CHAPTER 3

UNDER THE INFLUENCE OF DRUGS

REVISED JULY 2023

TABLE OF CONTENTS

ANNEXES

CHAPTER 3

UNDER THE INFLUENCE OF DRUGS

1. GENERAL. An important aspect of the Department's Impaired Driving 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. 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, nonbarbiturates, antianxiety tranquilizers, antidepressants, antipsychotic tranquilizers, and combinations. Alcohol is also a CNS depressant. The effects of a 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 additive 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 a high dose for that particular user. Other signs of depressant influence may include:

(a) Distorted time perception.

(b) Lack of convergence.

(c) Lowered heart rate (below 60 beats 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.

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

(2) Section 23152(g) CVC is the section for drivers under the combined influence of a depressant and alcohol.

(3) Section 647(f) of the California Penal Code (PC) should be used for depressant- intoxicated passengers or pedestrians (e.g., under the influence of diazepam).

(4) Section 11550(a) of the California Health and Safety Code (HSC) should be used for passengers/pedestrians that are intoxicated as a result of consuming controlled depressants (e.g., under the influence of gamma hydroxybutyric acid [GHB]).

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 and 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, 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) HSC, 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 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.

(5) Other drug categories.

e. Chemical Test. A blood test is the preferred test for detecting CNS stimulant influence. Refer to Chapter 5, Chemical Tests – Implied Consent Law, of this manual for additional information related to driving under the influence (DUI) and chemical tests.

f. Enforcement.

(1) Any person driving a vehicle under the influence of a CNS stimulant is in violation of Section 23152(f) CVC and Section 11550(a) HSC.

(2) Any person driving a vehicle under the combined influence of a CNS stimulant and alcohol is in violation of Section 23152(g) CVC and Section 11550(a) HSC.

(3) Any person, anywhere, not driving, who is determined to be under the influence of cocaine/amphetamine/methamphetamine is in violation of Section 11550(a) HSC.

(4) Possession, anywhere, of instruments for smoking a stimulant as defined in Sections 11054 and 11055 HSC is a violation of Section 11364 HSC.

(5) It is unlawful for any person who is addicted to the use of any drug to drive a motor vehicle, pursuant to Section 23152(c) CVC. It is not necessary to show impairment at the time of the stop. This section shall not apply to a person who is participating in an approved narcotic treatment program.

4. NARCOTIC ANALGESICS.

a. General. Powdered opium, morphine, codeine, Dilaudid, Darvon, and the fentanyls are all members of the narcotic analgesic 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 will typically 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) Low 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 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 penlight to see the pupil and compare it to the pupilometer. As a general rule, 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).

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.” If practical, pictures should be taken of injection sites.

e. Chemical Test. A blood test is the preferred test for detecting narcotic analgesic influence. Refer to Chapter 5 of this manual for additional information related to DUI and chemical tests.

f. Enforcement.

(1) Any person driving under the influence of a narcotic analgesic is in violation of Section 23152(f) CVC and Section 11550(a) HSC.

(2) Any person driving under the combined influence of a narcotic analgesic and alcohol is in violation of Section 23152(g) CVC and Section 11550(a) HSC.

(3) Any person, anywhere, not driving a motor vehicle, who is determined to be under the influence of a narcotic analgesic is in violation of Section 11550(a) HSC.

(4) Possession, anywhere, of instruments for smoking a narcotic analgesic as defined in Sections 11054 and 11055 HSC is a violation of Section 11364 HSC.

(5) It is unlawful for any person who is addicted to the use of any drug to drive a motor vehicle, pursuant to Section 23152(c) CVC. It is not necessary to show impairment at the time of the stop. 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 leafy vegetable substances such as parsley, tobacco, or

cannabis. 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 four to six hours, but can last longer. Other drugs in this category are ketamine and dextromethorphan.

(1) Ketamine. Ketamine, an analog of PCP, is used as a surgical anesthetic for humans and animals, and in psychiatric treatment of depression and Post Traumatic Stress Disorder.

(2) Dextromethorphan. Dextromethorphan is 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, vertical nystagmus, and lack of convergence. 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 dissociative anesthetics influence in the arrest report using lay terms.

e. Chemical Test. A blood test is the preferred test for detecting dissociative anesthetics influence. Refer to Chapter 5 of this manual for additional information related to DUI and chemical tests.

f. Enforcement.

(1) Any person driving a vehicle under the influence of dissociative anesthetics is in violation of Section 23152(f) CVC and Section 11550(a) HSC.

(2) Any person driving a vehicle under the combined influence of dissociative anesthetics and alcohol is in violation of Section 23152(g) CVC and Section 11550(a) HSC.

(3) Any person, anywhere, not driving a motor vehicle, who is determined to be under the influence of dissociative anesthetics is in violation of Section 11550(a) HSC.

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 five principle forms of the drug cannabis:

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

(b) Hashish: A concentrated version of cannabis.

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

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

(e) Cannabis concentrate: An extract from the cannabis plant.

(2) Marijuana/hashish is usually smoked, but can be taken orally. Users may begin to feel and exhibit the effects of cannabis 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) Cannabis 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 cannabis and its properties, it is acceptable to describe its odor as a cannabis odor and not an odor resembling cannabis. The same concept applies to cannabis possession cases. There is no need to describe the contraband as a green leafy substance resembling cannabis.

d. Chemical Testing. 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. This generally occurs after the arrest, but before the DRE examination. Refer to Chapter 5 of this manual for additional information related to DUI and chemical tests.

e. Enforcement.

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

(2) Any person driving a vehicle under the combined influence of cannabis and alcohol is in violation of Section 23152(g) CVC.

(3) 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.

(4) Any person who has in their possession on their person, while driving a motor vehicle on or off the highway, any receptacle containing any cannabis or cannabis products, as defined by Section 11018.1 HSC, which has been opened or has a seal broken is in violation of Section 23222(b) CVC. A violation of this section is punishable as an infraction.

(a) This section does not apply to a person who has a receptacle containing cannabis or cannabis products that has been partially removed, or to a person who has loose cannabis flower not in a container, if the receptacle or loose cannabis flower not in a container is located in the trunk of the vehicle.

(b) Additionally, this section also does not apply to a qualified patient (as defined in Section 11362.7 HSC) with a medical cannabis identification card or a physician's recommendation for cannabis if the cannabis product is located in a container or receptacle that is either sealed, resealed, or closed.

NOTE: Refer to Highway Patrol Manual 100.69, General Law Enforcement Policy Manual, Chapter 15, Cannabis Laws, Enforcement and Transportation Issues, and General Order 100.91, Search and Seizure Policy, for additional information related to cannabis violations and search and seizure.

(5) Section 23221(a) CVC: A driver shall not drink any alcoholic beverage or smoke or ingest cannabis or any cannabis product while driving a motor vehicle upon a highway. A violation of this section is punishable as an infraction.

(6) Section 23221(b) CVC: A passenger shall not drink any alcoholic beverage or smoke or ingest cannabis or any cannabis product while in a motor vehicle being driven upon a highway. A violation of this section is punishable as an infraction.

(7) Section 23220(a) CVC: A person shall not drink any alcoholic beverage or smoke or ingest cannabis or any cannabis product while driving a motor vehicle off-highway (refer to Section 38001 CVC for additional information). A violation of this section is punishable as an infraction.

(8) Section 23220(b) CVC: A person shall not drink any alcoholic beverage or smoke or ingest cannabis or any cannabis products while riding as a passenger in any motor vehicle driven off-highway (refer to Section 38001

CVC for additional information). A violation of this section is punishable as 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 called mescaline.

(b) Psilocybin: A hallucinogenic chemical 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) 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."

NOTE: 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; it can also be put in cannabis or tobacco cigarettes and smoked. The liquid form of MDA can be injected and, in powder form, can be snorted. MDMA is ingested in pill form and can be snorted in powder form.

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 large, dilated pupils, 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; this can be good supportive evidence in an influence case.

e. Chemical Test. A blood test is the preferred test for detecting hallucinogen influence. Refer to Chapter 5 of this manual for additional information related to DUI and chemical tests.

f. Enforcement.

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

(2) Any person driving a vehicle under the combined influence of a hallucinogen and alcohol is in violation of Section 23152(g) CVC.

(3) Section 11550(a) HSC applies only to peyote/mescaline influence. As all hallucinogens exhibit the same signs of influence, one drug in this category cannot be distinguished from another.

(4) Section 647(f) PC is the primary enforcement section for pedestrians or passengers under the influence of drugs in a public place.

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, which is 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 and bloodshot eyes, along with the following:

(1) Flushed face.

(2) Odor 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).

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.[3]) 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. The ability to test substances such as toluene and gasoline is dependent on crime laboratory capabilities. In most cases, the crime laboratory must be advised what substance to test for. Refer to Chapter 5 of this manual for additional information related to DUI and chemical tests.

e. Enforcement.

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

(2) Any person driving a vehicle under the combined influence of inhalants and alcohol is in violation of Section 23152(g) CVC.

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

(4) Section 381(b) PC: Any person, anywhere, 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. Cannabis 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. SCHEDULE OF 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 type of legitimately manufactured pharmaceutical product be encountered, the Physician's Desk Reference (PDR) may be a valuable tool to assist in identification. (Refer to Annex F for general PDR information.)

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, Driving Under the Influence Arrest-Investigation Report. Only CHP-trained DREs are permitted to use this form for drug influence evaluations.

17. DRUG RECOGNITION EVALUATION MANAGER SOFTWARE. The DRE Manager software allows DREs to enter their evaluations into a computer-based system that automatically transfers data to the National Highway Traffic Safety Administration (NHTSA). A DRE utilizing the DRE Manager software does not need to enter their evaluations into the NHTSA national tracking database. The DRE software shall only be used by DREs who have been trained by the Impaired Driving Section. Any DRE who has been trained and has access to the DRE Manager software shall use the software to complete an electronic CHP 202DRE for each evaluation. In the event the DRE Manager software is inoperative or unavailable, DREs may use the nonautomated CHP 202DRE form to complete their evaluation and enter the information into the NHTSA Web site.

18. 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 two forms of the pupilometer. Following is a description of the two 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 386B, Pupilometer – Drug Recognition Evaluator. The CHP 386B (Annex I) shall be used by officers who have attended DRE training and are DRE-certified or are completing the certification process.

c. Distribution. The CHP 386 and CHP 386B can be ordered from Supply Services Unit and should be made available to officers as needed.

ANNEX A

LAWS RELATING TO DRUG INFLUENCE

California Business and Professions Code Section 4147(c). 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.**

California Health and Safety Code Section 11370.1(a). While in immediate personal possession of a 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 a cocaine base
- ☐ Any substance containing cocaine
- ☐ Any substance containing heroin
- ☐ Any substance containing methamphetamine
- ☐ Any crystalline substance containing PCP
- ☐ Any amount of liquid substance containing PCP
- ☐ Any amount of plant material containing PCP
- ☐ A hand-rolled cigarette containing PCP

California Health and Safety Code Section 11364. Unlawful to possess an opium pipe or any device or paraphernalia used for smoking any of the following. **Misdemeanor**:

- ☐ 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 cannabis, PCP, or inhalants**.

ANNEX A

LAWS RELATING TO DRUG INFLUENCE *(continued)*

California 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 drugs not administered under legal prescription. This section is applicable in public and private places. This does not include LSD, cannabis, or inhalants. **Misdemeanor.**

California 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 purpose of this section, personal possession includes the passenger area of a motor vehicle. **Felony/misdemeanor.**

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

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

California 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. (Applies anywhere.) **Misdemeanor.**

California Penal Code Section 381(b). Nitrous oxide intoxication. (Applies anywhere.) **Misdemeanor.**

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

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

California Vehicle Code Section 23152(b). It is unlawful for a person who has 0.08 percent or more, by weight, of alcohol in their blood to drive a vehicle. **Misdemeanor.**

California Vehicle Code Section 23152(c). It is 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.**

California Vehicle Code Section 23152(d). It is unlawful for a person who has 0.04 percent or more, by weight, of alcohol in their blood to drive a commercial motor vehicle, as defined in Section 15210 CVC. **Misdemeanor.**

California Vehicle Code Section 23152(e). It is unlawful for a person who has 0.04 percent or more, by weight, of alcohol in their blood to drive a motor vehicle when a passenger for hire is a passenger in the vehicle at the time of the offense. **Misdemeanor.**

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

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

California Vehicle Code Section 23153(a). It is unlawful for a person, while under the influence of any alcoholic beverage, to drive a vehicle and concurrently do any act forbidden by law, or neglect any duty imposed by law in driving the vehicle, which act or neglect proximately causes bodily injury to any person other than the driver. **Felony.**

California Vehicle Code Section 23153(b). It is unlawful for a person, while having 0.08 percent or more, by weight, of alcohol in their blood to drive a vehicle and concurrently do any act forbidden by law, or neglect any duty imposed by law in driving the vehicle, which act or neglect proximately causes bodily injury to any person other than the driver. **Felony.**

California Vehicle Code Section 23153(d). It is unlawful for a person, while having 0.04 percent or more, by weight, of alcohol in their blood to drive a commercial motor vehicle, as defined in Section 15210 CVC and concurrently to do any act forbidden by law or neglect any duty imposed by law in driving the vehicle, which act or neglect proximately causes bodily injury to any person other than the driver. **Felony.**

California Vehicle Code Section 23153(e). It is unlawful for a person, while having 0.04 percent or more, by weight, of alcohol in their blood to drive a motor vehicle when a passenger for hire is a passenger in the vehicle at the time of the offense, and concurrently to do any act forbidden by law or neglect any duty imposed by law in driving the vehicle, which act or neglect proximately causes bodily injury to any person other than the driver. **Felony.**

California Vehicle Code Section 23153(f). It is unlawful for a person, while under the influence of any drug, to drive a vehicle and concurrently do any act forbidden by law, or neglect any duty imposed by law in driving the vehicle, which act or neglect proximately causes bodily injury to any person other than the driver. **Felony.**

ANNEX A

LAWS RELATING TO DRUG INFLUENCE *(continued)*

California Vehicle Code Section 23153(g). It is unlawful for a person, while under the combined influence of any alcoholic beverage and drug, to drive a vehicle and concurrently do any act forbidden by law, or neglect any duty imposed by law in driving the vehicle, which act or neglect proximately causes bodily injury to any person other than the driver. **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 the 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.

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

SCHEDULE OF DRUGS

Schedule I–California Health and Safety Code Section 11054.

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

NOTE: California has decriminalized the possession and use of medical and recreational cannabis.

Schedule II–California Health and Safety Code Section 11055.

Raw opium
Codeine
Morphine
Cocaine
Hydrocodone
Methadone
Stimulants (amphetamines, methamphetamines)
Depressants (amobarbital, pentobarbital, secobarbital) PCP and its analogs

Schedule III–California Health and Safety Code Section 11056.

Other listed stimulants
Other listed depressants
Other narcotic drugs

Schedule IV–California Health and Safety Code Section 11057.

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

Schedule V–California Health and Safety Code Section 11058.

Other narcotic drugs

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.
Additive 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 LSD influence will cause dilation of the pupils. Action plus the same action produces reinforced action.
Analgesic:	Relieves pain.
Antagonistic 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.
Constricted Pupil:	Pupil size measuring smaller than the mean.
Delirium:	Extremely confused and/or excited.
Delusion:	False belief in one's self.

ANNEX D

INFLUENCE TERMS *(continued)*

Diastolic:	Dilation state of blood pressure (low number) when the heart is filling up.
Dilated Pupil:	Pupil measuring larger than the mean, dependent upon lighting conditions.
Distorted Time Perception:	The ability to accurately estimate time is adversely affected by drug use (e.g., a cocaine/amphetamine user may estimate 5 seconds to be 30 seconds).
Drug:	Any substance or combinations of substances, other than alcohol, which could so affect the nervous system, brain, or muscles of a person as to impair, to an appreciable degree, their ability to drive a vehicle in the manner that an ordinarily prudent and cautious person, in full possession of their faculties, using reasonable care, would drive a similar vehicle under like conditions.
Euphoric:	Feeling of well-bein
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 jerking of the eye.
Hypertension:	Abnormally high blood pressure.
Insufflation:	Inhalation.
Lack of Conversion:	Inability of eyes to converge inward while following an object.

ANNEX D

INFLUENCE TERMS *(continued)*

Lethargy:	Stupor.
Light reflex:	When pupils constrict to protect the inside of the eye from overexposure.
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 cannabis 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" effects.
Polydrug Use:	Ingestion of two or more drugs, from different classifications, simultaneously.
Pulse Rate:	Normal–60-90 BPM; elevated–higher than 90 BPM.

ANNEX D

INFLUENCE TERMS *(continued)*

Rebound Dilation:	A period of pupillary constriction followed by a period of pupillary dilation where the pupil steadily increases in size and does not return to its original constricted size.
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 average pupil size is 2.5 to 5.0 millimeters (mm) for room light, 5.0 to 8.5 mm for near total darkness, and 2.0 to 4.5 mm

THIS PAGE INTENTIONALLY LEFT BLANK

ANNEX F

THE PHYSICIAN'S DESK REFERENCE

Should any type of legitimately manufactured pharmaceutical product be encountered, the PDR may be a valuable tool to assist in identification. 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 is seldom used as the information is of little use to law enforcement officers. Section 1 uses white pages.

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 5 pages are white.

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

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
DRUG RECOGNITION EVALUATION
CHP 202DRE (Rev. 7-18) OPI 066

Entered into Tracking System? ☒ Yes ☐ No - Why? 21-001-0001
Case Number: 2021-01234-590 | Citation Number: 46734OC

Page 1 of 2 — TO BE COMPLETED BY DRE TRAINED PERSONNEL

Offense(s) Charged/Investigated: VC 23152(g)

Name (Last, First, Middle)	DOB	Age	Race/Ethnicity	Sex	Arresting Officer (Name/ID Number/Area)
Doe, John	2/15/1974	47	WHITE	M	S. Smith / 12345 / Central Los Angeles - 590

Date/Time of Arrest	Breath test results	Time / Refused	Date/Time/Location of Examination
01/20/2021 22:40	0.05%	Time 13:15 Instrument # 101410	01/20/2021 22:55 LAPD-MDC

Admonition of Rights given by:	Rights Waived?	What have you eaten today?	Time	What have you been drinking?	How much?	Time of last drink
Arresting Officer	☒ Yes ☐ No	Little Caesars Pizza	1900	Beer	24 oz.	1930

Time Now	When did you last sleep?	How long?	Are you sick or injured?	Are you diabetic or epileptic?
2000	Last Night	10 hours	☐ Yes ☒ No	☐ 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

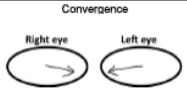
Are you taking any medication or drugs? ☐ Yes ☒ No — Do you have high blood pressure or heart disease? If yes, describe. ☐ Yes ☒ No — Have you ever had a severe head injury? If yes, describe ☐ Yes ☒ No

Speech	Attitude/Behavior	Coordination	Face	Breath/Odors
Slow, Slurred	Cooperative	Unsteady	Flushed	Alcohol Beverage

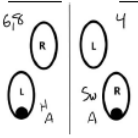
Corrective Lenses: ☐ Glasses ☐ UV Protected ☐ Contacts ☐ Hard ☐ Soft ☒ None
Eyes: ☐ Normal ☐ Bloodshot ☒ Watery
Blindness: ☒ None ☐ Right Eye ☐ Left Eye
Pupil size: ☒ Equal ☐ Unequal (explain)
Able to follow stimulus? ☒ Yes ☐ No
Eyelids: ☐ Retracted ☐ Normal ☒ Droopy

Pulse & Time	HGN	Right eye	Left eye
1. 54 / 23:07	Lack of smooth pursuit	☒ Yes ☐ No	☒ Yes ☐ No
2. 56 / 23:24	Max. deviation	☒ Yes ☐ No	☒ Yes ☐ No
3. 52 / 23:27	Angle of onset	☐ Resting (0) ☐ Rapid (35) ☐ Extreme (45) ☐ Immediate (0-30) ☒ Near extreme (40) ☐ None	

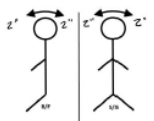
Vertical nystagmus? ☐ Yes ☒ No
Convergence



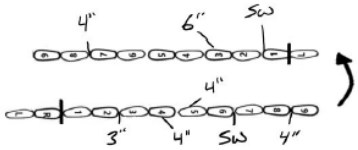
(3) One leg stand — Timed 30 seconds
Count # 1010 Count # 1012



(1) Modified Romberg Balance



(2) Walk and turn



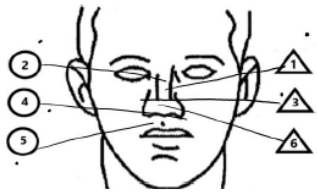
	1st Nine	2nd Nine
Cannot keep balance		
Started too soon		
Stopped walking	1	1
Missed heel-toe	2	1
Stepped off line	0	0
Raised arms	2	1
Actual steps taken	9	9

L	R	
0	1	Sways while balancing
1	1	Used arms to balance
1	0	Hopping
2	1	Put foot down

Type of footwear: White Tennis Shoes

Internal clock: 45 Estimated as 30 sec. — Proper Turn: ☒ Yes ☐ No — Describe turn: As Instructed — Cannot do test (explain)

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



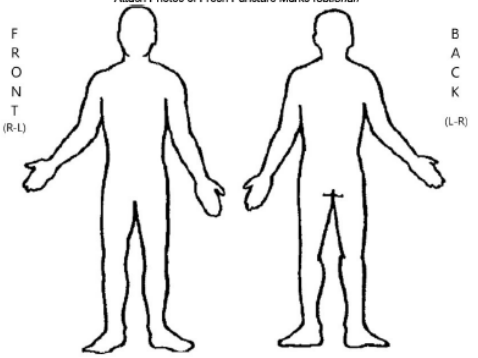
Pupil Size: MM

Light	Right Eye	Left Eye
Room Light	1.5	1.5
Near Total Darkness	2.0	2.0
Direct	1.0	1.0

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

Nasal area: Dry Mucus — Oral cavity/Tongue: White/Pasty

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



Blood pressure	Temperature	Muscle tone	Comments
100 / 60	96.6 °F	☐ Near Normal ☒ Flaccid ☐ Rigid	

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

Drug admonition by: Arresting Officer

Examining Officer	ID Number	IACP/DRE #
William D Brunson	019234	32109

Department, Division, or Area: 066 — Reviewed by

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

Destroy previous editions — Chp202DRE_0718.pdf

ANNEX G

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

DR/Citation Number
2021-01234-590 / 46734OC

Page 2 of 2

Name (Last, First, Middle)
Doe, John

1. LOCATION:
2. WITNESS:
3. BAC:
4. NOTIFICATION INTERVIEW:
5. INITIAL OBSERVATION:
6. MEDICAL PROBLEMS:
7. PSYCHOPHYSICAL:
8. CLINICAL INDICATORS:
9. SIGNS OF INGESTION:
10. STATEMENTS:
11. DRE'S OPINION:
12. TOXICOLOGICAL:
13. MISCELLANEOUS:

Drug Recognition Evaluation (DRE) Report/Narrative

☐ CONTINUED

Examining Officer	ID Number	Division or Area
William D Brunson	019234	066

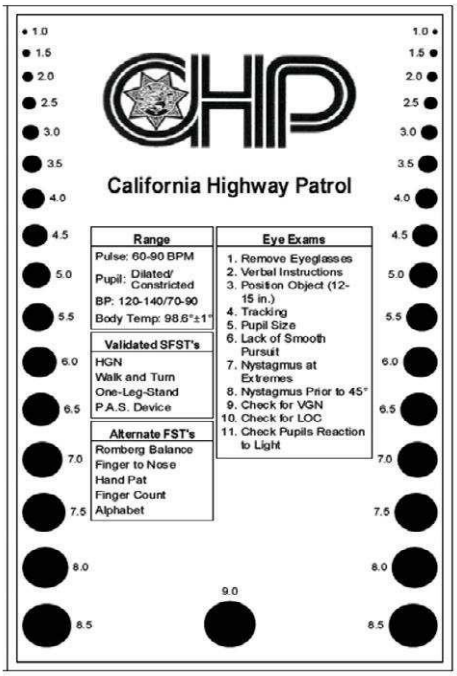
This examining officer is a trained DRE expert on the effects of driving under the influence of drugs.

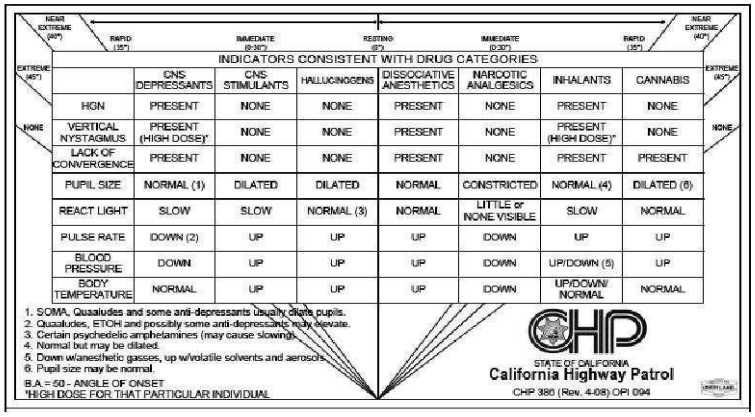
Destroy previous editions

Chp202DRE_0718.pdf

ANNEX H

CHP 386, PUPILOMETER – BASIC

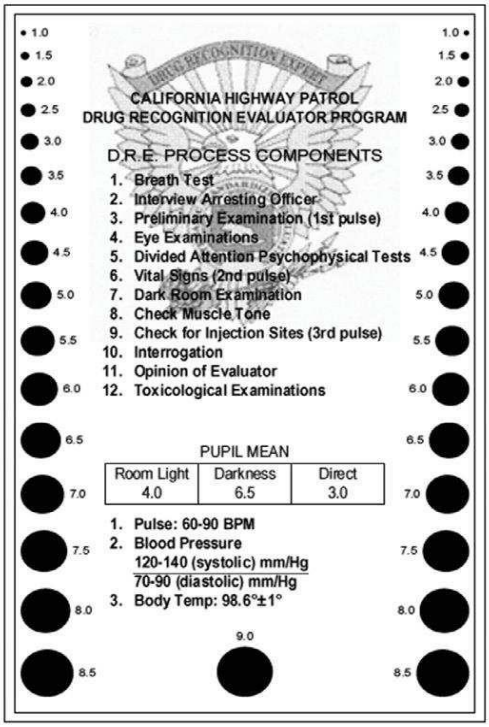


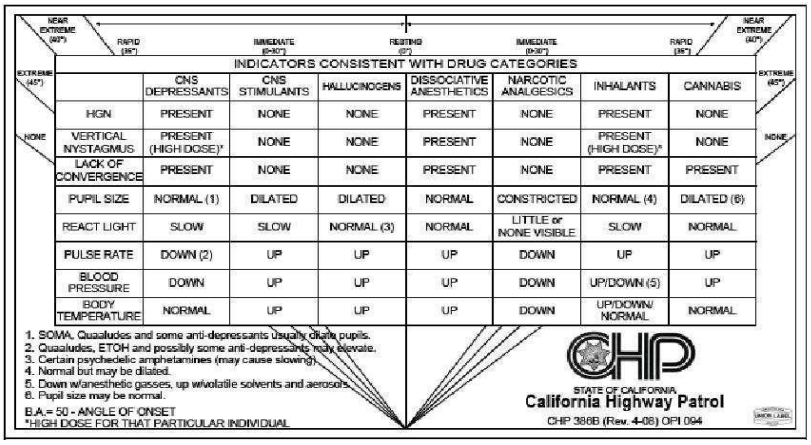


THIS PAGE INTENTIONALLY LEFT BLANK

ANNEX I

CHP 386B, PUPILOMETER – DRUG RECOGNITION EVALUATOR





THIS PAGE INTENTIONALLY LEFT BLANK