in mouth (pieces in mouth)
- Distinct odor
- Tongue – bluish/brownish tint

CENTRAL NERVOUS SYSTEM STIMULANTS

- Cocaine
- Amphetamines
- Methamphetamines

NARCOTIC ANALGESICS

Examples: Heroin, morphine, codeine, synthetic, opiates: denerol, methadone

General Indicators

- Slow reflexes, sluggish movements
- Slow, low, raspy speech
- Slow breathing, cold skin
- "on the nod" – sleeping but able to respond then back to sleep
- Droopy eyelids (ptosis)
- Dry mouth
- Euphoric
- Track marks (heroin)

CENTRAL NERVOUS SYSTEM DEPRESSANTS - Drugs that slow down the body's metabolism

Examples

Barbiturates (sleeping pills), tranquilizers (anxiety fighting depressants), methaqualone (non-barbituate hypnotic), alcohol

General Indicators

- Drowsiness
- Droopy eyelids (ptosis)
- Thick, slurred speech
- Lack of coordination
- Slow, sluggish reactions
- Flaccid muscle tone
- Reduced social inhibitions
- Pulse rate: down
- Blood pressure: lowered
- Body temperature: normal
- HGN – present
- VGN – present
- Lack of convergence: present
- Pupil size: normal
- Pupil reaction to light - slow

HALLUCINOGENS

Examples: LSD, peyote (plant used by some cultures in a spiritual use), psilocybin, mushrooms

General Indicators

- Seeing things
- Pulse rate: up
- Blood pressure: up
- Body temperature: up
- HGN – none
- VGN – none
- Lack of convergence: none
- Pupil size: dilated
- Pupil reaction to light - normal

DISSOCIATIVE ANESTHETICS

Examples: PCP, Ketamine, DXM (cough syrup; "robo" = Robitussin), "skittles" variety in big bowl taken by handful

General Indicators

Enhanced strength before coming down

INHALANTS - leave system quickly

Example: Volatiles (paint thinners, gasoline), aerosols (hairsprays, spray paint), alkyl nitrites, nitrous oxide, schedule IV, magic markers, refrigerants

GENERAL COMMENTS

- Predominant: Crystal meth (BIG increase in US), ecstasy (especially among youth; expensive; status indicator when possessed), cocaine
- Culture influence on drug popularity?
- How do you distinguish between mental health issue and drug abuse/overdose issue?
- Aim: Rule out mental, physical health impairment to see if it's from a substance having been introduced

<<INFOMERCIAL: www.truecompassion.org>>

HOW TO TELL IF SOMEONE IS USING

Difficult to narrow down to a specific drug without testing; better to categorize the use

GENERAL

Definitions Associated with Examinations

- Pupil size
 - Miosis - constricted pupils; pinpoint (narcotics)
 - Mydriasis – dilated, wide pupils (head injuries can also cause)
 - Horizontal Gaze Nystagmus (HGN) – twitching eyes (when following a focal point, e.g. a pen); unable to maintain visual fixation while moving side to side; appear to drift slowly and then jerk back; difficulty pursuing a moving object smoothly; distinct jerkiness at maximum deviation repeatedly—alcohol use especially; can be faked by looking at a distant target instead of test object
- Vertical Gaze Nystagmus (VGN)
- Convergence – lack of ability of eyes to cross
- Blood Pressure
- Pulse Rate
- Body temperature
- Internal clock
- Odors
- Abnormal behavior

Drugs which Induce Nystagmus (only one test!)

- Central nervous system depressants
- Inhalants (most)
- Dissociative Anesthetics

>>VIDEO EXAMPLE >> Nystagmus Test

OVER THE COUNTER (OTC) DRUGS causing symptoms:

DXM would/should if enough is taken

#1 RULE – staff safety

2 – evaluate entire scene

3 – conduct interview of people aware of the person

ODORS – marijuana, alcohol; can be masked e.g. "felony forest" – pine scented air fresheners

Physical/Mental Health vs. Drug Use

- Assessment is key
- Important to show you care
- The person often mirrors the way he/she's approached

<<INFOMERCIAL: www.drugfree.org GenerationRx and I Waited >>

SPECIAL EFFECTS FOR CLASSES OF DRUGS

- Standard Field Sobriety Test
 - Walk & Turn – 9 heel-toe steps on line and back; walk, follow orders, multi-task
 - One-leg Stand – one leg held up 6 – 8 inches off ground for 30 seconds – can he count? Did leg fall/drop?
 - Romberg Test – tilt head back, close eyes, estimate 30 seconds; ask: “How long did that take? How did you know how long?”
 - Horizontal Gaze Nystagmus (HGN) – often not admissible in court
 - Portable Breathalyzer Test (PBT) – often not admissible in court
- >>VIDEO EXAMPLE >> Real Traffic Stop – standard drunken indicators but no alcohol in system

CANNABIS

General Indicators

- Diminished inhibitions
- Impaired perception of time/distance
- Disorientation
- Body &/or eyelid tremors (close eyes & watch)
- Reddening of the conjunctiva (under eyelid)
- Possible debris in mouth (pieces in mouth)
- Relaxed state; slow, sluggish; “spacey”

STIMULANTS

General Indicators

- Restlessness
- Euphoria
- Anxiety
- Talkativeness
- Irritability
- Runny nose, sniffing
- Redness to nasal area
- Leg & eyelid tremors
- Rigid muscle tone; stiff, flexed (meth)

NARCOTIC ANALGESICS

General Indicators

- Pupil size: constricted (miosis)
- Pulse rate: down
- Blood pressure: lowered
- Body temperature: down
- Horizontal Gaze Nystagmus (HGN) – none
- Vertical Gaze Nystagmus (VGN) – none
- Lack of convergence – none
- Slow reflexes, sluggish movements
- Slow, low, raspy speech
- Slow breathing, cold skin
- “on the nod” – sleeping but able to respond then back to sleep
- Droopy eyelids (ptosis)
- Dry mouth
- Euphoric
- Track marks (heroin)

HALLUCINOGENS

General Indicators

- Seeing things
- Horizontal Gaze Nystagmus (HGN) – none
- Vertical Gaze Nystagmus (VGN) – none
- Lack of convergence: none
- Pupil size: dilated
- Pupil reaction to light – normal
- Pulse rate: up
- Blood pressure: up
- Body temperature: up

CENTRAL NERVOUS SYSTEM DEPRESSANTS

General Indicators

- Drowsiness
- Droopy eyelids (ptosis)
- Thick, slurred speech
- Lack of coordination
- Slow, sluggish reactions
- Flaccid muscle tone
- Reduced social inhibitions
- Horizontal Gaze Nystagmus (HGN) – present
- Vertical Gaze Nystagmus (VGN) – present
- Lack of convergence: present
- Pupil size: normal
- Pupil reaction to light - slow
- Pulse rate: down (ludes & ETOH up)
- Blood pressure: lowered
- Body temperature: normal

INHALANTS (within 30 minutes)

- Odor of inhaled substance
- Traces of substance on face, nose, hands, clothing
- Bloodshot, watery eyes

DISSOCIATIVE ANESTHETICS

- Slow, slurred speech
- Disorientation
- Loss of memory
- Agitation, excitement
- Blank stare ("1,000 yard stare")
- Non-communicative
- Rigid muscle tone
- Horizontal Gaze Nystagmus (HGN) – present (early onset)
- Vertical Gaze Nystagmus (VGN) – present
- Lack of convergence: present
- Pupil size – normal
- Pupil reaction to light - normal
- Blood pressure – up
- Body temperature – up

POLY-DRUG USE (mixture of categories)

Effects of Drug Combinations

- Null effect
- Overlapping effect
- Additive effect
- Antagonistic effect
- Depressant + stimulant can cancel out
- 2 depressants show even more

True mental, medical conditions that seem like drug use?

- Schizophrenia
- Bipolar disorder
- Diabetic (can emit an odor similar to alcohol)

Biggest Mistake(s)

Having tunnel vision – must relate to each new encounter and not look through previous situations

OBSERVATIONS – slow down, document

- Suspect's breath
- Suspect's face
- General appearance
- Eyes
- Attitude
- Speech
- Physical actions