## CHAPTER 3

## UNDER THE INFLUENCE OF DRUGS

## REVISED OCTOBER 2015

## TABLE OF CONTENTS

ANNEXES

## CHAPTER 3

## UNDER THE INFLUENCE OF DRUGS

1. GENERAL. An important aspect of the Department's Driving Under the Influence (DUI) Program is the identification and apprehension of individuals driving under the influence of drugs as well as alcohol. This chapter should be used by both certified Drug Recognition Evaluators (DRE) and non-DREs alike. However, whenever possible, a DRE should evaluate anyone suspected of being under the influence of drugs.

2. CENTRAL NERVOUS SYSTEM DEPRESSANTS.

a. General. There are various types of central nervous system (CNS) depressants. Included in the depressant drug category are barbiturates, non-barbiturates, anti-anxiety tranquilizers, antidepressants, anti-psychotic tranquilizers, and combinations. Alcohol is also a CNS depressant. The effects of CNS depressant use can vary not only from person to person, but from use to use. Abusers can develop tolerances for increased dosages. Depressants are almost always taken orally, although they can be injected. It takes 10 to 30 minutes for signs of influence to be observed after oral ingestion. Although there are varying time periods of influence across the spectrum of depressants, from ultra-short to long-lasting in duration, the signs of influence will generally last 1 to 16 hours for barbiturates and 4 to 8 hours for tranquilizers. Central nervous system depressants that are taken in combination with alcohol will have an addictive effect on the user.

b. Signs.

(1) The CNS depressant abuser will have the appearance of being inebriated, or "drunk." Horizontal Gaze Nystagmus (HGN) will be present; vertical nystagmus may be present with high dosages. Other signs of depressant influence may include:

(a) Distorted time perception.

(b) Lack of convergence.

(c) Lowered heart rate (below 60 beat per minute [BPM]).

(d) Impaired coordination.

(e) Lowered blood pressure (below 120/70).

(f) Droopy eyelids.

1 Exceptions.

a Both methaqualone and alcohol may cause the pulse to be elevated.

b Both methaqualone and soma may dilate the pupils.

2 With the exception of a drunken appearance, the signs of methaqualone abuse closely resemble those of CNS stimulants. It is important to not confuse the two.

c. Report Writing. Properly document all signs of depressant influence in the arrest report using lay terms. In most cases, the report will document a description similar to alcohol impairment/intoxication.

d. Chemical Test. A blood test is the preferred test for detecting CNS depressant influence. It may take one to two hours after ingestion before these drugs can be detected.

e. Enforcement.

(1) Section 23152(e) of the California Vehicle Code (CVC) is the section for drivers under the influence of a depressant, other than alcohol.

(2) Section 647(f) of the Penal Code (PC) is the section for depressant-intoxicated passengers/pedestrians; Section 11550(a) of the Health and Safety Code (H&S) applies to methaqualone intoxication.

3. CENTRAL NERVOUS SYSTEM STIMULANTS.

a. General. Although there are many types of CNS stimulants, cocaine, amphetamines, and methamphetamines are the most commonly abused. Each comes in various forms and may be smoked, snorted, injected, or taken orally. The method of ingestion determines how quickly the abuser will feel the effects of the drug and the intensity of the “rush,” but will not affect the outward signs of influence. The plasma life, or period of time the individual is under the influence after ingestion, is dependent upon the manner of ingestion (e.g., smoked or snorted) and generally lasts 5 to 90 minutes with cocaine, 4 to 8 hours with amphetamines, and 12 hours with methamphetamines.

b. Signs.

(1) Cocaine/amphetamine/methamphetamine influence is characterized by:

(a) Dilated pupils larger than 6.5 millimeters (mm), eyelid tremors.

(b) Elevated heart rate above 90 BPM.

(c) Distorted time perception.

(d) Restless, irritable, paranoid.

(e) Sweating, flushed face.

(f) Debris in nose, irritation to septum.

(g) Blisters on tongue.

(h) Rapid speech, grinding of teeth.

(i) Muscle rigidity, leg tremors, rapid movements, inability to sit or stand still.

(j) Elevated blood pressure above 140/90.

(k) Elevated body temperature.

(l) Burned and callused fingers and thumb.

(m) Injection sites.

(2) As a reminder, pupils will range in size from 3.0 mm to 6.5 mm, depending on lighting conditions. To obtain an accurate estimate of pupil size, a pupilometer must be used, and both pupils must be estimated. The dilated pupils of a CNS stimulant user will have a slow reaction to light stimuli.

c. Report Writing. Properly document all signs of CNS stimulant influence in the arrest report using lay terms. Photograph injection sites and, if possible, photograph the nose when debris can be clearly seen. The debris in the nose is normally the cutting agent, as the drug has been absorbed through the nasal membranes to cause the intoxication. For an arrest under Section 11550(a) H&S, specify the arrestee is under the influence of a CNS stimulant in the report.

d. Additional Considerations. It is not uncommon to encounter stimulant users who display signs of psychological depression. This is most common with chronic users. In addition to psychological depression, it should also be noted that there are other causes of dilated pupils which include, but are not limited to:

(1) Flight/fear (e.g., gun pointed at them).

(2) Congenital defects.

(3) Eye injury.

(4) Medication used by optometrists and ophthalmologists.

e. Chemical Test. A blood test is the preferred test for detecting CNS stimulant influence. It may take one to two hours after ingestion before these drugs can be detected in the blood.

f. Enforcement.

(1) Any person driving a vehicle under the influence of a CNS stimulant is in violation of Section 23152(e) CVC, and 11550 (a) H&S.

(2) Any person, not driving, who is determined to be under the influence of cocaine/amphetamine/methamphetamine is in violation of Section 11550(a) H&S.

(3) Possession of a hypodermic needle or a syringe is a violation of Section 4140 Business and Professions Code (BPC). Possession of instruments for smoking or injecting a controlled substance is a violation of Section 11364 H&S.

4. NARCOTIC ANALGESICS.

a. General. Powdered opium, morphine, codeine, dilaudid, Darvon, and the fentanyls are all members of the narcotic analgesics family. The most commonly abused narcotic analgesic is heroin (diacetylmorphine).

b. Signs. Heroin users generally experience certain psychophysical effects immediately after ingestion. These effects include a feeling of pleasure or euphoria, relief from withdrawal symptoms, and relief from pain. Heroin is most commonly injected; however, it can also be smoked, snorted, or taken orally. Physical effects typically will become evident within 15 to 30 minutes after ingestion. However, the effects the narcotic analgesic user will experience and exhibit depend on the tolerance the user has developed for the drug. The sign most commonly present when a heroin user is under the influence is both pupils

are constricted. The subject's constricted pupils will have little or no apparent reaction to light stimuli. Another sign is a recent injection site overlying a vein. Injection sites are most commonly located in the inner fold of the arms, the forearms, the legs, and the sides of the neck. A recent injection site will appear as a red dot and may still ooze blood or clear body fluid. The period of influence after the injection of heroin is four to six hours. A user will also exhibit some or all of the following signs:

(1) Sleepy appearance, droopy eyelids (on-the-nod).

(2) Slow, deliberate speech.

(3) Low blood pressure (below 120/70).

(4) Lowered heart rate (below 60 BPM).

(5) Lowered body temperature.

(6) Slow, deliberate body movements.

(a) An accurate method of measuring pupil size is with a pupilometer. Because a normal pupil can constrict to 3.0 mm in bright light, the pupil size must be estimated using a pupilometer and a penlight or similar light source in a darkened room. Use just enough light from the flashlight to see the pupil and compare it to the pupilometer. As a general, pupils will constrict (get smaller) in bright light, and dilate (get larger) in darkness.

c. Additional Considerations. Non-narcotic analgesic causes of constricted pupils include, but are not limited to:

(1) Glaucoma medication.

(2) Advanced stages of syphilis.

(3) Eye injury.

(4) Congenital eye conditions.

(5) Mature age (65+ years).

NOTE: Most of these conditions will cause only one eye to constrict.

d. Report Writing. Document the signs of narcotic analgesic influence in the arrest report using lay terms. Never use the term "pinpointed" or "fixed" to describe constricted pupils. Never use the term "needle mark" to describe an

injection site; use the term “puncture wound.” Pictures should be taken of injection sites, if practical.

e. Chemical Test. A blood test is the preferred test for detecting narcotic analgesic influence. It may take four to six hours after ingestion before these drugs can be detected in the blood.

f. Enforcement.

(1) Any person driving under the influence of a narcotic analgesic is in violation of Section 23152(e) CVC and 11550 (a) H&S.

(2) Any person not driving a motor vehicle who is determined to be under the influence of a narcotic analgesic is in violation of Section 11550(a) H&S.

(3) Possession of a hypodermic needle, syringe or possession of instruments for smoking or injecting controlled substances is a violation of Section 11364 H&S.

(4) It is unlawful for any person who is addicted to the use of any drug to drive a motor vehicle, per Section 23152(c) VC.

(a) It is not necessary to show impairment at the time of the stop. However, this section shall not apply to a person who is participating in an approved narcotic treatment program.

5. DISSOCIATIVE ANESTHETICS.

a. General. Dissociative anesthetics are produced in liquid, powder, or crystalline form, and are almost always ingested through smoking. The main drug in this category is phenylcyclohexyl piperidine (PCP). Phenylcyclohexyl piperidine can be applied to a variety of vegetable leafy substances such as parsley, tobacco, or marijuana. The substances can then be smoked in a pipe or cigarette. Although not as common as smoking, dissociative anesthetics can also be snorted, taken orally, or injected. The effects can generally be felt within 1 to 5 minutes after ingestion, and reach their peak in about 15 to 30 minutes, and generally last 4 to 6 hours, but can last longer. Other drugs in this category are ketamine and dextromethorphan.

(1) Ketamine - An analog of lysergic acid diethylamide (commonly known as “LSD”), still used in pediatric and animal surgery.

(2) Dextromethorphan - Commonly found in cough and cold medicines sold over the counter in stores (e.g., Coricidin and Robitussin).

b. Signs. Dissociative anesthetics influence is characterized by the early onset of HGN and vertical nystagmus. The user will generally have an elevated heart rate above 90 BPM; elevated blood pressure, above 140/90, as well as:

(1) Paranoid hallucinations.

(2) Sweating, elevated body temperature, body may be hot to the touch.

(3) Green coating on the tongue (generally seen if smoked with cannabis, which is common).

(4) Impaired coordination, “moon walk” robotic movements.

(5) Muscle rigidity.

(6) Slow, slurred repetitive speech.

(7) Chemical odor sometimes associated with ether.

(8) Blank stare.

c. Precautions. Dissociative anesthetics can cause users to become agitated or excited, and when consumed in high dosages can produce hallucinations. Therefore, a suspected user should be dealt with cautiously. The anesthetic properties greatly increase the user’s threshold for pain. Do not shine bright lights in the user’s eyes, nor subject users to sudden loud noises. Dissociative anesthetics can be absorbed through skin contact; therefore, substances suspected of containing dissociative anesthetics should always be handled carefully. When dealing with a suspect showing signs of dissociative anesthetics influence, you should not attempt to make the arrest by yourself.

d. Report Writing. Properly document all signs of dissociate anesthetics influence in the arrest report using lay terms.

e. Chemical Test. A blood test is the preferred test for detecting dissociative anesthetics influence. It may take one to two hours after ingestion before these drugs can be detected in the blood.

f. Enforcement.

(1) Any person driving a vehicle under the influence of dissociative anesthetics is in violation of Section 23152(e) CVC, and section 11550 (a) H&S.

(2) Any person, not driving a motor vehicle, who is determined to be under the influence of a dissociative anesthetics is in violation of Section 11550(a) H&S.

6. CANNABIS.

a. General.

(1) Cannabis is a category of drugs that is derived primarily from various species of the cannabis plant. The active ingredient of the cannabis plant that causes influence/impairment is Delta-9 Tetrahydrocannabinol (THC). There are four principle forms of the drug cannabis:

(a) Marijuana - The dried leaves of the cannabis plant.

(b) Hashish - A concentrated version of marijuana.

(c) Hashish oil - A liquid extracted from hashish.

(d) Marinol (Dronabinol) - A synthetic form of THC not derived from the cannabis plant.

(e) Butane Honey Oil (BHO) - A liquid extracted from the cannabis plant.

(2) Marijuana/hashish is usually smoked, but can be taken orally. Users may begin to feel and exhibit marijuana's effects within 8 to 15 seconds after inhaling the smoke. The effects usually reach their peak within 10 to 30 minutes and the effects generally continue for 2 to 3 hours.

b. Signs. Cannabis influence is characterized by the rapid onset and dissipation of observable signs. Persons under the influence of cannabis will usually have dilated pupils and possible rebound dilation, an elevated heart rate above 90 BPM, and bloodshot eyes. Other signs exhibited by a cannabis user may include:

(1) Lack of convergence by the eyes.

(2) Impaired perception of time and distance.

(3) Green tongue.

(4) Elevated blood pressure above 140/90.

(5) Impaired coordination, body tremors.

(6) Marijuana odor.

(7) Reddened eyes.

(8) Flushed face.

(9) Normal body temperature.

c. Report Writing. Properly document all signs of cannabis influence in the arrest report using lay terms. If the individual officer has been trained and exposed to marijuana and its properties, it is acceptable to describe its odor as a marijuana odor and not an odor resembling marijuana. The same concept applies to marijuana possession cases. There is no need to describe the contraband as a green leafy substance resembling marijuana.

d. Chemical Test. A blood test is the preferred test for cannabis influence. When cannabis influence is suspected, officers should attempt to secure a blood sample as soon as possible.

e. Enforcement.

(1) Any person driving a vehicle under the influence of cannabis is in violation of Section 23152(e) CVC.

(2) Section 647(f) PC should be used for passengers and pedestrians under the influence of cannabis to the degree that they are unable to care for their own safety in a public place.

(3) Section 23222(b) CVC - Except as provided by law, every person who possesses, while driving a motor vehicle upon a highway or on lands, as described in subdivision (b) of Section 23220, not more than one avoirdupois ounce of marijuana, other than concentrated cannabis, as described in Section 11006.5 H&S, is guilty of an infraction.

7. HALLUCINOGENS.

a. General.

(1) Hallucinogens are drugs that affect a person's perceptions, sensations, self-awareness, and emotions. It may involve hearing, seeing, smelling, tasting, or feeling something that is not really there. It may also involve the mixing of senses, which is synesthesia (e.g., the suspect "hears colors" and "sees sounds"). Generally, hallucinogens intensify whatever mood the user is in when the drug is taken. If the user is depressed, the drug will deepen

the depression. If the user is feeling pleasant, the drug usually will heighten that feeling.

(2) Some common examples of hallucinogens are:

(a) Peyote - A small, spineless cactus containing the active hallucinogenic ingredient call mescaline.

(b) Psilocybin - A drug found in a number of different species of mushrooms.

(c) Lysergic Acid Diethylamide (LSD) - Probably the most famous hallucinogen, it is produced as a clear, odorless liquid, or a crystalline powder.

(d) 3, 4-Methylenedioxyamphetamine (MDA) - It is normally produced as a clear liquid, or a white powder in capsule or tablet form.

(e) Methylenedioxymethamphetamine (MDMA) - It is better known by its street name, “Ecstasy.”

(3) The most common method of ingesting hallucinogens is orally. Psilocybin mushrooms and peyote “buttons” can be eaten as is. The hallucinogen LSD is often placed on bits of paper or on sugar cubes and eaten, and can also be put in marijuana or tobacco cigarettes and smoked. The liquid form of MDA can be injected and, in powder form, can be snorted.

b. Signs. Diagnosis of hallucinogen influence is difficult due to the fact the signs closely resemble those of CNS stimulants. The best source of information may be the suspect’s own admission of hallucinogen use. Hallucinogenic influence is characterized by dilated pupils larger than 6.5 mm, elevated heart rate above 90 BPM, hallucinations, and the following:

(1) Sweating, elevated body temperature.

(2) Impaired coordination, muscle rigidity.

(3) Elevated blood pressure above 140/90.

c. Precautions. Use caution when handling hallucinogens. They can easily be inhaled, or absorbed through the skin.

d. Report Writing. Properly document all signs of hallucinogen influence using lay terms. Never describe a person’s pupils as dilated unless you have measured their size with a pupilometer. The hallucinogen LSD is frequently

applied to blotter paper, and this can be good supportive evidence in an influence case.

e. Chemical Test. A blood test is the preferred test for detecting hallucinogen influence. It may take one to two hours after ingestion before these drugs can be detected in the blood. However, this is dependent upon the toxicology laboratory's ability to test for the particular hallucinogen in question.

f. Enforcement.

(1) Any person driving a vehicle under the influence of hallucinogen is in violation of Section 23152(e) CVC.

(2) Section 11550(a) H&S applies only to peyote/mescaline influence. As all hallucinogens exhibit the same signs of influence, you cannot distinguish one drug in this category from another. Therefore, the primary enforcement section for pedestrians or passengers in a public place will be Section 647(f) PC. The duration of effects varies widely from one hallucinogen to another.

8. INHALANTS.

a. General. Any number of otherwise legal substances can be inhaled for intoxication. Inhalants include substances such as gasoline; kerosene; hydrocarbon spray; nitrous oxide; octane boosters; and toluene, used in paint and glue. A person under the influence of an inhalant will generally have the appearance of alcohol influence/impairment. Inhalant influence is easily distinguished from alcohol intoxication because there will be no alcoholic beverage odor on the subject's breath. Instead, the subject will have the odor of the abused substance on their breath and about their person. The abused substance is also often located on the hands, face, and clothing of the abuser. Associated paraphernalia the abuser might have in their possession may include nitrous oxide canisters, pressurized gas tanks, and balloons. Most of the abused substances are placed on a piece of cloth or in a plastic bag and then inhaled. Gold and silver paint are commonly the inhalant abuser's colors of choice, because of their high toluene content and preferred taste.

b. Signs. These substances have a quick onset period after being inhaled. The effects can last from just a few minutes to several hours, depending on the substance. Inhalants deprive the brain of oxygen, thus damaging the brain and body in very short order. The inhalant abuser will appear confused, disoriented, and dizzy, and have HGN, bloodshot eyes, and the following:

(1) Flushed face.

(2) Odor and presence of abused substance.

(3) Impaired coordination.

(4) Heart rate above 90 BPM.

(5) Slurred speech.

(6) Bloodshot eyes, lack of convergence.

(7) Vertical nystagmus (possibly).

(8) Presence of abused substance.

c. Report Writing. Properly document all signs of inhalant influence in the arrest report using lay terms. Inhalant influence reports will be very similar to alcohol influence reports because the signs are similar. To solidify the case, photographs should be taken if the abused substance is observed in the suspect's possession. If an instrument such as a rag or plastic bag has been used to inhale the substance, that article should be processed as evidence. To substantiate a Section 381(a) PC (see paragraph 8.e.[2]) charge, it will also be necessary to articulate the person's intent to use the inhalants for intoxication purposes.

d. Chemical Test. A blood test is the preferred test for detecting inhalant influence. It may take one to two hours after ingestion before these drugs can be detected in the blood. However, this is dependent upon the toxicology laboratory's ability to test for substances such as toluene or gasoline. In most cases, the laboratory must be advised what substance to test for.

e. Enforcement.

(1) Any person driving a vehicle under the influence of inhalant is in violation of Section 23152(e) CVC.

(2) Section 381(a) PC - Any person who possesses a substance containing toluene for purposes of intoxication, or is intentionally intoxicated by toluene.

(3) Section 381(b) PC - Any person who possesses a substance containing nitrous oxide for purposes of intoxication, or is intentionally intoxicated by nitrous oxide.

9. DRUG COMBINATION. Drug users will often combine drugs. The effect of the combined drugs is an unpredictable merging of signs. Common drug combinations are as follows:

a. Heroin and cocaine or methamphetamine.

b. Vicodin or codeine and soma.

c. Phencyclidine and cocaine.

d. Heroin and klonopin.

e. Marijuana and cocaine.

f. Heroin and methadone.

g. Methadone and PCP.

h. Cannabis and PCP.

i. Alcohol and any drug.

10. LAWS RELATING TO DRUG INFLUENCE. Annex A provides a quick reference guide to applicable drug laws.

11. CRITERIA BY WHICH DRUGS ARE SCHEDULED. Annex B is a quick reference guide to the criteria by which drugs are scheduled.

12. SCHEDULED DRUGS. Annex C is a quick reference guide to scheduled drugs.

13. INFLUENCE TERMS. Annex D is a quick reference guide to common drug influence terms.

14. NORMAL PHYSIOLOGICAL RANGES. A person's vital signs can indicate drug influence. Annex E provides a reference for interpreting those vital signs.

15. THE PHYSICIAN'S DESK REFERENCE. Should any types of legitimately manufactured pharmaceutical product be encountered, the Physician's Desk Reference (PDR) may be a valuable tool. Refer to Annex F for a general understanding of the PDR.

16. CHP 202DRE, DRUG RECOGNITION EVALUATION. This form is to be used for drug influence evaluations. The CHP 202DRE (Annex G) shall be attached to and filed with the CHP 202 report. Only CHP-trained DREs are permitted to use this form for drug influence evaluations.

17. PUPILOMETER. The Department's DRE Program issues a pupilometer card which contains a drug category matrix and expected results of drug evaluations. Currently, there are three forms of the pupilometer. Following is a description of the three forms, including departmental policy concerning how they are to be used:

a. CHP 386, Pupilometer – Basic. The CHP 386 (Annex H) is intended for use by all officers to assist in the detection and identification of drug-impaired individuals. Additionally, the Academy currently issues the CHP 386 to all cadets as part of the DUI curriculum.

b. CHP 386A, Pupilometer – Advanced Roadside Impaired Driving Enforcement. The CHP 386A (Annex I) should be used by officers who have attended California Highway Patrol (CHP) Advanced Roadside Impaired Driving Enforcement or equivalent, to assist in the detection, identification, and evaluation of drug-impaired individuals.

c. CHP 386B, Pupilometer – Drug Recognition Evaluator. The CHP 386B (Annex J) shall be used by officers who have attended CHP DRE training and are DRE-certified or are completing the certification process.

(1) Distribution. The CHP 386, 386A, and 386B can be ordered from Supply Services Unit and should be made available to officers as needed.

## ANNEX A

## LAWS RELATING TO DRUG INFLUENCE

Business and Professions Code Section 4147 - Unlawful to discard or dispose of a hypodermic needle or syringe, unless properly contained, upon the grounds of a playground; beach; park; or any public or private elementary, vocational, junior high, or high school. **Misdemeanor**.

Health and Safety Code Section 11370.1(a) - While in immediate personal possession of loaded, operable firearm, including in the passenger area of a motor vehicle, it is unlawful to possess any of the following (**felony**):

- Any substance containing cocaine base
- Any substance containing cocaine
- Any substance containing heroin
- Any substance containing methamphetamine
- Any crystalline substance containing phencyclidine (PCP)
- Any amount of liquid substance containing PCP
- Any amount of plant material containing PCP
- A hand-rolled cigarette containing PCP

Health and Safety Code Section 11364 - Unlawful to possess an opium pipe or any device or paraphernalia used for unlawfully injecting or smoking any of the following:

- Opiates (opium, morphine, codeine, heroin)
- Mescaline, Peyote
- Cocaine
- Methaqualone
- Methamphetamine
- Tetrahydrocannabinols (the resins, oils)
- Any Class III, IV, V narcotic drug

This section shall not apply to hypodermic needles or syringes that have been containerized for safe disposal in a container that meets state and federal standards for disposal of sharp waste. **Does not include paraphernalia for marijuana, PCP, or inhalants**. **Misdemeanor.**

Health and Safety Code Section 11550(a) - No person shall use or be under the influence of any opiate or opium derivative (opium, morphine, codeine, dilaudid, heroin), cocaine, peyote, mescaline, PCP, and its analogs (chemical cousins), amphetamines, methamphetamines, or any Schedule III, IV, V narcotic

## ANNEX A

## LAWS RELATING TO DRUG INFLUENCE (*continued*)

drugs not administered under legal prescription. This section is applicable in public and private places. This does not include lysergic acid diethylamide (LSD), marijuana, or inhalants. **Misdemeanor.**

Health and Safety Code Section 11550(e) - Being under the influence of cocaine, cocaine base, heroin, methamphetamine, PCP and its analogs and in immediate personal possession of a loaded, operable firearm. For purposes of this section, personal possession includes the passenger area of a motor vehicle. **Felony/misdemeanor.**

Health and Safety Code Section 11590 - Registration of convicted offenders.

Health and Safety Code Section 11594 - Registration requirements of offenders.

Penal Code Section 381.(a) - Unlawful to possess toluene or any substance containing toluene for purposes of ingesting for intoxication or are intoxicated by it. **Misdemeanor.**

Penal Code Section 381.(b) - Nitrous oxide intoxication. **Misdemeanor.**

Penal Code Section 647.(f) – Public intoxication for LSD, dextromethorphan, and marijuana. **Misdemeanor.**

Vehicle Code Section 23152(a) - Unlawful for a person under the influence of any alcoholic beverage to drive a vehicle. **Misdemeanor.**

Vehicle Code Section 23152(c) - Unlawful for a person addicted to the use of any drug to drive a vehicle, except those participating in a narcotic treatment program. **It is not necessary to show impairment at the time of arrest; however, it is necessary to show drug addiction. Misdemeanor.**

Vehicle Code Section 23152(e) - Unlawful for a person under the influence of any drug to drive a vehicle. **Misdemeanor.**

Vehicle Code Section 23152(f) - Unlawful for a person who is under the combined influence of any alcoholic beverage and drug to drive a vehicle. **Misdemeanor.**

Vehicle Code Section 23153(a) - Driving under the influence of alcohol or drugs or a combination of alcohol and drugs and commit an unlawful act or neglect a duty causing bodily injury to another. **Felony.**

## ANNEX B

## CRITERIA BY WHICH DRUGS ARE SCHEDULED

The possession, usage, sales, etc., of all the substances discussed in this chapter are controlled by various criminal statutes. The severity of punishment for violating these statutes depends to a large degree on which class or schedule the drugs in question belong. The Controlled Substances Act sets forth the criteria by which controlled drugs are scheduled. Controlled substances may be put into any of the following five schedules:

Schedule I

(a) The drug or other substance has a high potential for abuse.

(b) The drug or other substance has no currently accepted medical use in treatment in the United States.

(c) There is a lack of accepted safety for use of the drug or other substance under medical supervision.

Schedule II

(a) The drug or other substance has a high potential for abuse.

(b) The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.

(c) Abuse of the drug or other substance may lead to severe psychological or physical dependence.

Schedule III

(a) The drug or other substance has a potential for abuse less than drugs or other substances in Schedules I and II.

(b) The drug or other substance has a currently accepted medical use in treatment in the United States.

(c) Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

## ANNEX B

## CRITERIA BY WHICH DRUGS ARE SCHEDULED (*continued*)

Schedule IV

(a) The drug or other substance has a low potential for abuse relative to drugs and other substances listed in Schedule III.

(b) The drug or other substance has a currently accepted medical use in treatment in the United States.

(c) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to drugs or other substances listed in Schedule III.

Schedule V

(a) The drug or other substance has a low potential for abuse relative to drugs or other substances listed in Schedule IV.

(b) The drug or other substance has a currently accepted medical use in treatment in the United States.

(c) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to drugs or other substances listed in Schedule IV.

## ANNEX C

## SCHEDULED DRUGS

Schedule I

Opiates
Opium derivatives (heroin)
Hallucinogens (LSD, mescaline, peyote, psilocybin)
Marijuana
Methaqualone
Cocaine base

Schedule II

Raw opium
Codeine
Morphine
Cocaine
Methadone
Stimulants (amphetamines, methamphetamines)
Depressants (amobarbital, pentobarbital, secobarbital)
PCP and analogs
Amphetamine/methamphetamine precursors

Schedule III

Other listed stimulants
Other listed depressants
Other narcotic drugs

Schedule IV

Listed narcotic drugs
Depressants (barbital, diazepam, phenobarbital, prazepam, chloral hydrate, chlordiazepoxide, mebutamate, oxazepam)
Stimulants (diethylpropion, pemoline)

Schedule V

Other narcotic drugs

Refer to Health and Safety Code Sections 11054 through 11058.

THIS PAGE INTENTIONALLY LEFT BLANK

## ANNEX D

## INFLUENCE TERMS

| | |
|---|---|
| Accommodation Reflex: | Pupils automatically constrict when focusing on any object within reading distance (constrict as object gets closer). |
| Addict: | One who compulsively uses a substance they know to be harmful. |
| Addictive Effect: | If two drugs independently affect some indicator in the same way, their use in combination will also affect the indicator and the effect may be reinforced. Example: Cocaine and lysergic acid diethylamide (LSD) influence will cause dilation of the pupils. Action plus the same action produces reinforced action. |
| Analgesic: | Relieves pain. |
| Antagonist Effect: | When two drugs produce an antagonistic effect, the drugs will work toward canceling each other out. Example: Cocaine will dilate the pupils and heroin will constrict the pupils. Action versus opposite action may negate or produce an unpredictable outcome. |
| Ataxia: | A lack of coordination. |
| Barbiturate Injection Site: | Red ring around site (up to a 1/2 inch in diameter). |
| Biological Dependence: | Whenever a person has a desire to maintain a minimum concentration of a drug in their system (includes both physical and psychological factors). Synonym: addiction. |
| Bruxism: | Grinding of the teeth. |
| Catatonic Appearance: | Blank stare; stupor. |
| Central Nervous System: | The brain, brain stem, and spinal cord. |
| Conjunctiva: | Delicate membrane covering the eyeball, whites of the eyes. |

## ANNEX D

## INFLUENCE TERMS (*continued*)

| | |
|---|---|
| Constricted Pupil: | Pupil measuring less than 3.0 millimeters (mm) (must be measured in dark room or shaded area). |
| Delirium: | Extremely confused and/or excited. |
| Delusion: | False belief in one's self. |
| Diastolic: | Dilation state of blood pressure (low number) when the heart is filling up. |
| Dilated Pupil: | Pupil measuring larger than 6.5 mm. |
| Distorted Time Perception: | The ability to accurately estimate time is adversely effected by drug use (e.g., a cocaine/amphetamine user may estimate 5 seconds to be 30 seconds). |
| Drug: | Any substance other than food or water that affects the body or mind and causes a chemical reaction in the body. |
| Euphoric: | Feeling of well-being. |
| Gait Ataxia: | Lack of ability to coordinate muscular movements. |
| Habituation: | Psychological dependence. |
| Hallucination: | A sensory impression without external stimulation. |
| Horizontal Gaze Nystagmus: | Side to side, involuntary bouncing of the eye. |
| Hypertension: | Abnormally high blood pressure. |
| Insufflation: | Inhalation. |
| Lack of Conversion: | Inability of eyes to converge inward while following an object. |
| Lethargy: | Stupor. |
| Light reflex: | When pupils constrict to protect the inside of the eye from overexposure. |

## ANNEX D

## INFLUENCE TERMS (*continued*)

| | |
|---|---|
| Metabolite: | New chemical substance that is formed when the original drug taken comes in contact with enzymes and/or other reactor in the bloodstream. Example: Heroin metabolizes into morphine in the bloodstream. |
| Negative Feedback Systems: | Chemical substance that mimics a naturally produced substance is introduced into the body and causes the body to stop producing the natural substance. Negative feedback helps explain addiction. |
| Neurotransmitters: | Naturally occurring chemicals in the nervous system that carry electrical impulses between brain cells (neurons). |
| Null Effect: | If neither drug affects a particular indicator of impairment, their combination also will not affect the indicator. Example: Cocaine or marijuana influence does not produce nystagmus. No action plus no action equals no action. |
| Overlapping Effect: | If one drug affects a particular indicator of impairment, and another drug has no effect on that indicator, the combination of those two drugs will affect the indicator in the same way as the first drug alone. Example: Cocaine affects the pupil and PCP does not. Action plus no action equals action. |
| Paranoia: | Delusions of grandeur and persecution. |
| Piloerection: | Erection of the hair – goose flesh. |
| Plasma Life: | Length of time that a drug will remain in the plasma (clear part of the blood). The length of time that a drug will produce “under-the-influence” affects. |
| Polydrug Use: | Ingestion of two or more drugs, from different classifications, simultaneously. |
| Pulse Rate: | Normal – 60-90 beats per minute (BPM); elevated – 90 BPM or higher. |

## ANNEX D

## INFLUENCE TERMS (*continued*)

| | |
|---|---|
| Pupillary Unrest: | Abnormal exaggeration of the rhythmic contraction and dilation of pupil, pulsating pupil. |
| Rebound Dilation: | When direct light is applied, the pupil will constrict then re-dilate, and remain dilated. Rebound dilation is a sign of marijuana influence. |
| Sign: | An observable or measurable feature that can be articulated. |
| Stupor: | Reduced sensibility, lethargy. |
| Synesthesia: | Mixing of sensory perception: hears colors, sees sounds. |
| Systolic: | Contraction stage of blood pressure (high number) when the heart is emptying. |
| Tolerance: | The building of a resistance to a drug, causing increasing dosage units of the substance to be ingested to produce the needed or expected effects on the user. |
| Transient Muscle Rigidity: | Temporary muscle rigidity. |
| Usable Amount: | A sufficient quantity of a substance, used in the form in which it is designed to be used. |
| Vertical Gaze Nystagmus: | The up and down, involuntary jerking of the eye. |

## ANNEX E

## NORMAL PHYSIOLOGICAL RANGES

In examining a person suspected of being under the influence of drugs, the person's vital signs should be taken. The following is provided as a reference for interpreting those vital signs.

Blood Pressure: The normal range of blood pressure is 120-140 systolic and 70-90 diastolic. If either the systolic or diastolic reading is out of this range, we term the blood pressure to be above or below normal. Blood pressure is always measured using a sphygmomanometer (blood pressure cuff) and stethoscope.

Respirations: The normal range of respirations for an adult is 12-20 respirations per minute. If respirations are measured outside this range, the person's respirations are either above or below the normal range.

Pulse: The normal pulse rate for an adult is 60-90 beats per minute. If a person's heart rate is outside these figures, the pulse rate is described as lowered or elevated. There are a number of easily accessible points to measure the pulse on the arm, neck, and leg.

Pupils: The normal range of pupil size for all lighting conditions is 3.0 millimeters (mm) to 6.5 mm. Below 3.0 mm, the pupil is described as constricted. Above 6.5 mm, the pupil is described as dilated. The pupil is never described as pinpointed or nonreactive. However, the term "little to no reaction" is acceptable. The pupil must be measured by using a pupilometer.

THIS PAGE INTENTIONALLY LEFT BLANK

## ANNEX F

## THE PHYSICIAN'S DESK REFERENCE

Should any type of legitimately manufactured pharmaceutical product be encountered, the Physician's Desk Reference (PDR) may be a valuable tool. The purpose of the PDR is to provide essential information on major pharmaceutical products. Although the PDR is intended primarily for physicians, it contains valuable information that can be utilized by law enforcement officers. The PDR is divided into several sections using different paper colors. Most drugs can be located in more than one section; therein lies the difficulty in using the PDR. A general understanding of the information available in each section will make the PDR a useful tool.

Section 1 – Manufacturer's Index

This section contains the addresses, telephone numbers, and product listings of the manufacturers who have products listed in the PDR. Section 1 uses white pages. Section 1 is seldom used as the information is of little use to law enforcement officers.

Section 2 – Product Name Index

In this section, products are listed in alphabetical sequence by brand name or (if described) generic name. Each product in this section is accompanied by the manufacturer's name and a page reference in the Product Information Section (Section 6). This section is particularly useful when the name of the product is known. Section 2 pages are pink.

Section 3 – Product Category Index

Products described in the Product Information Section or Diagnostic Information Section are listed according to their classification, such as decongestants and antibiotics. Section 3 pages are blue.

Section 4 – Generic and Chemical Name Index

Products in this section are listed under generic and chemical names according to the principle ingredients. For example, listed under the heading of codeine are all of the drugs in the PDR that contain codeine, along with a page reference in the Product Information Section. This section can be useful when attempting to locate a specific product when only the main ingredient or drug class is known. Section 4 pages are a light yellow.

## ANNEX F

## THE PHYSICIAN'S DESK REFERENCE (*continued*)

Section 5 – Product Identification Section

This section contains color photographs of many drugs listed in the PDR. This section is extremely useful when attempting to identify an unknown pill or capsule. Products are listed in alphabetical sequence by the manufacturer's name. No reference numbers are given for the Product Information Section, but this information can be found in Section 2, the Product Name Index.

Section 6 – Product Information Section

This section comprises the bulk of the PDR and will be the section used most often by law enforcement officers. Products in this section are listed alphabetically by manufacturer's name. The product description includes the following information: any adverse reactions or side effects the drug may cause (drowsiness, etc.); the effect the drug will have when used with other drugs, such as alcohol (synergistic or additive effect); and a description of the drug and its purpose. A Roman numeral adjacent to each manufacturer's name indicates the "Schedule" of drug as defined by the Controlled Substance Act. Section 6 pages are white.

## ANNEX G

## CHP 202DRE, DRUG RECOGNITION EVALUATION

Additional coments can be entered in the shaded areas

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
**DRUG RECOGNITION EVALUATION**
CHP 202DRE (Rev. 9-14) OPI 094

Entered into Tracking System? ☒ Yes ☐ No - Why?
Case Number | Citation Number

Page 1 of 2 — TO BE COMPLETED BY D.R.E. TRAINED PERSONNEL

Offense(s) Charged/Investigated

| Name (Last, First, Middle) | DOB | Age | Race/Ethnicity | Sex | Arresting Officer (Name/I.D. Number/Area) |
|---|---|---|---|---|---|
| Smith, John Allen | 02/15/1974 | 41 | Caucasian | M | James Jones/10000/Mojave - 830 |

Date/Time of Arrest: 12/12/2013 18:30 | Breath test results | Time / Refused / Instrument # | Date/Time/Location of Examination

Admonition of Rights given by: | Rights Waived? ☐ Yes ☒ No | What have you eaten today? Nothing | Time | What have you been drinking? Beer | How much? 24 oz. | Time of last drink 16:00

Time Now 18:00 | When did you last sleep? Last night | How long? 7 hours | Are you sick or injured? ☐ Yes ☒ No | Are you diabetic or epileptic? ☐ Yes ☒ No

Do you take insulin? ☐ Yes ☒ No | Do you have any physical defects? ☐ Yes ☒ No | Are you under the care of a doctor/dentist? ☐ Yes ☒ No

Are you taking any medication or drugs? ☐ Yes ☒ No | Do you have high blood pressure or heart disease? If yes, describe. ☐ Yes ☒ No | Have you ever had a severe head injury? If yes, describe ☐ Yes ☒ No

| Speech | Attitude/Behavior | Coordination | Face | Breath/Odors |
|---|---|---|---|---|
| Slurred, slow | Compliant | Wobbly, clumsy | Flushed | Alcohol/chemical |

Corrective Lenses: ☒ Glasses ☐ UV Protected ☐ Contacts ☐ Hard ☐ Soft ☐ None
Eyes: ☐ Normal ☒ Bloodshot ☐ Watery
Blindness: ☒ None ☐ Right Eye ☐ Left Eye

Pupil size: ☒ Equal ☐ Unequal (explain)
Able to follow stimulus? ☐ Yes ☒ No
Eyelids: ☐ Retracted ☐ Normal ☒ Droopy

(3) One leg stand Timed 30 seconds — Count # ____ Count # ____

| Pulse & Time | HGN | Right eye | Left eye |
|---|---|---|---|
| 1. / | Lack of smooth pursuit | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 2. / | Max. deviation | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 3. / | Angle of onset: ☐ Resting (0) ☐ Immediate (0-30) ☐ Rapid (35) ☐ Near extreme (40) ☐ Extreme (45) ☐ None | | |

Vertical nystagmus? ☐ Yes ☐ No
Convergence — Right eye / Left eye

(1) Modified Romberg Balance — BF / SIS

(2) Walk and turn

Cannot keep balance ____
Started too soon ____

| | 1st Nine | 2nd Nine |
|---|---|---|
| Stopped walking | | |
| Missed heel-toe | | |
| Stepped off line | | |
| Raised arms | | |
| Actual steps taken | | |

| | L | R |
|---|---|---|
| Sways while balancing | | |
| Used arms to balance | | |
| Hopping | | |
| Put foot down | | |

Type of footwear

Internal clock — Estimated as 30 sec.
Describe turn
Cannot do test (explain)

(4) Finger/Nose — Draw lines to spots touched — Right / Left

Pupil Size: MM

| Light | Right Eye | Left Eye |
|---|---|---|
| Room Light | | |
| Near Total Darkness | | |
| Direct | | |

UV Light ☐ Yes ☐ No
Rebound dilation ☐ Yes ☐ No
Pupillary unrest ☐ Yes ☐ No
Reaction to light: ☐ Normal ☐ Slow ☐ Little or None Visible

Nasal area | Oral cavity/Tongue

INDICATE FRESH OR OLD PUNCTURE MARKS
Attach Photos of Fresh Puncture Marks (optional)

FRONT (R - L) — BACK (L - R)

Blood pressure | Temperature ° F

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid
Comments

Chemical test time:
☐ Urine ☐ Blood ☐ Both tests refused ☐ Other
Witness:

Drug admonition by

Examining Officer | I.D. Number | IACP/DRE #

Department, Division or Area | Reviewed by

Opinion of Evaluator:
☐ Rule Out ☐ Alcohol ☐ Stimulant ☐ Dissociative Anesthetics ☐ Inhalant
☐ Medical ☐ Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

Destroy previous editions — Chp202DRE_0715.pdf

## ANNEX G

## CHP 202DRE, DRUG RECOGNITION EVALUATION *(continued)*

DR/Citation Number

Page 2 of 2

| Name *(Last, First, Middle)* | 1. LOCATION: | 4. NOTIFICATION INTERVIEW: | 7. PSYCHOPHYSICAL: | 10. STATEMENTS: |
|---|---|---|---|---|
| | 2. WITNESS: | 5. INITIAL OBSERVATION: | 8. CLINICAL INDICATORS: | 11. DRE'S OPINION: |
| Smith, John Allen | 3. BAC: | 6. MEDICAL PROBLEMS: | 9. SIGNS OF INGESTION: | 12. TOXICOLOGICAL: |
| | | | | 13. MISCELLANEOUS: |

***Drug Recognition Evaluation (DRE) Report/Narrative***

This section would be completed by the examining officer.

☐ CONTINUED

| Examining Officer | I.D. Number | Division or Area |
|---|---|---|
| | | |

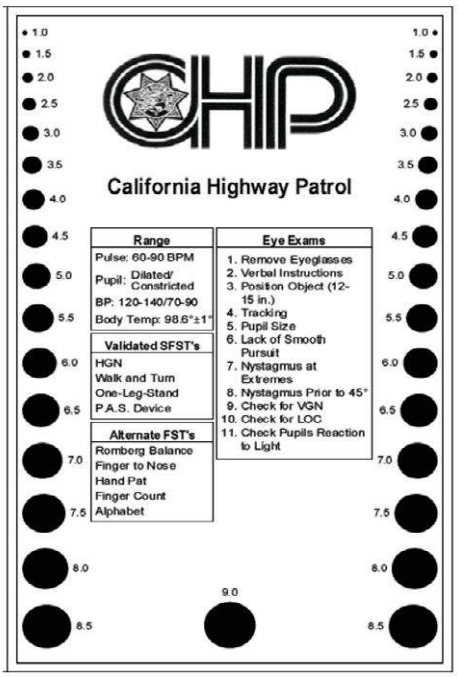
***This examining officer is a trained DRE expert on the effects of driving under the influence of drugs.***

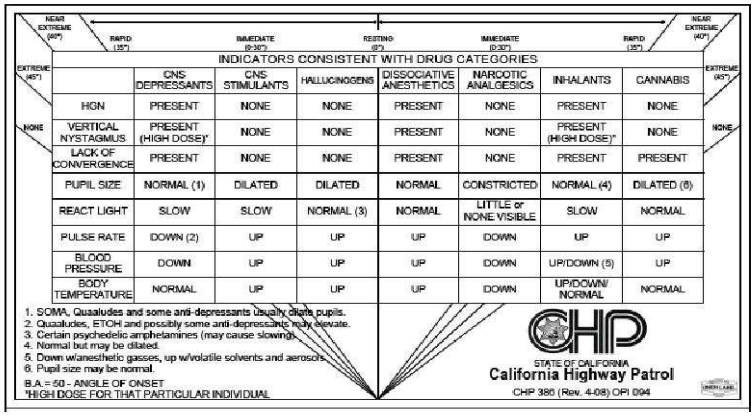
Destroy previous editions

Chp202DRE_0715.pdf

## ANNEX H

## CHP 386, PUPILOMETER – BASIC

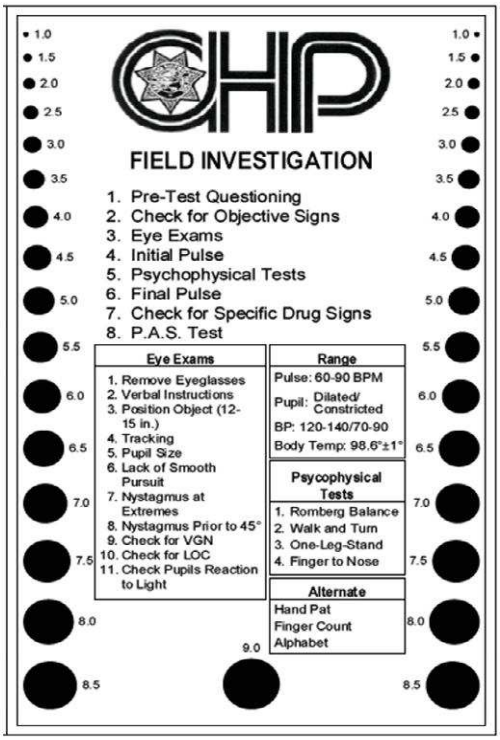


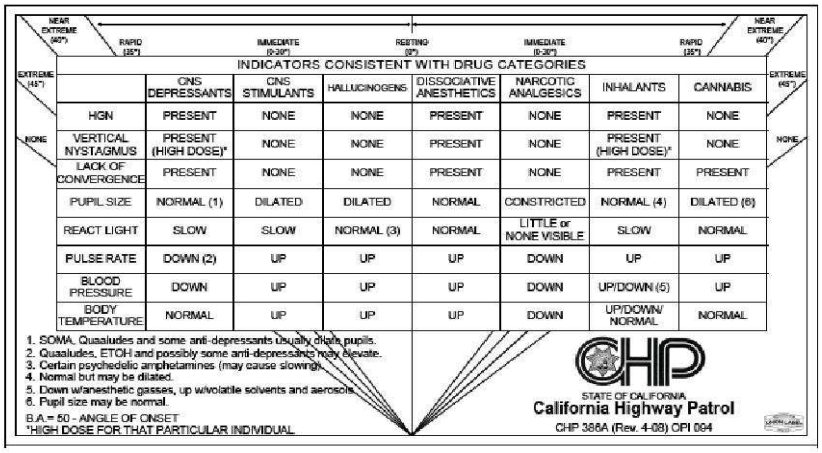



THIS PAGE INTENTIONALLY LEFT BLANK

## ANNEX I

## CHP 386A, PUPILOMETER – ADVANCED ROADSIDE IMPAIRED DRIVING ENFORCEMENT

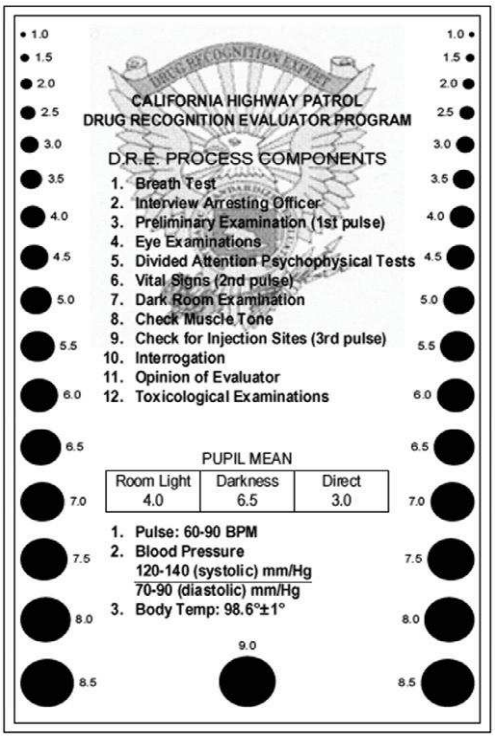


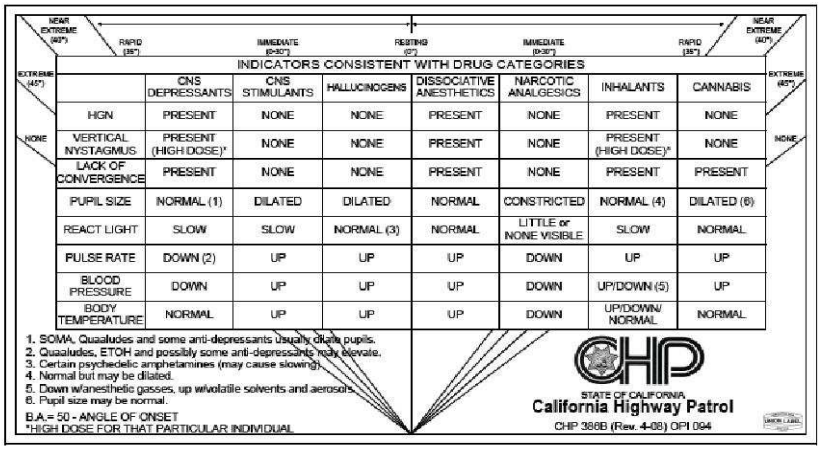



THIS PAGE INTENTIONALLY LEFT BLANK

## ANNEX J

## CHP 386B, PUPILOMETER – DRUG RECOGNITION EVALUATOR



THIS PAGE INTENTIONALLY LEFT BLANK