

**ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD
585 - HOUR BASIC CURRICULUM
MODEL LESSON PLAN**

LESSON TITLE: NARCOTICS AND DANGEROUS DRUGS 5.10

NOVEMBER 2009

SUBJECT: Narcotics and Dangerous Drugs

**AZ POST
DESIGNATION:** 5.10

HOURS: 8

**COURSE
CONTENT:** A delineation of the procedures, techniques and hazards associated with investigating narcotics and dangerous drug violations. The distinguishing characteristics, physical affects, methods of packaging and methods of using commonly abused drugs are described.

**PERFORMANCE
OBJECTIVES:** Upon completion of this course of instruction, students using notes, handouts and other support materials as references, within the allotted time, will:

5.10.1 Identify the common names, distinguishing characteristics, methods of packaging, methods of use, physical affects and slang terms associated with each of the following controlled substances:

- A. LSD.
- B. Peyote.
- C. PCP.
- D. Psilocybin.
- E. Amphetamines.
- F. Methamphetamine.
- G. Heroin.
- H. Cocaine.
- I. Marijuana.
- J. Barbiturates.

5.10.2 Identify the following hazards associated with enforcement of narcotics violations:

- A. Explosions.
- B. Booby traps.

- C. Needle punctures.
 - D. Toxic residues.
 - E. Potential for violence.
 - F. Misidentification of undercover officers.
- 5.10.3 Identify that the Physician's Desk Reference is used to identify unknown (usually prescription) drugs.
- 5.10.4 Identify the following available resources for investigating crimes involving the unlawful use, possession or sale of narcotics/dangerous drugs:
- A. Field tests.
 - B. K-9 unit.
 - C. Narcotics unit.
 - D. Crime laboratory.
- 5.10.5 Identify the following types of informants:
- A. Paid.
 - B. Good citizen.
 - C. Violator.
 - D. Anonymous.
 - E. Confidential.
- 5.10.6 Identify the safeguards necessary when using informants in drug investigations.
- A. Check for outstanding warrants/criminal history.
 - B. Verify and document credibility and reliability of informant.
 - C. Comply with all agency policies and procedures.
 - D. Protect informant's identity and safety.

DATE FIRST PREPARED: November 1999

PREPARED BY: Sgt. Don Steinmetz

REVIEWED – **REVISED**: Sgt. Don Steinmetz DATE: November 2000

REVIEWED – REVISED: SME Committee DATE: April 2002

REVIEWED – **REVISED**: SME Committee DATE: April 2006

REVIEWED – REVISED: Lt. Dave Kelly DATE: November 2009

REVIEWED – REVISED: DATE:

REVIEWED – REVISED: DATE:

AZ POST – APPROVAL: Richard Watling DATE: November 2009

INSTRUCTOR REFERENCES: Fundamentals of Criminal Investigation O'Hara, Drug Enforcement Administration fact sheets, Drugs of Abuse/U.S. Dept. of Justice, Arizona Narcotics Officers' Assoc., Information Bulletin – PCP, P.D.R., Handbook of Narcotics Control by Pace & Styles, Prentice Hall, 1972, Criminal Investigations by Swanson, Chamelin, Territo Licit & Illicit Drugs, Drug Identification Bible by DIB Tim Marnell, 1997.

CLASS LEVEL: Recruit

TRAINING AIDS: Chalkboard and chalk, narcotics paraphernalia and movies: Texas Sheriff, Drug User, Recognition, Aunt Julia's Cooking, Crack, Samples of Drugs (marijuana, heroin, cocaine, rock cocaine, amphetamine), Field Tests (Marquis & Scott Reagents), current magazine and newspaper articles, copy of a search warrant and handouts.
<http://www.azleg.gov/ArizonaRevisedStatutes.asp>

INSTRUCTIONAL STRATEGY: Interactive lecture, instructor demonstration, group discussion and problem solving.

SUCCESS CRITERIA: 70% or higher on a written, multiple-choice examination.

COMPUTER FILE NAME: 5.10 Narcotics and Dangerous Drugs

I. INTRODUCTION

- A. Instructor – (self) introduction.
- B. Preview of performance objectives.
- C. Attention “grabber.”

II. MARIJUANA (CANNABIS SATIVA L)**P.O. 5.10.11**

- A. Definition:
 - 1. Cannabis = Hemp.
 - 2. Sativa = Cultivate.
 - 3. L = Dr. Carl Lannaus.
 - 4. Marijuana is a word used to describe the cannabis plant that contains THC. The Cannabis Sativa L plant, is the Indian hemp plant.
- B. History:
 - 1. Reference to the use of the cannabis plant goes back 6,000 years. Used to make rope and clothing for centuries.
 - 2. Have been reported to have medicinal uses during those times as well as today.
 - 3. The western civilization accepted the use of marijuana (MJ) for medicinal use in 1839 and used as such for over 100 years.
 - 4. Cannabis was grown throughout the U.S. until the 1800's for use in rope and clothes. Invention of the cotton gin made cotton easier to cultivate and process.
 - 5. In 1937, the Marijuana tax stamp act assessed a tax to doctors, veterinarians and dentists for marijuana usage for medicinal purposes.
 - a. Only non-medicinal, untaxed possession and sale was outlawed.
 - b. The stamp recognized marijuana for medical purposes only.
 - 6. The movie “Reefer Madness” (1938) was a method used during the 1930's to educate people on the

“horrors” of drug/marijuana use.

7. Cannabis was grown to supply hemp fiber during WWII. The fiber was vital for various uses such as fabric for clothing and equipment.

C. Types of cannabis sativa:

1. Tetrahydro Cannabidols (industrial/hemp).
 - a. Wild growing or cultivated.
 - b. Does not cause high, contains low THC.
 - c. Used to make rope, clothing and paper.
 - d. There is a push to make available commercial cultivation.
 - e. Sometimes used as a cutting agent for illicit marijuana (THC).
2. Tetrahydro Cannabinols (psychoactive).
 - a. Sixty-one (61) identified elements of THC found only in this plant.
 - b. One (1) element being: Lipid soluble (stays in fatty tissues up to 60 days).
 - c. From the Delta 9 THC, the liver generates Hydroxy Delta 9 THC which causes the psychoactive event in marijuana.
 - d. So far, 435 different chemicals have been found in marijuana.
 - e. THC is found nowhere else in nature.
 - f. The THC resin is the gum, sap or liquid secreted from the leaves and tops of the plant.
 - g. The highest content of resin is found in the flowering tops/clusters or “buds.”
 - h. The second highest is the leaves, if crushed up together. Individually, the leaves contain less THC.
 - i. THC is not found in the stems or seeds.
 - j. Marijuana contains 3% to 5% THC.

3. Sinsemilla.
 - a. Means "without seeds."
 - b. Female plant before pollination.
 - c. THC up to 10%.
 - d. More expensive.
 - e. Grown with extreme care generally by one (1) person in ideal conditions.
 - f. Slang: Sins, power weed or gold.
4. Thai sticks.
 - a. Is method of packaging.
 - b. Marijuana is wrapped around stick, then tied in place.

D. Description:

1. For the purpose of report writing, marijuana is described as: "A green leafy substance believed to be marijuana."
 - a. Make no conclusionary statements regarding any drug found.
 - b. Your lab will make a conclusion on substance.
2. Marijuana is an annual plant and comes from seeds. Planted usually in March and April.
3. U.S. sources of marijuana:
 - a. Primary source is Mexico which provides up to 70% to U.S.
 - b. Domestic marijuana is a close second.
 - c. Jamaica and South America are also source locations.
4. With the right conditions the plant will grow almost anywhere.
5. The marijuana leaf:

Show example.

- a. The leaves grow in odd numbers (3, 5, 7, 9, 11).
 - b. They are pointed at both ends.
 - c. They have serrated or saw-toothed edges.
 - d. The main vein is toward the top.
6. Marijuana seeds.
- a. Elliptically shaped (like a football).
 - b. They are light to dark brown in color.
 - c. They have encircling ridges and laced markings on the surface.
- E. Hydroponics or indoor/outdoor growing.
1. A lot of plants that officers will come into contact with will be in dark closets, rooms of homes, backyards, sheds, etc.
 2. It takes approximately three (3) to five (5) days for germination of the seed.
 3. The plant is impotent until it is 18" tall.
 4. Grows from three (3) to 26 feet before being harvested.
 5. Both male and female plants produce the resin (THC). Male plants do not produce seeds.
- F. Signs of marijuana cultivation:
1. Fluorescent or metal halide lights.
 2. Sodium vapor lights.
 3. Hydroponics growing systems (i.e., PVC pipes, pots, large water jugs, etc.).
 4. Organic potting soil or, for hydroponics, rock wool, lava rock, gravel, etc.
 5. Humidifiers.
 6. Books on hydroponics systems (e.g., High Times) have ads.
- G. Affects and uses.

1. Legal uses:
 - a. Scientific research, MS, cancer, AIDS, etc.
 - b. Used for treatment of glaucoma and chemotherapy to assist in getting an appetite.
 - c. Marinol is a prescribed drug with THC.
 2. Method of use:
 - a. Mostly smoked.
 - b. Heat intensifies THC and is said to be five (5) times more cancerous than cigarettes.
 - c. Sometimes ingested orally.
 - i. Tea, brownies, cookies and salad.
 - ii. The affect takes longer to obtain when eaten.
 3. Paraphernalia: Rolling papers, pipes, bongs, roach clips, sockets, coke cans, etc.
 4. Packaging: Baggies, film canisters, pound bags, bales, face containers, etc.
- H. Affects:
1. Onset of affect occurs within five (5) to 10 minutes and high lasts approximately two (2) to four (4) hours. Depends on how much is used.
 2. Not physically addicting.
 3. The person may become psychologically addicted.
 4. Reduces motor coordination and impairs judgment.
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5. Psychological affects:
 - a. Euphoria.
 - b. Relaxed inhibitions.
 - c. Increased appetite.

- d. Reactions like intoxication.
 - e. Mood changes.
 - f. May hallucinate.
 - g. Distortion of time and space.
 - h. May exhibit unpredictable and disoriented behavior.
6. Physical observations:
- a. Smell the smoke. It clings to everything (e.g., hair, clothes or inside closed areas such as cars and houses).
 - b. Red eyes and dilated pupils (commonly referred to as smokers' eyes).
 - c. Increased heartbeat and respiratory rate.
 - d. Intoxication symptoms.
 - e. Has calming affect, usually docile.
 - f. Occasionally, feelings of sudden anxiety and panic.
- I. Slang terms associated with marijuana use:
- 1. Joint (cigarette), roach pipe, bong, "shotgun," 4:20, grifa, mota (Mexican slang), grass, weed, stash (slang for hidden drugs), buds (tops of plants), etc.
 - 2. Blunt: A hollowed-out cigar with marijuana inserted inside.
- J. Field test and experience.
- 1. The current field test for marijuana is the Duguenous test – to be administered by certified personnel only.
 - 2. Your sufficient PC to arrest will come from your training and experience and field test if applied.
 - 3. Experience to ID marijuana by:
 - a. Sight.
 - b. Smell.

- 4. Your knowledge of its uses as learned at the academy in drug enforcement class that was ____ hours long.
- 5. **Never taste** any drug as part of PC to make arrest.
- 6. Do not list your prior experiences as a civilian (unless as an expert in the field).
- 7. It is listed in your report as “a green leafy substance believed to be marijuana.”

Reminder.

K. Cost.

Instructor will establish current street value of marijuana through DEB and DEA sources.

L. Burn.

The instructor will arrange, through the appropriate bureau of respective department sources, to have marijuana brought and burned in the classroom so students will become familiar with its smell.

M. Penalties.

- 1. Felony classifications vary from Class 2-6 depending on weight of marijuana involved.
- 2. A.R.S. §§13-3401 and 13-3405.

III. HASH

A. Hash is the concentration of the marijuana resinous secretion with no foreign matter produced by collecting the sticky resin from the leaves, sometimes by boiling the leaves and buds in alcohol.

B. Characteristics of hash:

- 1. Dark brown to green in color.
- 2. Smells like marijuana.
- 3. It is a hard and cakey substance.
- 4. The THC content ranges from five (5)% to 12% (much stronger than marijuana).

C. Use: Hash is smoked in a small pipe with a screen in the larger hole so that the user does not inhale the hash.

D. Cost: Can be obtained the same way as marijuana cost.

IV. HASH OIL

- A. Hash oil is the liquid concentrate of THC produced by using a solvent to drain the THC from the cannabis plant.
- B. Characteristics:
 - 1. It is dark and thick like molasses.
 - 2. It smells like marijuana.
 - 3. Its content of THC is between 20% and 65% with the purity of the final product depending on the sophistication of the equipment used.
 - a. Because of its extraordinary potency, one (1) drop of hash oil can produce a high.
 - b. Hash oil is sensitive to light and heat.
- C. Uses:
 - 1. A drop of the oil may be placed on a cigarette (regular or marijuana).
 - 2. A drop may be used when cooking.
 - 3. In wine.
 - 4. Even smeared on bread.

V. OPIATES

- A. The opiate family (those drugs that are derived from the opium poppy).
 - 1. Morphine.
 - 2. Heroin.
 - 3. Codeine.
 - 4. Meperidine (Demerol).
 - 5. Oxycodone (Perocodan).
 - 6. Hydromorphone (Dilaudid).
 - 7. Fentanyl (Sublimaze).
 - 8. All of the drugs listed are:
 - a. Central nervous system depressants.

- b. Physically addicting.
- 9. Of the listed drugs of the opiate family, the one (1) with no legitimate use in the U.S. is heroin, outlawed in 1924.
- B. History of the opiates:
 - 1. Opium was used for medicinal purposes for over 9,000 years.
 - 2. Egypt 2,400 years later, recorded the first medicinal use. It was used to quiet crying children and was used in such fashion until 100 years ago.
 - 3. Arabs introduced opium to India and China over 1,000 years ago.
 - 4. In the 1800's in the U.S., opiates such as opium and phosphine were used in many medications, i.e., laudanum (opium/spices/wine).
 - 5. Most opiates are used in hypodermic needles, which were invented in 1853. Prior to this time, opiates were taken orally or smoked (opium).
 - 6. The Harrison Act of 1914 regulated the use of narcotics and marijuana except for medical use by doctors, veterinarians, pharmacists, importers and manufacturers.
- C. Opium.
 - 1. Opium is obtained by cutting the pod of the poppy plant.
 - a. When the milky white poppy juice is exposed to air, it darkens to a blackish brown and thickens.
 - b. This is then harvested.
 - 2. A small amount of legal opium is used in the U.S. to produce morphine and other medications containing opiates.
 - 3. Raw opium may be smoked.
 - 4. Growth and import places:
 - a. Golden Crescent area (Afghanistan, Pakistan and Iran).
 - b. Golden Triangle area (Burma, Laos and Thailand)

- c. Mexico, Guatemala and Columbia (Mexico is main supplier of southwestern United States' heroin).

D. Morphine.

1. Morphine is obtained from opium through a process which isolates the principal opium alkaloid.
2. Ten (10) pounds of raw opium is used to make one (1) pound of morphine.
3. A German pharmacist, F. Sertuner, first isolated the porphium alkaloid in 1803 and later named it morphine after the Greek god of dreams, Morpheus.
4. Used in the civil war to treat wounds. After the war, many were addicted to morphine.
5. Legitimate uses:
 - a. As a painkiller.
 - b. Most commonly used through injection.
6. Abuse problems:
 - a. Physical and psychological dependence.
 - b. Symptoms like that of heroin abuse (to be explained later).
 - c. There are physical withdrawal problems when trying to stop usage.

E. Heroin.

1. A chemist, C.B. Wright, discovered heroin in 1874 when he boiled morphine and acetic acid for several hours.
2. Originally developed to cure morphine dependence, but found to be 10 times stronger and more addicting.
3. Heroin became very popular by 1910 by morphine addicts because of the better "high."
4. Also became very popular with organized crime, because heroin was in a powder form and morphine was in sealed ampules, cubes and tablets.

P.O. 5.10.1G

- Heroin was easy to adulterate to make a profit.
5. The Harrison Act of 1914 limited heroin use in the United States, but the use was made illegal to produce in 1924. Complete outlaw of possession and use occurred in 1956.
 6. Heroin is not manufactured legally or commercially and has no legitimate use in the United States.
 7. Description: Color varies depending where it originates.
 - a. White (powder): Golden Triangle and Golden Crescent areas.
 - b. Brown (powder or tar): Mexico.
 8. The darker the color, the more impurities it contains.
 - a. Can also be white, tan, light brown, brown or black in color.
 - b. Can be a powder or a tar-like substance.
 9. The most common form of heroin in the southwest is Mexican "black tar" heroin.
 - a. Black tar heroin is a crudely processed form of heroin illegally manufactured in Mexico.
 - b. Black tar heroin is usually dark brown in color and resembles tootsie roll candy, hence the term "tootsie roll heroin."
 10. Heroin smells like vinegar.
 11. Heroin is sold in: Glassine paper, aluminum foil, balloons or just a piece of plastic bag (i.e., Circle K bag).
 12. By the time heroin reaches the addict, it has been adulterated considerably and can range in purity from one (1)% to 602% heroin.
 13. Heroin is water soluble. (Sometimes lemon juice is used when being cooked for injection.)
- F. Methods of use (heroin):
1. Injection.
 2. Subdermal: Between layers of skin (skin popping).

3. Intravenous: Into vein (a.k.a. main lining or jacking off, shoot up or slam).
 4. Snorting (powder).
 - a. Sniffed through nose.
 - b. A.K.A. "snorting."
 5. Smoking/inhaling.
 - a. Called "chasing the dragon."
 - b. Heating the drug on tin foil or spoon and inhaling the vapors by use of a straw.
 - c. Gaining in popularity because of the AIDS needle scare.
 - d. Reported to be very addicting.
- G. Street terms for heroin:
1. Most common:
 - a. Chiva or negra (Mexican slang).
 - b. Black.
 2. Others used: Speedball (heroin-cocaine), chasing and basing (smoked with crack), junk, stuff, "H," smack, dope, skag, horse, shit, thing, tootsie or china white.
- H. Affects on users:
1. Physical addiction and dependence.
 2. Tolerance (user needs more each time to get same high).
 3. The user gets a "rush" when heroin hits the heart after taking.
 4. The user will often fall asleep. Said to "be on the nod."
 5. Symptoms:
 - a. Drowsiness/euphoria/disorientation.
 - b. Lowered pulse and respiration.

- c. Itchy nose/skin.
 - d. Slurred speech/dry mouth.
 - e. Impaired coordination.
 - f. Depressed reflexes.
 - g. Constricted (pin-pointed) pupils.
 - h. Loss of appetite.
 - i. Constipation.
6. The “high” lasts three (3) to six (6) hours.
7. Withdrawals (physical):
- a. Symptoms begin eight (8) to 12 hours after the last dose.
 - b. Peak at 36 to 72 hours.
 - c. Total time of withdrawal is said to be five (5) to 10 days, usually disappearing entirely within 10-14 days.
 - d. The affects of withdrawals:
 - i. Irritability.
 - ii. Insomnia.
 - iii. Nausea.
 - iv. Cramps (ABS).
 - v. Diarrhea.
 - vi. Anxiety.
 - vii. Depression.
 - viii. Panic.
 - ix. Dilated pupils, runny nose and eyes.
 - x. Confusion.
 - xi. Muscle tremors.
 - xii. Sweating.
8. Overdose:

- a. Slow and shallow breathing.
 - b. Clammy skin.
 - c. Convulsions.
 - d. Coma.
 - e. Possible death.
9. The drug used to revive overdose victims is Narcan.
- I. Adulterants (cuts also referred to as being “stepped on”).
Used to add bulk and thus increase profits.
1. Lactose.
 2. Quinine.
 3. Powdered milk/vitamins.
 4. Cocoa mix/brown sugar.
 5. Chocolate milk powder.
 6. Anything close in color that is water soluble.
- J. Paraphernalia:
1. Slang: Kit, rig, outfit, tools or fit.
 2. Hypodermic needle.
 3. Spoon (bent) or bottle cap.
 4. Cotton or cigarette filter.
 5. A “tie off” (rubber tubing belt, bandana, etc.).
 6. Matches or lighter.
- K. Field test for heroin:
1. Marquis re-agent.
 2. Opiates produce a purple color reaction.
 3. Only qualified officers can conduct test.

- L. Methadone (synthetic opioid): Was created by Germany in WWII because of morphine shortage.
 - 1. Slang term is "mouth wash."
 - 2. Taken orally.
 - 3. Used for treatment of those on heroin/morphine.

- M. Codeine.
 - 1. The alkaloid codeine is found in raw opium, but usually made from morphine.
 - 2. Codeine is legally produced for:
 - a. Pain reliever tablets (Tylenol).
 - b. Liquid codeine to relieve coughs (i.e., Robitussin AC).

- N. State law.
 - 1. Opiates are classified as narcotic drugs by A.R.S. §13-3401.20.
 - 2. A.R.S. §13-3408A.
 - 3. Felony classifications dependent on whether offense is possession, possession for sale, use, manufacture, etc.

- O. Current street prices (instructor).

VI. COCAINE**P.O. 5.10.1H**

- A. History:
 - 1. Inhabitants of the Andes Mountains in South America have chewed the leaves from the coca plant for hundreds of years for the stimulating affect.
 - 2. The cocaine alkaloid was first isolated in the 1860's and by the 1880's was used in medicinal applications and consumer products.
 - 3. Reported to be the world's most powerful stimulant, the world's most powerful topical anesthetic, one (1) of the most powerful vasoconstrictors and one (1) of the most powerful psychoactive drugs.
 - 4. One (1) of only two (2) drugs that produces reverse tolerance (alcohol is the other).

5. In 1884, Sigmund Freud was one (1) of cocaine's ardent supporters.
 - a. He used it in experiments and also used it himself.
 - b. Treatment included depression and morphine dependence.
 6. For the first 40 years of the 1900's, cocaine was one (1) of the most popular street drugs.
 7. The 1914 Harrison Narcotic Tax Act legally classified it as a narcotic. Use became regulated in 1906 by passage of the Pure Food and Drug Act.
- B. Derivation.
1. Cocaine has no smell; however, illicit cocaine can take on different smells according to the cutting agent.
 2. Illicit cocaine is initially sold as a white, translucent, crystalline powder.
 3. Illicit cocaine (in brick or kilo) is uncut and can smell like kerosene or pesticide (has flaky look).
 4. Cocaine is derived from the coca plant (erythroxylong coca) which grows mostly in South America. The leaves are harvested up to three (3) to six (6) times a year.
 5. The main source countries for coca plant cultivation are:
 - a. Peru.
 - b. Bolivia.
 - c. Columbia is where it is processed.
 6. Cocaine is extracted from the coca plant in the source country in the following method:
 - a. Open pit lined in plastic.
 - b. One thousand (1,000) kilos of coca leaves equals one (1) kilo of cocaine.
 - c. Leaves are put in a pit with kerosene and sulfuric acid with acetone, white powder lime and other chemicals.

- d. This mixture is agitated for a few hours then strained and allowed to dry. Result is coca paste.
 - e. Coca paste is then chemically transformed to coca base "basuco."
 - f. Final stage is when hydrochloric acid is added to coca base and end result is cocaine hydrochloride (HCl).
 - g. Cocaine HCl is water soluble.
7. Cutting agents (additives and chemicals used to dilute cocaine).
- a. The most common adulterants are sugars:
 - i. Lactose – milk sugar.
 - ii. Dextrose/glucose/corn sugar.
 - iii. Mannitol – mild laxative.
 - iv. Inositol – white powder form of vitamin B.
 - v. Sucrose – table sugar.
 - vi. Heroin = speedball.
 - b. And local anesthetics similar in appearance and taste to cocaine:
 - i. Lidocaine.
 - ii. Procaine.
 - iii. Tetracaine.
 - iv. Amphetamines and other stimulant drugs may be used.
- C. Legal use.
- 1. Cocaine is used legally as an anesthetic for eye, nose and throat surgery because of the constricting ability that it has on blood vessels.
 - a. Also still used as a flavoring agent.
 - b. U.S. produced approximately 500 lbs. of legal cocaine in 1994.

2. Methods of use:
 - a. Snorted.
 - i. Slang terms include: Doing a line, snorting, tooting and horning.
 - ii. Heavy sniffing may resemble common cold symptoms (congestion or a runny nose).
 - iii. Because the acid eats away at the septum of the nose, it sometimes destroys it, resulting in a condition called "rat nose."
 - b. Injected (same method as heroin).
 - c. Smoked (rock/crack cocaine).
 - i. Has become one (1) of the most popular methods of use for cocaine in the United States.
 - ii. It is simple to make and is easily concealable (e.g., dealers holding in mouth).
 - iii. Not water soluble.
 - iv. Easily made – one (1) part cocaine plus one (1) part baking soda is boiled in water, then strained and cooled, result is "rock" cocaine.
 - v. Some cut and impurities remain.
 - vi. When smoked, the affects peak at five (5) to eight (8) seconds and lasts 10-12 minutes.
 - vii. Craving for the drug develops about 30 minutes after use.
 - viii. It is said you can become addicted with one (1) hit. Deaths have also occurred with first-time users.
 - ix. Rock looks like porous pieces of wax or soap or actual rock (watch for bunk).

x. Rock cocaine is highly addictive.

D. Affects of abuse and use:

1. It has been said that cocaine is not physically addicting; however, it varies in all users, with withdrawal symptoms at times similar to opiate withdrawal symptoms with cravings for more.
2. Cocaine can be psychologically addictive. Discontinued use can cause severe depression.
3. Physical affects (the results could include the following, but may not affect everyone the same):
 - a. Hyperactivity and hyperactive reflexes.
 - b. Irritability.
 - c. Anxiety or teeth grinding.
 - d. Talkativeness, insomnia or paranoia.
 - e. Body tremors.
 - f. Dilated pupils.
 - g. Loss of appetite or weight loss.
 - h. Increased blood pressure/body temperature/pulse rate (30%-50% above normal).
 - i. The person may become violent due to hyperactivity.
4. Overdose affects:
 - a. Agitation.
 - b. Increased body temperature.
 - c. Hallucinations.
 - d. Convulsions.
 - e. Death.

E. Street names:

1. Most common:
 - a. White, blanca, coke or white girl.
 - b. Also used: Cola, flake girl or stuff.

2. Rock cocaine:
 - a. Rock and crack.
 - b. Also known by quantity (i.e., "a 20" equals \$20.00 worth of cocaine).
- F. Field test for cocaine:
1. The field test, conducted by a "certified" officer, is designed to further enhance the probable cause for a drug arrest.
 2. Scott Reagent test kit for narcotics.

Three (3)-stage test; squeeze vials in order.
 3. Result of test is pin over blue if cocaine is present, meaning there is sufficient amount of narcotic and item tested is believed to be a narcotic (i.e., cocaine).
- G. Paraphernalia:
1. Injected cocaine tools: Same as heroin.
 2. Smoked (crack):
 - a. Piece of two (2)- to three (3)-inch metal or glass tube.
 - b. Copper scrub pad.
 - c. Lighter.
 3. Snorting.
 - a. Piece of tubing (metal, straw, etc.).
 - b. Mirror.
 - c. Head shop paraphernalia.
 - i. Small glass vials.
 - ii. Specialized containers.
 4. Rock cocaine manufacturing.
 - a. Baby jars or pans or other glass jars.
 - b. Hot plate.

- c. Scales.
 - d. Baking soda.
 - e. Razor blades, knives, etc.
- H. State law.
- 1. Classified as narcotic by A.R.S. §13-3401.20.
 - 2. Felony classifications dependent on type of possession/use.
 - 3. A.R.S. §13-3408A.
- I. Current street prices (instructor).

VII. PRESCRIPTION DRUGS

- A. History of amphetamines:
- 1. Amphetamines were first synthesized in Germany in 1887.
 - 2. Amphetamines were first used in the mid 1930's for medicinal purposes in a Benzedrine inhaler for asthmatics.
 - 3. An amphetamine became available in tablet form in 1937 and was used by American, Japanese and other soldiers to help combat fatigue and enhance alertness.
 - 4. Amphetamine is the family name for a class of drugs, which includes methamphetamine.
 - 5. Ephedrine and Pseudoephedrine are the amphetamine-type substances found in cold remedies (discussed later with meth in outline).
- B. Types of amphetamines:
- 1. Amphetamines (prescription):
 - a. Are different colored tablets, pills and capsules.
 - b. Liquid forms.
 - c. Inhalers.

P.O. 5.10.1E

2. Amphetamines (prescription) are obtained for abuse by theft or prescription fraud.
3. Amphetamines, illegally manufactured in tablet form, have become rare because of the popularity of crystal methamphetamine (explained later in the outline).

Explain.

C. Uses:

1. Of all its users, the biggest users of amphetamines (all forms) are young people. Yet every age and profession has abusers of the drug.
2. Legal uses include:
 - a. Appetite suppressants (weight control or diet pills).
 - b. Mental depression.
 - c. Attention Deficit Disorder (ADD).
 - d. Hyperkinetic children (hyperactivity).

D. Effects (all amphetamine types):

1. All amphetamines are central nervous system stimulants.
2. Puts body under stress as if it were extremely frightened or expecting a violent fight.
3. Extreme loss of appetite.
4. Hyperactivity.
5. Dilated pupils.
6. Increased blood pressure/body temperature.
7. Dry mouth.
8. Irritability.

- 9. May remain awake for hours/days if on binge.
- 10. Addiction.
 - a. Both physically and psychologically addicting.
 - b. A tolerance can be developed after approximately two (2) weeks.
 - c. Physical symptoms include:
 - i. The same as cocaine.
 - ii. Depression.
 - iii. Long periods of sleep (after discontinuing use).
- E. Legally-made types:
 - 1. Dexamyl "Dexies."
 - 2. Dexedrine "Dexies."
 - 3. Ritalin.
 - 4. Street names:
 - a. Bennies or co-pilots.
 - b. Crossroads, uppers or hearts.
- F. History of barbiturates (depressants):
 - 1. Among the drugs most frequently prescribed to induce sedation and sleep by physicians and veterinarians.
 - 2. Depresses the central nervous system and slows down body functions.
 - 3. Manufactured legally. Prescribed to reduce restlessness, emotional tension and to induce sleep.
 - a. In pill form and capsules.
 - b. May also be injected.
 - 4. Mainly obtained through theft and prescription fraud.
- G. Uses:

P.O. 5.10.1J

1. Legally:
 - a. Sedation and sleep.
 - b. As truth serum (sodium pentothal and amytal).
 2. Illegally obtained for abuse for:
 - a. Intoxication.
 - b. Ease the pain of withdrawal of addicts.
- H. Effects:
1. Similar to heroin.
 2. Can be physically and psychologically addicting.
 3. Withdrawal can be more dangerous than opiates.
 4. Like heroin in dependence severity.
 5. Doubles affect if taken with alcohol.
- I. Types of barbiturates found:
1. Frequently nicknamed after color of capsule.
 2. Phenobarbital.
 3. Seconal.
 4. Valium.
 5. Librium.
- J. Street names:
1. Yellow jackets.
 2. Rainbows.
 3. Reds.
 4. Blue heavens.
- K. Identification:
1. Submit to lab (for prosecution/criminal cases).
 2. County poison control.

- 3. Can contact hospitals.
- L. P.D.R. (Physicians Desk Reference).

Demonstrate how to use.

VIII. METHAMPHETAMINE

P.O. 5.10.1

- A. History:
 - 1. Methamphetamine derivative first synthesized by a Japanese chemist in 1919.
 - 2. Formerly manufactured illicitly by mostly outlaw biker gangs. Now made by almost anyone and also in Mexico.
 - 3. The most prevalent clandestinely-produced, controlled substance in the United States.
 - 4. Methods of manufacturing methamphetamine:
 - a. Ephedrine reduction method.
 - b. Phenyl – 2-propanone (P2P).
 - c. Methcathinone (closely related to meth).
 - d. Anhydrous ammonia method – known as the Nazi method.
 - 5. Because all deal with several types of volatile chemicals, manufacturing is very dangerous. Extreme caution must be taken if a lab is discovered.
- B. Clandestine labs.
 - 1. Definition: Labs developed to make illicit drugs illegally that are run by cooks and not by trained chemists.
 - a. Created because production is easy, precursor chemicals easily obtained and limited skill necessary to operate.

A HazMat Team should be called every time when a lab is suspected or discovered.

- b. Clandestine labs are capable of producing stimulants, depressants, narcotic drugs, designer drugs and hallucinogenic drugs.
 - c. The most prevalent types of labs have been engaged in the production of methamphetamine.
2. Signs of a lab:
- a. Pre-cursor chemicals:
 - i. Ephedrine/pseudoephedrine.
 - ii. Red devil lye (sodium hydroxide).
 - iii. Muriatic acid.
 - iv. Red phosphorus/charcoal lighter fluid.
 - v. Sulfuric acid (re-agent).
 - vi. Iodine crystals.
 - vii. Acetone (solvent).
 - viii. Toluene (ketone).
 - b. Several glass or plastic lab vials or plastic containers used to store chemicals.
 - c. Heating elements: Bunsen burners, small portable ranges, electric skillets, etc.
 - d. Pots, pans, mason jars and other containers capable of withstanding heat and cook chemicals.
 - e. Gauges that use pressure and heat measurements.
- C. Safety rules for clandestine labs:
- 1. If any, or all, of the lab signs are located, exit and secure the premises and call for a trained lab team.
 - 2. Do not touch anything.
 - 3. Do not smoke.

4. Do not turn on lights until location is well ventilated. (Leave doors and windows open.)
 5. Most of the chemicals used are acids and sometimes cyanide type vapors could occur if these chemicals are mixed together. Vapors/chemicals can cause burns and respiratory problems and can even be fatal.
- D. D.E.A. clandestine lab tape – explosions and booby-traps.
- E. Description of crystal methamphetamine:
1. Off-white to tan in color. Also found to be pink (rosebud) or green (evergreen).
 2. Powder to chunky powder in form.
 3. Also found in a form similar in appearance to glass crystals (glass or ice).
 4. Has a strong chemical odor.
- F. Affects:
1. Same as listed amphetamines.
 2. Warning: Users become very paranoid and stay awake for days making them unstable and dangerous when they are “high.”
- G. Methods of use:
1. Snorting.
 2. Smoking (speed pipe).
 3. Injection.
- H. Street names:
1. Speed, crystal, meth, crank, ice, glass, go fast, rosebud, teener and teenager.
 2. Also in amounts sold (1/4 half, sixteenth, etc.).
 3. Also named after texture and color (i.e., peanut butter, grape juice and evergreen).
- I. Paraphernalia:
1. Same as cocaine.
 2. Speed pipe.

3. Small zip-lock baggies common.
 4. Paraphernalia charged under A.R.S. §13-3415.
- J. Street prices for methamphetamine (instructor).
- K. State law.
1. Classified as dangerous drugs under A.R.S. §13-3401.6(b).
 2. Felony classification dependent on type of use, possession, etc.
 3. A.R.S. §§13-3401 and 13-3407(A).

IX. HALLUCINOGENS

- A. History:
1. Most of these drugs are processed in clandestine labs and have yet to be proven medically valuable.
 2. Hallucinogens distort perception of objective reality; however, large doses can produce hallucinations.
 3. The abuse of the drug in the U.S. peaked in popularity in the late 1960's, but re-emerged in the late 1970's and is still used today; however, it is not as popular and is reported to be 25 times more powerful.
 4. Long after the drugs are eliminated from the body (days, months or years), users may experience flashbacks. The reasons for the flashbacks are still unknown.
- B. Lysergic Acid Diethylamide (a.k.a: L.S.D.-25).
1. The effects of LSD were discovered in 1943 when a chemist accidentally took some.
 2. LSD is a semi-synthetic compound produced from Lysergic Acid, a natural substance found in ergot fungus, a disease which affects rye and wheat.
 3. Initially thought to have a medicinal use to treat emotional illnesses.
 4. U.S. military experimented with the drug on soldiers in the 1950's to 1960's.

P.O. 5.10.1A

5. The most potent hallucinogenic drug.

C. Characteristics:

1. Initially after produced, it is a soluble crystal.
2. Dealers will convert crystals to a colorless odorless liquid.
3. It is usually placed on another substance, such as blotter paper, and taken orally.
4. An average dose is approximately 50 to 20 micrograms (about the size of a pinpoint).
5. One (1) ounce of LSD is enough for 567,000 hits.

D. Methods of use:

1. Oral – gelatin squares (windowpane), stamps, blotter paper, lifesavers candy, small tablets (microdots) and on sugar cubes.
2. Injection (very rare).

E. Affects:

1. Addiction.
 - a. Not physically addicting.
 - b. No withdrawal symptoms.
 - c. Can be psychological if a good trip.
2. Physical symptoms include: Excitability, hyperactivity, anxiety, hallucinations, flashbacks, panic, irrational behavior, unpredictability, dilated pupils, increased heartbeat and respiration.
3. Time of effect:
 - a. After seven (7) minutes, no trace of LSD is in the body, it is all in the brain.
 - b. After 20 minutes, physical signs occur.
 - c. After 40 minutes, mental hallucinations occur.
 - d. A dose of 50-200 micrograms could last

eight (8) to 16 hours.

- F. Types (slang names):
1. Blotter, paper, windowpane, microdot, acid, sugar cube, orange sunshine, barrel, stamps and fry.
 2. The name of the stamp that it is on (i.e., Bart Simpson's, green dragon, etc.).
- G. Tests:
1. Some agencies have field tests (DEA), most submit to lab for analysis.
 2. Blood and urine tests:
 - a. Before 1972, there was no way to chemically detect LSD in the body.
 - b. However, scientists of collaborative research (in MA) developed a means to detect it in small amounts in human blood and urine and to measure the amount present.
- H. Use extreme caution when handling any drug, especially hallucinogens because they can be absorbed through the skin.
- I. Peyote.
1. Characteristics:
 - a. A "button" from the peyote cactus which grows in Mexico, southwest U.S. and Central America.
 - b. The active ingredient in the "button" is mescaline.
 2. Uses:
 - a. Legally used in Native American churches for religious ceremonies.
 - b. Illegally used for the "trip," illusions and hallucinations by ingesting.
 3. Forms of peyote:
 - a. The buttons or the fleshy part of the cactus.

P.O. 5.10.1B

- b. Capsules (may not be true mescaline LSD).
 - c. Buttons may be ground into a powder.
 - 4. Effects are similar to LSD (hallucinations, etc.).
 - 5. Charging: A.R.S. §13-3402, Class 6 felony. It is a defense if used in a safe manner in connection with a religious exercise, but must be Native American.
- J. Psilocybin (aka: "magic mushrooms").
 - 1. Characteristics:
 - a. Psilocybe mushrooms – actual mushrooms grown mostly in Mexico.
 - b. Mushrooms can be found growing wild if you know what to look for.
 - c. Mushroom spores can be purchased in magazines such as High Times.
 - d. Used also in Native American ceremonies.
 - e. The effects are similar to LSD, but not as severe.
 - f. The mushrooms are eaten to obtain the effect. At times placed on pizza and other food products.
 - g. When eaten, initial reaction usually is to vomit, but the chemical is already absorbed by this point.
 - h. Slang terms include: Shrooms, magic mushrooms, mushrooms, sacred mushrooms and shrooms.
 - 2. Charging.
 - a. Classified as a dangerous drug under A.R.S. §13-3401.6(xxv).
 - b. Charged under A.R.S. §13-3407.
- K. Synthetic hallucinogens:

DMT (Dimethyltryptamine, described to be at times more powerful than LSD with affects lasting one (1) hour or less), DET (Diethyltryptamine fast-acting, synthetic hallucinogenic), DOM-STP (2,5 - dimethoxy-4-methylamphetamine said to have no longer affects than LSD). All taken orally.

P.O. 5.10.1D

- L. Inhalants.
1. Inhalants abuse can cause severe physical problems including brain damage.
 2. Many substances are used to sniff and cause a short buzz with possible short hallucinations.
 3. Sniffing is called "huffing."
 - a. Amyl Nitrate Nitrous Oxide (whippets) or Butyl Nitrate (rush).
 - b. Glue, white out, markers, solvents, etc.
 - c. Paint most common (spraying it into a sock, cloth or coke can).
 - d. The more common colors that contain Toluene are the metal colors (gold or silver) and the metal flake colors.
 4. Charging.

A.R.S. §13-3403, open-ended felony.
- M. Phencyclidine (PCP or angel dust).
1. History:
 - a. PCP was originally developed for medical use, but because of its strong side effects of confusion and delirium, its development for human use was discontinued.
 - b. It became commercially available for use in veterinary medicine in the 1960's.
 - c. In 1978, manufacturers stopped production.
 - d. Today, most, if not all, PCP on the U.S. illicit market is produced in clandestine laboratories.
 2. Characteristics:
 - a. PCP is a white crystalline powder that readily dissolves in water.
 - b. It is sold in tablets and capsules, as well as in powder and liquid form.
 - c. It is commonly applied to a leafy material such as parsley, mint, oregano, cigarettes

P.O. 5.10.1C

- or marijuana and smoked.
 - d. PCP acts on the central nervous system.
 - e. It may be a stimulant (if taken in small doses) or a depressant (in higher doses); a subject may also experience hallucinations.
 - f. It has no medicinal purpose for humans.
3. Symptoms:
- a. Agitated, excited or disoriented.
 - b. Super-human strength.
 - c. Muscle rigidity, possible coma.
 - d. Paranoia, delusions, bizarre behavior, hallucinations, slurred speech or self-destructive action.
 - e. Blank stare, china doll eyes.
 - f. Impervious to pain or numbness.
 - g. Unable to remember what happened in the past.
 - h. Intoxication to such a degree that the user becomes disoriented to the point of behavior that causes serious injury or death.
4. Uses:
- a. Smoked by dipping a cigarette into the liquid or by smoking the powder with any type of leafy material.
 - b. Snorted.
 - c. If injected, which is rare, it is most commonly injected through the nose.
5. Duration of affects:

- a. With two (2) inhalations from a PCP cigarette, symptoms would develop between one (1) and five (5) minutes. They would peak between 15 and 30 minutes and would last up to six (6) hours.
 - b. The user would return to normal in 24 to 48 hours.
 - c. If injected through the nasal passage, affect can occur in 30 to 60 seconds.
 - d. Chronic users, three (3) or four (4) times a week for six (6) months, experience problems with speech, memory and concentration for several years.
 - e. A tolerance level does develop.
6. Identification:
- a. Very strong ether smell.
 - b. An off-white oily powder.
 - c. Wet-looking, dark paper cigarettes.
 - d. Liquid in dark glass bottles or bottles wrapped in black tape.
 - e. PCP may be absorbed through skin.
 - f. With all of the previous identifications, the strong odor of ether will be present.
7. Slang terms: Sherm, sherman cigarettes, wack, water, juice, dust, angel dust, PCP, rocket fuel, embalming fluid and supergrass (when smoked with marijuana).
8. Charged as dangerous drug under A.R.S. §13-3407.

X. DESIGNER DRUGS

- A. Definition:

1. Designer drugs are a way of working around an explicit legal definition of a drug.
 2. Designer drugs are drugs made in imitation of known drugs and have the same reaction.
 3. Designer drugs are frequently found and used at all night "rave parties." These parties are usually underground.
 4. Some known types:
 - a. Fentanyl (heroin substitutes).
 - b. Meperidines (heroin substitutes).
 - c. Amphetamines (mind-altering substances) and Ecstasy.
 - d. Ketamine.
- B. Ecstasy (3, 4 Methylendeioxymethamphetamine).
1. History:
 - a. First synthesized in 19147 by E. Merck.
 - b. Used by psychiatric therapists in clinical treatment of various psychiatric problems.
 - c. Has become increasingly popular with college students and "alternative crowd."
 2. Effects:
 - a. Fast acting.
 - b. Feelings of alertness.
 - c. Euphoria.
 - d. Relaxation.
 - e. Emotional warmth without hyperactivity produced in other stimulants.
 3. Use and terms:
 - a. Usually sold in tablet or liquid (clear).
 - b. Slang: "XTC," MDM, Adam, "E," Clarity, Essence, Doctor, "X," and Love drug.

- C. GHB (Gammahydroxybutyrate).
1. Chemically related to gamma hydroxybutyric acid, a neuro-transmitter.
 2. A colorless, odorless and salty-tasting liquid.
 3. In low doses, it acts as a nervous system depressant with affects up to 12 hours.

Euphoria, enhanced sense of touch, increased sociability and decreased inhibitions.
 4. In high doses, it acts as a nervous system depressant with more severe side effects: Drowsiness, muscle tension/spasms, disorientation, respiratory and depression/death.
 5. Popular with body builders because said to stimulate the growth hormone.
 6. Also very popular in schools, colleges and particularly at rave parties.
 - a. Taken orally or in a liquid (i.e., water).
 - i. Pill form.
 - ii. Tablet form.
 - iii. Powder form.
 - b. Street names: GHB, GBH, Liquid X and Fantasy.
- D. Rohypnol.
1. Tranquilizer, amnesiac, sedative and hypnotic.
 2. Dosage units of one (1) and two (2) mg tablets.
 3. Onset of action, by mouth, 30 minutes to one (1) hour.
 4. Duration of affects, two (2) to several hours.
 5. Known as date rape drug: Roofies and wallbangers. Popular with rave parties.
 6. With alcohol could result in respiratory arrest.
- E. Ketamine.
1. Called "K" or "Special K."

2. Liquid injectable used by veterinarians.
 3. Processed into a powder for street use.
 4. Usually inhaled.
 5. Causes out of body experience called going into a "k-hole."
- F. Charging – most designer drugs are classified as dangerous drugs.

XI. STEROIDS

- A. History:
1. Produced since 1935.
 2. Synthetic derivative of testosterone, a male hormone.
 3. Medically used for recovering from major surgery or those with chronic debilitating diseases.
 4. One (1) derivative, a growth hormone, is extracted from the pituitary glands of human cadavers (used for people with growth problems).
- B. Effect:
1. Increased strength.
 2. Greater endurance.
 3. Makes you "bigger."
- C. Adverse effects:
1. Liver and kidney disorders.
 2. Hypertension.
 3. Decreased sperm count.
 4. Aggressive behavior "road rage."
 5. Impotence in men.
 6. Masculinization in women.
 7. Irregular menstrual periods in women.
 8. Possible psychological affects.

- D. Methods of use:
 - 1. Intramuscular, i.e., butt or thigh (done in cycles of eight (8) to 14 weeks).
 - 2. Oral.
 - 3. Steroids are either liquid or tablets.
- E. Common steroids in use:
 - 1. Methytestosterone (tablets), a.k.a. methytest.
 - 2. Anadrol 50.
 - 3. Winstrol V #50.
 - 4. Nandrolone Deconate "Deca" (injected).
 - 5. Cheque drops mebolone (veterinarians use only for female dogs).
 - 6. Testosterone cypionate "cyp."
 - 7. Dianabol.
- F. Origin of supply of steroids on street:
 - 1. Stolen from pharmaceutical companies and pharmacies.
 - 2. Veterinary clinics.
 - 3. Mexico.
 - 4. Popular among high school, college and professional athletes.

XII. IMITATION SUBSTANCES

- A. Definitions covered under A.R.S. §13-3451.
- B. Controlled substances.
 - 1. A.R.S. §13-3453: Manufacture or distribute, felony.
 - 2. A.R.S. §13-3456: Possession, misdemeanor.
- C. Prescription-only drug.

1. A.R.S. §13-3454: Manufacture or distribute, felony.
 2. A.R.S. §13-3457: Possession, misdemeanor.
- D. Over-the-counter drugs.
1. A.R.S. §13-3455: Manufacture or distribution, felony.
 2. A.R.S. §13-3458: Possession, misdemeanor.
- E. Counterfeit preparation.
1. Covers devices which counterfeit identifying marks of controlled, prescription or over-the-counter preparations.
 2. Misdemeanor.

XIII. PRESCRIPTION-ONLY DRUGS

- A. Persons shall not knowingly possess, use, administer, acquire, sell, manufacture or transport prescription-only drugs without the supervision of a medical practitioner.
- B. Defined under A.R.S. §13-3401.28.
- C. Charge under A.R.S. §13-3406.
- D. Misdemeanor unless possessed or transported for sale.
- E. Prescription fraud investigations.
1. Usually dispatched as a forgery.
 2. Not a forgery by definition.
 3. Ask pharmacist if the drug is classified as narcotic or dangerous drug.
 4. The crime is obtaining narcotic drugs by fraud or obtaining dangerous drugs by fraud if the drugs were obtained.
 - a. Or attempting to obtain narcotic drugs by fraud.
 - b. Or attempting to obtain dangerous drugs by fraud if drugs were not obtained.
 5. There are felonies vs. prescription codes, which are misdemeanors.

XIV. NARCOTICS INVESTIGATION PROCEDURES

- A. Handle all drug-related arrests as felony investigations; therefore, take no shortcuts in your investigations.

- B. Officer safety considerations:
 - 1. Use extreme caution when contacting potential drug dealers and/or users. Assaults on officers are becoming more common.

 - 2. Habitual users of drugs may exhibit unpredictable behavior because of their drug use and may become violent.

 - 3. Dealers and users are often armed to protect themselves from theft or robbery. Be extremely cautious of their movements.

 - 4. Others around your subject may be involved so be aware of potential assaults from others as you arrest/contact suspects.

 - 5. Have adequate back up to safely effect a contact or arrest.

 - 6. If an arrest or frisk is made, be very careful searching or patting down the subject(s).
 - a. Needles, glass pipes, razor blades, etc., can be concealed on the subject.

 - b. Weapons.

 - c. Fresh blood or other injuries are common problems associated with drug dealers.

 - d. If possible, use plastic gloves.

- C. Investigation techniques:
 - 1. Arrests:
 - a. OV by traffic or pedestrian contacts.

 - b. Exigent circumstances (i.e., destruction of evidence or at a call unrelated to drugs found).

 - c. Consent or search warrant.

 - d. Knock and talk investigations.

P.O. 5.10.2E**P.O. 5.10.2C**

2. Keep current on search and seizure case law.
3. Communication skills, written and verbal.
 - a. Know drug area (location of drug use and sales).
 - b. Initial contact must have a legitimate reason.
4. Statements before and after the arrest may provide link to the crime. Be thorough in your interview.
5. Look for symptoms of drug use then ask subject about their use.
 - a. Tracks (arms, legs, toes and stomach).
 - b. Pupil reaction, horizontal gaze nystagmus.
 - c. Bad hygiene, poor complexion.
6. Verify information before coming to conclusions. Conduct follow-up if necessary.
7. Be prepared to do a search warrant or consent search.
8. You always have the option of submitting a report for a complaint instead of booking.

If a question exists about searching, probable cause or any circumstances surrounding your investigation, consult your legal department or your narcotics division.

D. Contacts with undercover officers while on patrol.

P.O. 5.10.2F

1. What to do when dealing with undercover officers.
 - a. Do not relate to them as police officers until it is established that they are ready to be identified as such.
 - b. Treat them like any other patrol contact.
 - c. Ask for I.D. (driver's license, etc.)
 - d. The U.C. should let you know who he/she is without blowing his/her cover.

If he/she shows you a badge, do not expose it, pull him/her away from the others and question to find out how you can help in the investigation.

- e. If you pull the U.C. aside, do the same to all the suspects.
- f. If you find a weapon prior to finding I.D. (frisk), take the officer into custody as if he/she was a suspect.
 - i. Use common sense, detain, I.D. and transport away from the scene.
 - ii. Ask the U.C. what he/she wants done to him/her so that you do not blow his/her cover.
 - iii. Do not actually handcuff, he/she may need to back you up in an emergency.

2. Identifying suspects for undercover officers.

- a. Remain out of the area until you have instructions from the U.C. and you understand what is to be done.
- b. After you reach the area and contact the person, photo and identify the suspect and everyone that he/she is talking to or that is in his/her immediate area. (Just talking to the suspect could make him/her think that the U.C. is an officer.)
- c. When stopping subjects, do not tell them that you are stopping them to be identified. Be creative and use a ruse of some sort. Examples:
 - i. You match the description of a suspect in the area.
 - ii. You were reported as being a suspicious person in the area.
- d. Find out from the U.C., prior to stopping the subject, if there is probable cause to arrest in case things do not go as planned.
- e. When your assignment is complete, leave the area, then set up a meet with the U.C. away from the contact area (subjects could be using a scanner or could be mobile.)
- f. Write supplement if directed by the U.C.

- | | |
|---|---------------------|
| 3. Informants. | P.O. 5.10.5 |
| a. Who are possible informants? | |
| i. Users or other criminals. | P.O. 5.10.5C |
| ii. People who officers may have met on the street, neighbors, friends and family of the suspect. | |
| iii. School personnel, ministers or businessmen. | |
| b. What motivates informants? | |
| i. Competition, scorned lover or an upset buyer who was treated wrong or has turned over a new leaf. | |
| ii. Curiosity, stereotype or rumor (actions are better indicators of drug activity). | |
| iii. Anonymous tip. | P.O. 5.10.5D |
| iv. Payment (money is the most common reason). | P.O. 5.10.5A |
| v. Concerned/good citizen. | P.O. 5.10.5B |
| c. Considerations and reliability must be established before using the informant. | P.O. 5.10.6B |
| i. What does informer expect in return? | |
| ii. Is the informant going to commit crimes while working? If so, it is recommended they not be used. | |
| iii. Is the information given going to lead to the successful identification and arrest of a suspect(s)? | |
| iv. Does the informant want to work more than once, and if so, does he/she have the ability to turn a big deal eventually or is he/she only associated with "small time" dealers? | |

v. Is the informant honest in his/her dealings with the police or is he/she doing "set up" deals just to get money?

vi. Will the informant testify against the suspect in court?

vii. Is the informant willing to work for the payments or does he/she want to be given money up front? (It is recommended that no money be given unless work has been done and the suspect(s) has been identified.)

viii. Will the informant go out of sight and take care of business and return right away or will he/she expose himself/herself to the drug activity?

ix. Is the informant on parole or probation (if so, will his/her P.O. allow him/her to work)?

x. Can the information given be verified (always double check information)?

xi. Protect informant's identity and safety.

d. Temptation and corruption (reasons for actions). Be sure to comply with agency policies and procedures.

P.O. 5.10.6C

i. U.C. officers deal with large amounts of money and are the first to count the money at the scene (no one will miss small amounts).

ii. Money is often times unreported cash obtained in illegal ways.

iii. Units are usually large and loosely supervised (no one is watching me).

iv. Officer just caught up in the role he/she is playing.

v. Some officers often work alone and have a great

- responsibility for investigations.
- e. Trouble shooting problems with drug-related reports/investigations.
 - i. Not following evidence procedures (chain of custody) for impounding.
- a) Scientific analysis.
- b) Latent prints.
- c) Instructor will establish current problems with evidence.
 - ii. Improper interviews of suspects.
- a) Find out if they knew what the substance was that was found.
- b) Who has driven their car?
- c) If not theirs, whose car is it?
- d) Who lives in the house; who stays in the room?
- e) How many people have driven the car?
- iii. If you did something in the investigations, write supplement (and have others write one).
- iv. Ask for assistance on large or complicated investigations. **P.O. 5.10.4**
- a) Narcotics unit. **P.O. 5.10.4C**
- b) PDP.
- c) K-9 (narc dogs). **P.O. 5.10.4B**
- d) Asset forfeiture unit.
- e) Airport interdiction unit.
- f) Prescription fraud detectives.
- g) Police crime laboratory. **P.O. 5.10.4D**
- v. Take pictures of actual cash in the condition and/or position it was found.

vi. Photocopy so the serial numbers are visible and impound the copy as evidence.

vii. If possible, tape confessions or write them down exactly how they were said, using quotation marks.

viii. List your training and experience in the report on identifying drugs (classes and training, not personal experience).

XV. CONCLUSION

- A. Review of performance objectives.
- B. Final questions and answers.
- C. Instructor closing comment(s).