

## АДМІНІСТРАТИВНЕ ПРАВО І ПРОЦЕС. ФІНАНСОВЕ ПРАВО. ІНФОРМАЦІЙНЕ ПРАВО

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### SPECIFICITY OF COMMUNICATION OF POLICEMEN WITH PERSONS UNDER THE INFLUENCE OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES

The paper deals with safe communication between members of the Police of the Czech Republic and persons under the influence of narcotic drugs and psychotropic substances. The task of police officers is to maintain public order and monitor and investigate crime. Police officers are front line actors, addressing public crisis situations. They are increasingly confronted with people under the influence of narcotic drugs and psychotropic substances. When investigating crime, they collect information through interrogating suspects, the accused, witnesses and victims who abuse substances. The strategies employed by police officers in interrogating, and communicating with, these people is a key part of their work.

**Keywords:** *danger; communication; narcotic and psychotropic substances; perpetrator; police.*

Статья посвящена вопросам безопасной коммуникации между сотрудниками полиции Чешской Республики и лицами, находящимися под воздействием наркотических средств и психотропных веществ. Задачей сотрудников полиции является поддержание общественного порядка, а также мониторинг и расследование преступлений. Сотрудники полиции являются ведущими действующими лицами, занимающимися урегулированием общественных кризисных ситуаций. Они все чаще сталкиваются с лицами, находящимися под воздействием наркотических средств и психотропных веществ. При расследовании преступлений они собирают информацию путем опроса подозреваемых, обвиняемых, свидетелей и жертв, злоупотребляющих психоактивными веществами. Стратегии, применяемые сотрудниками полиции при допросе этих людей и общении с ними, являются ключевой частью их работы.

**Ключевые слова:** *угроза; коммуникация; наркотические и психотропные вещества, преступник, полиция.*

### **Introduction**

The Police of the Czech Republic is the single armed security corps established by the Act of the Czech National Council of 21 June 1991 – it serves the public. Its task is to protect the security of people and property, maintain public order, and prevent crime [4, 17].

The mission of the Police is therefore to maintain order and internal security within the country. Police officers on duty may get into crises that endanger not only themselves, but also civilians who are present in the immediate vicinity of, or are directly involved in, the dangerous event unfolding. Also, public and private property or any of the general interests of the state may be at risk [3, 6, 20].

Narcotic drugs and psychotropic substances (NDPS) undoubtedly constitute one such imminent danger. Narcotic drugs and psychotropic substances, or drugs, are regulated by Act No. 168/1997 Coll., on addictive substances, as amended, Government Order No. 463/2013, on lists of addictive substances, as amended, and Decree No. 72/2014 Coll., on records and documentation of addictive substances and preparations, and precursors, Act No. 272/2013 Coll., on drug precursors, as amended.

Therefore, drug, as a term, generally includes poisons, medicines or narcotics. A drug is any substance that causes dependence in a person, a substance intended to diagnose, treat, prevent or mitigate a disease, and a psychoactive substance that alters cognition, memory, perception and mood. Once introduced in a body, a psychoactive substance changes one or more of its functions. With repeated abuse, psychoactive substances lead to depend-

ence. Physical dependence is the result of chronic, repeated drug abuse and is characterised by tolerance and the presence of specific withdrawal symptoms characteristic of each particular drug. However, as the pattern of tolerance growth is not identical in every person, it cannot be predicted. The drug's toxic effect may also be accompanied by the body's increased tolerance to the drug. Withdrawal symptoms occur where drug delivery to the body is cut off abruptly or the dose of the drug in the body, already accustomed to the substance, is significantly reduced.

Each group of drugs (psychoactive substances) involves a specific degree of psychological dependence which is understood as craving for the drug. An individual with psychological dependence often believes they cannot dispense with a specific drug and its constant use in everyday life. They experience irresistible urges to use the drug and to acquire it at all costs. In spite of certain constant and specific symptoms of drug abuse, the effects are markedly variable, even in a particular individual. The drug user's gender may play a major role in the specific effects under consideration. One group of factors in potential drug dependence involves the so-called peristatic factors, i.e. influence factors of the group, environment, cultural styles, and other sociological aspects and contexts.

Police officers of the Czech Republic are increasingly confronted with people under the influence of various types of drugs and are forced to deal with problem situations both on the street and at the station. This mostly concerns uniformed police officers and also criminologists and investigators. Uniformed police officers in particular

tend to be young, with a short track record on duty [1, 12].

Due to political and economic pressures, downsizing occurs in the police force with certain regularity where senior police officers with practical drug scene expertise retire to be replaced by junior police force members who are lacking in the necessary expertise and experience in police work and are deprived of the opportunity to benefit from the practical skills and experience of their senior colleagues.

One problem inherent in police work involves dealing with, and recognising, people under the influence of drugs, as well as gathering information on various events and circumstances that is vital in terms of interpreting the event that has occurred. Such information may help protect lives or property of other people [14].

#### **Effects of narcotic drugs and psychotropic substances and medicines on perception, memory, and personality according to police practice**

Each substance – when introduced into the body – has a specific effect on a person, whether positive or negative. Narcotic drugs and psychotropic substances affect the brain function, potentially changing the way an individual behaves, acts, or perceives the events going on around them. The drug's action may be temporary or permanent depending on the length of use. For a police officer – especially an investigator – it is important to know the way individual types of drugs affect a person's behaviour in contact with the Police, and in particular the way a person under the influence of a drug is likely to behave when being interrogated. This paper gives an account of the observations of police officers who

come into contact with, and have to deal with, these people on a daily basis within the bounds of law.

Interaction with a person under the influence of drugs is vastly challenging for police officers. Police officers must understand each person is individual, and the effect a drug has on them will necessarily be variable. For instance, opiates tend to induce enjoyable states, hashish adds a strong emotional aspect to sensory perceptions, while cocaine tends to provoke pleasant agitation. The police officer must also make provision for the reason why they collect information from the person concerned: namely, whether they wish to obtain general information to establish their identity and/or status, or information relevant to their upcoming infringement or criminal proceedings. Then, the police officer needs to decide whether they will interrogate the person on the street or at the police station. And finally, they need to determine the position of the person under the influence of drugs in procedural terms (a suspect, an accused person, a witness, an injured party). In addition, they need to be able to understand whether the person they are interrogating is subdued, disoriented, agitated, or aggressive. Presuming the police officer knows the psychotropic substance affecting the user and whether they are an occasional or a permanent user of NDPSs, they can calibrate their behaviour and line of questioning in such a way as not to venture into a potentially dangerous situation, yet still manage to collect the drug user's testimony.

The actual communication with a person under the influence of an addictive substance must be extremely cautious and targeted. In general, it should be as to-the-point and brief as possible. During the contact, the police officer

should try to avoid unnecessary verbal exchanges, thus preventing displays of aggression on the part of the person on NDPSs. They should always act as an authority when interfacing or just meeting a drug addict who has broken the law. During the interaction, they should not be submissive (they should not succumb to the other person, adapt to their conduct); on the other hand, it is extremely inappropriate for a police officer to act aggressively and with arrogance. They must be resolute, authoritative and unambiguous. The intonation of their voice should be emotionless. Non-verbal expressions (facial expressions, gestures) should be used as little as possible as the drug addict may construe them as aggression directed against them. The officer should maintain constant eye contact with the person to manoeuvre them into an "inferior" position and make it more difficult for them to lie. If a verbal controversy ensues, despite the police officer's best efforts to prevent it, a good rule is to avoid the categorical "no". Instead, the officer may use phrases such as: "I think it would be better, but on the other hand..." and use skilful arguments to make the drug addict gradually come to agreement with whatever the police officer is saying. It is also imperative that the police officer remembers to avoid showing signs of irritation at the drug addict's verbal assaults, but rather fends them off calmly, by ignoring them and thus forcing the addict to have to come up with more arguments again, or they lose their superiority in the mutual exchange. For instance, if the drug addict says "you keep bothering people...", the officer should respond with icy calm: "You may be right there, but how else would you deal with this situation..." If the person under the influence speaks slowly, so should

the police officer. The officer's actions must be quite calm, emotionless, free of agitation, and all that should also be clear from the way they communicate and express themselves verbally.

The following paragraphs contain observations and items of knowledge I have gathered from police officers relating to the ways people behave under the influence of specific drugs and to their readiness to give testimonies.

#### **Cannabis-type drugs**

The most commonly available drug is:

- **Marijuana** – People who use marijuana experience altered perception of time; according to them the lapse of time slows down, and they lose the sense of time. They are also prone to losing the sense of space.

The senses are sharpened. As for their mood, they may be depressed or, on the contrary, unreasonably visibly cheerful, bordering on exuberant, laughing incessantly at virtually everything for no reason. At such a point, it is useless to ask them any questions. It is much more efficient to write the questions down as they will not necessarily be able to remember the questions at all, or will forget the thing they were only just talking about.

In acute intoxication (with higher doses), confusion, attention loss, feelings of being followed, hallucinations, acoustic, optical and tactile illusions may occur. Short-term memory disorders may be experienced. The motivation for any activity is lost.

Once the effects subside, fatigue, confusion and drowsiness set in.

- **Hashish** – Low doses can initially cause restlessness and anxiety; later they induce day-dreaming and enjoyable calmness and craving for

sweets. The person behaves similarly to a marijuana user, but the experiences are more intense. During the intoxication, their behaviour may be foolish, frolicsome, similar to that of a small child. They may start singing, laughing, running around the room.

Their sensory perception is altered, their sensitivity increased, especially with regard to visual and auditory perceptions, and sounds and colours are clearer. Also, the intensity of olfactory, tactile and gustatory sensations is higher, and this affects the person's ability to think and reason realistically, for example, they may confuse the sound of a dripping tap with that of a waterfall.

Their short-term memory is impaired, the person forgets the beginning of the sentence before they can finish it, and their attention span is extremely short. They lose the sense of continuity of time, the space changes before their very eyes. Memory disturbances may persist for weeks after the person goes off the drug.

At higher doses, visual or auditory hallucinations may set in with possible memory disturbances, which may further worsen and lead to black-outs.

#### **Hallucinogenic drugs**

These are typically subdivided to:

- **Magic mushrooms** (*Psilocybe*) – After ingestion, the person is restless, slightly drowsy, and may be prone to frequent yawning. They behave in the same way as after ingesting alcohol, experiencing abnormal coordination.

They experience altered perception of reality in that the person loses their sense of time and space and is therefore unable to determine the temporal and spatial context. During intoxication, they perceive other people with deformed faces and limbs, and they see

their own body differently; depersonalisation and pseudohallucinations occur. Their perception of colours and sounds is intensified, which can lead to visual hallucinations. An intoxicated person may be prone to rash and impetuous decisions (jumping from heights). They see the officer's questions as a nuisance. They are fully vested in their imaginary world, and communication with them is impossible.

- **Peyote** (*Lophophora Williamsii*) – (also popularly known as San Pedro cactus). Visual illusions experienced after ingesting mescaline may persist for up to 10 hours. The person is initially euphoric, laughing and joking for no reason, feeling they have no control over their body, with their limbs changing in proportions and size. They see colours that are actually not there, they also have olfactory hallucinations. Objects may change their size, the person can see mythical animals. They may also perceive music or various sounds in colour. Questions regarding space and time will be unreliable as the person's sense of orientation is deteriorated. Also, their ability to determine the direction from which the sound they have just heard has come will be impaired.

Overdose may trigger psychoses.

- **Solanaceae family plants, such as datura** (*Datura sp.*), or **devil's snare, deadly nightshade** (*Atropa bella-donna*) and **black henbane** (*Hyoscyamus niger*).

There are not many users of these drugs as it is difficult to estimate the quantity of the substance to ingest. If a police officer comes across a person under the influence of these substances, they will find communication with them to be impossible. The person will be unstable, dizzy, disoriented, and will

have hallucinations of all kinds, including those affecting their bodies (they may try to pull imaginary objects out of their body, swat bugs or ants crawling all over them). They may laugh at everything, as well as be aggressive towards each other.

They are unable to tell their visions apart from reality. They can easily hurt themselves, even fatally, as they often believe they can fly. The state persists for up to 24 hours, when total attenuation occurs, sometimes leading to utter exhaustion. If datura seeds are combined with marijuana, as may be the case, the ensuing condition often requires medical attention.

- **LSD** (*Lysergic acid diethylamide*) – a low dose usually induces euphoria. A person who has ingested LSD is conscious of everything happening around them and is able to control themselves. They have a good sense of space and time. It is therefore possible to communicate with them and obtain reliable information. Their consciousness is unchanged and preserved. The person is communicative and talkative.

Yet, at higher doses, they no longer control their impulses and disturbances of consciousness occur. In general, LSD's effects on individuals are varied and therefore unpredictable. An intoxicated person may experience illusions, they may be able to tell reality apart from false perceptions, yet be overcome by pleasant visions (for example, hearing sounds and feeling touches that seem very real, but in fact are not), they are carried away into their fantasy world and share information that is entirely unreal.

High doses induce hallucinations, disturbances in perception, loss of contact with reality, loss of control over their impulses, their cognition, experi-

ences, and actions. They have no sense of time and space, colour changes occur. The individual may often feel this state cannot be changed, it is permanent, timeless, and therefore displays fear, anxiety and panic. Frequently, they tend to see eyes all around them, spinning coloured targets, oriental patterns and spinning or rippling coloured surfaces. Reasonable communication with the person thus intoxicated is practically excluded, their responses are clumsy due to disturbances in attention span, and they are unable to finish their ideas. In this state of intoxication, they may even attempt to commit suicide.

After a longer period of LSD abuse, the person may develop psychological disorders, namely schizoid personality disorder, depending on their genetics, ultimately leading to behavioural changes. The police officer may recognise this from the fact that the person is not capable of rational thought, is prone to rapid mood swings, behavioural changes, hallucinations, and delusions.

#### **Opioid drugs**

The least frequently used drug in this group in our country is opium.

- **Opium** – After ingesting opium, the person becomes euphoric, losing their propensity for feeling physical and mental pain. They feel calm, intoxicated without hallucinogenic visions. After some time, they will be drowsy and eventually fall asleep. The police officer must establish the time the addict took their last dose. Indeed, after waking up, they will be experiencing withdrawal symptoms, both physical and mental, a state in which they will no longer be able to communicate. Opium abusers are mostly arrogant, egoistic, intolerant, and deceitful.

- **Morphine** – Morphine accentuates the feeling of euphoria. The in-

toxicated person will be calm, happy and balanced. They will be free from any worries. The police officer will be dealing with a very confident person perfectly capable of communicating normally. Yet, after the drug effect wears off, withdrawal symptoms set in, excluding the person from everyday life and making it impossible for them to complete the necessary steps in any process. They may, for instance, experience depression, diarrhoea, vomiting, and circulatory disorders. At high doses, morphine is hypnotic, and the addict will report respiratory problems.

- **Heroin** – works similarly to other opiates, except for the fact that the effects set in much faster, especially if injected. As it reaches the brain almost instantly, it causes delusions for a few hours (1–7 hours). As a result, there is nothing a police officer can do with the addict at that time. The addict is relaxed, even in terms of muscular relaxation, they are completely passive, calm, with a blissful expression in their face, and they are far away as their senses are all blurred. After a certain period of time, however, they are capable of engaging in communication without reservations. The police officer should be cautious as the addict is capable of any physical activity. If the user is acutely intoxicated, they tend to be subdued, they usually do not finish their sentences, their attention is occasional at best, and they can be apathetic and prone to falling asleep. The officer should use short sentences, ask simple questions and repeat those questions, speak out loud and articulate clearly. If they engage in long-term drug abuse, they are dangerous, their temper changes for the worse, and their personality decomposes. During an interrogation, the officer must count on se-

vere memory disturbances, a great deal of egotism and anxiety attacks bordering on paranoid states where the person may be very dangerous.

**Cocaine-type drugs.** These represent one of the most dangerous families of drugs.

- **Cocaine** – If used by a person who does not abuse or know the drug, cocaine will usually make them feel sick. They will suffer from anxiety, nausea and feel physical distress. Later after the ingestion, mostly by sniffing, the person will feel awake, fatigue-free, energetic, cheerful, sociable, and free from hunger or thirst. They will long for movement and performance. Indeed, cocaine gets right into the brain. The process takes about 20 minutes after application. After the initial effects wear off, the person will be restless, hypersensitive to any loud sound stimuli and will suffer from physical problems.

There is no risk for them to experience productive disturbances in perception (hallucinations, illusions) or thought (delusions). Large doses cause exhaustion, with the person becoming anxious bordering on depressed. They may be aggressive at times. In the event of repeated use, the addict may suffer from consciousness disturbances and paranoia. In case of chronic intoxication, cocaine users may envision small animals and insects, even people can seem as small as about 10 cm. Very often they hurt themselves, scratching themselves all over the body until they draw blood, trying to shake the insects off of themselves. If more cocaine users get together, they can support each other to such an extent they experience joint visions and hallucinations, sometimes even sexual. After some time, severe psychological changes also occur, such as par-

anoid psychosis, which may lead to suicidal or violent mindsets.

- **Crack** – Smoking crack cocaine causes shorter but more intense intoxication. The Police say the effects of crack cocaine reach their peak within the first 30–60 minutes of application and abate just as fast. Intense euphoria lasts 5–10 minutes.

After a certain period of abuse, crack users suffer from delusions and hallucinations, and their physical state seriously deteriorates. The risk of overdose is severe.

#### Amphetamine-type drugs

This family of drugs is subdivided mainly to amphetamines and methamphetamines.

- **Amphetamines** – after ingestion, the person is attuned to put on great mental and physical performances. They are active at the moment, which leads to their constant need to do something. They will be restless, extremely energetic and vigilant when interrogated.

At higher doses, they become talkative and extremely hyperactive. Long-term abuse leads to states of utter exhaustion, disturbances in their ability to think independently and self-control, disturbances in concentration, and inadequate behaviour. They may experience the feeling they are witnessing something they have already seen or experienced even though nothing like that has ever happened to them or has been experienced by them. That possibility cannot be ruled out for a long-term abuser. Such states can lead to paranoia and violence if the addict believes they are at risk.

- **Methamphetamine** – after ingestion, the person feels agitated, happy. They are excited, with no propensity to feel pain. They are full of en-

ergy. In such a state, it is possible to communicate with them. But the officer should listen carefully to what the person is saying, because they believe they understand and know everything, and they are eloquent and confident. Dealing with a drug addict, the officer must, for example, count on their inattention; for instance, they may spend prolonged periods of time staring out of the window, zooming in on an object they find more interesting than the police officer in front of them. They must be patient repeating the question over and over until the addict understands and answers. After some time, 6–8 hours, they grow quarrelsome, interrupting everyone, and they may become more aggressive in their actions. They may also unreasonably try to break out even if there is nowhere to run. They need a new dose. They are confused, irritable, panicky, and mentally disoriented. Eventually apathy and exhaustion set in. The person experiences anxiety, depression, paranoia, and hallucinations. Suicidal tendencies may occur.

- **Ecstasy** – the drug may lead to two states in an individual, depending on the frame of mind they were in before taking the drug. And so, the user may either feel euphoric, relaxed, friendly, or irritable, physically unwell, and non-communicative. If they are at a disco or a dance party, they may dance for hours, which often leads to total exhaustion and collapse of the body. They are easily capable of being interrogated, giving true testimonies, but after the ecstasy effect wears off, nausea, high temperature, impaired vision, or poor motor coordination occur. In this state, they are no longer able to testify.

**Organic solvent type drugs (inhalants).** The drugs mostly abused by users include:



- **Toluene, petrol, chloroform, various cleaning agents, solvents and adhesives.** Sniffing these substances may rapidly induce states akin to drunkenness. If the person is not a permanent user and provided they do not overshoot the sniffing time, they may indulge in a certain state of pleasantness, relaxation, and cheerfulness. When interfacing with people in this state, the police officer must count on nausea, loss of coordination, and speech disturbances setting in after a certain period of time. The so-called long-term sniffers may be very dangerous though. There is no point in interrogating them as they often hallucinate and become aggressive. Their memory is impaired, and they suffer from memory disturbances and black-outs.

**Medicines.** Medicines include:

- **Sedatives** (which have a calming effect) and **tranquillisers** (which relieve tension and anxieties).

They are abused by users for their calming effect, to prevent anxiety and to release mental tension. It should be noted that these drugs slow down brain activity and attenuate the central nervous system (brain and spinal cord). The addict is very slow in thinking, experiencing disturbances in concentration. They may respond to questions in a confused manner, and often it may be impossible to understand them. They show a great deal of fatigue, both physical and mental. Finally, they become inert and fall asleep. At higher doses, the addict loses coordination, experiences black-outs, is irritated and unable to form sound judgement. They can be a menace both to themselves and the people around them. If they have been on medication for a long time, where 2–3 months of continuous use suffice, and do not receive their usual dose in time,

they are irritated, depressed, chronically tired, and anxious bordering on panicky. Then they may experience hallucinations and be aggressive as they cannot distinguish reality from their paranoid visions.

- **Opioids:** painkillers that contain natural or synthetic opium alkaloids.

When dealing with a drug addict who has been abusing medicines—opioids—for a long time, you should count on them being drowsy, showing no concentration span, being totally unable to concentrate and therefore unable to respond to questions. They may be verbally aggressive.

- **Stimulants:** substances used to enhance attention and energy.

A police officer may interrogate a novice user as they tend to overflow with energy, their responses are snappy, and they are very attentive and vigilant. They pay attention to the questions and answer them promptly. In prolonged use, the addict's ability to pay attention will be impaired, they will feel constantly tired, exhausted. They may also display violent behaviour as they are always irritable and annoyed. Long-term abusers experience hallucinations, disorientation, and their psychotic behaviour is very dangerous.

- **Antidepressants:** the purpose is to suppress depression.

The users here will be apathetic, woozy. There is nothing the officer may do to motivate them. The biggest problem with antidepressants is that the users often experience suicidal tendencies and dizziness.

**Special interrogation tactics for people under the influence of narcotic and psychotropic substances**

As a rule, a police officer is the first one to come into contact with a

drug addict, and their job is to collect first-hand information on the crime that has been committed. Mostly they are uniformed police officers, typically members of riot or traffic police [21]. A CPIS member, a criminologist/operative or an investigator, is bound to arrive at the scene soon to take the person over. Dealing with a person under the influence of addictive substances places tremendous demands on the officer's conduct, since if the police officer behaves inappropriately, they may easily provoke a conflict, which may grow into aggression on the part of the intoxicated person. Identifying a person under the influence of an NDPS is always at best anyone's guess, with the probability level depending on the officer's personal experience and knowledge. The places where and the time when one is most likely to run into people under the influence of addictive substances may be predicted. When sizing up a person under the influence of an addictive substance or a full-fledged drug addict, the police officer has the disadvantage of usually not being able to rely on certain general traits such as clothes. When assessing such people, they must in particular draw on their physiognomy, reactions, verbal and non-verbal behaviour. If the person is capable of paying attention to what the officer is saying without immediately launching an attack, mutual communication may be established. This involves a complicated process as the policeman must carefully watch for the tone of their voice and the linguistic means they deploy and whether the answers make any sense and at the same time keep an eye on the person's movements and actions (e.g., whether they are friendly, indifferent or offensive, aggressive).

They must also figure out whether the person is in need of immediate medical attention.

Establishing contact with a person on NDPSs and collecting a true account of facts is often very challenging, and the process requires deeper understanding of psychology and psychiatry, as well as certain knowledge of the issue at hand.

When engaging in activities along the "toxi" line, the officer must take note of specific features appearing in the reactions and actions of persons suspected of such illicit conduct (proneness to aggression, escapes, self-harm, etc.). In contact with these people, they must be careful and cautious and call on the necessary number of officers and means when guarding them [18]. If they detain multiple people, they must take action to prevent them from mutually communicating and interacting.

The interrogator must establish contact with the interrogated person. Establishing contact is the interrogator's job. The first thing that must be done in establishing contact is a rudimentary assessment of the interviewee's personality. The interrogator must find out whether the intoxicated person is capable of being interrogated in the first place. Interrogation is a demanding process that absorbs all of the interrogator's mental capacity. They must concentrate on how they craft and ask the questions, observe and register the interviewee's verbal and non-verbal manifestations, consider the credibility of the testimony, etc. Likewise, they must retain control over their own conduct and feelings during the interrogation. Yet another problem may occur if the interrogator finds the person, they are interrogating strongly

unlikely, evoking negative feelings in them, etc. In such a case, enhanced self-control must be exercised, with a view to gaining subjective confidence that the aversion felt towards the interrogated person does not show in the overall atmosphere of the interrogation.

The interviewee's personality is a major factor in the way the interrogation unfolds and in its resultant quality. The interviewees may have various personality traits, abilities, ways of asserting themselves, various intelligence levels, they may be confident or shy, resolute or insecure. Smart people communicate easily and understand questions. Less intelligent persons or persons with mental problems tend to have more problems expressing themselves, they have limited vocabulary, and they may not understand the questions. If they respond with confidence, it does not necessarily mean that they are telling the truth; they may just want to draw attention to themselves. Insecure people should be afforded some space, and they should not be pressed.

As a rule, innocent people tend to provide to-the-point testimonies, unless people close to them are concerned, and they generally say everything there is to be said concerning the matter at hand. However, drug addicts are a little different in this respect as they are personally involved in the matter (they are dependent customers), and convincing such a person to tell the truth may be more challenging for the interrogator. It is always a challenge for a person who is not telling the truth to remember their lies, which may put the interrogator into an advantageous position.

Special procedures [8], [19] should be employed when interrogating NDPS users or persons under the im-

mediate influence of such substances. Before the interrogation, the police officer should get to know the interrogated person as much as possible. Often, they are complicated and ambivalent, suffering from mental disturbances, hard to communicate with. These persons often act inadequately to the given situation, they are aggressive, or conversely, inert, showing no interest in establishing contact. If the interrogated person is under the direct influence of a drug, it is often impossible to conduct the interrogation at all, as the person is not capable of being interrogated. The interrogation of drug addicts should in particular seek to establish the types of drugs they use, how often they use them, the quantities in which they abuse them as well as address some other questions [7].

The problem in interrogating a drug addict is their altered ability to take in whatever is happening around them after they use the drug. Their senses may be affected. The altered mental qualities may interfere not only with their ability to perceive things but also their ability to remember them. Therefore, a great deal of patience must be exercised when dealing with the interrogated person and all available and approved resources must be deployed to invoke associations and help better recall the memory track. It cannot even be ruled out that a person who has witnessed an event while under the influence cannot recall the event at all [15].

Intoxication may interfere with the interrogation even unintentionally. It is therefore much more dangerous to "buy into" a testimony of a party to the proceedings without even knowing that the interrogated person was under the influence of drugs [11]. In practice, this

can happen very easily as the interrogated person may not show any signs of ingestion of these substances and the interrogator may not find that out during the interrogation. This may also be due to the fact that the interrogator has never met the interrogated person before and therefore does not know their normal behaviour. The intoxicated person may not show any of the signs in order for the interrogator to figure out the intoxication. As a result, the person tends to defend themselves in court by claiming that their testimony must be regarded as invalid as they did not know what they were saying under the influence of the substance applied.

Interrogating a person under the influence of drugs, in a way, constitutes a specific way of communication between a police officer and the interrogated person [2]. It is imperative that the officer establish at the very beginning of the interrogation whether the person has a good sense of time and space. Many addicts are unable to recollect interacting with the Police after two or three days. If such a person is summoned as a witness, it is vital that they receive thorough instruction. Interrogating these persons must be conducted in line with the general strategic interrogation guidelines. If the need arises to interrupt a person under the influence of drugs in their monologue, it must be done with caution. It needs to be noted that people under the influence of NDPSs are much more prone to suggestive and deceitful questions, which may lead to the resulting evidence lacking in objectivity. Discrepancies in the interrogation should be removed as soon as they are identified.

In his book, Chmelik recommends that certain persons be interviewed repeatedly, for instance due the police

officer having previously misjudged the extent to which the interrogated person was affected by the drug, which would affect the procedural value of the testimony. He also recommends a psychiatric examination for such people, which may be instrumental in eliminating false testimonies typical of people on NDPSs [5].

In practice, persons on NDPSs who are about to be interrogated are not automatically subjected to a psychiatric examination on account of such procedure being excessively time-consuming, human resources-intensive and costly. A psychiatric examination is only ordered in exceptional circumstances. Interrogating heavy abusers who are under the influence of drugs all the time poses a problem.

There is no legal process in place for the Police to isolate such people with a view to eliminating the drug present in their body [16].

It is also questionable whether there would be any point in doing so even if the Police had the resources required, since after the drug is removed from the body, the people are bound to experience severe withdrawal syndromes. And these can take several days. For these reasons, it is also worth considering whether, before each interview, a person on NDPSs should be subjected to a quick test to establish whether or not they are under the influence of drugs.

This does not mean that if a person is no longer “under the influence” (the effects of the drug are not peaking at the very moment), no drug is present in their body (in bodily fluids – blood, urine, saliva) [13].

If that were the case, it would be impossible to interrogate certain people. Unfortunately, in practice we also

need to take into account the considerable cost of the individual quick tests, so taking them before each interview is simply unrealistic.

Where necessary, the tests or psychiatric examinations are in practice conducted only for people who have committed a serious one-time offence (robbery, serious bodily injury, murder) in order to assess their sanity [20].

Of course, when interrogating people on NDPs, it is up to the police officer to assess the situation and decide whether or not they will interrogate them.

There are ground rules that anyone who deals with persons on NDPs should be familiar with [9]. The interrogator, i.e., the police officer, should bear in mind that a person intoxicated by an addictive substance may act disproportionately, unpredictably, abruptly and recklessly. This applies in particular to intoxication with alcohol, meth, cocaine and hallucinogens. An intoxicated person may have paranoid tendencies interpreting even neutral suggestions from their surroundings as an attack or a threat. Such people tend to be oversensitive to non-verbal parts of communication, such as tone of the voice, gestures and distance [10].

I propose **principles and recommendations** conducive to more effective implementation of this criminology/strategy method – interrogation focusing on people under the influence of addictive and psychotropic substances:

- Knowledge and awareness – knowledge of the drug problem, characteristics of individual types of drugs, and the effect they have on the body.

- **Feasibility of procedural steps** – medical examination of the per-

son concerned in order to obtain the physician's consent to the interrogation. Determining the mental and physical state of the person.

- **Effectiveness** – interrogating the person with an account taken of the value of the potential outcome compared to the time, technical resources and human effort involved.

- **Legality** – the interrogation must be conducted within the bounds of law, and each interviewee must be informed of their rights at the latest at the beginning of the interrogation.

- **Caution** – the interrogators must be aware, throughout the interrogation, that the interviewee may be dangerous and, under the influence of drugs, they may physically endanger the investigator. It should be established, before the interrogation, whether the person has had contact with the Police in the past, and if so, how they behaved and whether they have been tried or convicted for another crime or offence (search the information systems for past convictions or offences).

- **Vigilance** – the interrogator should be able to rely on another person to monitor the interviewee's actions during the entire contact.

- **Operativeness and speed of interrogation** – it should be noted that the attention span of a person under the influence of drugs is very limited and their state of health may change rapidly.

- **Simplicity and clarity of questions asked** – questions must be simple, unambiguous, and understandable. Ask open questions. Avoid suggestive questions.

- **Use of technology** – use of computers and other machines to draft minutes from the interrogation, to make video and audio recordings of the interrogation, possibility to share with

wider authorised audience via conference calls.

• **Precautions (protection against infection)** – having protective equipment and disinfectants ready and using them in contact with a drug abuser who does not maintain hygiene and may have infectious diseases of which they may not even know. The police officer must remember that contagious diseases can be transmitted by direct contact with the infected person. After the interrogation, disinfect the places where the person was staying and the things they touched.

#### **Conclusion**

The paper points out the current threats faced by police officers in their everyday work. The threats are posed by people under the influence of narcotic drugs and psychotropic substances. Of course, what is important is whether they are the perpetrators of offences or

crimes, witnesses, or just people who have used the substance and need to be banned from a particular place or administered first aid. Communication between police officers and the person concerned also depends on the type of narcotic and psychotropic substance they have applied to themselves and on their current state.

I compiled a body of police officers' and my own experience in dealing with drug addicts and the way of collecting the necessary information a police officer needs to get. I drew on my own and my colleagues' long-term policing practice. Since it is sometimes important to interrogate such people, I have compiled a list of principles and recommendations governing the way such interrogation should be conducted in an efficient and, where possible, safe manner.

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**Специфіка комунікації співробітників поліції з особами,  
що перебувають під дією наркотичних та психотропних речовин**

Статтю присвячено питанням безпечної комунікації між співробітниками поліції Чеської Республіки та особами, які перебувають під дією наркотичних і психотропних речовин. Співробітники поліції є основними дійовими особами, що займаються врегулюванням громадських кризових ситуацій. Вони все частіше стикаються з особами, які перебувають під дією наркотичних засобів і психотропних речовин. При розслідуванні злочинів поліцейські збирають інформацію шляхом опитування підозрюваних, обвинувачених, свідків і жертв, що зловживають психоактивними речовинами. Стратегії, які застосо-

вуються співробітниками поліції під час допиту цих людей і спілкуванні з ними, є ключовою частиною їх роботи.

У статті йдеться про загрози, з якими стикаються працівники поліції у своїй повсякденній роботі. Ці загрози несуть особи, що знаходяться під впливом наркотичних засобів та психотропних речовин. Звичайно, важливим є те, чи вчиняють вони правопорушення, чи є свідками, чи просто вживають ці речовини на вулиці і слід припинити це або ж надати їм першу медичну допомогу. Спілкування між працівниками поліції й такими особами також залежить від типу наркотичної та психотропної речовини, яку вони вживають, від їх поточного стану тощо. Автором, на підставі власного багаторічного досвіду роботи в підрозділах поліції, розроблено методичні рекомендації щодо збору необхідної інформації у подібних ситуаціях та проведення допиту таких осіб.

**Ключові слова:** загрози; комунікація; наркотичні та психотропні речовини; правопорушник; поліція.