

Stanislaus County Sheriff's Department
Drug Abuse Recognition
Expanded Course Outline
Day One

- I. Introduction**
 - A. Course Overview**
 - B. Pre-Test**

- II. Introduction to the "DAR" Process**
 - A. "Shom Dip"**
 - 1. How Drugs Work**
 - 2. Category Relationships**
 - B. Observations**
 - 1. Cars and Other Vehicles**
 - 2. Pedestrians**
 - 3. Calls for Service**
 - 4. Plain View Observations**
 - C. Interview Techniques**
 - 1. Questioning Guide**
 - 2. Behavioral Concerns**
 - 3. Statements**
 - 4. Body Language**
 - D. The DAR Seven Steps**
 - 1. Horizontal Nystagmus**
 - 2. Vertical Nystagmus**
 - 3. Non-Convergence**
 - 4. Pupillary Size**
 - 5. Pupillary Reaction to Light**
 - 6. Pulse**
 - 7. Internal Clock**
 - E. The DAR Field Techniques**
 - 1. Eyes – Nomenclature**
 - 2. Eye Exams**
 - 3. Nystagmus Horizontal**
 - 4. Nystagmus Vertical**
 - 5. Convergence**
 - 6. Pulse**
 - 7. Rhomberg**
 - F. DAR Jail Techniques**
 - 1. Intoxilyzer**
 - 2. Darkroom Eye Exam**
 - 3. Oral / Nasal**
 - 4. Injection Sites**
 - G. "DRE" Interfacing**

- H. Evidence Collecting**

- III. Review of Legal Codes**
 - A. 11550 HS**
 - 1. Categories Restricted**
 - B. Drunken/Drugged Driving**
 - C. California Penal Codes**
 - D. Health and Safety Codes – Paraphernalia A**
Health and Safety Code – “Being in a Place”
 - E. Use of Physicians Desk Reference (PDR)**

- IV. Introduction to Human Physiology**
 - A. The Central Nervous System**
 - 1. Brain, Brain Stem, Spinal Cord**
 - 2. Cranial Nerves**
 - 3. Sympathetic System**
 - 4. Para-sympathetic**
 - B. Neurochemical Issues**
 - 1. Cholinergic**
 - 2. Endorphin**
 - 3. Dopamine**
 - 4. Serotonin**
 - C. Target Organs and Resultant Signs**
 - 1. Cardiovascular Response**
 - 2. Pulmonary Response**
 - 3. Neurological Response**
 - 4. Musculo-Skeletal**
 - 5. Pupillary-ocular**
 - 6. “Ranges of Normal”**
 - D. Injection Sites**
 - 1. Legal vs Illegal**
 - 2. Wound Healing**
 - 3. Identification**
 - 4. Interpretation and Significance**
 - E. Addiction and Maintenance**
 - 1. Methadone-Opiates**
 - 2. L-dopa, buprenorphine – Stimulants**
 - F. Poly Drug Use**
 - 1. Agonistic Drugs**
 - 2. Antagonistic**
 - 3. Addictive Effecting**
 - 4. Overlapping Effect**
 - G. Health Risks and Exam Precautions**
 - 1. AIDS**
 - 2. Hepatitis**

- V. Cannabis (Marijuana/THC)**
 - A. Types of Compounds**
 - 1. The Synthetics
 - 2. Sensimilla
 - 3. Hashish
 - 4. Hash Oil
 - B. Marijuana Signs and Symptoms – DAR Seven Steps**
 - 1. Lack of Convergence
 - 2. Some Pupillary Dilation with Rebounding
 - 3. Pulse and Blood Pressure Increased
 - 4. Body Tremors
 - 5. Reddened Conjunctive
 - 6. Lessened Inhibitions
 - 7. Divided Attention Problems
 - 8. Odor of Marijuana
 - C. Marijuana Combinations**
 - 1. Marijuana and Ethyl Alcohol
 - 2. Marijuana and CNS Stimulants
 - 3. Marijuana and P.C.P.

- VI. PCP and PCP Analogs**
 - A. Historical**
 - 1. General Anesthetic Uses
 - 2. Veterinary Uses
 - 3. Peace Pill (PCP)
 - B. PCP Symptomology – DAR Seven Steps**
 - 1. Horizontal Nystagmus
 - 2. Vertical Nystagmus
 - 3. Non-convergence
 - 4. Increased Body Temperature
 - 5. Blank Stare
 - 6. Cyclic Behavior
 - 7. Muscle Rigidity
 - 8. Incomplete Verbalization
 - 9. Increased Pulse
 - 10. Loss of Pain Sensitivity
 - 11. Chemical Odors
 - 12. Time/Space Distortion
 - C. Officer Safety Considerations**
 - D. PCP Combinations**
 - 1. PCP and Cocaine
 - 2. PCP and Marijuana
 - 3. PCP and Alcohol

Day Two

VII. C.N.S. Stimulants

A. Historical Perspective of Cocaine

- 1. Ancient Uses**
- 2. Modern Uses**
- 3. Growing and Cultivating**

B. Methamphetamine/Amphetamine Perspective

- 1. Traditional Uses**
- 2. Production (Basic Cooking Techniques)**

C. C.N.S. Stimulant Symptomology

- 1. No Nystagmus**
- 2. Convergence**
- 3. Pupillary Dilation**
- 4. Poor Pupillary Reaction to Light**
- 5. Rhomberg Clock Fast**
- 6. Pulse Increased**
- 7. Hyperflexia**
- 8. Hyperkinesis**
- 9. Tremors**
- 10. Reddened Oral and Nasal Cavities**
- 11. Injection Sites**
- 12. Mood and Personality Distortions**
- 13. Pupillary Constriction in Chronic Methamphetamine Use**

D. ICE

- 1. How to Synthesize**
- 2. Differences in Effects/Rock Cocaine**

E. Freebase Cocaine

- 1. How to "Rock Up"**
- 2. Signs of Ingestion**

VIII. Hallucinogens

A. Hallucinogen Menu

- 1. L.S.D.**
- 2. Peyote**
- 3. Psilocybin**
- 4. Morning Glory Seeds**
- 5. MDA or MDMA**

B. Hallucinogen Symptomology

- 1. Dilated Pupils**
- 2. Increased Pulse**
- 3. Distorted Rhomberg**
- 4. Piloerection**
- 5. Sweating**
- 6. Confusion**
- 7. Visual/Tactical Distortions**

IX. Opiates (Narcotic Analgesics)

- A. Historical**
 - 1. Cultivation
 - 2. Opium Wars
 - 3. Tinctures of Opiate

- B. Opiate Pharmacology**
 - 1. Endorphin
 - 2. Biochemical Action

- C. Opiate Symptomology**
 - 1. Constricted Pupils
 - 2. Decreased Pulse
 - 3. Slow Romberg
 - 4. Slow Lethargic Movements
 - 5. Cool Extremities
 - 6. “On The Nod”
 - 7. Illegal Injection Sites (Non-sterile)
 - 8. Compensating Clothing
 - 9. Slow Speech

- D. Methadone**
 - 1. Therapeutic Uses
 - 2. Adjuncts to Addiction Therapy

- E. Drug Combinations**
 - 1. “Speedballs”
 - 2. “Loads”

- F. Examination Techniques**
 - 1. Finger Feel Technique
 - 2. Use of Pupilometers, Magnifiers and Penlights
 - 3. Health Concerns

Day Three

- X. C.N.S. Depressants**
 - A. Historical Perspective**
 - 1. Insomnia Treatment
 - 2. Depression/Anxiety Treatment
 - 3. Treatment of Seizure Disorders
 - B. Currently Prescribed Barbiturates**
 - 1. Seconal
 - 2. Tuinal
 - 3. Phenobarbital
 - 4. Fiorinal
 - C. Anti-Depressants/Anti-Anxiety Drugs**
 - 1. Valium
 - 2. Librium
 - 3. Xanax
 - 4. Ativan
 - 5. Serax
 - 6. Elavil
 - 7. Miltown
 - D. Benzodiazapene Sleeping Aids**
 - 1. Restoril
 - 2. Dalmane
 - 3. Halcion
 - E. Quaalude**
 - F. Gamma Hydroxy Butyrate (GHB)**
 - G. Symptomology**
 - 1. Nystagmus
 - 2. Non-Convergence
 - 3. Decreased Pulse
 - 4. Slow Rhomberg
 - 5. Poor SFST's
 - 6. Slurred Speech
 - H. Drug Combinations (Poly Drug Use)**
 - 1. Alcohol
 - 2. Stimulants
 - 3. Opiates
- XI. Chemical Testing**
 - A. Metabolic Systems**
 - B. Burn Off Rate**
 - C. Half Life**
 - D. Selection of Best Test**
 - E. Current Technologies**
- XII. Alcohol and DAR Investigative Techniques**
 - A. Physical Symptomology**

1. General Physical Symptoms
 2. Behavioral Symptoms
 3. Documentation Techniques
- B. Nystagmus**
1. Vestibular System
 2. Positional Alcohol Nystagmus
 3. Rotational Nystagmus
 4. Post Rotational Nystagmus
 5. Neural Nystagmus
- C. Drug/Alcohol Combinations**
1. The Five Expectations
 2. Burn Off Rates Versus Dosage
 3. Evaluation Process
 4. Final Conclusions
- D. Alcohol Seven Step**
1. Horizontal Gaze Nystagmus
 2. Vertical Nystagmus
 3. Non-Convergence Check
 4. Rough Pursuit
 5. Rhomberg
 6. Angle of Onset Predictions
 7. Dark Room
 - a. Pupillary Size
 - b. Pupillary Reaction to Light

XIII. Final Examination

XIV. Courtroom Testimony – Voir Dire Preparation

- A. Prosecutor Expectations**
1. Preparing Your Case
 2. D.A. – Law Enforcement Networking
 3. Performance Expectations
- B. Judicial Expectations**
1. Role of the Bench Officer
 2. Performance Expectations
- C. Defense Attorney Expectations**
1. The Defense Role
 2. Defense Tactics
 3. How To Prepare