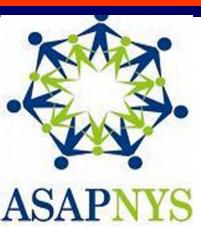
The Surprising Problem of Prosecuting Drugged Drivers and the Effect of Marijuana Legalization



Virtual Prevention Conference "The Legalization of Marijuana: Preventing Unintended Consequences"

Joyce A. Smith

Acting Nassau District Attorney

Maureen McCormick

Executive ADA



Prescription Meds Were The Fastest Growing Category of Abuse

- □ CDC: "Epidemic"
- **E.R.** visits up 98.4% between 2004 & 2009
- 2010: enough painkillers prescribed to medicate every American adult around the clock for a month
- □ 2008 15,000 dead due to painkiller overdose
- In New York, the number of prescriptions for all narcotic painkillers increased from 16.6 million in 2007 to nearly 22.5 million prescriptions in 2010
- Nationally, the treatment admission rate for opiates other than heroin increased 430% from 1999 to 2009.



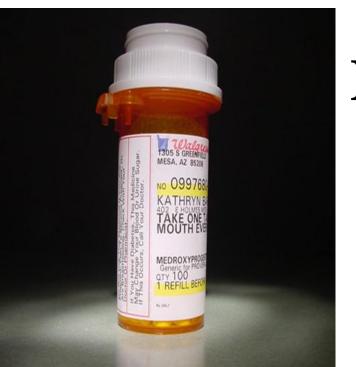
Prescription Drug Abuse:

According to The National Institute on Drug Abuse:

- Nearly 80 percent of heroin users reported using prescription opioids prior to heroin.
- 86 percent had used opioid pain relievers nonmedically prior to using heroin, and their initiation into nonmedical use was characterized by three main sources of opioids: family, friends, or personal prescriptions.

Reality:

PRESCRIPTION DRUGS

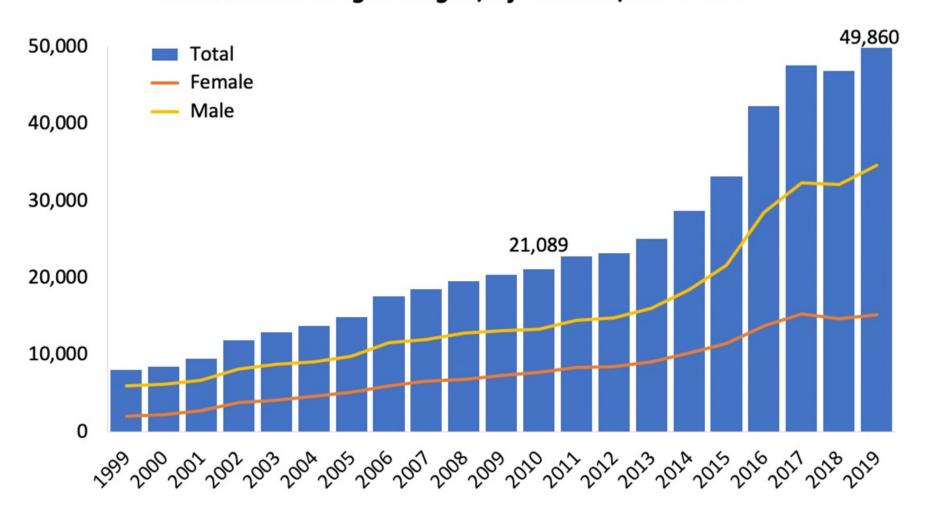






And then came Fentanyl...

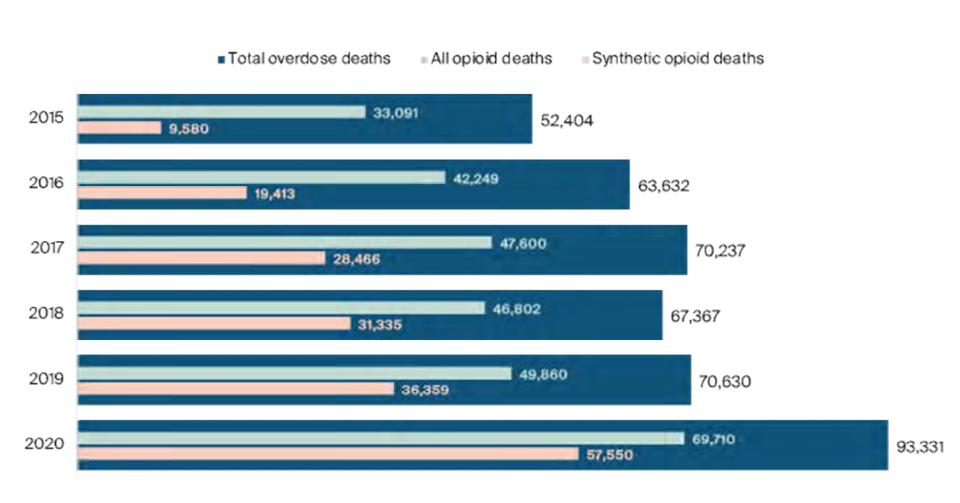
Figure 3. National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2019



^{*}Among deaths with drug overdose as the underlying cause, the any opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

And then came the pandemic...

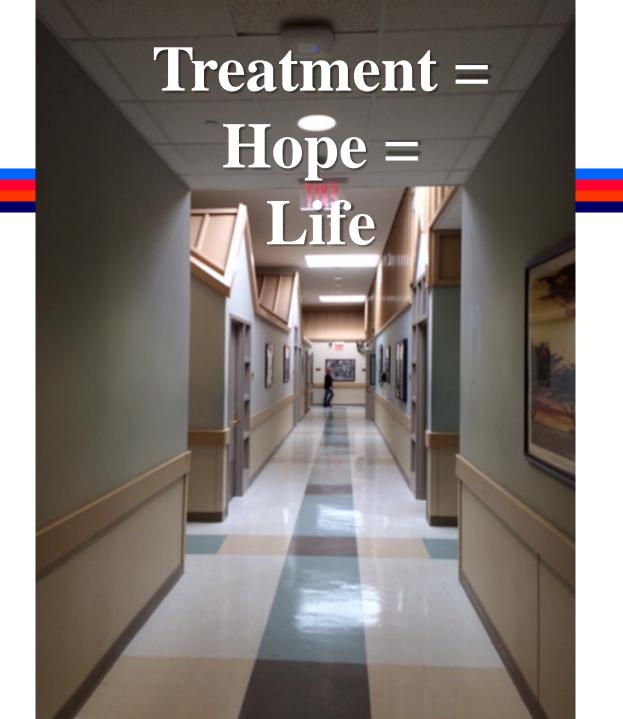
Overdose deaths exploded to more than 90,000 in 2020, and synthetic opioids were involved in more than 60 percent of all overdose deaths.





The Critical Need for Early Interventions

- CDC: During July 2016–September 2017, emergency department visits among those aged ≥11 years for opioid overdoses in the United States increased 29.7%
- Persons who experience an overdose are more likely to have a subsequent overdose
- □ Thus, EDs provide a crucial opportunity to link patients to treatment to avoid repeat overdoses.



NEW HOPE

150 Buffalo Avenue, Freeport, NY



Criminal Justice: Early Interventions

- Pre-Arraignment Diversion (PAD)(Critical Immediacy)
- Drug Courts

DTAP – Drug Treatment Alternatives to Prison

Judicial Diversion

Stigma Costs Lives ADDICTION...

We are NOT ashamed STOP THE STIGMA Stop the silence! Addiction hates exposure Recovery demands it!

And now there is the promise of money...



Crossing the Line...



VTL § 1192. Operating a motor vehicle while under the influence of alcohol or drugs:

- 1. Impaired by alcohol (Traffic Infraction)
- 2. Driving while intoxicated; per se .08 BAC or higher (Misdemeanor)
- 2a. Leandra's Law: No person shall operate a motor vehicle in violation of subdivision two, three, four or four-a of this section while a child who is fifteen years of age or less is a passenger (Felony)
- 3. Driving while intoxicated. No person shall operate a motor vehicle while in an intoxicated condition (Misd.)

VTL §1192.4 & §1192.4a: Drug and Combined Effects

- 4. Driving while ability impaired by drugs. No person shall operate a motor vehicle while the person's ability to operate such a motor vehicle is impaired by the use of a drug <u>as defined in this chapter.</u>
- 4-a. Driving while ability impaired by the combined influence of drugs or of alcohol and any drug or drugs. No per-son shall operate a motor vehicle while the person's ability to operate such motor vehicle is impaired by the com-bined influence of drugs or of alcohol and <u>any drug or drugs</u>

VTL §114-a

The term "drug" when used in this chapter, means and includes any substance listed in section thirty-three hundred six of the public health law and cannabis and concentrated cannabis as defined in section 222.00 of the penal law.

BEGIN WITH BASIC DWI (Drugs) ELEMENTS:

OPERATION

MOTOR VEHICLE

PUBLIC HIGHWAY/PARKING LOT

IMPAIRED TO ANY EXTENT BY A PHL 3306 DRUG

THE PROBLEM: VTL 1192.4 REQUIRES THE DRIVER TO BE IMPAIRED BY A DRUG "DEFINED IN THIS CHAPTER" WHICH MEANS:

PHL §3306 Schedules of controlled substances AKA "THE LIST"

- There are hereby established five schedules of controlled substances, to be known as schedules I, II, III, IV and V respectively. Such schedules shall consist of the following substances by whatever name or chemical designation known:
- Schedule I. (a) Schedule I shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section.
- (b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (for purposes of 3-methylfentanyl only, the term isomer includes the optical and geometric isomers): ...

The Pre-Marijuana Legalization Loopholes:

- □ The "List" PHL §3306
 - Drug has to be on the List
 - Which means you have to be able to name it
 - (Many impairing substances are not on the list)
 - Drivers can refuse chemical tests unless serious injury or death
 - List can never keep up

When the Impairing Substance Isn't on "The List"



People v. Litto

8 NY3d 692 (2007)

Defendant driving while intoxicated by "Dust-Off" (diflouroethane) drove into oncoming traffic killing Kristian Roggio. Not on the drug "list". Charged under 1192.3 (intoxicated condition). Rejected by the Court of Appeals who called for the legislature to review the statute

"The history and structure of Vehicle and Traffic Law 1192(3) demonstrate that the Legislature intended it to apply only to intoxication caused by alcohol."

When you can't say what is impairing the driver

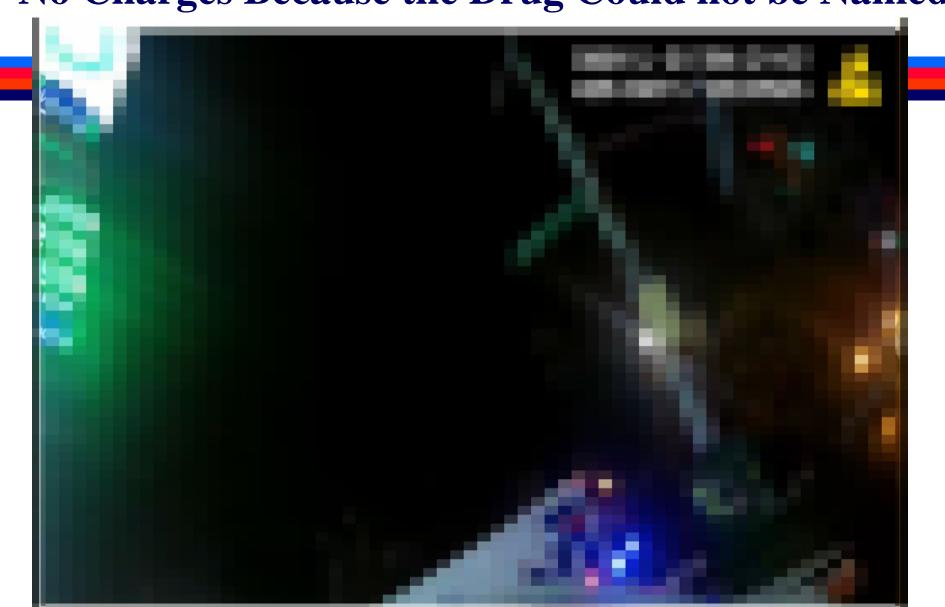
People v. Moss

- Saturday, May 12, 2007
- □ 4:15 p.m.
- □ Victims:
 - Antonia Brancia
 - Sjef Vandenberg





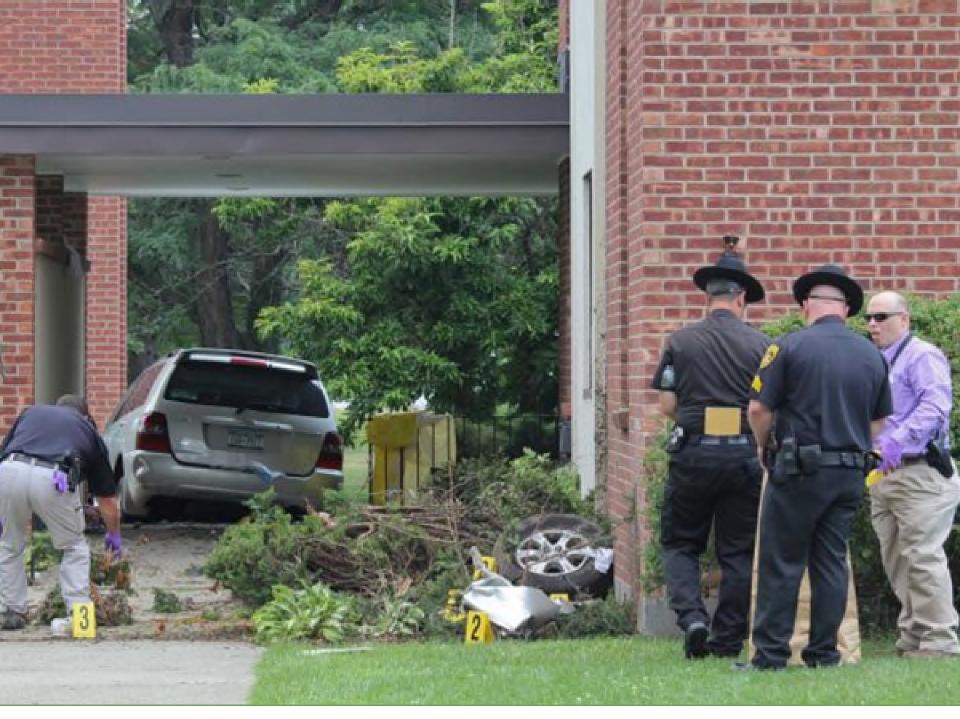
NYPD Body Worn Camera Footage: No Charges Because the Drug Could not be Named



When the Impairing Drugs are Prescribed

- People v. Luann Burgess (55 y.o)
- Albany County
- August 10, 2011
- Plowed into a Group outside St. Matthew's Church in Voorheesville, NY
- □ <u>Victims</u>:
 - Rosemarie Hume, 79
 - Carol Lansing, 66
 - Frances Pallozzi, 88







MEDICAL PROBLEM LIST FOR BURGESS

- 1. OSTEOARTHRITIS
- 2. LOW BACK PAIN
- Q OF PARKINSON'S DISEASE
- 4. EDEMA
- 5. ACQUIRED HYPOTHYROIDISM
- 6. OBESITY
- ANEMIA, NONSPECIFIED
- 8. BIPOLAR AFFECTIVE DISORDER, MANIC, MODERATE
- 9. ANXIETY
- 10. DEPRESSION
- 11. HYPERTENSION
- 12. ESOPHAGEAL REFLUX
- 13. INSOMNIA

DRUG	BRAND NAME	PURPOSE	DOSE
LEVOXYL		Used to treat	100mcg tabs 1 tab q.d.
		hypothyroidism	
Multiple vitamins			1 po qd
Iron tabs	Ferrous sulfate tabs		1 tab q.d.
Calcium			600mg tabs 1 tab b.i.d.
cyanocobalamin.	B 12		100 mcg tabs 1 tab q.d.
Albuterol sulfate	Proair HFA 108	Quick relief rescue inhaler manage asthma	2 puffs q. 4h p.c.n.
Omeprazole		Treat gastric esophageal reflux disease (GERD)	20 mg CPDR 1 cap g.d. b/f meal
Calcitonin (salmon)	Miacalcin 200 unit/act soln	Treat osteoporosis in women use w/ calcium & vitamin D	1 spray alternating nostrils g.d.
Quetiapine fumarate	Seroquel	Depressive disorders	200mg tabs 2 tabs b.j.d.
Buproprion HCL	Wellbutrin sr	Treat depression	150mg xr12-h-tab 1 tab <u>b.i.d</u> .
Hydroxybupropion	Wellbutrin metabolite		
Atenolol		Treathigh blood pressure	50mg tabs 1 tab b.i.d.
Amantadine HCL		Used to treat Parkinson's disease and conditions similar to those of Parkinson's	100mg 1 tab <u>b.i.d</u> .
Mupirocin calcium	Bactroban 2% cream	Antibiotic ointment to treat skin infections	Apply to nares bild
Fluticasone propionate	Flonase	Used to treat nasal congestion	50mcg/act susp 2 puffs each nostril q.d.
Temazepam	Restoril	Treat insomnia	15mg caps 1-2 caps g.h.s.
Furosemide	Lasix	Water pill/help reduce edema	40mg tabs 1-2 tabs g.d. p.r.n. ankle swelling
Alprazolam	Xanax	Anxiety and panic disorders	1 mg tabs 1/4-1 tab q. 6h
Hydrocodone/Acetaminophen		Pain management	10-325mg tabs1 tab q. 4-6 h p.r.n.
Divalproex Sodium	Depakote	Treat bi-polar disorder	1 tab t.i.d and 3 tabs q.h.s.
Lisinopril	la constant	High blood pressure	1 tab q.d.
Aripiprazole	Abilify	Bi-polar disorder	1 tab q.d.
Trihexyphenidyl HLC tabs		Treat symptoms of Parkinson's or tremors	
Meprobamate (Carisoprodol)	Soma metabolite	from drugs muscle relaxer that works by blocking pain sensations between the nerves and the brain	350mg tabs

Victims livid as judge blames medical culture in drug crash sentencing

Judge gives driver 6 months, citing medical culture

By Robert Gavin Updated 8:17 pm, Wednesday, January 27, 2016



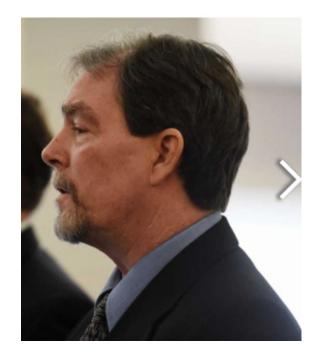




"When drivers drink and drive and use narcotics and drive, they should be held accountable consistently and without hesitation," the judge told Grady. "In your case, however, Mr. Grady, I believe the facts demonstrate a silent, if you will, unindicted co-conspirator: the medical and pharmaceutical culture that has abdicated responsibility."

"You were sent home with no more of a warning than 'may make you drowsy,' 'may impair your ability,' 'may require the adjustment of your prescription.' No more warning than we see on cough syrup," the judge told Grady. "I firmly believe that there has been little effort by the medical and pharmaceutical industries to enhance the safety or emphasize the dangers that these medications pose to all of us."

"This short prison sentence will not deter others from taking prescribed medication and then driving," Herrick said. "We live in a society manipulated by the pharmaceutical companies. Something must be done to increase the responsibilities of the medical profession and the pharmaceutical companies to better warn patients of drug side effects."



Pre-Legalization: Already Underenforcement

Facts:

40,387 Drug Arrests in 2017*

4,809 Drugged Driving Arrests in 2017**

*Statistics Provided by DCJS

**Statistics Provided by ITSMR

Marijuana Legalization

- Marijuana Legalization had Traffic Safety and Education components that were abandoned:
 - **Definition of "drug".** Amend definition of "drug" as follows: (The Litto Fix)

§114-a. Drug. The term "drug" when used in this chapter, means and includes any substance listed in section thirty-three hundred six of the public health law and any substance or combination of substances that impair, to any extent, physical or mental abilities.

NYACP Support Since 2012

- New York Chapter of the American College of Physicians
- **□ 12,000** members
- RESOLVED, that NYACP work to clarify the legal definition of driving while intoxicated/impaired
- Adopted exact language of proposed legislative correction
- PUBLIC HEALTH ISSUE

NY is Behind the Rest of the Country

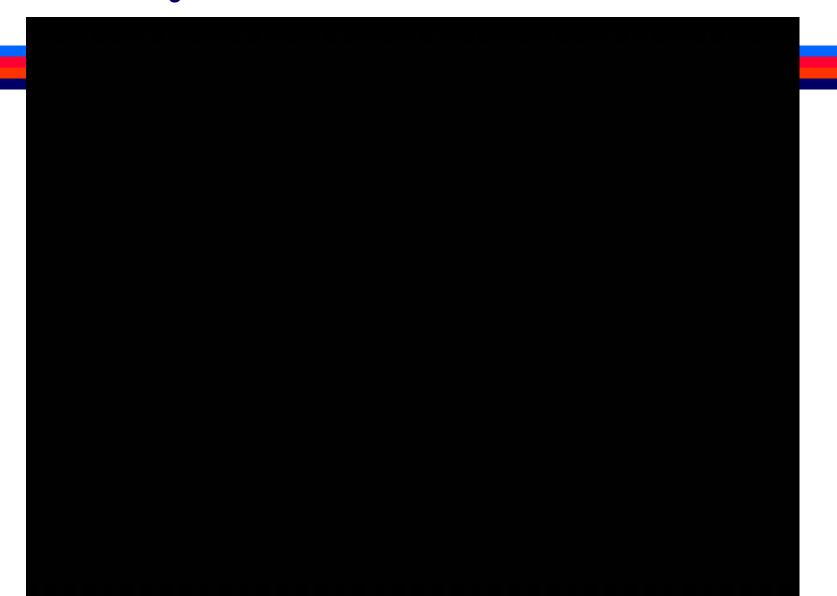
- At least 45 other states do not require the impairing substance to be on an artificial list
- Only 4 other states use a list as of 2018:
 Hawaii, Massachusetts, Oregon and Alaska

See: Journal of Analytical Toxicology

Driving Under the Influence of Drugs: When the
Law Misses the Mark

Nicholas B. Tiscione*, Ilene K. Alford, Russell Miller, Xiaoqin Shan, and Dustin Tate Yeatman

Why a List can never work:



□ **Field sobriety tests.** Amend the field testing (PBT) provision of the VTL (§1194(1)) to require that any person involved in an accident or who is suspected of operating a vehicle in violation of any of the provisions of the VTL shall, at the request of a police officer, "submit to a breath test and/or oral/bodily fluid to be administered by the police officer, and/or to an evaluation by a drug recognition

- Implied consent. Amends VTL §1194(2) regarding "implied consent" to include an evaluation conducted by a drug recognition expert (DRE).
- □ This is in addition to the consent to submit to a chemical test of blood, breath urine or saliva.
- Also modifies VTL §1194 to include refusal of the DRE evaluation or any part thereof to be treated the same as a chemical test refusal

□ Compulsory Chemical Test- Modify VTL §1194 – To allow court to order oral/bodily fluid test, in addition to a blood test.

Reasonable Cause The VTL is amended to address the definition of "reasonable cause" to add any indication of the consumption of drugs (or existing alcohol) including the odor of cannabis or burnt cannabis as an indicator of consumption

□ **Refusals.** Amend to extend the same sanctions (license revocation and civil fine) that exist for refusing to submit to a chemical test to a refusal to submit to an evaluation for drugs by a DRE. Comparable changes would be made to the provisions related to the evidence required at a refusal hearing. Evidence of a refusal to submit to a DRE evaluation would also be admissible at trial (in the same manner as evidence of refusal to submit to a chemical test).

- Compulsory chemical tests. The provisions of §1194 relating to compulsory chemical tests would be amended to eliminate the requirement that an incident resulted in death or serious physical injury to someone other than the driver.
- This provision would be considered constitutional under the Supreme Court ruling in <u>Schmerber v.</u> California and "required" under <u>Missouri v. McNeeley</u>

- □ Cannabis Revenue Fund. Finally from the taxes imposed on adult recreational use cannabis, there would be established a "New York State Cannabis Revenue Fund". Among the recipients of the fund would be the Governor's Traffic Safety Committee. Specifically, monies from the fund would be expended for purposes to include:
- PSA and Educational campaign No Driving
- Police Training
- Expansion of Labs

It's just Weed, right?



CANNABIS

Delta 9 - THC (Tetrahydrocannabinol)

(Main Psychoactive = Gets User High)

CBD -Cannabidiol

(Primary Medical Properties) Other Chemical Compounds

(We Don't Even Know; at least 113)

Carboxy THC

(Inactive Metabolite, evidence of past use) 11 - Hydroxy THC

(Active metabolite, Useful for determining TIME of ingestion)

Highly Psychoactive

Cannabigero

Cannabinol

Better evidence of recent use Does not last in blood long (declines rapidly)

Less likely to accumulate in fat

About the same ½ life as THC.

High Levels in Edibles





POTENCY

• 1975 – Less than 1% THC

• 1985 – Less than 3% THC

• 2018 – 90% THC





www.nhtsa.gov

- "Inadvisable to try and predict effects based on blood THC concentrations alone"
- "It is difficult to establish a relationship between a person's THC blood or plasma concentrations and performance impairing effects."
- 2017 Report to Congress: weak relationship between THC blood levels and impairment
 - Advise AGAINTST Per Se laws



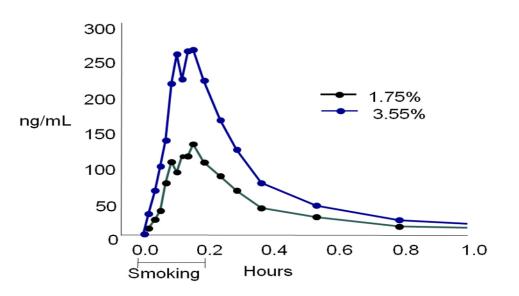
NATIONAL CONFERENCE of STATE LEGISLATURES

The Forum for America's Ideas

- 1 ng: Pennsylvania
- 2 ng: Nevada & Ohio
- 3 ng: West Virginia
- 5 ng: Illinois, Montana, Washington
- 5 ng: Colorado =
 Reasonable Inference

Δ 9 THC – Rapidly Dissipates from the Blood

Smoked THC Time-Concentration Curve



Effect of Blood Collection Time on Measured Delta 9 – THC (Hartman, Marilyn Huestis, 2016)

- THC in the blood reduces by 73.5% within 30 minutes of smoking
- THC in the blood reduces by 90.3% within 1.4 hours of smoking

NHTSA

 "It is possible for a person to be affected by marijuana use with concentrations of THC in their blood <u>BELOW</u> the limit of detection"

Courtesy Marilyn Huestis, Borkenstein Drug Course, 2012



BIGGEST MISCONCEPTION

There has to be ∆-9 THC in the blood for the user to be impaired by marijuana



MARIJUANA USE & EDUCATIONAL OUTCOMES

Studies show that marijuana interferes with attention, motivation, memory, and learning. Students who use marijuana regularly tend to get lower grades and are more likely to drop out of high school than those who don't use. Those who use it regularly may be functioning at a reduced intellectual level most or all of the time.





of the 2.4 million people who began using in the last year were aged 12 to 20.1

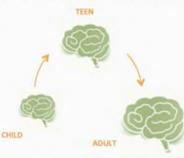


EVERY DAY, **3,287 TEENS USE MARIJUANA** FOR THE FIRST TIME¹

MARIJUANA MAY HURT THE DEVELOPING TEEN BRAIN

The teen brain is still developing and it is

especially vulnerable to drug use.





Regular heavy marijuana use by teens can lead to an IQ drop of up to 8 points³

Life Outcomes

HEAVY MARIJUANA USE BY TEENS IS LINKED TO4:

Educational Outcomes



lower grades and exam scores





less likely to graduate from HS or college









more likely to be unemployed



Consequences of U.S. legalization of marijuana

Social Tolerance

Decrease risk perception

Increase use

And then there is driving...

Disseminate wrong information about medical use

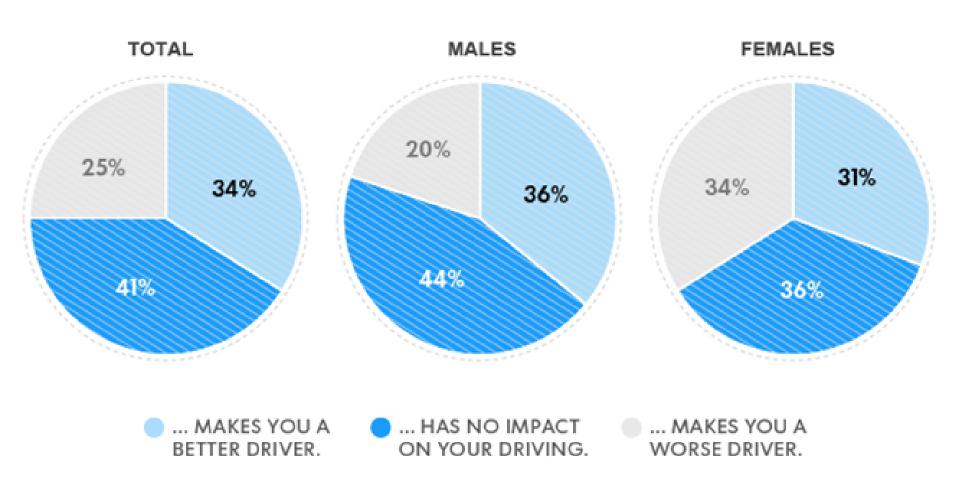
Users do not seek treatment

More availability
More use



Teens driving under the influence

PERCENTAGE OF TEENS THAT BELIEVE DRIVING UNDER THE INFLUENCE OF MARIJUANA...



newsday.com st.25 | u epirion Tuesday Oct. 9, 2012















Pv. Joseph Beer

Monday, October 8, 2012

3:30 AM

Southern State Parkway, Hempstead

Profile Pictures 2 of 2









Joseph Beer August 30 €

Share

12 people like this.

□ View all 23 comments





Options Share



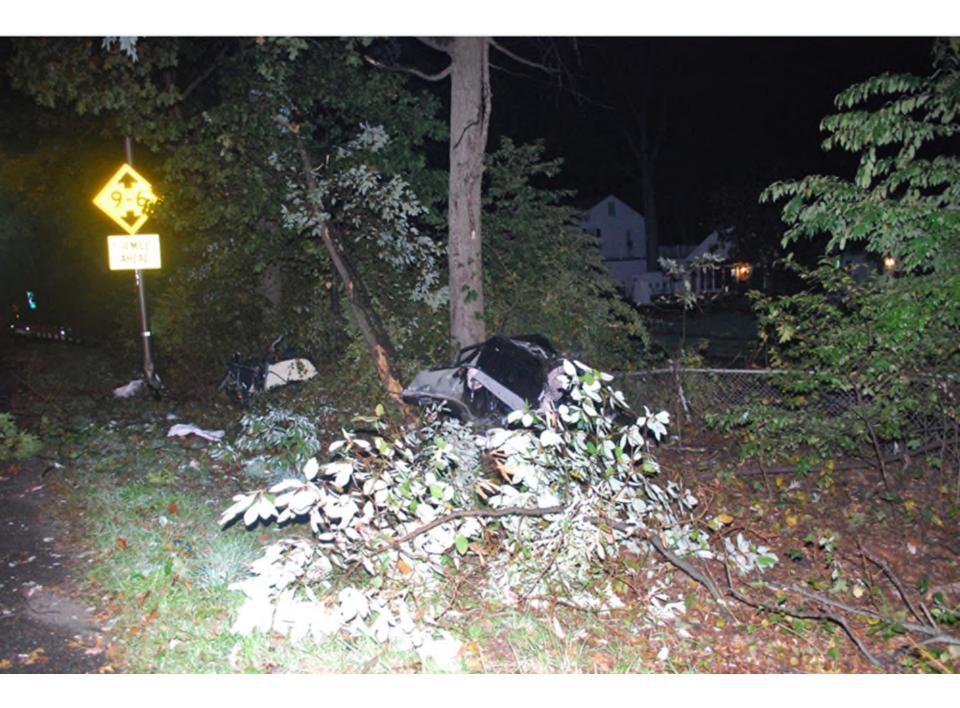


Text Messages



Name	Date & Time	Status	Folder	Type	Text
* Brandon	10/05/12 02:51:16 PM (GMT-4)	Sent	Sent	Outgoing	Word where you work at ? Same shit school and what not lol I got the whip now :)
* Brandon	10/05/12 02:52:02 PM (GMT-4)	Read	Inbox	Incoming	Airport yea I heard trav was tellin me you whippin the sti now
* Brandon	10/05/12 02:52:44 PM (GMT-4)	Sent	Sent	Outgoing	Yea shit crazy if you want we can go on a I ride laterrr

Name	Date & Time	Status	Folder	Туре	Text
* Woods Shayan	09/22/12 07:48:08 PM (GMT-4)	Sent	Sent		Fine lets go on a blunt ride one day shit is mad fun you'd love it
* Woods Shayan	09/22/12 07:59:04 PM (GMT-4)	Read	Inbox	Incoming	A blunt ride?
* Woods Shayan	09/22/12 08:00:34 PM (GMT-4)	Sent	Sent		We drive around the highway smokingg weed lol didnt you say you wanted to try the urb :x?











Time	Specimen	Drug	Δ – Joseph Beer	V – Neal Rajapa	V – Chris Kahn	V – Peter Kanhai	V – Darian Ramnarine
3:30 AM	Whole Blood	Delta-9		39.5 ng	35.4 ng	15.9 ng	7.6 ng
3:30 AM	Whole Blood	Carboxy		101.6 ng	190.6 ng	74.8 ng	67.7
4:30 AM (1 hr. after crash)	Whole Blood	Delta-9	7.0 ng				
4:30 AM (1 hr. after crash)	Whole Blood	Carboxy	15 ng				
5:15 AM (1 hr. 45 min. after crash)	Whole Blood	Delta-9	4.5 ng				
5:15 AM (1 hr. 45 min. after crash)	Whole Blood	Carboxy	20 ng				

Testing and Training

□ 1194(1)(B)?





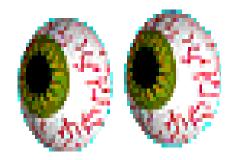
Draeger 5000 Portable Saliva Immunoassay Device



ARIDE Training

- ADVANCED
 - ROADSIDE
 - IMPAIRED
 - DRIVING
 - ENFORCEMENT

DREs are needed after the arresting officer brings in the driver to make specific observations tied to the drugs, but a DRE cannot identify the specific drug the driver has ingested as currently required. They can only ID the category which does not meet the statute.



DRE

DRUG RECOGNITION EVALUATION PROVIDES
 THE BEST EVIDENCE OF IMPAIRMENT

CAUSED BY DRUGS – LINKS OBSERVATIONS

■ NOT JUST USE – There is no "PER SE" Drugged Driving charge.

BUT the OPINION is Limited

What a DRE Determines:

Impairment

- Impairment due to drug use
 - Rather than Illness or Injury
 - Rather than Sleepiness or other factors

AND Which Category of Drugs

- DRE does not identify the specific drug CATEGORY - See the problem?
- Consistent Observations With Drug Category
- Signs and symptoms define the category
 - "Signs" detectable by DREs ex. Bloodshot eyes
 - "Symptoms" reported by the individual Ex. "I feel nauseated"

Seven Categories

- □ CNS Depressants (+ Alcohol)
- CNS Stimulants
- Hallucinogens
- Dissociative Anesthetics
- Narcotic Analgesics
- Inhalants
- Cannabis



Drug Influence Evaluation – Symptomology Matrix



	CNS Depressants	CNS Stimulants	Hallucinogens	Dissociative Anesthetics	Narcotic Analgesics	Inhalants	Cannabis
HGN	Present	None	None	Present	None	Present	None
Vertical Nystagmus	Present (High dose for that individual)	None	None	Present	None	Present (High dose for that individual)	None
Lack Of Convergence	Present	None	None	Present	None	Present	Present
Pupil Size	Normal (1)	Dilated	Dilated	Normal	Constricted	Normal (4)	Dilated (6)
Reaction To Light	Slow	Slow	Normal (3)	Normal	Little or none visible	Slow	Normal
Pulse Rate	Down (2)	Up	Up	Up	Down	Up	Up
Blood Pressure	Down	Up	Up	Up	Down	Up/Down (5)	Up
Body Temperature	Normal	Up	Up	Up	Down	Up/Down/ Normal	Normal
General Indicators	Disoriented Droopy Eyelids Droopy Eyelids Drowshess Drunk-like behavior Flaccid muscle tone Gait ataxia Slow, sluggish reactions Thick, slurred speech Uncoordinated NOTE: With Moreor William State of the Control of t	Anxiety Body tremors Dry mouth Euphoria Exaggerated reflexes Excited Exaggerated reflexes Excited Grussen Increased alertness Insomnia Irritability Radness to assal area Restlessness Rigid muscle tone Runny nose Talkative	Body tremors Dazed appearance Difficulty wf speech Disoriented Flashbacks Hallucinations Memory loss Nausea Paranola Perspiring Peror perception of time & distance Rigid muscle tone Synesthesia Uncoordinated Uncoordinated Uncoordinated Uncoordinated Disperse of goose bumps, hair standing on end)	Blank stare Confused Confused Chemical odor (PCP) Cyclic behavior (PCP) Difficulty w speech Disoriented Early HGN Onset Hallucinations Incomplete verbal responses Increased pain fireshold "Moon walking" (PCP) Perspiring (PCP) Perspiring (PCP) Rigid muscle tone Sensory distortions Slow, sturred speech	Constricted pupils Depressed reflexes Drowsiness Droopy eyelids (Ptools) Dry mouth Euphoria Facial itching Slow, low, raspy speech Slowed breathing NOTE: Tolerant users exhibit relatively little psychomotor impairment	Bloodshot, watery eyes confusion Disorientated Flushed face Intense headaches Lack of muscle tone Oder of substance Possible nausea Residue of substance Slow, thick, slurred speech NOTE: Anesthetic gases cause below normal blood pressure; volatile solvents and eerosols cause above normal blood pressure.	Body tremors Disoriented Debris in mouth Eyeld tremors Impaired perception of time & distance Increased appetite Mariyuana debris in Marked reddening Normal muscle tone Odor of Mariyuana Possible paranoia Relaxed inhibitions
Duration Of Effects	Berbiturates: 1-16 hours Tranquilizers: 4-8 hours Methaqualone: 4-8 hours	Cocaine: 5-90 minutes Amphetamines: 4-8 hours Methamphetamines: 12 hours	Duration varies widely from one Hallucinogen to another LSD: 4-6HRS Psilocybin: 2-3hrs	PCP On-set: 1-5 minutes Peak effects: 15-30 minutes Exhibit effects up to 4-6 hrs DXM – Onset 15- 30 min. Effects 3-6 hours	Heroin: 4-6 hrs Methadone: up to 24 hrs Other: Vary	6 – 8 hours for most Volatile solvents Anesthetic gases and aerosots - very short duration	2-3 hours – exhibits effects (Impairment may last ut to 24 hours without awareness of effects)
Usual Methods Of Administration	Oral Injected (occasionally)	Insufflation Smoked Injected Oral	Injected Transdermal Snort (Insufflation) Oral Smoked	Smoked (PCP) Oral Insufflation (PCP) Injected (PCP) Eye drops	Injected Oral Smoked Insufflation	Insufflation (Historically have been taken orally)	Smoked Oral
Overdose Signs	Cold, clammy skin Pupils dilated Rapid, weak pulse Coma Shallow breathing	Agitation Increased body temperature Hallucinations Convulsions	Long, intense "trip"	Long, intense "trip"	Slow, shallow breathing Clammy skin Coma Convulsions	Coma	Fatigue Paranoia

- 1) Soma, Quaaludes and some anti-depressants usually dilate pupils
- 2) Quaaludes, ETOH and possibly some anti-depressants may elevate
- 3) Certain psychedelic amphetamines may cause slowing
- 4) Normal, but may be dilated
- Down with anesthetic gases, up with volatile solvents and aerosols
 Pupil size possibly normal

The Current Catch-22 Followed by WHY the Law Must Change: People v. David Levine

- □ Decided April 29, 2021
- □ Appellate Term, 9th and 10th
- No Probable Cause for arrest and request for blood where the PO observed impairment but could not name the drug
- Consent blood showing Alprazolam,
 Clonazepam and Citalopram suppressed.

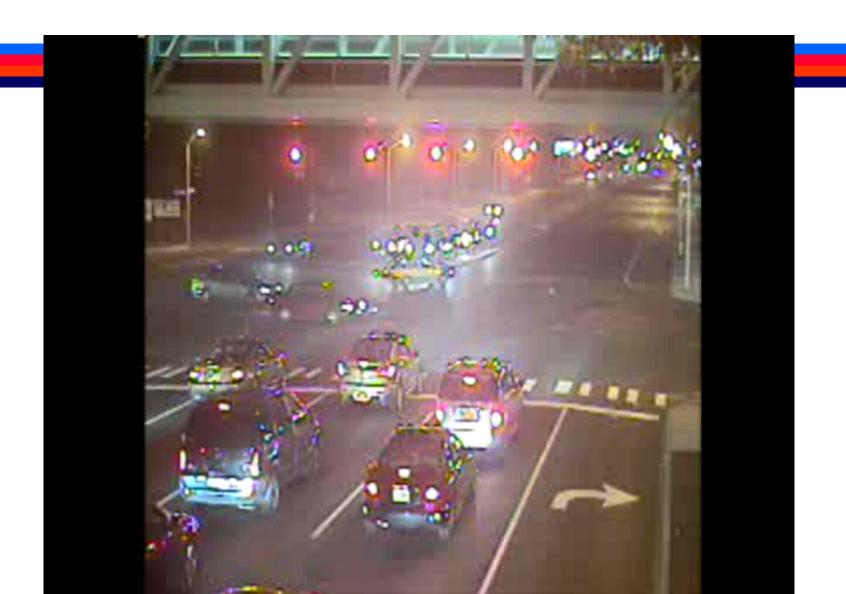




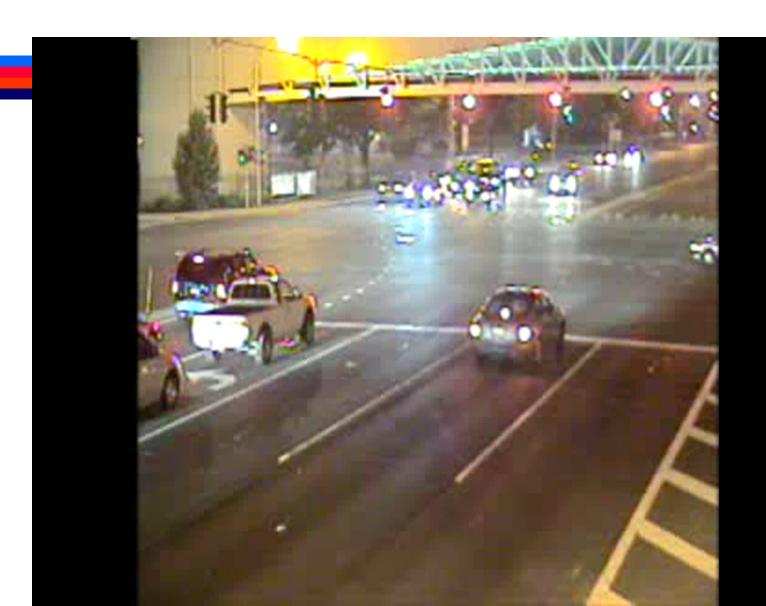
9 p.m. on July 24, 2011

The magic of red light cameras...

Eastbound View



Westbound View



Southbound View



Northbound View



Thank you

Maureen McCormick

Executive Assistant District Attorney
Nassau County

Maureen.McCormick@nassauda.org

516-571-3817