

140188

BASIC COURSE UNIT GUIDE

12

CONTROLLED SUBSTANCES

This unit guide covers the following performance objectives contained in *Performance Objectives for the POST Basic Course*:

3.31.1	3.32.1	3.32.6	3.32.11	3.34.1
3.31.2	3.32.2	3.32.7	3.33.2	3.34.2
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THE COMMISSION
ON PEACE OFFICER STANDARDS AND TRAINING

STATE OF CALIFORNIA

This unit of instruction is designed as a *guideline* for performance objective-based law enforcement basic training. It is part of the POST Basic Course guidelines system developed by California law enforcement trainers and criminal justice educators for the California Commission on Peace Officer Standards and Training.

This guide is designed to assist the instructor in developing an appropriate lesson plan to cover the performance objectives which are required as minimum content of the Basic Course.

140188

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UNIT GUIDE 12

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PERFORMANCE OBJECTIVE 3.31.1

Given a word picture depicting a possible possession of a controlled substance, the student will identify if the crime is complete, and if it is complete, will identify it by its common name and crime classification. (Health and Safety Code Sections 11350, 11357 and 11377)

CURRICULUM

A. Elements Necessary to Establish Possession of a Controlled Substance.

1. Knowledge
 - a. Statements
 - b. Debris in pocket, on person or in close proximity
 - c. Paraphernalia (scales, packaging material, etc.)
 - d. Prior arrests
 - e. Associates
 - f. Literature
 - g. Notes, books, ledgers
 - h. Fingerprints
2. Control or Constructive Control
 - a. Actual physical possession
 - b. In house, vehicle, purse, etc., of suspect who is owner, renter or lessee
 - c. Evidence supporting constructive control
 - (1) Keys
 - (2) Clothing
 - (3) Utility Bills
3. Usable Quantity
 - a. More than debris--enough for a dosage unit.

PERFORMANCE OBJECTIVE 3.31.2

Given a word picture depicting a possible possession of a controlled substance for sale, the student will identify if the crime is complete, and if it is complete, will identify it by its common name and crime classification. (Health and Safety Code Sections 11351, 11351.5, 11359, and 11378)

CURRICULUM

A. Elements Necessary to Establish Possession of a Controlled Substance for Sale.

1. Knowledge

- a. Statements
- b. Debris in pocket, on person or in close proximity
- c. Paraphernalia (scales, packaging material, etc.)
- d. Prior arrests
- e. Associates
- f. Literature
- g. Notes, books; ledgers
- h. Fingerprints

2. Control or Constructive Control

- a. Actual physical possession
- b. In house, vehicle, purse, etc., of suspect who is owner, renter or lessee.
- c. Evidence supporting constructive control.
 - (1) Keys
 - (2) Clothing
 - (3) Utility Bills

3. Intent

- a. May be indicated by observations of suspect's movements, associates, and location.
- b. Evidence such as packaging, scales, calculator, notebook, mathematical notations, denominations of U.S. Currency, etc.,

fortify "intent".

4. Usable Quantity

- a. More than a few dosage units
- b. Based upon total amount or method of packaging that would indicate "sales".
- c. Jurisdictional tolerance

PERFORMANCE OBJECTIVE 3.31.3

Given a word picture depicting the possible transportation for sale of a controlled substance, the student will identify if the crime is complete, and if it is complete, will identify it by its common name and crime classification. (Health and Safety Code Section 11352)

CURRICULUM

A. Elements Necessary to Establish Transporting of a Controlled Substance or Substance in Lieu of:

1. Knowledge

- a. Statements
- b. Debris in pocket, on person, or in close proximity
- c. Paraphernalia (scales, packaging material, etc.)
- d. Prior arrests
- e. Associates
- f. Literature (i.e. chemical formulas)
- g. Notes, books, ledgers
- h. Fingerprints

2. Control or Constructive Control

- a. Actual physical possession
- b. In house, vehicle, purse, etc., of suspect who is owner, renter or lessee.

3. Intent

- a. Rental agreement if car rental
- b. Maps bearing destination
- c. Notes bearing destination
- d. Purchase of common carrier ticket

4. Usable Quantity

- a. Jurisdictional tolerance

D. Elements Necessary to Establish Selling and Furnishing of a Controlled

Substance or Substance in Lieu of:

- 1. Knowledge (same as 3.31.1)**
- 2. Control (same as 3.31.1)**
- 3. Intent (same as 3.31.2)**
- 4. Usable quantity (same as 3.31.1 and 3.31.2)**

PERFORMANCE OBJECTIVE 3.31.4

Given a word picture depicting a possible possession of paraphernalia for the unlawful use of a controlled substance, the student will identify if the crime is complete, and if it is complete, will identify it by its common name and crime classification. (Health and Safety Code Sections 11364, 11364.5 and 11364.7 and Business and Profession Code Section 4149)

CURRICULUM

A. Elements Necessary to Establish Possession of Paraphernalia for Unlawful Use (Except Marijuana)

1. Knowledge

- a. Physical demeanor or appearance
- b. Residue in container, on person, or in close proximity
- c. Statements

2. Control or Constructive Control

- a. Actual physical possession.
- b. In house, vehicle, purse, etc., of suspect who is owner, renter, or lessee.

NOTE: Instructor should relate that a positive lab analysis or residue left in paraphernalia, e.g., syringe and needle, is necessary for conviction.

3. Intent

- a. Paraphernalia listed under 11364 Health and Safety Code must have residue.
- b. Hypodermic syringe and needle-4149 Business and Professional.
- c. Jurisdictional tolerance.

PERFORMANCE OBJECTIVE 3.31.5

Given a word picture depicting a possible violation of being present where controlled substances are being used, the student will identify if the crime is complete, and if it is complete, will identify it by its common name and crime classification. (Health and Safety Code Section 11365)

CURRICULUM

- A. Elements Necessary to Establish Being Present Where Controlled Substances Are Unlawfully Being Used (Except Marijuana).
 - 1. Knowledge (same as 3.31.1)
 - a. Describe conditions of "place" as observed and/or reported.
 - 2. Presence
 - a. Physically present in a room or place where all opium derivatives, cocaine, PCP, and Methamphetamine is being used.
 - 3. Usable quantity (see objective 3.31.1 and 3.31.2)



PERFORMANCE OBJECTIVE 3.32.1

Given a word picture depicting a situation where LSD is present in one of its common forms, the student will identify the substance as LSD. The most common forms are blotter paper, windowpane, microdots, and clear liquid.

CURRICULUM

A. Types (Common)

1. LSD (Lysergic Acid Diethylamide)

B. General Data

1. Slang names:

- a. LSD - Acid (Schedule I)

2. Ways Introduced Into body.

- a. Ingestion

- (1) LSD most common

- (2) Tablets

- (3) Paper blotter and liquid

3. Typical methods of packaging

- a. LSD

- (1) Liquid, drops put on any other form for ingestion.

- (2) Made into tablets via liquid dried in powdered material. (Give example.)

4. Effects of LSD

- a. LSD

- (1) Illusions, hallucinations, poor perception of time and distance.

- (2) Psychosis; possible death.

- (3) Long range flash backs. Recurrent "trip" without another dose.

5. Handling LSD

- a. Do not taste or smell any substance that may appear to be LSD. This material can cause great physical danger and possible death.

re: Via pores in fingers
Cuts
Nostrils

PERFORMANCE OBJECTIVE 3.32.2

Given a word picture depicting a situation where peyote is present in one of its common forms, the student will identify the substance as peyote. The most common forms are seed pods, buttons, or clear gelatin capsules containing a brown powdery or granular substance.

CURRICULUM

A. Peyote

1. Schedule of Drug
 - a. Schedule I (Hallucinogens)
2. Common Name and Crime Classification
 - a. Peyote/Mescaline
 - b. 11363 H & S
 - c. 11550 H & S
3. Slang Terms
 - a. Buttons
 - b. Cactus
4. Legal Use
 - a. Legal for a specific American Indian group for religious ceremonies under specific conditions, otherwise illegal.
5. Method of Introduction Into Body
 - a. Ingestion
 - (1) Chew button; boil buttons and drink as "tea".
 - (2) Extremely bitter substance.
6. Effects
 - a. Hallucinate (extreme)
 - (1) Effects visual activity and color interpretation.

PERFORMANCE OBJECTIVE 3.32.3

Given a word picture depicting a situation where PCP is present in one of its common forms, the student will identify the substance as PCP. The most common forms are liquid adulterated cigarettes, white powder or crystals in hand-rolled cigarettes, a leafy substance sprayed with a yellow liquid that has a strong chemical odor.

CURRICULUM

A. Phencyclidine (PCP)

1. It is quite common to see PCP in liquid, powder and crystal forms, or sprinkled on mint leaves. Some of the contemporary street names for PCP are:
 - a. Angel Dust
 - b. Dust
 - c. Crystal (krystal)
 - d. Krystal Joint (KJ)
 - e. WACK
 - f. Shermans or Shermis
 - g. Lovely
 - h. PCP
 - i. Super Kools
 - j. Wet Daddles
 - k. Sticks
2. Physical characteristics and packaging of PCP--Although PCP was originally found only in tablet or capsule form, it is commonly sold today in crystalline, (powder) or liquid forms. A substance suspected to be PCP can generally be detected by its distinctive chemical odor. The process of manufacturing PCP requires numerous chemicals, including ether, which is one of the strongest identifiable odors. The mere presence of this odor is a preliminary indication that the substance could be PCP.

The following is a list of the most common forms of PCP:

- a. Crystal--Ranging from loose powder to lumps. PCP crystals will be found packaged in zip-lock baggies, hermetically sealed in plastic or wrapped in aluminum foil bindles. Crystal can be inhaled through

the nose or sprinkled on plant material and smoked. The terms crystal and powder are interchangeable.

PCP can be found in any color from white to brown. The most common color is off-white to a yellowish-tan. In any given area the color will vary because of inconsistencies in the manufacturing process or because of attempts to increase its distribution by giving it a new drug appearance (or) because of the adulterant used in "cutting" the PCP.

- b. Tablets--The popularity of tablets is diminishing in California, but when observed are usually pale yellow or pink in color.
- c. Liquid--Phencyclidine liquid is generally clear or yellow colored, but can be disguised by any color. It may be found in eye-drop, baby or soft drink bottles or similar containers. Phencyclidine may be sprayed, sprinkled or soaked into a leafy substance which, when dried, produces "angel dust." The substance can be:
 - (1) mint leaves
 - (2) parsley, oregano, or other vegetable spices or materials
 - (3) marijuana (rarely used)

Liquid phencyclidine may also be injected; although the practice is less common in most geographical areas than other methods of use.

- d. Commercial Cigarettes--Phencyclidine has been used to adulterate commercially manufactured cigarettes, usually by dipping the cigarette in liquid phencyclidine.

Instructor to comment on current pricing, methods of applications, and visual characteristics.

- (1) Commercial types dipped into liquid PCP. Most popular are dark paper wrappers such as Shermans, Tijuana Smalls, Mores, Kools.
- (2) Liquid can be applied to string or thread, which is then threaded through the cigarette.

Instructor will comment on current trends of packaging

3. Packaging

- a. Tinfoil
- b. Plastic
- c. Vials
- d. Paper bindles

4. Methods of Use

a. Smoking

- (1) Of both commercial cigarettes and vegetable material treated with PCP and rolled to smoke in cigarette form.
- (2) The PCP-treated vegetable material or tobacco may also be smoked in a pipe.

b. Injection

- (1) PCP, in liquid form, is injected into the vein.
- (2) Intravenous injection is generally less popular than smoking, inhaling and ingestion. However, in certain geographical areas within the state, it is regularly practiced.

c. Inhalation (snorting)

- (1) PCP, in powder form, is inhaled into the nose, much the same as cocaine, utilizing a "coke spoon", straw, emery board (fingernail file) or any other device which will allow the user to hold a small amount of powder beneath his nose.

d. Oral Ingestion

- (1) Taking PCP by mouth in capsule or tablet form is generally less common than either smoking or inhalation.

5. Signs and Symptoms of PCP Intoxication

a. The effects and symptoms of PCP intoxication—the effects of PCP on the central nervous system are varied.

- (1) PCP is a stimulus reactive drug.
- (2) The diverse reactions caused by PCP have caused it to be uniquely classified—neither a stimulant, depressant, nor hallucinogen.

NOTE: Instructor will explain that outside stimulation (light, sound, movement) can cause unpredictable behavior.

b. The varied reactions to PCP intoxication preclude a listing of objective symptoms that will occur in all cases; however, the following is a list of indicators of possible PCP intoxication. This depends upon variables, including the amount.

(1) Vital Signs

- (a) The respiratory rate is normal or slightly increased.
- (b) The blood pressure is increased.

- (c) The pulse rate is increased.
- (2) State of consciousness (variable)
 - (a) Responsiveness--unresponsive to verbal stimuli - Initially uncommunicative, later incomplete verbal responses followed by talkativeness. Unable to feel pain.
 - (b) Orientation--disoriented for time and place, appearing confused and fearful.
 - (c) Behavior--may be agitated, excited combative, self-destructive, or bizarre.
 - (d) Speech--slow, slurred, groaning, or repetitive. May be mute, intermittently unable to speak, or loud and boisterous.

(3) Eyes

- (a) Eyelids--eyes open with a blank stare.
- (b) Nystagmus--an involuntary, rapid movement of the eyeball.

NOTE: Instructor will explain vertical and horizontal nystagmus.

(4) Motor System

- (a) Coordination--unstable, high stepping.
- (b) Muscle tone--rigidity may be present.
- (c) Movement--restlessness, repetitive movements, facial grimacing.

(5) Additional symptoms

Increased secretion--salivation, drooling (generally observed in overdose cases) and tearing (seen in pediatric overdoses).

6. The duration of PCP effects

a. The effects of PCP will vary greatly depending on factors such as:

- (1) The dosage and purity.
- (2) The frequency of abuse.
- (3) Individual's metabolism.
- (4) User's sex, age and weight.
- (5) Individual's mental state.

- (6) State of health.
 - b. The following will provide a rough guideline for the duration of these effects:
 - (1) If a person took two inhalations from a PCP cigarette, the onset of the effects would occur in one to five minutes.
 - (2) The effects would peak after 15 to 30 minutes.
 - (3) The user remains "high" for four to six hours and normally requires 24 to 48 hours to return to "normal." With extended use of PCP, the time required to return to normal may be increased to several weeks or years.
 - c. This guideline of effect also applies when PCP is administered through the nasal passages; however, the onset of effects is accelerated and will occur in 30 to 60 seconds.
 - d. PCP will remain in an individual's system for a prolonged time period. The drug is stored in both fat and brain tissue. Consequently, the frequency of ingestion is of paramount importance.
 - e. Studies have been conducted on persons who have chronically used PCP three or more times a week for a period of six months or longer. These studies have shown that, after use of the drug is discontinued, users experienced lingering problems with speech, memory, concentration and abstraction for several years. They also continued to experience periods of bizarre, violent or amnesic behavior.
 - f. The extreme danger to the police officer confronting the PCP abuser
 - (1) Unpredictable response of users to police authority
 - (2) The abnormal amount of strength displayed by persons under the influence of PCP
 - (3) The behavioral toxicity associated with use of the drug
 - (4) Unpredictable behavior of PCP users
 - (5) Apparent insensitivity to pain.
7. Illicit Laboratories
- a. The Dangers of Illicit laboratories
 - (1) It is imperative that department personnel understand the inherent dangers surrounding any laboratory investigation. The chemicals used are often extremely toxic and may be highly volatile. For example, many laboratories contain the chemicals potassium cyanide and hydrochloric acid. These chemicals, when combined, produce a lethal gas which is identical to the

gas used in San Quentin's gas chamber. When a fire erupts, the burning chemicals will produce extremely toxic and carcinogenic fumes. The inhalation of certain fumes or prolonged exposure to some chemicals can cause immediate poisoning or cancer in future years.

- (2) An additional danger from fire exists when dealing with chemicals. A spark or inadvertent chemical mixture could cause an explosion or fire. Unless an emergency exists, there is no valid reason for a patrol officer to enter an illicit laboratory.
- (3) The presence of illicit laboratories has created a hazard to the public, police officers and fire fighters. It has become almost commonplace for these laboratories to explode and burn, causing personal injury to bystanders and extensive property damage. When basic guidelines and procedures for hazardous materials incidents are followed, an investigation can be effectively conducted with minimal risk to all parties.

b. Detection of illicit laboratories

- (1) Police personnel may become aware of the existence of drug laboratories through a variety of means, one of which may be a radio call "Meet the Fire Department".
- (2) Upon arrival to the scene of an explosion and fire, the officers are informed that the cause was a probable chemical explosion and the fire has been controlled.
- (3) It is now the officers' responsibility to protect the scene and preserve evidence. If it is determined that an illicit laboratory does exist, officers should immediately withdraw and notify the appropriate hazardous materials response team. They should establish a contamination reduction zone and remain in it.

NOTE: Any officer who has entered the lab should not be involved in any activity or given permission to leave until the officer has been decontaminated.

- (4) Once the scene is secure, officers should attempt to interview neighbors to determine occupancy of the site. Particular attention should be made to vehicles parked in the vicinity. License numbers should be recorded.
- (5) Only qualified personnel should enter the laboratory. Curiosity of unauthorized persons can only result in contamination of the scene or possible injury.
- (6) The presence of an illicit laboratory may be discovered through a citizen's complaint or an officer's observation. The process of manufacturing, or "cooking", methamphetamine produces a strong and offensive odor, which in turn may generate complaints from neighbors. Thorough interviews of complaining persons or other neighbors will usually provide

cause to believe an illicit laboratory is in operation. During the interview, personnel should determine if certain indicators of an illicit laboratory are present.

- c. The following are the most common indicators of an illicit drug laboratory:
- (1) Usually, because of the danger of fire and the presence of toxic fumes, no one will actually live at the location. The laboratory operator will only periodically visit the location.
 - (2) Attempts will have been made to seal the doors and windows in an attempt to conceal the strong odor.
 - (3) The operator may, depending on the location, install large ventilation fans to disperse the fumes.
 - (4) The delivery to the location of 55 gallon steel drums by a chemical company or common carrier.
 - (5) The delivery of inordinate amounts of ice to the location. (Ice is required for the cooling process during "cooking".)
 - (6) A strong, distinctive odor of ether may be noticeable. If questioned, the operator will frequently indicate the odor is from a legal activity of plastic manufacturing or photographic developing.
 - (7) The location is sparsely furnished.
 - (8) The neighbors notice that the operator appears to exit the location solely to get fresh air or to have a smoke.
 - (9) The neighbor or a friend has been inside and observed a laboratory in operation.
 - (10) The operator may dump chemicals in the yard, causing destruction of plant life.
- d. The presence of these indicators may substantiate the belief that an illicit laboratory has been located. This, however, is not enough for an arrest. There must be specific chemicals inside the laboratory and the intent to manufacture methamphetamine must be established. This will require an extensive follow-up investigation. If a low profile is maintained, with a minimum show of uniformed officers, there is a strong possibility the laboratory operator may be unaware of detection. Officers at the scene should establish a point of surveillance and contact a department narcotic officer for advice and direction.

NOTE: Instructor should emphasize importance of not tampering or moving lab equipment or chemicals. CALL THE EXPERTS.

- e. Officer Safety Rules at the Clandestine Laboratory

- (1) A trained criminalist should accompany the investigators.
- (2) The criminalist should be responsible for shutting down the operations and the indication of possible dangerous chemicals.
- (3) Make sure the clandestine laboratory is well ventilated by opening doors and windows.
- (4) Do not turn lights on or off at location until it is well ventilated.
- (5) Do not smoke, eat or drink at the scene.
- (6) Do not remove any flasks from ice baths.
- (7) Do not use flash bulbs or flash cubes with cameras. They could spark an explosion. Use only electronic flash units.

NOTE: It is acceptable to eat, smoke or drink after decontamination and in a designated clean area. (level D area)

8. The Law and PCP

a. Under the influence and personal use:

- (1) A person under the influence of PCP is in violation of Health and Safety Code 11550.

b. Evidence

(1) Collection

- (a) Hazard considerations: A "contact high" could result during collection activities from exposure to PCP in any of its forms by touching, inhaling, etc.
- (b) Exposures of PCP are cumulative and can cause long-term ill effects. Additionally, there is evidence that PCP may be passed on from mother to unborn child.
- (c) Transportation considerations: The same contact hazards exist during transportation plus the danger from exposure to the very volatile chemicals used in manufacturing PCP.
- (d) Photographs and court order: The extreme danger of transporting chemicals used to manufacture PCP calls for obtaining a court order to destroy all chemicals and containers except the quantity required for laboratory analysis and court presentation.

Complete sets of sequential photographs are required to record the laboratory site, location of all chemicals and equipment in the laboratory and the complete inventory prior to destruction.

PERFORMANCE OBJECTIVE 3.32.4

Given a word picture depicting a situation where psilocybin is present in its common form, the student will identify the substance as psilocybin. The common form is long-stemmed mushrooms, fresh or dried, packaged in clear plastic baggies.

CURRICULUM

- A. Psilocybe Mushroom
 - 1. Schedule of Drug
 - a. Schedule I (hallucinogens)
 - 2. Common name and crime classification
 - a. Psilocybin
 - b. 11377(a) H & S
 - c. 11390 H & S
 - d. 11391 H & S
 - e. 647f P.C.
 - 3. Slang terms
 - a. Shrooms
 - b. Magic Mushrooms
 - 4. Identification
 - a. Stem and/or cap of Psilocybe mushroom
 - 5. Method of introduction into body
 - a. Ingestion
 - b. Smoking
 - 6. Short and Long-Term Effects
 - a. Short
 - (1) Illusions
 - (2) Hallucinations
 - (3) Poor perception of time and distance

b. Long

(1) Unknown

PERFORMANCE OBJECTIVE 3.32.5

Given a word picture depicting a situation where depressants or tranquilizers are present in one of their common forms, the student will identify the substance as depressants or tranquilizers. The most common forms are colorful capsules, tablets and pills with the manufacturers' marks (e.g., Xanax, Valium and Librium), packaged in plastic baggies, tinfoil, bindles, or vials.

CURRICULUM

A. Non-Narcotic Depressant

Some non-narcotic depressants come under the jurisdiction of the Controlled Substance Act. Others are prescribed drugs effecting the central nervous system.

1. Effects (Administered orally or injected)
 - a. Possible
 - (1) Slurred speech, disorientation, drunken behavior without odor of alcohol.
 - b. Overdose
 - (1) Shallow respiration, cold and clammy skin, dilated pupils, weak and rapid pulse, coma, possible death.
 - c. Withdrawal syndrome
 - (1) Anxiety, insomnia, tremors, delirium.
 - d. Synergism (Combinations)
 - (1) Mixing sedatives with alcohol

NOTE: Health and Safety Code 11375, possession for sale of prescription drugs that are not scheduled.

PERFORMANCE OBJECTIVE 3.32.6

Given a word picture depicting a situation where amphetamines or methamphetamine are present in one of their common forms, the student will identify the substance as amphetamines or methamphetamine. Amphetamines are white double-scored tablets packaged in aluminum foil, vials, or clear plastic baggies. Methamphetamine takes many forms including a yellow to white powder packaged in clear plastic baggies or bindles, a brown or reddish tarry-like substance, crystals resembling rock candy or shards of glass, or a yellowish-brown oily substance.

CURRICULUM

A. Amphetamines and Methamphetamines

Instructor will explain the various non-narcotic depressants (i.e., barbiturates, librium, valium, etc.)

1. All stimulant substances classified in Schedule II (except cocaine) i.e., obitrols - dexedrine, benzedrine.
2. Methamphetamine
 - a. Generally in powder or crystal forms.
3. Slang terms

Bennies, black beauties, crank, crystal, meth, minibennies, speed, wire, go fast, water, ice, bata, and glass.
4. Method of introduction into the body
 - a. Orally ingested
 - b. Snorted
 - c. Injected
 - d. Smoked (Pipe)
5. Typical packaging
 - a. Small plastic "baggies"
 - b. Small paper bindles
 - c. Tinfoil
6. Effects on user:
 - a. Short term (possible effects—user may suffer some or all).
 - (1) Increased alertness, excitation, euphoria, dilated pupils,

Increased pulse rate and blood pressure, insomnia, loss of appetite, evidence of inhalation, and coated tongue.

b. Effects of overdose:

- (1) Agitation, increase in body temperature, hallucinations, convulsions, possible death.

c. Withdrawal syndrome:

- (1) Apathy, long periods of sleep, irritability, depression, disorientation.

PERFORMANCE OBJECTIVE 3.32.7

Given a word picture depicting a person exhibiting the symptoms of hallucinogen use, the student will identify that the person may be under the influence of a hallucinogenic substance (e.g., LSD, peyote, psilocybin). These symptoms include dilated pupils, excessive sweating, hallucinations and an increased respiratory and heart rate.

CURRICULUM

PERFORMANCE OBJECTIVE 3.32.8

Given a word picture depicting a person exhibiting the symptoms of PCP use, the student will identify that the person may be under the influence of PCP. These symptoms include high pain tolerance, great physical strength, hallucinations, unpredictability, aggressive and extremely violent behavior, excessive sweating, drowsiness, nystagmus, paranoia, confusion, blank stares, muscle rigidity, unusual gait or convulsions and a possible chemical odor on the breath or body.

CURRICULUM

PERFORMANCE OBJECTIVE 3.32.9

Given a word picture depicting a person exhibiting the symptoms of stimulant use, the student will identify that the person may be under the influence of a stimulant (e.g., cocaine, amphetamines or methamphetamine). These symptoms include restlessness, talkativeness, trembling, dilated pupils, sleeplessness, hyperactivity, and an increased respiratory and heart rate.

CURRICULUM

PERFORMANCE OBJECTIVE 3.32.10

Given a word picture depicting a person exhibiting the symptoms of depressant use, the student will identify that the person may be under the influence of a depressant (e.g., barbiturates, sedatives, tranquilizers). These symptoms include slurred speech, poor coordination, unsteadiness, intoxicated behavior with no odor of alcoholic beverages, nystagmus, and decreased respiratory and heart rate.

CURRICULUM

PERFORMANCE OBJECTIVE 3.32.11

Given a direct question, the student will identify the most common method of using the following drugs and narcotics.

- A. Hallucinogens - swallowed
- B. PCP - smoked
- C. Amphetamine - swallowed
- D. Heroin - injected
- E. Cocaine hydrochloride - inhaled
- F. Cocaine base - smoked
- G. Methamphetamine - inhaled
- H. Depressants and tranquilizers - swallowed
- I. Cannabis - smoked

CURRICULUM

PERFORMANCE OBJECTIVE 3.33.2

Given a word picture depicting a situation where heroin is present in one of its common forms, the student will identify the substance as heroin. The common forms are a black tar-like substance or a white to dark brown granular powder, packaged in very small toy balloons, plastic baggies, condoms, tin foil, cellophane or paper bindles.

CURRICULUM

A. Heroin (H & S Code 11350)

1. Current Sources of Supply:

- a. Mexico
- b. Southeast Asia (Golden Triangle)
 - (1) Burma
 - (2) Laos
 - (3) Thailand
- c. Middle East

2. Groups

- a. Mexican heroin
 - (1) Latins (wholesaler)
 - (2) Dealers as identified by local areas (retailer)
- b. S. E. Asia heroin
 - (1) Black Mafia
 - (2) Private entrepreneurs - wholesalers
 - (3) Numerous organized crime elements
 - (4) Dealers as identified by local areas. (retailers)
- c. Middle East (Turkish)
 - (1) Reduced introduction into United States
 - (2) Prior introduction via Italian Mafia and French Corsicans.

3. Heroin identification

NOTE: Instructor should make statements of other opiates and synthetics i.e., methadone, demerol, codeine.

a. White (All countries but Mexico)

- (1) Consistency of a coarse face powder
- (2) Crystalline but not shiny
- (3) Little or no odor. DO NOT SNIFF
- (4) Color varies with exposure and diluent (cutting agent)

b. Brown (Mexico)

NOTE: Instructor should instruct the safety aspects of handling. Do not taste, etc.

- (1) Consistency varies from coarse granular substances (tiny pebbles to coarse face powder) to soft tar
- (2) Odor - Acetic acid (vinegar-like) DO NOT SMELL
- (3) Color varies from dark gummy brown to tan.

c. Tar heroin (Mexico)

- (1) Black tar-like substance
- (2) Odor - Acetic acid (vinegar-like)

4. Slang term

a. Regional terminology

B. Method Of Use

1. Injection

- a. The outfit consists of a spoon; bottle cap or other instrument which can be used as a cooker; an eyedropper; hypodermic needle; usually a thread or corner from one dollar bill; small amount of cotton which is used as a strainer; a tourniquet, usually a belt or necktie; a handkerchief that the outfit is wrapped in for concealment; and matches. Insulin syringes are also used.
- b. Water must also be at hand to make up the fix.
- c. The fix
 - (1) Required amount of heroin is removed from packaging material with a knife blade and placed in a spoon.
 - (2) Enough water is used (measured with dropper) to dissolve the heroin.

- (3) Matches are held to the bottom of the spoon to heat the mixture approximately to body temperature. Aids in dissolving drug.
- (4) Small bit of cotton is placed in the liquid.
- (5) Needle is placed on the dropper with the aid of the shim.
- (6) Needle is placed on bottom and liquid is drawn into dropper and is strained through the cotton.
- (7) Tourniquet is placed near injection site to enlarge the vein.
- (8) Needle is inserted in the vein and the fix is injected.
- (9) Tourniquet released.
- (10) Equipment is usually not sterilized.
- (11) Use caution when handling the outfit - Aids and other diseases can be transmitted by contaminated outfit.

2. Smoking

- a. Opium - by use of opium pipe.
- b. Heroin - smoking on tinfoil - "chasing the dragon".

3. Snorting

- a. Heroin

4. Packaging

- a. Wholesale packaging (purity-designated by area)
 - (1) Plastic bag (multi-ounces)
 - (2) Prophylactics (ounces)
- b. Retail (packaging purity designated by area)
 - (1) Prophylactics (multi-grams)
 - (2) Balloons (multi and partial grams)
 - (3) Paper bindles (partial grams)
 - (4) Tinfoil (partial grams)

5. Effects on Users

- a. 11550 H & S definition
- b. Short term:

- (1) Constricted pupils (always)
- (2) Droopy eyelids
- (3) Scratching
- (4) Euphoria
- (5) Drowsiness
- (6) Cold clammy skin
- (7) Dry mouth

NOTE: Item 2-7 may or may not be observable.

c. Long term

(1) Addiction:

A state of periodic or chronic intoxication detrimental to the individual and to society produced by the repeated consumption of a drug. Its characteristics include:

- (a) Psychological dependence - use drugs for effects of drug - a compulsion to continue using the drug and to obtain it by any means.
 - (b) Tolerance - tendency to increase dosage
 - (c) Physical dependence - withdrawal symptoms
- (2) Appearance
- (a) Injection marks
 - (b) Emaciated
- (3) Withdrawal symptoms
- (a) Watery eyes
 - (b) Runny nose
 - (c) Yawning
 - (d) Loss of appetite
 - (e) Irritability
 - (f) Tremors
 - (g) Diarrhea
 - (h) Chills

(l) Sweating, cramps, nausea

PERFORMANCE OBJECTIVE 3.33.3

Given a word picture depicting a situation where cocaine-hydrochloride is present in its common form, the student will identify the substance as cocaine-hydrochloride. The common form is a white to yellowish, shiny crystalline powder, packaged in bindles, glass vials or sealable plastic baggies.

CURRICULUM

A. Cocaine

1. The principal active ingredient of the South American coca plant, cocaine is the strongest stimulant of natural origin.
 - a. In the Andean highlands, where it has been cultivated since prehistoric times, the leaves of the plant are chewed for refreshment and relief from fatigue, much as North Americans once chewed tobacco.
 - b. While most of the crop serves the needs of a domestic subsistence economy, some cocaine is legally exported to the United States.
 - c. In this country the leaves - decocainized - yield flavoring extracts for cola beverages, and the pure cocaine extract supplies a dwindling world market for medical purposes.
 - d. Cocaine as a local anesthetic has been largely supplanted by synthetic substitutes, its medical application is now mainly restricted to ear, nose, and throat surgery.
 - e. While the demand for licit cocaine has been going down, the supply of illicit cocaine in recent years has been rapidly rising. Virtually all the cocaine available in this country today is of illicit origin.
 - f. It is sold on the street in the form of a white crystalline powder, "cut" with other white powders such as procaine, lidocaine, lactose, and mannitol.
 - g. It is administered by sniffing or "snorting" and for heightened effect by intravenous injection or smoking, producing intense euphoria with increased heartbeat, blood pressure, and body temperature.
 - h. Due to the intensity of its pleasurable effects, a strong physical and psychological dependency can develop.
2. Source of Supply
 - a. South and Central America
 - b. Laboratories

- (1) Traffickers operate clandestine labs manufacturing coca paste from the leaves and the paste is ultimately chemically transformed into a white crystalline powder - cocaine.

c. Traffickers

- (1) The majority of cocaine entering the U.S. is funneled through a well-organized, structured group of South Americans and Mexicans.

- (a) Smuggling routes basically originate from Columbia to Mexico to the U.S.

- (2) Private entrepreneurs travel to or send couriers to Columbia to smuggle back cocaine.

d. Smuggling methods

- (1) Commercial or wholesale quantities (multipounds) enter the U.S. secreted in:

- (a) Private aircraft

- (b) Private vessels

- (c) Commercial cargo

- (d) Body packs

- (e) False bottom suitcase

- (f) Other methods limited only by imagination

- (2) Personal or smaller quantities enter the U.S. in:

- (a) Vehicles

- (b) Attached to or in body cavities of smuggler

- (c) Same as commercial shipments

e. Current/localized problems--rock, crack houses

3. Identification

a. Physical characteristics

- (1) Snorting/Injection

- (a) White crystalline powder

- (b) Cocaine base (rock form)

- (2) Smoking - Freebasing

- (a) Physical characteristics, vary with region and trend
 - (b) Odorless
 - b. Diluents (Cutting material)
 - (1) Procaine
 - (2) Lidocaine
 - (3) Lactose
 - (4) Mannitol
 - c. Packaging
 - (1) Kilo or one half-kilo sized, heat sealed, clear, heavy plastic bags
 - (2) Ounce quantities in smaller heat-sealed packages or prophylactics.
 - (3) 8 ball (1/8 oz)
 - (4) Gram quantities in:
 - (a) Film canisters
 - (b) Aluminum foil
 - (c) Paper bindles
 - (d) Small glass vials
 - (e) Various small containers purchased at "head shops"
 - (f) Small zip lock plastic bags
 - d. Slang names
 - (1) Regional terminology
- 4. Use or Abuse
 - a. Legitimate usage
 - (1) Medically, as local anesthetic, particularly in ear, nose and throat cases.
 - (2) Since synthetic substances superior to cocaine are available, the legitimate cocaine market is very small.

NOTE: Pharmaceutical cocaine, sometimes called "blue coke" is manufactured by a few firms in the U.S. (e.g.: Mallinckrodt).
 - b. Abuse methods

- (1) Inhalation:
 - (a) Snorting (slang)
 - (b) Sniffing (slang)
 - (c) Blowing (slang)

Their product is pure and unadulterated. This has been a source for abuse through doctors or dentists diverting the prescribed cocaine to persons in the illicit cocaine trade.

- (2) Injection:
 - (a) Some addicts combine cocaine with heroin referred to as a "speedball"
- (3) Smoking/freebase
- (4) Other methods, i.e., orally

c. Effects on user:

- (1) Short term (possible effects-user may experience some or all)
 - (a) Increased alertness, excitation, euphoria, dilated pupils, increased pulse rate and blood pressure, insomnia, loss of appetite, increase in respiration.
- (2) Effects of overdose
 - (a) Agitation, increase in body temperature, hallucinations, convulsions, possible death.
- (3) Withdrawal syndrome
 - (a) Apathy, long periods of sleep, irritability, depression, disorientation
- (4) Long term effects
 - (a) Strong psychological and physical dependency
 - (b) Deterioration of nasal passages and nose cartilage
 - (c) Paranoia

PERFORMANCE OBJECTIVE 3.33.5

Given a word picture depicting a person exhibiting the symptoms of opiate use, the student will identify that the person may be under the influence of an opiate (e.g., heroin). The symptoms include constricted pupils, drowsiness, slow and deliberate speech, droopy eyelids, raspy voice, tendency to scratch and itch, decreased respiration and heart rate, and puncture wounds on the body.

CURRICULUM

PERFORMANCE OBJECTIVE 3.33.6

Given a word picture depicting a situation where cocaine base is present in one of its common forms, the student will identify the substance as cocaine base. The most common forms are small "rocks" with a waxy consistency in various colors or "crack" cocaine in various shapes and colors. Both forms may be carried loose (unpackaged) or packaged in small sealable plastic baggies, tin foil, vials, bindles, or wrapped in paper or cellophane.

CURRICULUM

PERFORMANCE OBJECTIVE 3.34.1

Given a word picture depicting a situation where cannabis is present in one of its common forms, the student will identify the substance as cannabis. The concentrated forms of cannabis are hashish and hash oil which range in color from yellow to green and from brown to black. The other form of cannabis is the leaves, flowers, stems and seeds of the marijuana plant. This latter form is commonly packaged in plastic bags.

CURRICULUM

A. Botanical Name

1. Cannabis Sativa

B. Common Names

1. Marijuana

C. Slang Names

1. Refer to local terminology

D. Identification

1. Plant

- a. Green
- b. Leaves generally composed of from 5 to 11 leaflets or lobes
- c. Leaves, 2 to 6 inches long, pointed tips, saw-like edges
- d. Peculiar odor

2. Plant (dried for smoking)

NOTE: Use visual aids of various forms of cannabis.

- a. Greenish
- b. Contains plant tops and bits of small stems and seeds
- c. Very distinct and peculiar odor

E. User Identification

P.C. 647(f) cannabis use.

1. Eyes bloodshot
2. Odor of burnt marijuana

3. Loss of sense of time and space

F. Effects (long term)

1. Current research information

G. Packaging

NOTE: Display difference between one ounce and one cigarette.

1. Bricks - 1 kilo; 2.2 pounds

2. One pound plastic bags

3. Lid - plastic baggie

4. 1/4 oz. (dime bag)

5. Joint - one cigarette

H. Elements for Possession (11357a, b, c, d, & e)

1. Knowledge

2. Control

3. Usable quantity

a. Over one ounce - misdemeanor

b. One ounce or less - citable misdemeanor

c. Any usable amount of Hash is a felony to possess

4. Possession on school grounds

PERFORMANCE OBJECTIVE 3.34.2

Given a word picture depicting the possible cultivating or harvesting of Marijuana, the student will identify if the crime is complete, and if it is complete, will identify it by its common name and crime classification. (Health and Safety Code Section 11358)

CURRICULUM

A. Cultivating and Harvesting

1. 11358 H & S
2. Felony
3. Anyone who plants, cultivates (cares for) or harvests
4. Any amount

B. Forms of Cannabis

1. Marijuana
 - a. Sensemilla
 - b. Thai Sticks
2. Hashish (concentrated cannabis)
 - a. A drug-rich resinous secretion from the flowers of the cannabis plant
 - b. Processed by drying to produce a drug several times more potent than marijuana.
3. Hashish Oil (concentrated cannabis)
 - a. Produced by a process of repeated extraction to yield a dark, viscous liquid.

PERFORMANCE OBJECTIVE 3.35.1

Given a word picture depicting the possible ingestion or inhalation of a volatile or poisonous substance, the student will identify if the crime is complete, and if it is complete, will identify it by its common name and crime classification. (Penal Code Section 381 and Business and Professions Code Section 4160)

CURRICULUM

A. Most people have smelled the peculiar odors of airplane glue, gasoline, cleaning fluid, hair spray, lacquer thinner and the like. The substances, when inhaled, produce intoxication, exhilaration, and excitement. They also can produce damage to the brain, lungs, liver, kidneys, and nervous system. They can result in death when severely abused. For these reasons, the inhalation of these volatile substances has been outlawed.

B. The Law

Toluene Intoxication - Misdemeanor. It is illegal to "sniff glue" or similar substance. (P. C. 381)

1. Elements of the crime

- a. Any person who possesses or willfully ingests, inhales, or breathes the fumes of any poison as defined in Schedule D of Section 4160 of the Business and Professions Code
- b. With intent to become intoxicated

2. The particular part of 4160 B & P referred to reads:

Schedule D, 4160 B & P (Poisons. Schedules)

- a. Toluene, any substance or material containing toluene, including but not limited to glue, cement, dope, paint thinners, paint, and any combination of hydrocarbons either alone or in combination with any substance or material, including, but not limited to paint, paint thinner, shellac thinners, and solvent which, when inhaled, ingested, or breathed, can cause a person to be under the influence of, or intoxicated from, any such combination of hydrocarbons.
- b. Any glue or cement containing a substance which the Department of Public Health has determined by regulations adopted pursuant to the Administrative Procedure Act . . . has toxic qualities similar to toluene and should, in the interest of public safety, be subject to the provisions of this article.

C. Appearance and Use

1. Familiarity with these substances in their commercial containers.

2. A list of the substances containing intoxicants includes:
 - a. Glue, cement
 - b. Dope
 - c. Paint thinners
 - d. Paint
 - e. Solvents, etc.
3. If someone is observed holding these substances to the nose, rather than using the substance for the purpose for which it was meant, a violation of 381 P. C. has occurred.
4. Method of Use
 - a. In the case of glue and cement, the substance is often placed in a paper or plastic bag or in a handkerchief so that the fumes can be contained.
 - b. Substances in aerosol cans are sprayed into the nostrils directly. (An 11-year old girl inhaled the fumes from a quick-chill product and died of asphyxiation when the gas froze her larynx so she couldn't breathe.)
 - c. Other volatile substances are inhaled from various containers, depending upon the nature of the substance.

D. Symptoms of Use

NOTE: May be subject to arrest for P.C. 647(f)

1. The user will feel intoxicated and may appear drunk, just like a user of alcohol.
 - a. A feeling of euphoria, exaggerated well-being, vigor and high spirits may be accompanied or replaced with drowsiness and disordered perception.
 - b. The user may even become unconscious.
 - c. The user may have hallucinations--seeing, hearing, and experiencing things which aren't there.
 - d. The user may have double vision, slurred speech, and poor coordination.
 - e. Other symptoms include the odor of the substance on the breath, excess nasal secretions, watering of the eyes, headache, nausea, dilated pupils, sneezing and coughing.

SUPPORTING MATERIAL

AND

REFERENCES

This section is set up as reference information for use by training institutions. These materials can be used for instruction, remediation, additional reading, viewing, or for planning local blocks of instruction. This list is not an endorsement of any author, publisher, producer, or presentation. Each training institution should establish its own list of reference materials.

**TOPICAL LIST OF SUPPORTING MATERIALS AND
REFERENCES INCLUDED IN THIS SECTION**

History of Opiates

Weights of Marijuana

HISTORY OF OPIATES

- 7000 B.C. Knowledge of opium found in Sumerian clay tablets.
- 5000 B.C. Opium used by people in Lower Mesopotamia.
- 1550 B.C. Opium used as medicine in Persia and Egypt.
- 10th Century Arabs introduced opium in China.
- 16th Century Opium became popular in India. Physician Paracelsus compounded tincture of opium for medical use.
- 17th Century British obtained monopoly on opium and traded to China for tea, silk and silver.
- 1805 Morphine isolated as a drug in Germany.
- 1832 Codeine isolated as a drug in France.
- 1840 to 1842 Opium War. Great Britain attempted to force import of opium to China while China attempted to curb use of opium. China lost the war but still refused to legalize trade in opium.
- Late 1840's First modern hypodermic syringe and needle perfected by a number of men, including Dr. Alexander Weed of Scotland.
- Early 1850's Mrs. Alexander Weed became the first needle addict (morphine addict).
- 1857 Second war between Great Britain and China wherein China finally legalized cultivation of opium and importation of opium from India.
- 1860's War between the States - first widespread use of morphine. "Army Disease" - morphine addiction.
- 1875 San Francisco passed ordinance outlawing smoking opium in smoking-houses or dens.
- 1898 Heroin produced commercially as a drug in Germany.
- 1900 California law enacted making it a misdemeanor to visit an opium den.
- 1909 U.S. law prohibiting importing of smoking opium.
- 1912 Opium Convention at the Hague attended by thirteen nations to suppress opium traffic.
- 1914 Harrison Narcotic Act - U.S. law regulating use of narcotics (tax act).
- 1923 Dilaudid produced in Germany.

HISTORY OF OPIATES (Continued)

- 1925 U. S. law prohibiting use of heroin medically and banning importation, manufacture, sale and possession.
- 1927 California Division of Narcotic Enforcement organized as a branch of the Board of Pharmacy.
- 1930 Federal Bureau of Narcotics under the Treasury Department was established.
- 1935 Federal Narcotic Hospital opened in Lexington, Kentucky.
- 1939 Demerol was introduced.
- 1940's Methadone developed in Germany
- 1942 Opium Poppy Control Act - limit growth of opium to those licensed in U.S.
- 1956 Federal Narcotic Control Act (Boggs Act).
- 1961 California Rehabilitation Center (CRC) established at Corona.
- 1971 Federal Drug Enforcement Agency established under U.S. Department of Justice, replacing Federal Bureau of Narcotics (Treasury Department).
- 1973 California Uniform Controlled Substances Act adopted.

WEIGHTS OF MARIJUANA

AVERAGE FIGURES REPRESENTING ONE OUNCE

Below is a table which represents the weights of typical evidentiary exhibits of marijuana. The figures presented are representative averages based on weighing a large number of exhibits. The figures are not absolute values; however, they do provide an average which may be used as a guideline.

<u>Exhibit Type</u> <u>Ounce</u>	<u>Weight</u> <u>By Gram</u>	<u>Weight</u> <u>By Ounce</u>	<u>Item #</u> <u>In One</u>
<u>Marijuana Cigarette</u>	0.34		
Slender, "matchstick" type approximately 3/16 inch in diameter	0.012	83 + cigarettes	
<u>Marijuana Cigarette</u>	0.50		
More commonly encountered homemade cigarette size, 5/16 inch in diameter	0.018	53 + cigarettes	
<u>Marijuana Cigarette</u>	0.90		
Cigarettes emptied of tobacco and refilled with marijuana approximately 5/16 inch in diameter	0.032	31 + cigarettes	
<u>Marijuana Bulk</u>	6.5	0.234	4 + canisters
Contents of 35mm film canister weight varies with composition			
<u>Marijuana Bulk</u>	15.43	.0545	1 + lids
"Lids" contents of plastic baggie, weight varies with generosity of packaging			

ADDITIONAL REFERENCES

ABC Questions and Answers Pamphlet, State Department of Alcoholic Beverage Control, Sacramento, California, (current edition).

Business and Professions Code, Division 9.

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