

FILED
05-10-2023

Clerk of Circuit Court

Brown County, WI

2022CF000998

STATE OF WISCONSIN

CIRCUIT COURT
BRANCH II

BROWN COUNTY

STATE OF WISCONSIN,

Plaintiff,

CASE NO. 22-CF-363

vs.

TAYLOR DENISE SCHABUSINESS,

Defendant.

MOTION TO SUPPRESS STATEMENTS

TO: BROWN COUNTY DISTRICT ATTORNEY

The defendant, Taylor Denise Schabusiness, appearing by and through her attorney, Christopher T. Froelich, and reserving her right to challenge the court's jurisdiction, moves the court for an order excluding as evidence all statements, oral or written, allegedly made by the defendant to law enforcement officers, including GBPD Officer Garth Russell or any other governmental officials with the Green Bay Police Department or their agents on February 22, 2022, February 23, 2022 or any other dates. This motion is brought pursuant to Wis. Stats. 971.31(3) and (4), on the grounds that the statements were obtained in violation of the rights guaranteed the defendant under the 4th, 5th, 6th and 14th Amendments to the United States Constitution; article I, sections 1, 2, 7, 8, 9, and 11 of the Wisconsin Constitution; and Harris v. New York, 401 U.S. 222 (1971), Terry v. Ohio, 392 U.S. 1 (1968), Miranda v. Arizona, 384 U.S. 436 (1966), Lynumn v. Illinois, 372 U.S. 528 (1963), Mapp v. Ohio, 367 U.S. 643 (1961), Trupiano v. United States, 334 U.S. 699 (1948), Brown v. Mississippi, 297 U.S. 278 (1936), Weeks v. United States, 232 U.S. 383 (1914), Upchurch v. State, 64 Wis. 2d 553, 219 N.W.2d 363 (1974), Ameen v. State, 51 Wis.2d 175, 186 N.W.2d 206 (1971), and State ex. rel. Goodchild v. Burke, 27 Wis.2d 244, 133 N.W.2d 753 (1965), cert. denied, 384 U.S. 1017 (1966).

Further, the defendant moves for exclusion from use as evidence all derivative evidence. Taylor v. Alabama, 457 U.S. 687 (1982); Dunaway v. New York, 442 U.S. 200 (1979); Wong Sun v. United States, 371 U.S. 471 (1963); Silverthorne v. United States, 251 U.S. 385 (1920); State v. Brady, 130 Wis.2d 443, 388 N.W.2d 151 (1986); State v. Smith, 131 Wis.2d 220, 388 N.W.2d 601 (1986); State v. Flynn, 92 Wis.2d 427, 285 N.W.2d 710 (1979), cert. denied, 449 U.S. 846 (1980).

The defense seeks to formally dismiss any and all statements allegedly made by the defendant, including but not limited to the following:

- A. The defense seeks to dismiss or suppress any and all statements allegedly made by the defendant to GBPD Officer Garth Russell on or about February 23, 2022 as she emerged and walked outside from the apartment building at 2353 Eastman Avenue, Green Bay, Wisconsin. The defense asserts that the **defendant was in-custody when the officer asked her questions about whether she knew why officers were there**. The defense asserts that there was a **custodial interrogation** when the officer had contact with the defendant outside the Eastman Avenue apartment building and during transport to the station.
- B. The defense seeks to dismiss or suppress any and all statements allegedly made by the defendant to GBPD Detective Graf and GBPD Detective Kempf on or about February 23, 2022 while at the Green Bay Police Department. The defense asserts that the defendant did not make a voluntary statement to detectives because she was **allegedly under the influence of methamphetamine, trazadone and/or other substances**. The defendant was unable to knowingly, intelligently and voluntarily waive her Miranda and other constitutional rights due to her mental health condition and intoxicated state.
- C. The defense seeks to dismiss or suppress any and all statements allegedly made by the defendant to detectives during (1) **transport from the police department to the hospital**; (2) while defendant was **at the hospital** for medical treatment if questions were asked of defendant by detectives and (3) on the **return transport back from the hospital to the police station** on February 23, 2022 if questions were asked of the defendant or if there was any discussions about the events concerning the alleged homicide.
- D. The defense seeks to dismiss or suppress any and all statements allegedly made by the defendant to detectives at the Green Bay Police Department on February 23, 2022 **when the defendant returned from the hospital**. The defense asserts that the defendant's rights were violated again after custodial interrogation resumed. The defense asserts that this was a new interrogation about the alleged events once defendant arrived back at the police station. The defense asserts that any statements obtained from the defendant after she left the hospital should be suppressed if no Miranda rights were given for this **separate interview**. The defendant questions whether a separate Miranda form was presented and signed by defendant when they arrived back at the station from the hospital. The defense again asserts that the defendant did not knowingly, intelligently and voluntarily waive her rights due to her ongoing mental health issues and intoxicated condition.

E. The defense seeks to formally dismiss **or suppress any and all statements made by the defendant to Det. Graf and Det. Scanlan on February 28, 2022.** The detectives went to apparently **pick-up the defendant from the Brown County Jail on February 28, 2022 and transport her to the Green Bay Police Department for further questioning.** The defendant was placed into Interview Room 2. The detectives had the purpose of asking the defendant follow-up questions regarding the investigation. The defense argues that this defendant did not make a knowing, intelligent and voluntary waiver of her rights due to her ongoing mental health issues and due to prior ongoing abuse of intoxicants.

IN FURTHER SUPPORT, the defendant asserts as follows:

1. The defendant, Taylor Denise Schabusiness, was at her residence at 2353 Eastman Avenue, Apt. #1, Green Bay, WI 54166 on **February 23, 2022. She apparently walked outside and was immediately taken into custody. The defense argues that the defendant was in custody when she was handcuffed outside the apartment building, while in the squad car and in the interview room at the Green Bay Police Station.**
2. The defendant was interviewed at the Green Bay Police Department by Detective Graf and Detective Kempf. The defendant was not immediately read her Miranda rights as she was photographed and her hands were swabbed first. The defendant did allegedly later provide a statement to detectives -- Det. Graf and Det. Kempf - on February 23, 2022 at the Green Bay Police Department. **The defense asserts that this defendant did not knowingly, intelligently and voluntarily waive her constitutional rights due to the defendant's severe mental disability and highly intoxicated condition.**
3. The defendant does have a history of genuine mental health impairments. The defendant has a substantial mental health history which the defense believes impacts her thinking and ability to comprehend. **The defense argues that defendant's mental health issues negatively affected her ability to understand questions posed to her on February 23, 2022 or to fully understand her rights. The defense argues that the defendant did not make a voluntary statement to the detectives or other police officers.**
4. The defendant was apparently the subject of a Brown County civil commitment order and a medication order. The defendant did have in-patient treatment stay at Nicolet Psychiatric Center from 03-22-21 (admit) to 04-21-21 (discharge). The mental health records from the facility indicate the defendant may have suffered from delusions, paranoia, auditory hallucinations, substance abuse and suicidal thoughts. The defense asserts that all of the defendant's mental health issues likely impeded and substantially interfered with the defendant's ability to comprehend and understand what was being asked of her by detectives and other law enforcement officers on February 23, 2022 and any other subsequent dates.

5. **The defense asserts that this defendant was likely in-custody and not free to leave on February 23, 2022 when she was questioned outside the Eastman Avenue apartment building and later at the Green Bay Police Station.** The defense argues that defendant was in custody on February 23, 2022 when she was questioned by Det. Graf, Det. Kempf or other law enforcement officers. The defense argues that the defendant's educational and cognitive levels were at a point where she was not able to knowingly, intelligently and voluntarily waive her Miranda rights. The defense argues that this defendant may have been under extreme stress and anxiety on this date (02-23-22). The defense argues that the defendant's ability to understand her rights was compromised because she was (a) in custody where she felt that she was not free to leave and felt coerced into giving a statement and (2) custodial interrogation occurred outside the Eastman Avenue apartment building on 02-23-22 when the defendant walked outside. The defense argues that this defendant could not knowingly, intelligently and voluntarily waive her constitutional rights due to her impaired mental health condition and due to being on 3 separate drugs. **The defense argues that GBPD detectives should have read the defendant her Miranda rights prior to any questioning each and every time questions were posed to her on February 23, 2022 and the failure to do so by GBPFD detectives or officers should result in suppression of any statements given.** The defendant's ability to concentrate, ability to focus and maintain attention were all substantially impacted by the defendant's ongoing mental health issues, psychosis and highly intoxicated or drugged state. The defense attaches Exhibit B (Article on short-term and long-term effects of methamphetamine – from the National Institute on Drug Abuse) and Exhibit A (Article on Trazadone from Medline Plus) which articles show the effects of each particular drug.
6. **The defendant was likely under the influence of methamphetamine.** The defendant allegedly told detectives that she shot herself up with Trazadone. The defendant apparently crushed the Trazadone pills and stated that she used a hypodermic needle to inject herself. The defendant asserts that the defendant was highly intoxicated when detectives questioned her on February 23, 2022 such that she was unable to fully understand her constitutional rights. The defense argues that the defendant was not able to competency waive her rights due to her compromised condition .
7. The defense asserts that the defendant was pressured and coerced into waiving her Miranda rights and giving a statement on February 23, 2022. **The defense asserts that any statements given by the defendant, Taylor Denise Schabusness, were the product of coercion, pressure, undue influence and intimidation.** The defense argues that the defendant did not fully understand her constitutional rights, including her right to have a lawyer and her right to remain silent. The defense argues that the defendant was not in the right frame of mind on February 23, 2022 to be able to properly assess her constitutional rights due to her mental health issues and highly intoxicated state. The defendant was evaluated by Dr. Christina M.H. Engen, Ph.D. which confirmed that the defendant does have a history of mental health issues.

8. The defense argues that this defendant did not fully understand all of her constitutional rights as it related to her right to remain silent, right to counsel and it is asserted that defendant did not understand that she did not have to answer any questions. The defense argues that this defendant did not understand that she could have a lawyer present prior to questioning on February 23, 2022. The defense argues that the defendant's statements were the product of coercion. **The defense argues that the defendant was an easy target on February 23, 2022 because she was all by herself outside the apartment building high on methamphetamine and other substances.** The defense argues that this defendant was in the custody of the police officers with no lawyer to advise her of her constitutional rights. The defense argues that the defendant's prior mental health history, substance abuse problems, behavioral issues, psychiatric issues including a likely prior civil commitment and other cognitive issues all contributed to the defendant's lack of understanding of her constitutional rights.
9. The defense asserts that the defendant was coerced into talking and answering questions on February 23, 2022. The defense asserts that the defendant was in the custody of law enforcement on February 23, 2022 with no where to go and nobody to confer with. The defense argues that the officers knew they were going to arrest the defendant on February 23, 2022 when they came to the Eastman Avenue apartment because there was a warrant. Upon belief, no Miranda warnings were given to the defendant at the scene of her arrest outside the Eastman Avenue apartment.
10. **The defendant was reportedly placed into an interview room at the Green Bay Police Department on February 23, 2022. It was apparently decided that a female officer respondent to the GBPD station so that the defendant could apparently change clothes. While waiting for the female officer, Det. Graf and Det. Kempf had contact with the defendant. Det. Kempf apparently took several photographs of the defendant without a search warrant. Apparently, the detectives may have asked the defendant about cuts and scratches without first advising the defendant of her Miranda rights. The detective (Det. Graf) explained that he would like to take a sample of the defendant's DNA likely without giving Miranda warnings first.**
11. **The defense argues that the defendant was in-custody at that time and Miranda warnings should have been given to defendant first before any questions were posed to her. Custodial interrogation is inherently coercive which is why Miranda warnings should have been given before asking her questions.**
12. The detectives did take swabs of the defendant's palm and both hands by using distilled water at the GBPD station. The defense seeks to suppress any answers or comments made by the defendant during this process as it appears that no Miranda warnings were given to the defendant. The defense asserts that the swabs of the defendant's palms and hands violated her constitutional rights as the detectives: (a) did not have a search warrant at that point to conduct the swabs of Ms. Schabusness'

palms and hands or (b) to seize, take control of and search the defendant's articles of clothing. Officer Russell collected the remainder of Ms. Schabus' clothes.

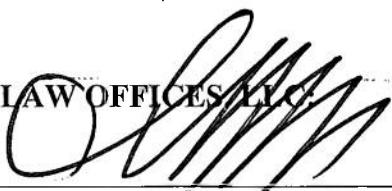
13. The defense argues that this defendant did not fully appreciate or understand any her constitutional rights prior to questioning. The defense argues that this defendant had diminished capacity on February 23, 2022 due to her extremely high level of intoxication such that she was unable to understand her rights. The defendant was apparently handcuffed and arrested outside her Eastman Avenue apartment on February 23, 2022.

The defense seeks to have all of the defendant's statements to law enforcement officers suppressed as evidence at trial. The defense requests a full evidentiary hearing to address this motion. The Court has scheduled a motion hearing for June 13, 2023 at 8:30 a.m. in Branch II.

Dated this 9th day of May, 2023.

Address:
125 S. Quincy Street
Green Bay, WI 54301
(920) 430-9640
SBN #01000834

FROELICH LAW OFFICES, LLC

By: 

Christopher T. Froelich
Attorney for Defendant



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URL of this page: <https://medlineplus.gov/druginfo/meds/a681038.html>

Trazodone

pronounced as (traz' oh done)

IMPORTANT WARNING:

A small number of children, teenagers, and young adults (up to 24 years of age) who took antidepressants ('mood elevators') such as trazodone during clinical studies became suicidal (thinking about harming or killing oneself or planning or trying to do so). Children, teenagers, and young adults who take antidepressants to treat depression or other mental illnesses may be more likely to become suicidal than children, teenagers, and young adults who do not take antidepressants to treat these conditions. However, experts are not sure about how great this risk is and how much it should be considered in deciding whether a child or teenager should take an antidepressant. Children younger than 18 years of age should not normally take trazodone, but in some cases, a doctor may decide that trazodone is the best medication to treat a child's condition.

You should know that your mental health may change in unexpected ways when you take trazodone or other antidepressants even if you are an adult over age 24. You may become suicidal, especially at the beginning of your treatment and any time that your dose is increased or decreased. You, your family, or your caregiver should call your doctor right away if you experience any of the following symptoms: new or worsening depression; thinking about harming or killing yourself, or planning or trying to do so; extreme worry; agitation; panic attacks; difficulty falling asleep or staying asleep; aggressive behavior; irritability; acting without thinking; severe restlessness; and frenzied abnormal excitement. Be sure that your family or caregiver knows which symptoms may be serious so they can call the doctor when you are unable to seek treatment on your own.

Your healthcare provider will want to see you often while you are taking trazodone, especially at the beginning of your treatment. Be sure to keep all appointments for office visits with your doctor.

The doctor or pharmacist will give you the manufacturer's patient information sheet (Medication Guide) when you begin treatment with trazodone. Read the information carefully and ask your doctor or pharmacist if you have any questions. You also can obtain the Medication Guide from the FDA website:

<http://www.fda.gov/Drugs/DrugSafety/ucm085729.htm>

[<http://www.fda.gov/Drugs/DrugSafety/ucm085729.htm>].

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No matter your age, before you take an antidepressant, you, your parent, or your caregiver should talk to your doctor about the risks and benefits of treating your condition with an antidepressant or with other treatments. You should also talk about the risks and benefits of not treating your condition. You should know that having depression or another mental illness greatly increases the risk that you will become suicidal. This risk is higher if you or anyone in your family has or has ever had bipolar disorder (mood that changes from depressed to abnormally excited) or mania (frenzied, abnormally excited mood) or has thought about or attempted suicide. Talk to your doctor about your condition, symptoms, and personal and family medical history. You and your doctor will decide what type of treatment is right for you.

Why is this medication prescribed?

Trazodone is used to treat depression. Trazodone is in a class of medications called serotonin modulators. It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance.

How should this medicine be used?

Trazodone comes as a tablet to take by mouth. The tablet is usually taken with a meal or light snack two or more times a day. To help you remember to take trazodone, take it around the same time(s) every day. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Take trazodone exactly as directed. Do not take more or less of it, take it more often, or take it for a longer time than prescribed by your doctor.

Swallow the tablets whole or broken in half on the score mark.

Your doctor may start you on a low dose of trazodone and gradually increase your dose, not more than once every 3 to 4 days. Your doctor may decrease your dose once your condition is controlled.

Trazodone controls depression, but does not cure it. It may take 2 weeks or longer before you feel the full benefit of trazodone. Continue to take trazodone even if you feel well.

Do not stop taking trazodone without talking to your doctor. If you suddenly stop taking trazodone, you may experience withdrawal symptoms such as dizziness; nausea; headache; confusion; anxiety; agitation; difficulty falling asleep or staying asleep; extreme tiredness; seizures; pain, burning, or tingling in the hands or feet; frenzied or abnormally excited mood; ringing in the ears; or sweating. Your doctor will probably decrease your dose gradually.

Other uses for this medicine

Trazodone is also sometimes used to treat insomnia and schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions); anxiety (excessive worry).

Trazodone is also sometimes used to control abnormal, uncontrollable movements that may be experienced as side effects of other medications and for the management of alcohol dependence. Talk to your doctor about the possible risks of using this medication for your condition.

This medication may be prescribed for other uses. Ask your doctor or pharmacist for more information.

What special precautions should I follow?

Before taking trazodone,

- tell your doctor and pharmacist if you are allergic to trazodone or any other medications.
- tell your doctor if you are taking a monoamine oxidase (MAO) inhibitor, such as isocarboxazid (Marplan), linezolid, methylene blue, phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate), or if you have stopped taking one of these medications within the past 14 days. Your doctor will probably tell you that you should not take trazodone. If you stop taking trazodone, your doctor will tell you that you should wait at least 14 days before you start to take an MAO inhibitor.
- tell your doctor and pharmacist what other prescription and nonprescription medications, vitamins, and nutritional supplements you are taking or plan to take. Be sure to mention any of the following: amiodarone (Nexterone, Pacerone); anticoagulants ('blood thinners') such as warfarin (Coumadin, Jantoven); antifungals such as itraconazole (Sporanox, Tolsura), ketoconazole, or voriconazole (Vfend); aspirin and other NSAIDs such as ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn); buspirone; carbamazepine (Carbatrol, Equetro, Tegretol, others); chlorpromazine; clarithromycin (Biaxin); clopidogrel (Plavix); dabigatran (Pradaxa); digoxin (Lanoxin); disopyramide (Norpace); diuretics ('water pills'); fentanyl (Actiq, Duragesic, Fentora, Subsys); indinavir (Crixivan); lithium (Lithobid); medications for anxiety, irregular heartbeat, mental illness or pain; medications for migraine headaches such as almotriptan, eletriptan (Relpax), frovatriptan (Frova), naratriptan, rizatriptan (Maxalt), and sumatriptan (Imitrex); phenobarbital; phenytoin (Dilantin, Phenytek); procainamide; quinidine (in Nuedexta); rifampin (Rifadin, Rimactane); rivaroxaban (Xarelto); sedatives; selective serotonin reuptake inhibitors (SSRIs) such as citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), fluvoxamine (Luvox), paroxetine (Paxil, Pexeva), and sertraline (Zoloft); tranquilizers; sotalol (Betapace, Sorine, Sotylyze); thioridazine; tramadol (Conzip, Qdola, Ultram, in Ultracet); tricyclic antidepressants such as amitriptyline, amoxapine (Asendin), clomipramine (Anafranil), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline, and trimipramine; or ziprasidone (Geodon). Your doctor may need to change the doses of your medications or monitor you carefully for side effects. Many other medications may also interact with trazodone, so be sure to tell your doctor about all the medications you are taking, even those that do not appear on this list.
- tell your doctor what herbal products and nutritional supplements you are taking, especially St. John's wort and tryptophan.
- tell your doctor if you or anyone in your family has or has ever had long QT syndrome (a rare heart problem that may cause irregular heartbeat, fainting, or sudden death), if you have ever had a heart attack, or if you have a low level of sodium in your blood. Also tell your doctor if you drink or have ever drunk large amounts of alcohol, or if you have or have ever had high blood pressure; bleeding problems; sickle cell anemia (a disease of the red blood cells); multiple myeloma (cancer of the plasma cells); leukemia (cancer of the white blood cells); cavernosal fibrosis or Peyronie's disease (conditions that affects the shape of the penis such as angulation); or heart, liver, or kidney disease.
- tell your doctor if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking trazodone, call your doctor.
- if you are having surgery, including dental surgery, tell the doctor or dentist that you are taking trazodone.
- you should know that trazodone may make you drowsy and affect your judgment, thinking, and movements. Do not drive a car or operate machinery until you know how this medication affects you.
- ask your doctor about the safe use of alcoholic beverages while you are taking trazodone. Alcohol can make the side effects from trazodone worse.
- you should know that trazodone may cause dizziness, lightheadedness, and fainting when you get up too quickly from a lying position. To avoid this problem, get out of bed slowly, resting your feet on the floor for a

few minutes before standing up.

- you should know that trazodone may cause angle-closure glaucoma (a condition where the fluid is suddenly blocked and unable to flow out of the eye causing a quick, severe increase in eye pressure which may lead to a loss of vision). Talk to your doctor about having an eye examination before you start taking this medication. If you have nausea, eye pain, changes in vision, such as seeing colored rings around lights, and swelling or redness in or around the eye, call your doctor or get emergency medical treatment right away.

What special dietary instructions should I follow?

Talk to your doctor about eating grapefruit and drinking grapefruit juice while taking this medicine.

What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

What side effects can this medication cause?

Trazodone may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away:

- nausea
- vomiting
- diarrhea
- constipation
- changes in appetite or weight
- weakness or tiredness
- nervousness
- dizziness or lightheadedness
- nightmares
- muscle pain
- dry mouth
- rash
- sexual problems in males; decreased sex drive, inability to get or keep an erection, or delayed or absent ejaculation
- sexual problems in females; decreased sex drive, or delayed orgasm or unable to have an orgasm
- uncontrollable shaking of a part of the body
- stuffy nose
- tired, red, or itchy eyes

Some side effects can be serious. If you experience any of the following symptoms or those listed in the IMPORTANT WARNING or SPECIAL PRECAUTIONS sections, call your doctor immediately or get emergency medical treatment:

- chest pain
- fast, pounding, or irregular heartbeat
- loss of consciousness (coma)
- fever, sweating, confusion, fast or irregular heartbeat, and severe muscle stiffness or twitching, agitation, hallucinations, loss of coordination, nausea, vomiting, or diarrhea
- fainting
- seizures
- shortness of breath
- unusual bruising or bleeding
- nosebleeds
- small red or purple dots on the skin
- erection lasting more than 6 hours
- headache
- problems with thinking, concentration, or memory
- weakness
- problems with coordination

Trazodone can cause painful, long lasting erections in males. In some cases emergency and/or surgical treatment has been required and, in some of these cases, permanent damage has occurred. Talk to your doctor about the risk of taking trazodone.

Trazodone may cause other side effects. Call your doctor if you have any unusual problems while taking this medication.

If you experience a serious side effect, you or your doctor may send a report to the Food and Drug Administration's (FDA) MedWatch Adverse Event Reporting program online (<http://www.fda.gov/Safety/MedWatch>) or by phone (1-800-332-1088).

What should I know about storage and disposal of this medication?

Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from light, excess heat, and moisture (not in the bathroom).

Unneeded medications should be disposed of in special ways to ensure that pets, children, and other people cannot consume them. However, you should not flush this medication down the toilet. Instead, the best way to dispose of your medication is through a medicine take-back program. Talk to your pharmacist or contact your local garbage/recycling department to learn about take-back programs in your community. See the FDA's Safe

Disposal of Medicines website (<http://goo.gl/c4Rm4p> [<http://goo.gl/c4Rm4p>]) for more information if you do not have access to a take-back program.

It is important to keep all medication out of sight and reach of children as many containers (such as weekly pill minders and those for eye drops, creams, patches, and inhalers) are not child-resistant and young children can open them easily. To protect young children from poisoning, always lock safety caps and immediately place the medication in a safe location – one that is up and away and out of their sight and reach.

<http://www.upandaway.org> [<http://www.upandaway.org>]

In case of emergency/overdose

In case of overdose, call the poison control helpline at 1-800-222-1222. Information is also available online at <https://www.poisonhelp.org/help> [<https://www.poisonhelp.org/help>]. If the victim has collapsed, had a seizure, has trouble breathing, or can't be awakened, immediately call emergency services at 911.

Symptoms of overdose may include:

- vomiting
- drowsiness
- changes in heartbeat
- seizures
- difficulty breathing
- painful erection that does not go away

What other information should I know?

Keep all appointments with your doctor.

Do not let anyone else take your medication. Ask your pharmacist any questions you have about refilling your prescription.

It is important for you to keep a written list of all of the prescription and nonprescription (over-the-counter) medicines you are taking, as well as any products such as vitamins, minerals, or other dietary supplements. You should bring this list with you each time you visit a doctor or if you are admitted to a hospital. It is also important information to carry with you in case of emergencies.

Brand names

- Desyrel®†
- Oleptro®
- Trialodine®†

¶ This branded product is no longer on the market. Generic alternatives may be available.

Last Revised - 01/15/2022

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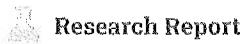


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National Institutes of Health



Methamphetamine Research Report

What are the immediate (short-term) effects of methamphetamine misuse?

As a powerful stimulant, methamphetamine, even in small doses, can increase wakefulness and physical activity and decrease appetite. Methamphetamine can also cause a variety of cardiovascular problems, including rapid heart rate, irregular heartbeat, and increased blood pressure. Hyperthermia (elevated body temperature) and convulsions may occur with methamphetamine overdose, and if not treated immediately, can result in death.^{37,38}

The exact mechanisms whereby drugs like methamphetamine produce euphoria (the pleasurable high) are still poorly understood. But along with euphoria, methamphetamine use releases very high levels of the neurotransmitter dopamine in the reward circuit, which "teaches" the brain to repeat the pleasurable activity of taking the drug. Dopamine is involved in motivation and motor function and its release in the reward circuit is a defining feature of addictive drugs. The elevated release of dopamine produced by methamphetamine is also thought to contribute to the drug's deleterious effects on nerve terminals in the brain.

Short-term effects may include:

- increased attention and decreased fatigue
- increased activity and wakefulness
- decreased appetite
- euphoria and rush
- increased respiration
- rapid/irregular heartbeat

Did you find what you were
looking for?

OMB#: 0925-0648 Form Approved,
Exp. Date:

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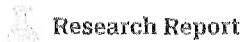
■ hyperthermia

October 2019

Did you find what you were
looking for?

Yes

No



Methamphetamine Research Report

What are the long-term effects of methamphetamine misuse?

Long-term methamphetamine abuse has many negative consequences, including addiction. Addiction is a chronic, relapsing disease, characterized by compulsive drug seeking and use and accompanied by functional and molecular changes in the brain.

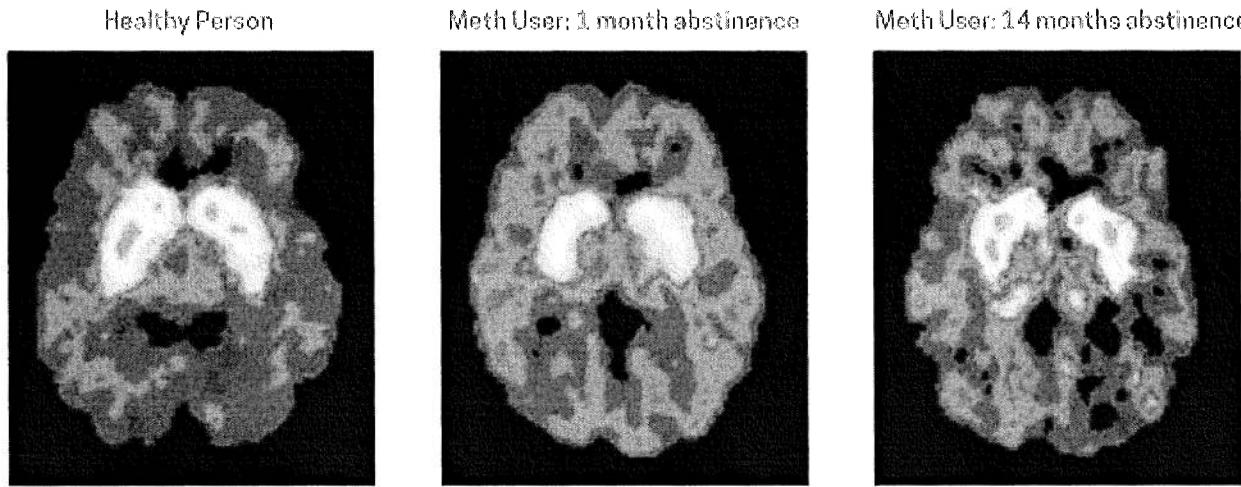
As is the case with many drugs, tolerance to methamphetamine's pleasurable effects develops when it is taken repeatedly. Abusers often need to take higher doses of the drug, take it more frequently, or change how they take it in an effort to get the desired effect. Chronic methamphetamine abusers may develop difficulty feeling any pleasure other than that provided by the drug, fueling further abuse. Withdrawal from methamphetamine occurs when a chronic abuser stops taking the drug; symptoms of withdrawal include depression, anxiety, fatigue, and an intense craving for the drug.⁴³

In addition to being addicted to methamphetamine, people who use methamphetamine long term may exhibit symptoms that can include significant anxiety, confusion, insomnia, mood disturbances, and violent behavior.⁴⁷ They also may display a number of psychotic features, including paranoia, visual and auditory hallucinations, and delusions (for example, the sensation of insects creeping under the skin).⁴⁸ Psychotic symptoms can sometimes last for months or years after a person has quit using methamphetamine, and stress has been shown to precipitate spontaneous recurrence of methamphetamine psychosis in people who use methamphetamine and have previously experienced psychosis.⁴⁹

These and other problems reflect significant changes in the brain caused by misuse of methamphetamine. Neuroimaging studies have demonstrated alterations in the activity of the dopamine system that are associated with reduced motor speed and impaired verbal learning.^{6,7,8} Studies in chronic methamphetamine users have also revealed severe structural and functional

changes in areas of the brain associated with emotion and memory, which may account for many of the emotional and cognitive problems observed in these individuals.^{9,10,11}

Research in primate models has found that methamphetamine alters brain structures involved in decision-making and impairs the ability to suppress habitual behaviors that have become useless or counterproductive. The two effects were correlated, suggesting that the structural change underlies the decline in mental flexibility.¹² These changes in brain structure and function could explain why methamphetamine addiction is so hard to treat and has a significant chance of relapse early in treatment.



Recovery of Brain Dopamine Transporters in Chronic Methamphetamine (METH) Users

Methamphetamine misuse greatly reduces the binding of dopamine to dopamine transporters (highlighted in red and green) in the striatum, a brain area important in memory and movement. With prolonged abstinence, dopamine transporters in this area can be restored.

Methamphetamine misuse also has been shown to have negative effects on non-neuronal brain cells called microglia. These cells support brain health by defending the brain against infectious agents and removing damaged neurons. Too much activity of the microglial cells, however, can assault healthy neurons. A study using brain imaging found more than double the levels of microglial cells in people who previously misused methamphetamine compared to people with no history of methamphetamine misuse, which could explain some of the neurotoxic effects of methamphetamine.¹³

Some of the neurobiological effects of chronic methamphetamine misuse appear to be, at least, partially reversible. In the study just mentioned, abstinence from methamphetamine resulted in less excess microglial activation over time, and users who had remained methamphetamine-free for 2 years exhibited microglial activation levels similar to the study's control subjects.¹⁴ A similar study

found that while biochemical markers for nerve damage and viability persist in the brain through 6 months of abstinence from methamphetamine, those markers return to normal after a year or more without taking the drug.¹⁵ Another neuroimaging study showed neuronal recovery in some brain regions following prolonged abstinence (14 but not 6 months).¹⁶ This recovery was associated with improved performance on motor and verbal memory tests. Function in other brain regions did not recover even after 14 months of abstinence, indicating that some methamphetamine-induced changes are very long lasting. Methamphetamine use can also increase one's risk of stroke, which can cause irreversible damage to the brain. A recent study even showed higher incidence of Parkinson's disease among past users of methamphetamine.¹⁷

In addition to the neurological and behavioral consequences of methamphetamine misuse, long-term users also suffer physical effects, including weight loss, severe tooth decay and tooth loss, and skin sores.³⁸ The dental problems may be caused by a combination of poor nutrition and dental hygiene as well as dry mouth and teeth grinding caused by the drug. Skin sores are the result of picking and scratching the skin to get rid of insects imagined to be crawling under it.³⁸

Long-term effects may include:

- addiction
- psychosis, including:
 - paranoia
 - hallucinations
 - repetitive motor activity
- changes in brain structure and function
- deficits in thinking and motor skills
- increased distractibility
- memory loss
- aggressive or violent behavior
- mood disturbances
- severe dental problems
- weight loss

October 2019