

# Arizona Peace Officer Standards and Training

## Basic Curriculum Model Lesson Plan

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**LESSON TITLE: NARCOTICS AND DANGEROUS DRUGS 5.10**

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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 effects, 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 effects 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.
	K. Fentanyl.

- 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 citizens.
  - 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 an informant.
- C. Comply with all agency policies and procedures.
- D. Protect an informant's identity and safety.

DATE FIRST PREPARED: November 1999

PREPARED BY: Sgt. Don Steinmetz

REVIEWED – <b>REVISED</b> :	Sgt. Don Steinmetz	DATE: November 2000
<b>REVIEWED</b> – REVISED:	SME Committee	DATE: April 2002
REVIEWED – <b>REVISED</b> :	SME Committee	DATE: April 2006
<b>REVIEWED</b> – REVISED:	Lt. Dave Kelly	DATE: November 2009
REVIEWED – REVISED:	Sgt. Winfrey/Det. Matt Shay	DATE: January 2021
REVIEWED – <b>REVISED</b> :	AZPOST (DocX)	DATE: December 2021
AZ POST – APPROVAL:	Richard Watling	DATE: November 2009
AZ POST – APPROVAL:	Lori Wait	DATE: December 2021

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: Student

TRAINING AIDS: Chalkboard and chalk Whiteboard and markers, narcotics paraphernalia and movies: Texas Sheriff, Drug User, Recognition, Aunt Julias 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

DATE RELEASED TO THE SHARE FILE: May 27, 2022

**I. INTRODUCTION**

- A. Instructor – (self) introduction.
- B. Preview of performance objectives.

**II. MARIJUANA (CANNABIS SATIVA L)****A. Definition:**

- 1. Marijuana is a word used to describe the cannabis plant that contains THC.

**P. O. 5.10.11**

**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 it 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 Cannabidiols (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 commercial cultivation available. Commercial cultivation became federally legal under 2018 Farm Bill for industrial hemp with a THC content under .3%.
  - e. There is no visible or readily identifiable difference between legal hemp and marijuana without testing for THC content.
  - f. Sometimes used as a cutting agent for illicit marijuana (THC).
2. TetrahydroCannabinols (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. Prior to the 1990’s marijuana had a THC content of 2% - 3%. As of 2018, marijuana had a THC content of up to 30% in plants and up to 95% in wax and other products.
- D. Description:
- 1. For the purpose of report writing, marijuana is described as: “A green leafy substance believed to be marijuana.”
    - a. Make no conclusory statements regarding any drug found.
    - b. Your lab will make a conclusion on the substance.
  - 2. Marijuana is an annual plant and comes from seeds. Planted usually in March and April.

3. U.S. sources of marijuana:
  - a. The majority of marijuana consumed by users and encountered by law enforcement in the state of Arizona is domestically produced.
  - b. Since the majority of states have enacted a “medical” and/or “recreational” marijuana program, “Mexican Marijuana” seizures have decreased over 80% and Domestic seizures have increased filling the gap. **INSTRUCTOR NOTE: 2020 National Drug Threat Assessment (NDTA)**  
  
<https://www.governing.com/archive/si-oregon-marijuana.html#:~:text=Enough%20recreational%20cannabis%20sat%20on,agency%20that%20regulates%20recreational%20marijuan>
  - c. Deviation of legally grown domestic marijuana is becoming a concern for Law Enforcement. Oregon alone produces more than 6 times the amount of marijuana the state can consume each year.
4. With the right conditions the plant will grow almost anywhere.
5. The marijuana leaf: (show and 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.
  - f. 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. Each marijuana plant can easily produce 2 pounds of marijuana.
  6. 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. Effects and uses.
1. Medical 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. Sometimes ingested orally.
      - i. Tea, brownies, cookies and salad.
      - ii. The effect takes longer to obtain when eaten.
  3. Paraphernalia: Rolling papers, pipes, bongs, roach clips, sockets, coke cans, etc. Taken alone this may not be a crime or probable cause.
  4. Packaging: Baggies, film canisters, pound bags, bales, face containers, etc.



H. Effects:

1. Onset of effect 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.
5. Psychological effects:
  - 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 a calming effect, 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. This tests the presence of THC in marijuana but does NOT quantify the THC content. THC content should be quantified by a lab.
  2. Experience to ID marijuana by:
    - a. Sight.
    - b. Smell.
  3. Your knowledge of its uses was learned at the academy in a drug enforcement class that was \_\_\_ hours long.
  4. **Never taste** any drug as part of your PC to make an arrest.
  5. Do not list your prior experiences as a civilian (unless as an expert in the field).
  6. it is listed in your report as “a green leafy substance believed to be marijuana.” (reminder)
- K. Cost.
1. Current Street prices. (Instructor)
- L. Legalization.
1. Proposition 203 legalizing marijuana for medicinal purposes was passed by Arizona voters in November of 2010.
    - a. Under Proposition 203, a person with a valid medical marijuana card may possess up to 2.5 ounces of marijuana or concentrate. **INSTRUCTOR NOTE:** *Discuss the challenges with mixtures and preparations.*
    - b. Marijuana may not be smoked in a public place.
    - c. Marijuana must remain secured and inaccessible to children.
    - d. If a patient is at least 25 miles away from an approved dispensary and their card authorizes them to cultivate, a patient may cultivate up to 12 plants in a secured, locked facility.

- e. Additional allowances are made for persons designated as “Caregivers”.
2. Proposition 207 legalizing recreational marijuana for adults over 21 years of age was passed by Arizona voters in November of 2020.
- a. Under Proposition 207, adults age 21 and older may possess up to one ounce of marijuana of which no more than 5 grams may be marijuana concentrate.
  - b. Marijuana may not be smoked in a public place.
  - c. Marijuana must remain secured and inaccessible by children.
  - d. Possession of marijuana by minors OR in an amount over one ounce but less than 2.5 ounces, of which less than 12.5 grams is marijuana concentrate, became a petty offense.
  - e. Possession of marijuana over 2.5 ounces or over 12.5 grams of marijuana concentrate (not including food products) are not protected and may be charged under ARS 13-3405.A.
  - f. Most marijuana violations became civil infractions or petty offenses until the 3rd offense.
  - g. There is currently no tracking system to determine what number of offenses a suspect is on.
  - h. No charges for any drug paraphernalia used for marijuana (ARS 13-3415) covered under Proposition 207, even if amounts are outside the limits UNLESS the drugs are found to be for sale.

**M. Burn.**

- 1. 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.

**N. Penalties.**

- 1. Civil, Petty Offense, Misdemeanor or Felony classifications vary from Class 2-6 depending on the age of the offender and the weight of the marijuana and concentrate involved.
- 2. A.R.S. §§13-707(b) and 13-3405.

**III. HASH (HASHISH)**

- A. Hash or Hashish is a consumable product that is created from the extracted resin of the genus cannabis plant.
- B. Hash can be extracted through a number of different methods. ***INSTRUCTOR NOTE: Instructor should discuss current extraction methods.***
- C. 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).
- D. Use: Hash is smoked in a small pipe with a screen in the larger hole so that the user does not inhale the hash.
- E. Current street prices. (Instructor)
- F. Hash or Hashish is defined as “Cannabis”, a Narcotic Drug under A.R.S. 13-3401.

#### **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. Hash can be extracted through a number of different methods. ***INSTRUCTOR NOTE: Instructor should discuss current extraction methods.***
- C. 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.
- D. Uses:
  - 1. Commonly smoked in commercially available vape cartridges.

2. A drop of the oil may be placed on a cigarette (regular or marijuana).

## **V. OPIATES AND OPIOIDS**

A. Opiates are naturally occurring opioids that are derived from opium poppy. Opioids are synthetic and semi-synthetic opioids that are created in a laboratory environment.

### 1. Opiates

- a. Morphine.
- b. Heroin.
- c. Codeine.
- d. Opium

### 2. Opioids

- a. Oxycodone (Percodan)
- b. Hydrocodone (Vicodin)
- c. Fentanyl (Sublimaze) 100x stronger than Morphine
- d. Carfentanil (10,000x stronger than Morphine)
- e. Fentanil
- f. Hydromorphone (Dilaudid)
- g. Hydromorphone (Dilaudid).

### 3. All of the drugs listed are:

- a. Central nervous system depressants.
- b. Physically addicting.

4. 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. 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 the 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. Serturmer, 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 and tablet form.
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.

**P. O. 5.10.1G**

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 ampoules, cubes and tablets. 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 based on the demand of the customer. Depending where it originates.
  - a. White (powder): Generally, the white heroin found in Arizona is simply purified brown heroin.
    - i. Commonly referred to as “China White” due to the preference of white colored heroin by users in Asia.
    - ii. The white heroin most commonly seen here in Arizona is manufactured by Mexican based criminal organizations.
    - iii. White heroin can cost more than the other colors of heroin due to the fact it is more refined.

- b. Brown-powder. Most commonly manufactured by Mexican based criminal organizations.
    - i. Brown heroin is a “base” rather than a “salt” causing it to be more difficult to dissolve in water.
    - ii. Brown heroin is less pure than white heroin making it less potent at the same quantities.
    - iii. Brown heroin burns at lower temperatures than white heroin, making it ideal for smoking.
  - c. The most common form of heroin in the southwest is Mexican “black tar” heroin.
    - i. Black tar heroin is a crudely processed form of heroin illegally manufactured in Mexico.
    - ii. Black tar heroin starts out pliable but as it is exposed to air it “dries” out and may appear similar to obsidian glass.
    - iii. Black tar heroin is usually dark brown in color and resembles tootsie roll candy, hence the term “tootsie roll heroin.”
8. Heroin smells like vinegar.
9. Heroin is sold in: Glassine paper, aluminum foil, balloons or just a piece of plastic bag (i.e., Circle K bag). Explain plastic tear off.
10. By the time heroin reaches the addict, it has been adulterated considerably and can range in purity from one (1)% to 602% heroin.
11. Heroin is water soluble. (Sometimes lemon juice is used when being cooked for injection.)
- F. Fentanyl
- 1. Created by Paul Janssen in 1960 and approved for medical use in the United States in 1968.
  - 2. Approximately 100 times more powerful than morphine.
  - 3. Commercially available in the form of transdermal patches or lollipops.
  - 4. Frequently found in “mimic” pill form created in clandestine labs utilizing a pill press.
    - a. Blue, green and orange M / 30 tablets.



- b. Xanax style quartered “bars” that may or may not have markings.
- c. Surface of the tablets may have a porous, non-uniformed appearance.
- d. Tablets may crumble easily.
- e. May also be found in white powder form.
- f. Lethal dose is 2 milligrams.
- g. Common cause of overdose to officers accidentally exposed.
- h. Narcan may be used to reverse the effects, however immediate medical attention is necessary.
- i. A fraction of a single pill may contain a lethal dose. “1 pill can kill”.

G. Methods of use (heroin and fentanyl):

- 1. Intravenous Injection. (Slamming or “Shooting Up”)
- 2. Subdermal: Between layers of skin (skin popping).
- 3. Snorting (powder).
  - a. Sniffed through the nose.
  - b. A.K.A. “snorting.”
- 4. 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. Most common form of Fentanyl use.
  - d. Reported to be very addicting.

H. 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.
- I. Street terms for fentanyl.
    1. Most common:
      - a. "Blues". (referring to blue M30 pills)
      - b. Fent, Fenty.
  - J. Effects on users:
    1. Physical addiction and dependence.
    2. Tolerance (user needs more each time to get the same high). Users lose tolerance when sober and will often overdose during relapse due to using the same amount they had previously built a tolerance to.
    3. The user gets a "rush" when heroin hits the heart after taking.
    4. The user will often fall asleep involuntarily. Said Referred to as "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 effects 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 Naloxone (Narcan) which is available in

injection or nasal spray.

- a. Naloxone TEMPORARILY breaks the bond between the opioid receptors and the opioid itself.
- b. Multiple doses of Naloxone may be necessary depending on the exposure.
- c. Immediate medical care is necessary when using Naloxone. If the Naloxone wears off prior to the body metabolizing the opioid and the opioids will again bond to the receptors and the victim will return to an overdose state.

K. Adulterants (cuts also referred to as being “stepped on”).

1. Used to add bulk and thus increase profits.
2. Lactose.
3. Quinine.
4. Powdered milk/vitamins.
5. Cocoa mix/brown sugar.
6. Chocolate milk powder.
7. Anything close in color that is water soluble.

L. 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.

M. Field test for heroin:

1. Marquis Reagent.
  - a. Opiates produce a purple color reaction based upon the test kit being used.

- b. Only qualified officers can conduct tests.
    - c. Demonstration
  - 2. TruNarc
    - a. Hand held device that uses a laser to analyse a given substance and provide a result based on a library of substances contained in the device.
    - b. An acceptable field-test for drugs to include heroin, for most prosecution offices.
    - c. Only qualified Officers can conduct tests. ***INSTRUCTOR NOTE:*** *Verify with your particular County Attorney's Office.*
- N. Methadone (synthetic opioid): Was created by Germany in WWII because of morphine shortage.
  - 1. Slang term is "mouthwash."
  - 2. Taken orally.
  - 3. Used for treatment of those on heroin/morphine.
- O. Codeine.
  - 1. The alkaloid codeine is found in raw opium, but usually made from morphine.
  - 2. Liquid codeine combined with Sprite or 7-up to make "Sizzurp" or "Purple Drank"
  - 3. Codeine is legally produced for:
    - a. Pain reliever tablets (Tylenol).
    - b. Liquid codeine to relieve coughs (i.e., Robitussin AC).
- P. State law.
  - 1. Opiates are classified as narcotic drugs by A.R.S. §13-3401.20.
  - 2. Charged under A.R.S. §13-3408A.
  - 3. Felony classifications depend on whether offense is possession, possession for sale, use, manufacture, etc.
- Q. 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 effect.
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 produce 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 a flaky look).
4. Cocaine is derived from the coca plant (*Erythroxylon 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 the 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 Baby Formula.
      - 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. The U.S. produced approximately 31 kilograms of cocaine in 2018.
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. Crack has become one (1) of the most popular methods of use for cocaine in the United States.
    - ii. Crack is simple to make and is easily concealable (e.g., dealers holding in mouth).
    - iii. Crack Cocaine is not water soluble.
    - iv. Easily made – one (1) part cocaine plus one (1) part baking soda is boiled in water, then strained and cooled, resulting in “rock” cocaine.
    - v. Some cut and impurities remain.
    - vi. When smoked, the effects 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. Crack/Rock looks like porous pieces of wax or soap or actual rock (watch for bunk).



x. Crack/Rock cocaine is highly addictive.

D. Effects 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 effects (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 effects:
  - 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.
  - 3. Three (3)-stage test; squeeze vials in order.
  - 4. Result of the test is pink over blue if cocaine is present, meaning there is a sufficient amount of narcotic and the 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 tubes. (Flower in a glass tube at gas stations.)
    - 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.
  2. Felony classifications dependent on type of possession/use.
  3. A.R.S. §13-3408A.
- I. Current street prices (instructor).

**VII. PRESCRIPTION DRUGS****P. O. 5.10.1E**

- 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.
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): **P. O. 5.10.1J**
  - 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:
  - 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 the effect if taken with alcohol.
- I. Types of barbiturates found:
  - 1. Frequently nicknamed after the color of the 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 the lab (for prosecution/criminal cases).
  - 2. County poison control.

3. Can contact hospitals.
- L. P.D.R. (Physicians Desk Reference). **INSTRUCTOR NOTE:** *Demonstrate how to use it. Consider the use of the Poison Control Center. The center is open 24 hours a day. A description of a pill by color, shape, markings and letterings can help you identify what you are dealing with. 1-800-1222.*

## 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. One Pot Method.
    - d. Methcathinone (closely related to meth).
    - e. 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. **INSTRUCTOR NOTE:** *A HazMat Team and DEA should be called every time when a lab is suspected or discovered. Contacting your local office of the DEA will cover the costs of the cleanup and aid in investigation.*
- 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.
    - 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.
  - d. Methamphetamine can be manufactured or purified in domestic clandestine laboratories but, especially in Arizona, only 2-5% is manufactured in domestic labs. Almost all meth enters the US through the US / Mexico border.
2. Signs of a lab:
- a. Precursor 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).
    - ix. Monomethylamine
  - 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 key up our radio within the lab scene.



3. Do not touch anything.
  4. Do not smoke.
  5. Do not turn on lights until the location is well ventilated. (Leave doors and windows open.)
  6. 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.
  7. DO NOT attempt to smell any of the chemicals.
- D. 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.
- E. Effects:
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."
- F. Methods of use:
1. Snorting.
  2. Smoking (speed pipe).
  3. Injection.
  4. Booty Bumping
- G. Street names:
1. Clear, speed, crystal, shit, meth, crank, ice, glass, go fast, rosebud, teener and teenager.
  2. Also in amounts sold (ounce OZ, 1/4 half, T or teener, sixteenth, etc.).

3. Also named after texture and color (i.e., peanut butter, grape juice and evergreen).

H. Paraphernalia:

1. Same as cocaine.

2. Speed pipe.

3. Small zip-lock baggies are common.

4. Paraphernalia charged under A.R.S. §13-3415.

I. Street prices for methamphetamine (instructor).

J. State law.

1. Classified as dangerous drugs under A.R.S. §13-3401.

2. Felony classification depends on type of use, possession, etc.

3. 5 year flat time mandatory minimum sentencing for sales.

4. Charged under A.R.S. 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).

**P. O. 5.10.1A**

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.
5. The most potent hallucinogenic drug.

C. Characteristics:

1. Initially 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. May be contained in colored, ravioli shaped gel pockets.
5. An average dose is approximately 50 to 20 micrograms (about the size of a pinpoint).
6. Commonly found wrapped in aluminum foil as the LSD is sun sensitive, losing potency with sun exposure.
7. One (1) ounce of liquid LSD is enough for 567,000 hits.

D. Methods of use:

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

E. Effects:

1. Addiction.
  - a. Not physically addicting.
  - b. No withdrawal symptoms.
  - c. Can be psychological if it is 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 the lab for analysis. Blotter paper can be cut and tested with a NIK kit.
  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 may be transdermal and can be absorbed through the skin.
- I. Peyote. **P. O. 5.10.1B**
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.
  - 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”).

**P. O. 5.10.1D**

1. Characteristics:
  - a. Psilocybin mushrooms – actual mushrooms grown mostly in Mexico. the US in indoor mushroom grow operations that can be as small as a closet or take up several rooms. The production method has similarities to the production of marijuana.
  - b. Mushrooms containing psychedelics can be found growing wild if you know what to look for.
  - c. Mushroom spores can be purchased from multiple sources online, and are often sold in a large syringe typically marked with a strain of psilocybin mushroom.
  - 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. However, the substance is so bitter it often causes the user to become nauseous, thus mushrooms are commonly found in edibles such as candy bars that are produced and packaged and sold much like cannabis edibles.
  - g. When eaten, the 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.
  - i. Much like Marijuana, there has been a push to legalize it’s use. It has been legalized for recreational use in several states, and decriminalized in several others.

2. Charging.
  - a. Classified as a dangerous drug under A.R.S. §13-3401.
  - b. Charged under A.R.S. §13-3407.
  
- K. DMT (Dimethyltryptamine) - An hallucinogen that is a naturally occurring substance in several species of plants. In particular the Mimosa Tenuiflora or Mimosa Hostilis Root Bark.
  1. Characteristics.
    - a. DMT is considered one of the strongest psychoactive compounds capable of causing very powerful hallucinations.
    - b. DMT is typically manufactured in clandestine laboratories using similar solvents, glassware, chemicals and equipment that one may associate with the manufacture of methamphetamine.
    - c. Similar to the extraction of THC from marijuana, DMT is extracted from plant material using chemical solvents. That substance is then further synthesized, washed and finished into a substance ranging from yellow tacky paste to an off white crystal product.
    - d. DMT paste in bulk is imported from the Amazon Basin (Peru, Ecuador, Brazil) where it is harvested and prepared by indigenous tribes.
  2. Methods of use.
    - a. DMT can be smoked, snorted, ingested, or injected.
    - b. When smoked or injected effects are almost immediate and may last from 15-45 minutes. When ingested (eaten or drunk) it is more mild but can last up to 4 hours.
  3. Slang terms include : DMT, D, Deadman's trip, Demitri, businessman's special and forty five minute trip.
  
- L. Inhalants.
  1. Inhalant 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. A.R.S. §13-3403, open-ended felony.
- M. Phencyclidine (PCP or angel dust). **P. O. 5.10.1C**
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 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.
  - b. They would peak between 15 and 30 minutes and would last up to six (6) hours.
  - c. The user would return to normal in 24 to 48 hours.
  - d. If injected through the nasal passage, the effect can occur in 30 to 60 seconds.
  - e. Chronic users, three (3) or four (4) times a week for six (6) months, experience problems with speech, memory and concentration for several years.
  - f. 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 a 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. Spice, K2 (marijuana substitute) Fentanyl (heroin substitutes).
  - b. Methylenedioxypropylamphetamine (MDPV) commonly referred to as Bath Salts (amphetamine substitute)
  - c. Alpha-pyrrolidinovalerophenone (PVP) commonly referred to as Flakka (amphetamine substitute)
  - d. Ecstasy (mind-altering substances).
  - e. Ketamine.

### **B. Ecstasy or Molly Methylenedioxymethamphetamine (Methylenedioxymethamphetamine).**

- 1. History:
  - a. First synthesized in 1947 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. Feelings of intimacy
    - f. 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 (Gamma Hydroxybutyrate).
  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.
  4. Euphoria, enhanced sense of touch, increased sociability and decreased inhibitions.
  5. In high doses, it acts as a nervous system depressant with more severe side effects: Drowsiness, muscle tension/spasms, disorientation, respiratory and depression/death.
  6. Popular with bodybuilders because it is said to stimulate the growth hormone.
  7. 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 effects, two (2) to several hours.
5. Known as date rape drug: Roofies and wallbangers. Popular with rave parties.
6. 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."
6. Charging – most designer drugs are classified as dangerous drugs. Refer to definitions in ARS 13-3401.

## **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 effects.
- 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. Methyltestosterone (tablets), a.k.a. methytest.
  2. Anadrol 50.
  3. Winstrol V #50.
  4. Nandrolone Decanoate “Deca” (injected).
  5. Cheque drops mibolerone (veterinarians use it 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 the pharmacist if the drug is classified as a 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.

**IX. 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. **P. O. 5.10.2E**
  - 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 backup 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. **P. O. 5.10.2C**
    - 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.
    - 2. Keep current on search and seizure case law.
    - 3. Communication skills, written and verbal.
      - a. Know the 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 a link to the crime. Be thorough in your interview.
    - 5. Look for symptoms of drug use then ask the 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. ***INSTRUCTOR NOTE:*** *If a question exists about searching, probable cause or any circumstances surrounding your investigation, consult your legal department or your narcotics division.*
    - 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.
- D. Contacts with undercover officers while on patrol.

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.
  - e. If he/she shows you a badge, do not expose it, pull him/her away from the others and question them to find out how you can help in the investigation.
  - f. If you pull the U.C. aside, do the same to all the suspects.
  - g. 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, take a 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 meeting 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.
  - g. Supplements **MUST** be factual and any false information is grounds for disciplinary action.
  - h. Consider agency policy and procedure reference the use of body cameras when incorporating a U.C.
3. Informants.
- a. Who are possible informants? **P. O. 5.10.5**
    - 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. 5.10.5B**
    - i. What does the 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 the 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 oftentimes 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. Troubleshooting 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.
- d) Improper interviews of suspects.
- e) Find out if they knew what the substance was that was found.
- f) Who has driven their car?
- g) If not theirs, whose car is it?
- h) Who lives in the house; who stays in the room?
- i) How many people have driven the car?
- iii. If you did something in the investigations, write a supplement (and have others write one).
- iv. Ask for assistance on large or complicated investigations.
  - a) Narcotics unit. **P. O. 5.10.4**  
**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).

**X. CONCLUSION**

- A. Review of performance objectives.

- B. Final questions and answers.
- C. Instructor closing comment(s).