

DUI on GHB – Indicators to Evaluate

GHB is a behavioral Central Nervous System (CNS) depressant that can diminish a person's concentration and impair physical coordination. Driving while intoxicated on GHB can cause a driver to pass in and out of consciousness or suddenly lose consciousness at the wheel. A person may think that the drug has worn off and it's safe to drive or may be an addict with tolerance, but GHB has additional residual effects that can impair driving ability. Because GHB can cause amnesia, an impaired driver may have little or no recall of events that occurred before and during the traffic stop, booking and/or an accident. The driver may appear confused and have difficulty answering simple questions (some may be able to answer simple questions but not complex questions) or may give repetitive answers to questions.

At lower doses, GHB has a euphoric effect similar to alcohol intoxication, and can lower inhibitions and increase libido. It can also cause drowsiness, nausea, increased confidence, and dizziness. Higher doses can cause sleepiness, nausea, vomiting, seizure-like movements and confusion. It can also bring on respiratory failure, coma, or death. GHB coma (loss of consciousness) is potentially life-threatening; transport or call for immediate medical treatment. One unique indicator of GHB can be episodes of dramatic, brief loss of muscle control (cataplexy), ranging from a sudden head snap to a complete collapse to the ground and rapid recovery. Another unique feature is a potentially rapid resolution of effects, especially in individuals using only GHB, with no other intoxicants. A person may appear intoxicated and foggy or shallow in conversation and suddenly become quite sober. In some cases, individuals may be comatose and suddenly snap awake. Resolution of effects typically occurs approximately four hours after ingestion. GHB—if taken alone—is known for its lack of hangover effects. Combining GHB with alcohol or another CNS depressant can intensify the effects and increase the risk of an overdose leading to respiratory failure and death.

The effects of GHB may vary each time a person uses it, and it may cause different effects in different people. Effects typically begin from 5-30 minutes after ingestion and are typically resolved within four to eight hours. GHB has a steep dose-response threshold, meaning that just a little too much can cause a dramatic increase in effects. Thus, because users commonly re-dose in order to get additional or faster onset of effects, overdose is common, and may result in abrupt loss of consciousness. Additional adverse effects include nausea, vomiting, dizziness, drowsiness, impaired vision, loss of coordination, agitation, combativeness, seizure-like effects, coma, respiratory depression, and death. GHB intoxication can mimic alcohol intoxication. Thus, a person who takes GHB voluntarily, or has it slipped into a drink, may appear to be under the influence of alcohol. In higher doses, the person under the influence of GHB may not experience euphoria and relaxation, but rather progress straight to severe overdose effects of respiratory depression, coma, and death.

Officers should be alert when encountering female drivers and passengers intoxicated on GHB. Evaluate appearance, behavior, and condition of clothing, and consider the possibility that she may have been a victim of a sexual assault. Clothing missing, disheveled, or worn inside out, may be indicators of assault. Because GHB frequently causes partial or even total amnesia, victims may not be aware that they have been sexually assaulted. In some cases, victims of a sexual assault have been booked as DUI's and only discovered the occurrence of sexual assault after their release from jail. By that time, GHB has been eliminated from the body and evidence of the sexual assault may have been compromised. Handling cases with this alertness will help to identify those cases in which a crime has indeed occurred and ultimately help rule out those seeking to create an excuse. Men may also be dosed for purposes of robbery, sexual assault, etc. (NOTE: A drugging victim may not be lying when she/he says "I only had two drinks" because, indeed, that may be all she/he voluntarily consumed. In some cases, a higher BAC may be due to involuntary consumption of additional alcohol subsequent to the drugging, of which the victim may be unaware. In some cases, assailants may deliberately induce the victim to consume additional alcohol, to raise the BAC and to damage the victim's credibility with police.)

GHB is eliminated from the body rapidly, so evidence and chemical tests should be obtained as quickly as possible. GHB may be detectable in blood for approximately 4 hours and in urine approximately 12 hours. Be alert for evidence of GHB on scene. GHB is kept in a variety of containers, including water/drink bottles, eye/nasal spray containers, mouthwash, nail polish remover, ink jet cartridge cleaner, “solvents” and “cleaners” or dietary supplement containers.

The GHB-intoxicated driver (or dealer or rapist) may also be addicted to GHB. In this case, it will become apparent before the booking process is over. Within a few hours of missing a dose, the addict will experience a rapid heart rate, anxiety and profuse sweating that may escalate to agitation, combativeness, tremor, sweating, and hallucinations. Symptoms may progress to severe withdrawal in one to four days, including profound agitation and combativeness, hallucinations, delirium, paranoia, and seizures. Detoxification may take up to 10-14 days and the physical withdrawal may be lethal if untreated. Medical assistance should be sought so as to provide appropriate treatment and avoid an in-custody death.

DRE Evaluation Results

Pupil Size – Generally will be normal, with a range of 3.0-6.5 mm (not a consistent indicator w/GHB)

Horizontal Gaze Nystagmus – Usually will be present

Vertical Nystagmus – May be present, especially in large dosage or with another CNS depressant or alcohol

Lack of Convergence – Will be present

Pupil’s Reaction to Direct Light – Will be slow

Pulse Rate – Usually will be down (not a consistent indicator)

Blood Pressure – Generally will be lowered (not a consistent indicator)

Temperature – May be normal (may be decreased—hypothermia is a GHB effect)

SFST’s – Impaired ability to perform the divided attention tests

General Indicators

Appearing intoxicated with no smell of an alcoholic beverage or low alcohol level

Confusion (may answer basic questions but be unable to handle complex questions)

Dizziness

Lack of Facial Expression -- blank stare

Drowsiness

Droopy Eyelids (Ptosis)

Thick, Slurred Speech

Lack of Coordination (possibly dramatic & brief loss of muscle control w/periods of recovery)

Slow, Sluggish Reactions

Flaccid Muscle Tone (but may exhibit period of rigidity at times & may be combative)

Loss of Inhibition (may include significant sexual acting out)

Amnesia—lack of recall of previous conversations with officers, for example

Overdose Signs & Symptoms

Extremely drowsy, appearing to fall asleep and may pass out

May alternate suddenly between periods of coma and agitation/combativeness

Vomiting (may lose gag reflex—keep on left side, not face down or on back)

Incontinence (fecal and/or urinary)

Heartbeat Slows (usually, but remember--can stay normal or even increase)

Respiration becomes shallow; as little as six breaths per minute is dangerously slow

Limp Body, with sporadic seizure-like effects possible

Skin feels cold and clammy

Death may result from respiratory failure

For more information on GHB, visit www.projectghb.org Or, contact Trinka@projectghb.org

Vaughn Gates - DRE Instructor/Trinka Porrata – Drug Consultant/ Dr. Deborah Zvosec –Researcher