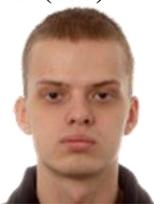


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RESEARCH ON THE EFFECTIVENESS OF THE METHOD OF RECOGNITION OF A PERSON'S STATE UNDER DRUG INDUCTION IN LAW ENFORCEMENT ACTIVITIES

For the first time for law enforcement officers, the physiological and behavioral signs of a person that arise from the effects of various narcotic substances and that in practical activity will help a police officer recognize a person's condition have been systematized. As a personal safety skill of a police officer, the concept of "recognition of a person's state under the influence of a narcotic substance" has been defined. The formation of this skill among police officers has been studied. In order to prevent or timely counteract offenses, recommendations have been developed regarding the tactical features of communication and the actions of police officers after recognizing a person's state under the influence of a narcotic substance.

Keywords: *recognition, personal safety, police, drugs, tactics of actions, communication.*

Statement of the problem. Drug addiction is one of the most widespread problems of society, especially among young people. As noted by researcher I. Bohatyriov, with the beginning of the military conflict with the Russian Federation starting in 2014, the share of crimes related to narcotic substances increased significantly. This led to an increase in both the use and the distribution of narcotic substances in society and became a threat at the national level [1]. The former Prosecutor General of Ukraine, I. Venediktova, noted that the rate of growth of drug addiction in Ukraine (during 2020–2022) is among the highest in the world [2]. In 2021, from 1 million to 1.5 million citizens used narcotic substances in Ukraine, and annually this figure increases by 8–10% [3]. It can be assumed that, taking into account the growth rate, as of 2024 approximately from 1.3 million to 2 million citizens of Ukraine used narcotic substances.

The presented statistical data make it possible to better understand the situation regarding drug-related crime in Ukraine and to plan further safety measures concerning police tactics of communication and actions with a person who is in a state of drug intoxication. As a result of drug use, a person develops health problems, mental disorders occur, and mental illnesses may arise. Depending on the narcotic substance, a person's behavior may be passive or become uncontrollable, which significantly complicates the performance of the duties assigned to police officers.

People in a state of drug intoxication may demonstrate resistance, which can be considered at the following levels [4]:

1. Passive (the person does not follow commands; does not obey the police officer, while not resorting to active actions; does not pose a physical threat; does not resist the police officer's controlling actions).

2. Active (the person attempts to flee; resists arrest; tries to avoid police control; issues verbal threats (possible use of obscene language); by their actions demonstrates readiness to resist the lawful demands of a police officer).

3. Aggressive (the person physically assaults a police officer; does not wish to stop physical impact on others; may resort to actions that threaten the life or health of people and/or the police officer).

Every day, calls are received by the "102" emergency line regarding violations of the law committed by persons in a state of drug intoxication, and in some cases the actions of such offenders are fatal for police officers and participants in the events. Thus, in 2021 in Lviv, during detention, a 22-year-old man attempted to swallow a packet containing a narcotic substance and died. Due to the unprofessional actions of six police officers who carried out the detention, they received a court sentence of eight years of imprisonment. In 2023, during an arrest, a drug dealer who was under the influence of drugs attacked police officers with a knife. In 2025 in

Zaporizhzhia, police officers detained a drug addict who had beaten and robbed a wounded serviceman of the Armed Forces of Ukraine [5].

The illicit trafficking of narcotic drugs has become more uncontrolled. One of the reasons is the conditions of the legal regime of martial law, since police officers have additionally begun to perform new tasks that are not typical for them, to participate in the defense of Ukraine, leaving their usual places of service.

A survey conducted among police officers (in particular, among representatives of criminal investigation units, district police officers, and juvenile prevention units with 1 to 10 years of service) established the following:

- they are familiar with the general features of the impact of narcotic drugs on the human body;
- 80% of the surveyed police officers understand that during the performance of their official duties they communicated with a person who was in a state of intoxication;
- 50% of police officers regard an intoxicated state as drug-related;
- 56.7% of respondents indicated that during the performance of their official duties police officers needed skills in effective tactics of action when dealing with a drug-intoxicated person due to uncertainty about the possible level of resistance and difficulties in establishing communication with such a person;
- 20% of police officers confidently identify, based on external signs, the type of narcotic substance under the influence of which a person is (these are mainly criminal investigation officers who are informed about the narcotic substances *распространені* in their service areas, such as cannabinoids, opioids, "salts", etc.);
- 93% of the respondents acknowledged that, in order to improve the effectiveness of the performance of their official duties, they need such systematized data on the effects of various narcotic substances on the human body that include physiological and behavioral signs.

Analysis of recent research and publications.

The issue of the effects of narcotic substances on the human body is studied by many medical institutions and individual medical specialists. In the law enforcement field, the work of Yu. D. Bukovskyi analyzed directions for improving the regulatory and legal regulation of interaction between units combating drug-related crime; I. V. Pyrohov and O. A. Chernetska studied the theory and practice of investigating the illegal transportation of narcotic drugs by railway transport [5]. Such specialists as O. M. Striltsiv,

A. V. Okushko, Ye. A. Taranich, O. Yu. Drozd, and others developed methodological recommendations for the actions of patrol police officers in cases of detection of offenses related to the illicit trafficking of drugs [6]; however, these recommendations were formulated regardless of the type of narcotic substance under the influence of which a person is, and without taking into account the peculiarities of the impact of different types of narcotic substances on behavior. For the first time, one of the authors of this article studied the tactical features of police communication with persons in a state of hashish intoxication [7], which provided an impetus for deeper research.

Taking into account the peculiarities of the effects of various narcotic substances on human behavior and the body, the purpose of the article is to systematize the physiological and behavioral signs of a person who is under the influence of a particular narcotic substance; to define the concept of "recognition of a person's state under the influence of a narcotic substance"; and to study the development among police officers of the skill of recognizing a person's state under the influence of a narcotic substance.

Summary of the main material. At the scene of an incident, it is very important for a police officer to be able to correctly assess the situation and recognize the state of a drug-intoxicated person with whom the officer will interact, because if the situation is assessed incorrectly and the tactics of communication and actions are chosen improperly, negative consequences may occur, including fatal cases. To assess a person's condition as drug intoxication, the legislator identifies only three physiological signs and one general behavioral sign that arise from the effect of a narcotic substance on the human body, in particular:

- dilated or constricted pupils that do not react to light;
- redness of the face;
- unnatural pallor;
- slowness or increased briskness or mobility of gait and speech [8].

For a police officer, the structure of personal safety during communication with a person under the influence of a narcotic substance is important, namely: appearance, reflex actions of the person, inappropriate signs, physiological deviations, and inappropriate communication.

Narcotic substances affect the physiological and behavioral characteristics of a person in different ways. These signs are extremely important information, because they can indicate to the police

officer which particular narcotic substance the person at the scene is under the influence of.

Based on materials from medical literature, the authors of the article systematized the effects of narcotic substances (opioids, stimulants, depressants, inhalants, cannabinoids, designer drugs) on the human body. The systematized

external signs of a person (physiological and behavioral) that arise from the action of a narcotic substance are summarized in a single Table 1. Depending on the type of narcotic substance, the probable level of resistance that an offender in a state of drug intoxication may offer to a police officer is determined.

Table 1 – External Signs of Drug Intoxication [9, p. 451]

Physiological Indicators	Behavioral Indicators	Level of Resistance
Opioids (heroin, morphine, fentanyl)		
<ol style="list-style-type: none"> 1) Darkening of teeth 2) Hair loss 3) Injection marks on the arms 4) Pallor of the skin 5) Puffiness under the eyes 6) Marked pupil dilation 7) Rapid weight loss 8) Mood swings 9) Cough and nasal congestion 	<ol style="list-style-type: none"> 1) Slowed reaction to the actions of others 2) Slurred or incoherent speech 3) Loss of interest in study, work, and close people 4) Abrupt change in social circle 5) Secretive phone calls 6) Unexplained spending of money 7) Constant scratching 	A person in a drug-intoxicated state may exhibit passive (low) resistance during the performance of police duties
Stimulants (cocaine, amphetamine, methamphetamine)		
<ol style="list-style-type: none"> 1) Loss of teeth 2) Chronic fatigue, which may be accompanied by bursts of unnatural activity 3) Sunken cheekbones 4) Dark circles under the eyes 5) General weight loss 6) Neurosis 7) Increased breathing rate 8) Mild skin hyperemia 9) Tremors in the limbs 10) Dilated pupils 11) Photophobia 12) Insomnia 13) Decreased appetite 	<ol style="list-style-type: none"> 1) Isolation from the environment 2) Apathy toward surroundings 3) Outbursts of aggression 4) Increased sexual activity 5) Increased talkativeness 	A person under the influence of drugs may exhibit an aggressive level of resistance (from moderate to high) when police perform their official duties
Depressants (alcohol, benzodiazepines, hypnotics)		
<ol style="list-style-type: none"> 1) Skin rashes 2) Respiratory depression 3) Drowsiness 4) Sedation (reduced irritability or excitation) 5) Decreased work capacity 6) Rapid fatigability 7) Impaired memory 8) Some carefreeness 9) Dishonesty 10) Mood instability 11) Tendency to conflicts 12) Amnesia (possible) 13) Muscle weakness 14) Dry mouth 15) Wandering, unfocused gaze 16) Confusion 17) Pale skin 	<ol style="list-style-type: none"> 1) Irritability 2) Psychosis (possible) 3) Impaired coordination 4) Depression and indecisiveness in actions 5) Sluggish thinking 6) Depression 	A person under the influence of drugs may exhibit a passive/active level of resistance (from low to moderate) when police perform their official duties

End Table 1

Physiological Indicators	Behavioral Indicators	Level of Resistance
Inhalants (glue, gasoline, aerosols)		
<ol style="list-style-type: none"> 1) Possible nosebleeds 2) Vomiting 3) Headache 4) Slowed breathing and heartbeat 5) Euphoria, which may later develop into lethargy and dizziness 6) Possible hearing loss 7) Loss of muscle mass 8) Decreased muscle tone 9) Hallucinations 10) Apathy 11) Impaired thinking 12) Unrecognizability 13) Rash around the nose and mouth 14) Impaired memory and intellectual functions 15) "Shining eyes" 	<ol style="list-style-type: none"> 1) Disorientation 2) Impaired coordination 3) Irritability or depression 	<p>A person under the influence of drugs may exhibit an active (moderate) level of resistance when police perform their official duties</p>
Cannabinoids (marijuana, hashish)		
<ol style="list-style-type: none"> 1) Constant lip licking 2) Unprovoked laughter 3) Talkativeness or lack of restraint in speech 4) Strong hunger or thirst 5) Dilated pupils 6) Shiny eyes, redness 7) Dry mucous membranes 8) Photophobia 9) If the dose was high, euphoria may be replaced by either sharp apathy and lethargy or, conversely, outbursts of rage with hallucinations and pronounced fears 10) Loss of logical thinking 11) Impaired memory 12) Sleep problems 	<ol style="list-style-type: none"> 1) Change in social circle 2) Unexplained spending of money 3) Tendency to lie 	<p>A person under the influence of drugs may exhibit a passive (low) level of resistance when police perform their official duties</p>
Psychedelics (LSD – lysergic acid diethylamide; psilocybin mushrooms; MDMA – methylenedioxymethamphetamine)		
<ol style="list-style-type: none"> 1) Vivid visual and auditory hallucinations 2) Feelings of immense happiness or panic and fear 3) Impaired vision and hearing 4) Memory loss 5) Loss of orientation in time and space 6) Dizziness 7) Dry skin 8) Dilated pupils 9) Slight tremor of the limbs 	<ol style="list-style-type: none"> 1) Splitting of personality 2) Simple or unclear speech, sudden changes in conversation topics 3) Lack of understanding of one's own actions 	<p>A person under the influence of drugs may exhibit a passive (low) level of resistance when police perform their official duties</p>
Designer drugs (spice, bath salts)		
<ol style="list-style-type: none"> 1) Feelings of omnipotence, strength, and vigor (over time, the effect may become contradictory) 2) Symptoms of persecutory mania 3) Panic and fear attacks 4) Illusory perception of the environment 5) Rapid weight loss 	<ol style="list-style-type: none"> 1) Behavior resembling a person in deep depression 2) Inadequate reactions to people and events 3) Aggression 4) Addictive behavior 	<p>A person under the influence of drugs may exhibit an aggressive (moderate to high) level of resistance when police perform their official duties</p>

During the performance of their official duties, it is crucial for police officers to assess the situation in a timely and accurate manner. When dealing with a person whom the officer identifies, based on external signs (physiological and behavioral), as being under the influence of a particular drug, the officer can anticipate the likely level of resistance and tactically act to prevent unlawful behavior.

Based on the analysis of the behavior of individuals under the influence of various drugs, the next stage of this study involved developing systematic recommendations for police actions during communication and tactical interaction with individuals under the influence of specific drugs (Table 2).

Table 2 – Recommendations for police actions during communication and tactical interaction with individuals under the influence of specific drugs

Type of Drug	Level of Resistance	Use of Force Model (UFM)	Recommendations for Communication/Actions
Opioids	Passive (low) level	<ol style="list-style-type: none"> 1) Officer presence 2) Tactical communication 3) Light tactile contact 4) Physical control 5) Handcuffs and/or other restraints 6) Baton as an auxiliary tool during escort 	<p>The person is in a state of euphoria and does not pose a threat. Recommended: communicate calmly with the individual and avoid sudden movements [10, 11, 12]</p>
Stimulants	Aggressive (moderate/high) level	<ol style="list-style-type: none"> 1) Officer presence 2) Tactical communication 3) Light tactile contact 4) Use of physical force (physical control, special combat techniques) 5) Handcuffs and/or other restraints 6) Baton as an auxiliary tool during escort 7) Tools equipped with tear gas or irritant substances 8) Contact and contact-distance electroshock devices 9) Baton (pushes, strikes) 10) Devices for firing cartridges with rubber or similar non-lethal projectiles 11) Service dog (bite) 12) Service horse 13) Vehicle immobilization tools/devices for forced stopping of vehicles 	<p>The person is irritable, hyperactive, and may display inappropriate emotions. Recommended: <ol style="list-style-type: none"> 1) Be prepared for aggressive actions; 2) Maintain distance; 3) Keep a "cool head"; 4) Use "active listening"; 5) Show empathy [13]; 6) Think according to an "If-Then" model [4] </p>
Depressants	Passive (low) level	<ol style="list-style-type: none"> 1) Officer presence 2) Tactical communication 3) Light tactile contact 4) Physical control 5) Handcuffs and/or other restraints 6) Baton as an auxiliary tool during escort 	<p>The person is in a state of euphoria and does not pose a threat. Recommended: communicate calmly with the individual and avoid sudden movements [10, 11, 12]</p>
Inhalants	Active (moderate) level	<ol style="list-style-type: none"> 1) Officer presence 2) Tactical communication 3) Light tactile contact 4) Use of physical force (physical control, special combat techniques) 5) Handcuffs and/or other restraints 6) Baton as an auxiliary tool during escort 7) Service dog (without bites) 8) Vehicle immobilization tools 	<p>The person exhibits abrupt emotional changes (irritability or depression). Recommended: <ol style="list-style-type: none"> 1) Communicate calmly with the individual; 2) Avoid sudden movements; 3) Use "active listening"; 4) Show empathy toward the person (while in a depressed state, the individual is more prone to trust) [13] </p>

End Table 2

Type of Drug	Level of Resistance	Use of Force Model (UFM)	Recommendations for Communication/Actions
Cannabinoids	Passive (low) level	1) Officer presence 2) Tactical communication 3) Light tactile contact 4) Physical control 5) Handcuffs and/or other restraints 6) Baton as an auxiliary tool during escort	The person is in a state of euphoria and does not pose a threat. Recommended: communicate calmly with the individual and avoid sudden movements [10, 11, 12]
Psychedelics	Passive (low) level	1) Officer presence 2) Tactical communication 3) Light tactile contact 4) Physical control 5) Handcuffs and/or other restraints 6) Baton as an auxiliary tool during escort	The person is in a state of euphoria and does not pose a threat. Recommended: communicate calmly with the individual and avoid sudden movements [10, 11, 12]
Designer drugs	Aggressive (moderate/high) level	1) Officer presence 2) Tactical communication 3) Light tactile contact 4) Use of physical force (physical control, special combat techniques) 5) Handcuffs and/or other restraints 6) Baton as an auxiliary tool during escort 7) Tools equipped with tear gas or irritant substances 8) Contact and contact-distance electroshock devices 9) Baton (pushes, strikes) 10) Devices for firing cartridges with rubber or similar non-lethal projectiles 11) Service dog (bite) 12) Service horse 13) Vehicle immobilization tools/devices for forced stopping of vehicles	The person is irritable, hyperactive, and may display inappropriate emotions. Recommended: 1) Be prepared for aggressive actions; 2) Maintain distance; 3) Keep a "cool head"; 4) Use "active listening"; 5) Show empathy [13]; 6) Think according to an "If-Then" model [4, p. 96]

To assess the level of police preparedness for communication and tactical actions with individuals under the influence of various drugs, as well as to highlight the importance of developing officers' skills in recognizing a person's state of intoxication as a safety component of police training, an experiment was conducted by the scientific-practical circle of the tactical-special unit "SHCHYT" at Kharkiv National University of Internal Affairs (KNUVS).

Among future police officers – cadets of KNUVS – two groups were selected: a control group and an experimental group. The control group had no knowledge of the effects of different drugs on physiological signs and human behavior, nor of tactical recommendations for interacting with such individuals. The experimental group was informed about the effects of various drugs on the human body and tactical recommendations for actions with such individuals [this group received a corresponding lecture, as well as handouts summarizing the above-systematized data and

recommendations regarding police tactical actions (Tables 1 and 2)]. The experiment was conducted in three stages with a one-week interval between them.

Stage 1. Each group was divided into 10 "contact and cover" police teams and issued belt equipment. During the completion of case-based tasks, officers were unaware of the specific situations they would encounter.

The experiment involved pre-trained role-players (statists) who had experience interacting with narcologists and practical practitioners in the research field. Under conditions approximating real-life scenarios, they simulated individuals under the influence of a specific drug (the role-players carried an object that could threaten the life/health of people or officers, as well as a simulated drug). At the end of each case-based task, officers were required to answer questions rated on a 10-point scale:

– What happened? (The situation had to be described as if there were no "observers" at the

location and the "observers" knew nothing about police activity, legal actions, or the Use of Force Model, only the facts).

- What was the offender's state?
- How quickly did the officer realize the offender was under the influence of drugs?
- Which drug was the offender under?
- How did the systematized data on physiological and behavioral signs of drug influence help the officers in solving the situational case task?

During the first stage of the experiment, most officers in the control group failed to perform the police tasks: unprofessional communication with the offender was observed; situations were misjudged; the potential level of resistance from the offender was incorrectly determined; in some cases, evidence in the form of a simulated drug was lost due to uncontrolled actions of the offender;

there were lethal outcomes among officers; and in isolated cases, some officers recognized that the offender was under the influence of a drug but could not identify which drug.

In the experimental group, most officer pairs successfully completed the tasks: communication with the individual was appropriate; the type of drug the person was under was correctly assessed, allowing officers to determine the likely level of resistance and prevent loss of the simulated drug as well as lethal outcomes; task completion times were faster than in the control group.

The effectiveness of task completion by police teams in the first stage of the experiment is presented in Figure 1. At this stage, only 3 "contact and cover" teams in the control group completed the assigned tasks, whereas 8 teams in the experimental group succeeded.

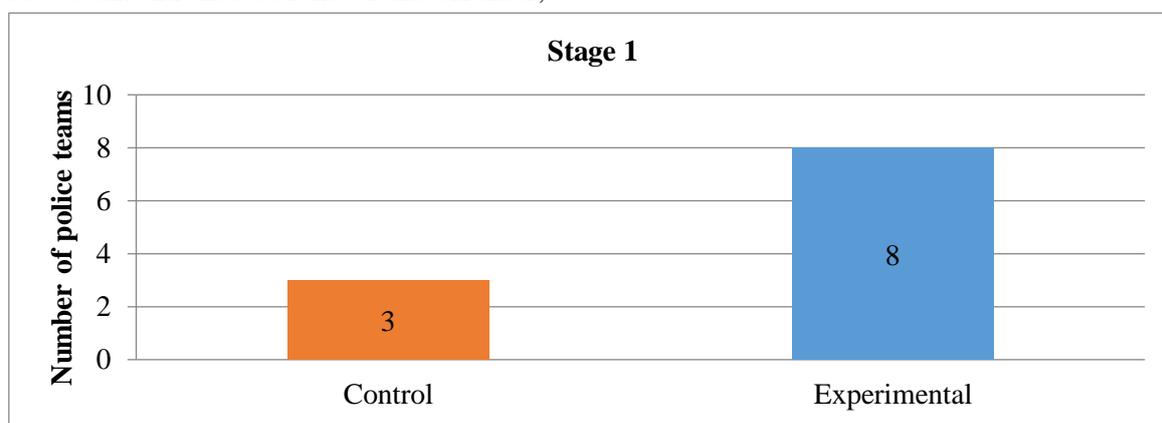


Figure 1 – Results of the case-based task performance by police teams in the first stage of the experiment

Stage 2. An additional lecture on the effects of various drugs on human physiological and behavioral signs was conducted for the control group of cadets. Attention was also given to the tactical aspects of communication and actions with individuals under the influence of drugs, and handouts in the form of Tables 1 and 2 were distributed. It was not emphasized that in one week

the cadets would have to perform practical case-based exercises on the same topics.

In the second stage of the experiment, the effectiveness of case-based task performance by the control group doubled (Figure 2). The number of "contact and cover" police teams in the control group that successfully completed the assigned tasks increased to 6.

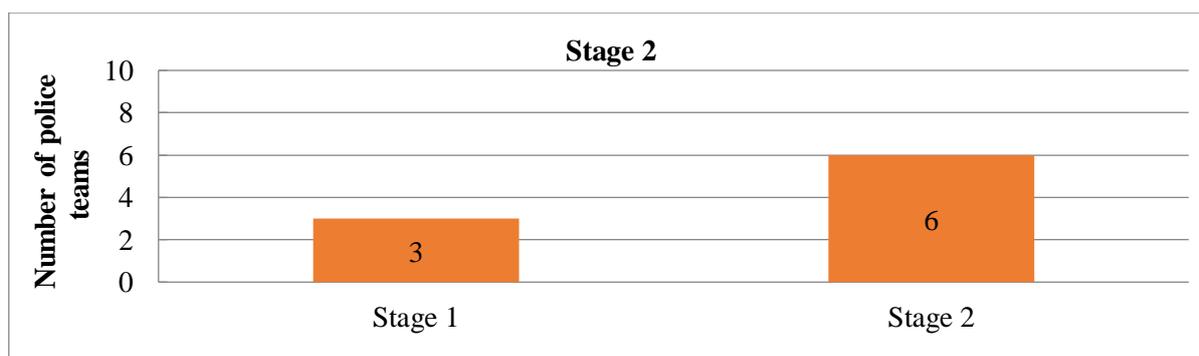


Figure 2 – Comparative analysis of the first and second stages of the experiment

Stage 3. To verify whether the skill of recognizing a person's state of drug intoxication had been retained, a repeat experiment was conducted for the cadets of the experimental group two weeks after the first stage. This was based on the cadets' analysis of systematized data on the external signs of individuals under the influence of various drugs. The repeat experiment involved similar tasks but with different role-players and simulations of the effects of other drugs.

The results of the third stage of the experiment (Figure 3) showed that, despite the passage of time and changes in situational factors, most cadets in the experimental group retained the skill of recognizing a person's state of drug intoxication. This skill was based on their knowledge of the subject and practical experience in police actions with individuals under the influence of specific drugs.

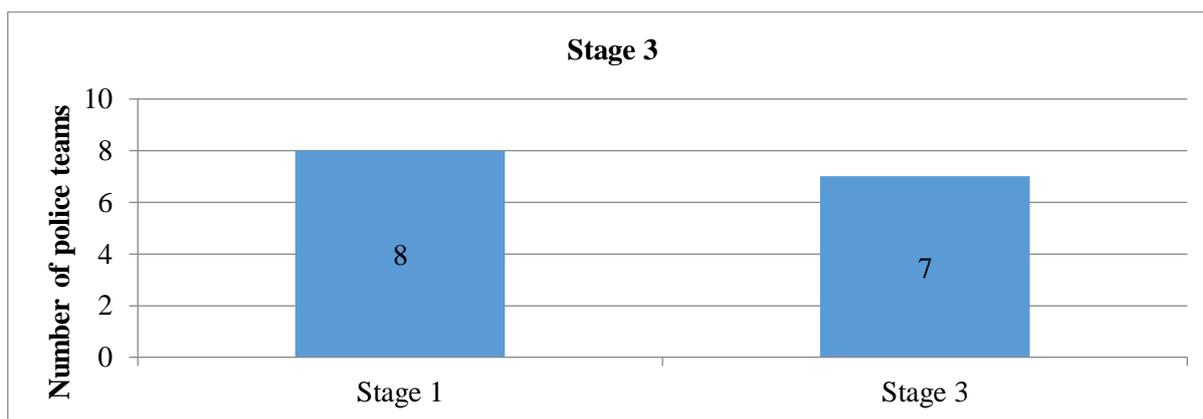


Figure 3 – Comparative analysis of the first and third stages of the experiment

The effective completion of case-based tasks by the experimental group was hindered by factors such as the unexpected repetition of the task, overconfidence, fatigue, and insufficient practical training in responding to changing factors in different situations.

Overall, the experiment demonstrated a positive trend in developing police officers' skill of recognizing a person's state of drug intoxication as a component of personal safety during the performance of official duties. The necessity of conducting periodic case-based exercises on this topic was emphasized to prevent the loss of relevant knowledge and skills. Recognition of a person's state of drug intoxication was defined as a police officer's ability to visually identify, based on external signs, that an individual is under the influence of drugs and determine which specific drug is involved.

Additionally, based on a comparative analysis of recommendations for interacting with drug-dependent individuals and the tactics used by officers during the experimental case-based exercises, the authors developed general additional recommendations for police communication and tactical actions with intoxicated individuals. These include: avoiding contact with another person's blood and biological fluids; following hygiene rules (washing, wiping, and disinfecting hands

after contact); carefully assessing the situation to choose the appropriate tactical approach; anticipating the presence of sharp objects (e.g., medical syringe needles) during a pat-down, which may contain traces of drugs or biological substances (blood); if the individual speaks nonsense or behaves strangely, do not directly argue, avoid logical disputes, and communicate in simple terms; during a pat-down, observe which areas elicit the strongest emotional or communicative reactions, as hidden items may be present there; maintain distance to prevent injury from attacks; regardless of the determined level of resistance, always be prepared for aggressive actions, as drug effects can alter an individual's psychological state depending on type and dosage; anticipate that during official duties, an individual in possession of drugs may attempt to destroy them, throw them, or ingest them to escape; think and act according to an "If-Then" model; and remember that a police officer's reaction will be slower than that of an offender who already knows their intentions, which is compensated by acquired skills and training.

Conclusions

In law enforcement, research was conducted on several important aspects of combating drug-

related crime. A key limitation of prior approaches is the lack of a differentiated framework accounting for the effects of different types of drugs on the user. For the first time, the authors analyzed the impact of various drugs (opioids, stimulants, depressants, inhalants, cannabinoids, designer drugs) on the human body. External signs (physiological and behavioral) were systematized into a single table.

To ensure police readiness for unpredictable behaviors of individuals under the influence of drugs, behavior was classified by levels of resistance (passive, active, aggressive) that the individual may exhibit. Based on the potential resistance, recommendations were developed for officers regarding communication tactics and actions with such offenders. Experimentally, it was demonstrated that the skill of recognizing a person's state of drug intoxication can be reinforced at a subconscious level, significantly enhancing the professional competence of the National Police of Ukraine during operational tasks.

The aim of further research is to investigate the relationship between specific external markers (in this case, smell) and deep changes in mental state and behavior caused by the use of specific drugs.

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ДОСЛІДЖЕННЯ ЕФЕКТИВНОСТІ МЕТОДИКИ РЕКОГНАЦІЇ СТАНУ ОСОБИ У НАРКОТИЧНОМУ СП'ЯНІННІ У ПРАВООХОРОННІЙ ДІЯЛЬНОСТІ

Питання впливу наркотичних засобів на організм людини досліджується багатьма медичними спеціалістами. У правоохоронній сфері досліджено питання наркозлочинів, напрями поліпшення нормативно-правового регулювання взаємодії підрозділів боротьби з наркозлочинністю, розроблено методичні рекомендації щодо дій працівників патрульної поліції у разі виявлення правопорушень, пов'язаних з незаконним обігом наркотиків тощо. Проте всі ці дослідження проведено без урахування особливостей впливу різних видів наркотичних засобів на людину.

Авторами статті встановлено, що на сьогодні немає систематизованого ряду візуального ідентифікування поліцейськими наркотичного засобу, під впливом якого перебуває особа, а також бракує систематизованих рекомендацій щодо комунікації і тактики дій поліцейського з наркотично сп'янілою особою з огляду на особливості впливу різних наркотичних засобів на поведінку й організм такої особи. Тому вперше було проаналізовано вплив наркотичних засобів (опіоїдів, стимуляторів, депресантів, інгалянтів, канабіноїдів, дизайнерських наркотиків) на організм людини. Систематизовано зовнішні ознаки (фізіологічні і поведінкові) в єдину таблицю. З метою забезпечення готовності поліцейського до непередбачуваних дій у поведінці наркотично сп'янілої особи залежно від уживаного наркотичного засобу поведінку цієї особи поділено на рівні опору (пасивний, активний, агресивний), яку вона може вчиняти. Відповідно до можливого проявленого опору правопорушника у наркотичному сп'янінні авторами для поліцейських розроблено рекомендації щодо тактики комунікації та дій з правопорушником. Експериментально доведено, що завдяки додатковим заняттям серед поліцейських і наданню відповідних матеріалів з питань комунікації і тактики дій з особами під впливом різних наркотичних засобів значно підвищено ефективність виконання службових обов'язків поліцейськими під час виконання кейсових завдань порівняно з минулим досвідом. Визначено, що рекогнація стану особи у наркотичному сп'янінні – це здатність поліцейського візуально розпізнавати за зовнішніми ознаками наркотично сп'янілу особу і визначати, під дією якого наркотичного засобу вона перебуває. Це вміння як навичка особистого убезпечення поліцейського суттєво підвищить професійну і компетентнісну складову Національної поліції України під час виконання службових завдань.

Ключові слова: рекогнація, особиста безпека, поліція, наркотики, тактика дій.

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