

Cocaine-Induced Psychosis, Frustrated Suicide with a Firearm and Subsequent Conviction for Attempted Homicide

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Abstract

From the presentation and the clinical-legal analysis of the case, the following conclusions can be drawn: The hopelessness and anguish typical of major depressive disorders with severe symptoms are important in terms of the possibility of suicidal risk. A case of suicide by the combined use of massive cocaine ingestion and a firearm shot in the chest of the suicide is illustrated, having survived the impact of the firearm due to the mechanical and pathological action of the massive ingestion of the cocaine substance in the body in a chronic addict-dependent subject.

Keywords: Toxic psychosis • Cocaine • Frustrated suicide • Homicide attempt • Major depression • Desperation • Firearm

Introduction

Major depressive disorders of severe intensity are the psychopathological clinical entities that have a greater probability of leading to suicide. In the development of this type of suicide-related thoughts there is the pernicious influence of a lack of hope. Thus, hopelessness or negative expectations about the future are possibly the most important predictors of suicide risk in depressive disorders that present suicidal contemplations. [1-5]

Alcohol and illicit drug use are major modifiable risk factors for suicide, the leading cause of death for men under the age of 49 and women under the age of 34 in the United Kingdom [6]. There are also high death rates among people with regular or chronic cocaine use related to traumatic deaths [7].

The Case Study

The subject, a 42-year-old man, had recently been released from his last prison term. He felt lost and disoriented in life, and decided to commit suicide "So as not to be another hindrance in the life of my family."

He said that he had planned everything in order to commit suicide: he had acquired a pistol and bought about 100 grams of cocaine [8].

During the three days prior to his suicide (frustrated), he consumed about 70 grams of cocaine (20-25 g/day).

He wanted to travel to a mountain near the town where he lived, to commit the suicide act, but for this he had to travel by motorcycling.

Throughout the interview, the subject said that "It was very clear to me I had to shoot myself in the heart, since in prison they always told me that if I put the gun to my head, the bullet might just graze me and I might not die.

After three days ingesting 70-75 grams of cocaine, I was "high" and totally "paranoid." So, I got on my motorcycle and headed up the mountain. A car was repeatedly approaching me at each red light and it seemed to me that it was chasing me.

I noticed how the occupants of the car continually laughed at me and spoke in another language. I remember losing patience. I took the pistol and fired directly and indiscriminately at the wheels of the car. I put the gun inside my jacket and started the bike again to go straight to the mountain. With my nerves, I lost my balance and fell off the bike a few metres from them. I crashed my motorcycle and due to the fall, I broke my femur in an open fracture shown in Figure 1. The bone was sticking out of my flesh and I was in a lot of pain [9]. The gun was thrown 3 or 4 metres from me and I crawled up to it. I got up as best I

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could, but fell in pain as the open fracture prevented me from standing up. On seeing that I could not continue on to my destination, I decided to do it right there, on the street. I crawled to where the gun was, touched my chest to make sure where my heart was, put the barrel against it and pulled the trigger, firing at myself shown in Figure 2. After four or five days, and to my regret, I woke up in the hospital, surrounded by police officers. I did not want to do any harm to anyone and everything had gone wrong. Now, the Public Prosecutor accuses me of four frustrated attempts of homicide of the four occupants of the car I shot" shown in Figure 3 and Figure 4.



Figure 1: Detailed photo of the state of the left lower limb after surgery for the treatment of its open fracture.



Figure 2: Detailed photo of the healed entrance orifice in the left pectoral region.



Figure 3: Detailed photo of the healed exit orifice.



Figure 4: General view of the impact point of the projectile (healed entry orifice) in the left pectoral area. The two scars on the side are the result of drainage and medical interventions.

Results and Discussion

According to the text of the sentence handed down, the following are considered as proven facts: "The subject, on a motorcycle, stood parallel to the left side of a car with four occupants of foreign nationality. The subject turned to the driver, who had the window down and said, "You're laughing at me".

Getting off the motorcycle, he went up to the vehicle, shouting: "You guys get out of the car and come here!" while gesturing with the aim of ending the driver's life, pointed the revolver at him and fired a shot that hit the door, leaving the projectile embedded in the B-pillar and causing the glass in the left rear window to break.

The subject got on the motorcycle again and, while travelling at high speed, collided with a streetlight, falling to the ground. After getting up, he picked up his revolver and fired a shot directed at his chest.

He lay on the ground until he was taken to the nearest hospital where he underwent surgery for the wounds suffered.

At the time of the events, the defendant had consumed cocaine, a circumstance that affected his abilities (cognitive and/or volitional), although without them being annulled [10].

In this case, no trial was held, and the sentence determined the conviction of the defendant "As the perpetrator responsible for the crime of attempted murder, with the existence of the cause of incomplete exemption of drug addiction from the penalty of three years imprisonment and as the perpetrator responsible for the crime of illegal possession of weapons".

Conclusion

From the presentation and the clinical-legal analysis of the case, the following conclusions can be drawn: The hopelessness and anguish typical of major depressive disorders with severe symptoms are important in terms of the possibility of suicidal risk. Suicidal thinking and planning constitute an important element in this type of psychopathological population affected by severe affective disorders. The high consumption of cocaine can cause the appearance, induction and/or manifestation of a toxic psychosis, which can not only lead to a danger of self-inflicted injury or self-harm, but also a social danger to take into consideration and that, in certain cases, can significantly affect the cognitive and/or volitional capacities with the consequent juridical-legal repercussions. Likewise, and given the high level of cocaine use, a pathophysiological involvement of some organs is possible, with repercussions on their dimensions and the displacement of contiguous structures from their usual anatomical location, which would explain the survival of the defendant's suicide attempt, since the trajectory of the projectile did not reach any vital organ.

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