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BASIC COURSE INSTRUCTOR **UNIT GUIDE**

CONTROLLED SUBSTANCES

12



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UNIT GUIDE 12

TABLE OF CONTENTS

Learning Domain 12 Controlled Substances

		Page	
Knowledge Test (POSTRAC)			
<u>Law</u>			
3.31.1 Possession of a Controlled Substance		. 1	
3.31.2 Possession of a Controlled Substance for Sale	· · · · · · · · ·	. 3	
3.31.3 Transport for Sales of a Controlled Substance	•••••	. 5	
3.31.4 Possession of Drug Paraphernalia	•••••	. 7	
3.31.5 Being Present where a Controlled Substance is Used	••••••••	. 9	
3.34.2 Cultivating or Harvesting Marijuana	•••••	. 11	
3.35.1 Ingesting/Inhaling a Volatile or Poisonous Substance	•••••	. 13	
Substance Identification			
3.32.1 LSD	•••••	. 17	
3.32.2 Peyote	• • • • • • • •	. 19	
3.32.3 PCP		. 21	
3.32.4 Psilocybin	•••••	. 27	
3.32.5 Depressants and Tranquilizers	• • • • • • • •	. 29	
3.32.6 Amphetamines and Methamphetamines	•••••	. 31	
3.33.2 Heroin	• • • • • • • •	. 33	
3.33.3 Cocaine-Hydrochloride		. 37	

i



TABLE OF CONTENTS (continued)

Symptoms/Effects

3.33.6	Cocaine Base	37
3.34.1	Cannabis	43
3.32.7	Symptoms of Hallucinogen Use (e.g., LSD, Peyote)	45
3.32.8	Symptoms of PCP Use	46
3.32.9	Symptoms of Stimulant Use (e.g., Cocaine, etc.)	49
3.32.10	Symptoms of Depressant Use (e.g., Barbiturates, etc.)	51
3.32.11	Method of Drug and Narcotic Use	53
3.33.5	Symptoms of Opiate Use	55
3.34.3	Symptoms of Marijuana Use	57

Supporting Materials and References



POSSESSION OF A CONTROLLED SUBSTANCE

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. These will include:

- A. 11350 H & S Possession of controlled substance (heroin and cocaine, et. al.)
- B. 11357 H & S Unauthorized possession; prior conviction, possession in school marijuana and concentrated cannabis)
- C. 11377 H & S Unlawful possession of specified substances (methamphetamine/amphetamine, PCP, LSD, et. al.)

Performance Objective 3.31.1

CURRICULUM

- A. Elements necessary to establish possession of a controlled substance.
 - 1. Knowledge
 - a. Statements
 - b. Residue in clothing (i.e., pockets) on person or in close proximity
 - c. User paraphernalia (straws, syringe, spoons, razor blades, etc.)
 - d. Prior controlled substance arrest(s)
 - e. Associates
 - f. Literature
 - g. Notes, books, ledgers
 - h. Objective symptoms of drug use
 - 2. Control or constructive control
 - a. Actual physical possession
 - b. In house, vehicle, purse, etc., of suspect who is owner, renter or lessee

1

- c. Evidence supporting constructive control
 - (1) Keys
 - (2) Clothing
 - (3) Utility Bills

- (4) Vehicle registration (i.e., renter agreements)
- d. Fingerprints
- 3. Usable quantity
 - a. More than residue -- enough for a dosage unit.
- B. Elements of possession (Penal Code Section 11357(a)(b)(c)(d) & (e)
 - 1. Knowledge
 - 2. Control
 - 3. Usable quantity
 - a. Any usable amount of hash is a felony to possess
 - b. One ounce or less citable misdemeanor
 - c. Over one ounce misdemeanor
 - 4. Possession on school grounds

POSSESSION OF A CONTROLLED SUBSTANCE FOR SALE

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. These will include:

- A. 11351 H & S Possession or purchase for sale of controlled substance (heroin, cocaine (HCL), et. al.)
- B. 11351.5 H & S Possession of cocaine base for sale
- C. 1359 H & S Possession for sale (marijuana and concentrated cannabis)
- D. 11378 H & S Possession for sale (amphetamine, methamphetamine, LSD et al.)
- E. 11378.5 H & S Possession for sale of designated substances

Performance Objective 3.31.2

CURRICULUM

- A. Elements necessary to establish possession of a controlled substance for sale.
 - 1. Knowledge
 - a. Statements
 - b. Residue in clothing (i.e., pockets), on person or in close proximity
 - c. Paraphernalia (scales, packaging material, etc.)
 - d. Prior controlled substance arrest(s)
 - e. Associates
 - f. Literature
 - g. Notes, books, ledgers, pay and owe sheets, and computer printouts
 - h. Objective symptoms of drug use and/or non drug use

3

- 2. Control or constructive control
 - a. Acidal 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
- (4) Vehicle registration (renter agreements)
- d. Fingerprints
- 3. Intent
 - a. May be indicated by observations of suspect's movements, behavior, characteristics, associates, and high volume of vehicle and pedestrian traffic at a specified location.
 - b. Evidence such as packaging, scales, calculator, notebook, mathematical notations, cutting agents, denominations and location of U.S. currency, etc.
 - c. Fortified location (i.e., security bars on windows)
- 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



TRANSPORT FOR SALES OF A CONTROLLED SUBSTANCE

Given a word picture depicting the possible sale of a controlled substance or the transportation 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. These will include:

- A. 11352 H & S Transport, sale, giveaway, etc. of controlled substances (heroin and cocaine, et al.)
- B. 11360 H & S Transport, sale, import, giveaway of controlled substances (marijuana and concentrated cannabis)
- C. 11379 H & S Transport, sale, furnish controlled substances (amphetamine, methamphetamine, LSD et al.)
- D. 11379.5 H & S Transport, sale, furnish controlled substances

Performance Objective 3.31.3

CURRICULUM

- A. Elements necessary to establish transporting/sales/furnishing of a controlled substance or substance in lieu of:
 - 1. Knowledge
 - a. Statements
 - b. Residue in clothing (i.e., pockets), on person, or in close proximity
 - c. Paraphernalia (scales, packaging material, etc.)
 - d. Prior controlled substance arrest(s)
 - e. Associates
 - f. Literature (i.e., chemical formulas)
 - g. Notes, books, ledgers
 - h. Objective symptoms of drug use and or non-drug use
 - 2. Control or constructive control
 - a. Actual physical possession
 - b. In house, vehicle, purse, etc., of suspect who is owner, renter or lessee.
 - c. Fingerprints
 - d. Actual sale



3. Intent

- a. Rental agreement if car rental
- b. Maps bearing destination
- c. Notes bearing destination
- d. Purchase of common carrier ticket and/or receipts
- e. Hidden compartments
- f. Sales in lieu of
- g. Vehicles most commonly used in particular jurisdiction
- 4. Usable quantity
 - a. Jurisdictional tolerance

POSSESSION OF DRUG PARAPHERNALIA

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 Section 11364, 11364.5 and 11364.7 and Business and Profession Code Section 4149)

Performance Objective 3.31.4

CURRICULUM

A. Elements necessary to establish possession of paraphernalia for unlawful use (except marijuana)

NOTE: Instructor should review Health and Safety Sections 11364.5 and 11364.7 - lawful sales of paraphernalia.

- 1. Definition
 - a. Actual paraphernalia
 - b. Items relating to injecting/smoking
- 2. Knowledge
 - a. Physical demeanor or appearance
 - b. Residue in container, on person, or in close proximity
 - c. Statements
- 3. 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, may be necessary for conviction.

- 4. Intent
 - a. Paraphernalia listed in the Health and Safety Code Section 11364 must have residue.

b. Hypodermic syringe and needle-Business and Professional Code Section 4149.

7

- c. Jurisdictional tolerance.
- d. Related items ("tie offs", burned spoons, cotton balls, 151 rum, butane lighter)



BEING PRESENT WHERE A CONTROLLED SUBSTANCE IS USED

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)

Performance Objective 3.31.5

CURRICULUM

- A. Elements necessary to establish being present where controlled substances are unlawfully being used (except marijuana).
 - 1. Knowledge
 - a. Statements
 - b. Residue in clothing (i.e., pockets) on person or in close proximity
 - c. User paraphernalia (straws, syringe, spoons, razor blades, etc.)
 - d. Prior controlled substance arrest(s)
 - e. Associates
 - f. Literature
 - g. Notes, books, ledgers
 - h. Objective symptoms of drug use
 - i. Describe conditions of "place" as observed and/or reported.
 - 2. Presence
 - a. Physically present in a room or place where all opium derivatives, cocaine, and methamphetamine are being used.

3. Usable quantity

- a. More than residue -- enough for a dosage unit.
- b. Based upon total amount or method of packaging that would indicate "sales".

9

- c. Jurisdictional tolerance
- 4. Intent

a. Aids, assists or abets in the preparation of smoking or use of a controlled substance



CULTIVATING OR HARVESTING MARIJUANA

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)

Performance Objective 3.34.2

CURRICULUM

- A. Cultivating and harvesting
 - 1. Health and Safety Code Section 11358
 - 2. Felony
 - 3. Anyone who plants, cultivates (cares for) or harvests
 - 4. Any amount
 - 5. Locations of possible cultivation
 - a. Indoor grows
 - b. Outdoor grows
 - NOTE: Instructor should refer to CAMP program.





INGESTING/INHALING A VOLATILE OR POISONOUS SUBSTANCE

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)

Performance Objective 3.35.1

CURRICULUM

- A. Most people have smelled the peculiar odors of airplane glue, gasoline, nail polish, lighter fluid, 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 intentional inhalation of these volatile substances has been outlawed.
- B. The law
 - 1. Toluene intoxication misdemeanor. It is illegal to "sniff glue" or similar substances. (Penal Code Section 381(a)). (Penal Code Section 381(b) nitrous oxide)
 - a. Elements of the crime
 - 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
 - (2) With intent to become intoxicated
 - The particular part of Business and Professions Code Section 4160 referred to reads: Business and Professions Code Section 4160, Schedule D (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

texic 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 Penal Code Section 381(a) 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.
 - 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 Penal Code Section 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.
- f. Substance around the subject's mouth or nose area or on the hands

g. ,	Horizontal gaze nystagmus	yes
h. _.	Vertical nystagmusyes	yes
i.	Nonconvergance	yes
j.	Pulse	Increased
k.	Pupil size	Possible dilation
I. ,	Pupil reaction	Near normal







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.

LSD

Performance Objective 3.32.1

CURRICULUM

- A. Types (common)
 - 1. LSD (Lysergic Acid Diethylamide)
- B. General data
 - 1. Slang name
 - a. LSD Acid
 - 2. Ways introduced into body
 - a. Ingestion
 - 3. Form, appearance and packaging
 - a. Window pane wrapper/cellophane
 - b. Tablets baggies
 - c. Paper blotter and liquid sheets, bottles, vials, tinfoil

17

- d. Micro dot baggies, vials
- 4. 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 via pores in fingers, cuts, and nostrils
- 5. Investigative information
 - a. Other associated hallucinogenic drugs
 - (1) Nitrous oxide
 - (2) Mushrooms
 - (3) Peyote/mescaline







PEYOTE

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.

Performance Objective 3.32.2

CURRICULUM

- A. Types
 - 1. Peyote\Mescaline
- B. General data
 - 1. Common names
 - a. Button
 - b. Cactus
- C. Method of introduction into body
 - 1. Chew button; boil buttons and drink as tea
 - 2. Extremely bitter substance

NOTE: Debate continues on legality for specific American Indian group for religious ceremonies under specific conditions otherwise illegal (11363 Health and Safety Code Section 11363, Health and Safety Code Section 11550)

3. Method of introduction into body

a. Ingestion

(1) Chew button; boil buttons and drink as "tea".

(2) Extremely bitter substance.



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 which appears to have been laced with a liquid. A strong chemical odor may be present.

PCP

Performance Objective 3.32.3

CURRICULUM

- A. Phencyclidine (PCP)
 - 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 sherms
 - g. Lovely
 - h. PCP
 - i. Super kools
 - j. Wet daddies
 - 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.

NOTE: 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--PCP 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. PCP 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)
 - (4) Liquid PCP may also be injected; although the practice is less common in most geographical areas than other methods of use.
- d. Commercial cigarettes--PCP has been used to adulterate commercially manufactured cigarettes, usually by dipping the cigarette in liquid PCP.

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

- 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.

NOTE: 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, can be injected into the vein. However, intravenous injection is uncommon.
 - 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. 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.

- Once the scene is secure, officers should attempt to interview neighbors to determine occupancy of the sito. 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. <u>CALL THE EXPERTS.</u>

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)

6. Evidence

- a. Collection
 - Hazard considerations: A "contact high" could result during collection activities from exposure to PCP in any of its forms by touching, inhaling, etc.
 - (2) Exposures to 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.
 - (3) Transportation considerations: The same contact hazards exist during transportation plus the danger from exposure to the very volatile chemicals used in manufacturing PCP.
 - (4) 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.

PSILOCYBIN

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.

Performance Objective 3.32.4

CURRICULUM

- A. Psilocybin mushroom
 - 1. Common names for psilocybin
 - a. Shrooms
 - b. Magic Mushrooms
 - 2. Identification
 - a. Stem and/or cap of Psilocybin mushroom
 - 3. Method of introduction into body
 - a. Ingestion
 - b. Smoking



DEPRESSANTS AND TRANQUILIZERS

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.

Performance Objective 3.32.5

CURRICULUM

- A. Types
 - 1. Pharmaceutical/tranquilizers/sedatives
 - a. Xanax
 - b. Valium
 - c. Librium
 - d. Halcion
 - e. Barbiturates
 - f. Quaaludes

2. General data

- a. Forms/appearances/packaging
 - (1) Capsules, tablets, pills
 - (2) Baggies, bindles, vials

NOTE: Most of the above are pictured in the PDR (Physicians Desk Reference)



AMPHETAMINES AND METHAMPHETAMINES

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 may be 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, crystals resembling rock candy or shards of glass, or a yellowish-brown, oily substance.

Performance Objective 3.32.6

CURRICULUM

- A. Types
 - 1. Amphetamines
 - a. Pharmaceuticals
 - (1) dexedrines
 - (2) benzedrines
 - (3) white double-scored tablets
 - b. Packaging
 - (1) baggies
 - (2) tinfoil
 - (3) vials/bottles
 - c. Common names
 - (1) bennies
 - (2) beans
 - (3) whites
 - (4) pink hearts
 - (5) mini-bennies
 - (6) black beauties
 - (7) yellow jackets

NOTE: It is not uncommon that the double-scored tablets/pink





hearts are caffeine and are not controlled substances. A pharmaceutical substitute for amphetamines would be Ritalin or Cylert.

- 2. Methamphetamines
 - a. Appearance
 - (1) Generally in powder or crystal forms.
 - b. Common names
 - (1) crank
 - (2) crystal
 - (3) meth
 - (4) speed(5) wire
 - (6) go fast
 - (7) water
 - (8) ice
 - (9) bata
 - (10) glass
 - c. Method of introduction into the body
 - (1) Orally ingested
 - (2) Snorted
 - (3) Injected
 - (4) Smoked (Pipe)
 - d. Typical packaging
 - (1) Small plastic "baggies"
 - (2) Small paper bindles
 - (3) Tinfoil



HEROIN

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.

Performance Objective 3.33.2

CURRICULUM

- A. Heroin
 - 1. Current sources of supply:
 - a. Mexico
 - b. Southeast Asia (Golden Triangle)
 - (1) Burma
 - (2) Laos
 - (3) Thailand
 - c. Middle East/Southwest Asia
 - (1) Pakistan
 - (2) Afghanistan
 - (3) Turkey
 - 2. Groups
 - a. Mexican heroin
 - (1) Latins (wholesaler)
 - (2) Dealers as identified by local areas (retailer)
 - b. S. E. Asia heroin
 - (1) Black Mafia/Nigerians
 - (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 or brown tar
 - (2) Odor Acetic acid (vinegar-like)
- 4. Slang term
 - a. Regional terminology

NOTE: Instructor should identify local common names.

- 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; 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.

NOTE: Heroin is the only opiate or synthetic opiate that is "cooked" prior to being used.

- (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, plastic, cellophane bags or bindles
 - (4) Tinfoil (partial grams)



COCAINE-HYDROCHLORIDE

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.

Performance Objective 3.33.3

COCAINE BASE

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" which are usually white or off-white and vary in shape and size. These rocks may be carried loose (unpackaged) or packaged in small sealable plastic baggies, tinfoil, vials, bindles, or wrapped in paper or cellophane.

Performance Objective 3.33.6

CURRICULUM

- A. Cocaine/general data
 - 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

38

- (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 (HCL)
 - (2) Smoking Freebasing
 - (a) Cocaine base
 - (b) Crack or rock cocaine
 - (c) Physical characteristics, vary with region and trend
 - (d) Odorless
 - b. Diluents (cutting material)
 - (1) Procaine
 - (2) Lidocaine
 - (3) Lactose
 - (4) Mannitol
 - (5) Yeast
 - (6) Baking soda
 - (7) Flour
 - (8) Carbonated soft drinks
 - 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









CANNABIS

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.

Performance Objective 3.34.1

CURRICULUM

A. Botanical name

1. Cannabis Sativa L

- 2. Cannabis Indica
- B. Common names/types
 - 1. Marijuana
 - 2. Hash
 - 3. Hash oil
 - 4. Sinsemilla
 - 5. Thai sticks
 - 6. THC

NOTE: The most commonly referred to psychoactive cannabinoid is Delta-9 - tetrahydrocannabinol, although there are many others. (9-THC)

- 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 (odd number)

- 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
- 3. 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
- 4. Hashish oil (concentrated cannabis)
 - a. Produced by a process of repeated extraction to yield a dark, viscous liquid.

E. Packaging

NOTE: Display difference between one ounce and one cigarette.

- 1. Bricks 1 kilo (2.2 pounds), or various weights of vacuum-sealed packages.
- 2. One-pound plastic bags
- 3. Lid plastic baggie
- 4. One gram (dime bag)
- 5. Joint one cigarette

SYMPTOMS OF HALLUCINOGEN USE (e.g., LSD, PEYOTE, etc.)

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 may include dilated pupils, excessive sweating, hallucinations and an increased respiratory and heart rate.

Performance Objective 3.32.7

CURRICULUM

A. Action:

Hallucinogens may cause hallucinations, i.e., they may cause the user to perceive things differently from the way they really are.

B. Possible effects:

Horizontal gaze nystagmus Vertical gaze nystagmus Nonconvergence Pulse Pupil size Pupillary reaction No No Elevated Dilated Near normal

- C. General indicators of use:
 - 1. Hallucinations
 - 2. Dazed appearance
 - 3. Body tremors
 - 4. Uncoordinated
 - 5. Perspiring
 - 6. Possible flashbacks (LSD)
 - 7. Disorientation
 - 8. Paranoia
 - 9. Nausea
 - 10. Irrational/bizarre behavior
 - 11. Mood changes

D. Applicable Sections:

Peyote/mescaline - Health and Safety Code Section 11550(a) All others - Penal Code Section 647(f)



SYMPTOMS OF PCP USE

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 may 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.

Performance Objective 3.32.8

CURRICULUM

A. Action:

PCP produces impairments and other observable effects on the human mind and body that are a combination of effects produced by depressants, stimulants and hallucinogens.

B. Possible effects:

Horizontal gaze nystagmus Vertical gaze nystagmus Nonconvergence Pulse Pupil size Pupillary reaction Yes Yes Yes Elevated Near normal Near normal

- C. General indicators of use
 - 1. Slow, slurred, repetitive speech
 - 2. Disorientation
 - 3. Loss of memory
 - 4. Agitation, excitement
 - 5. Blank stare
 - 6. Hallucinations
 - 7. Chemical odor on person
 - 8. Cyclic behavior
 - 9. Passivity
 - 10. Noncommunicative
 - 11. Muscle rigidity
 - 12. Loss of a sense of personal identity
 - 13. Sensory distortions
 - 14. Feeling of extreme heat
 - 15. Profuse perspiration
 - 16. Increased pain threshold
 - D. Applicable sections:

1. PCP - Health and Safety Code Section 11550(a)



SYMPTOMS OF STIMULANT USE (e.g., COCAINE, etc.)

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 may include restlessness, talkativeness, trembling, dilated pupils, sleeplessness, hyperactivity, and an increased respiratory and heart rate.

Performance Objective 3.32.9

CURRICULUM

A. Action:

Stimulants increase the activity of the body both internally and externally.

B. Possible effects:

Horizontal gaze nystagmus	No
Vertical nystagmus	No
Nonconvergence	No
Pulse	Elevated
Pupil size	Dilated
Pupil reaction	Slow

- C. General indicators of use:
 - 1. Rapid speech
 - 2. Agitated/hyper stimulated appearance
 - 3. Anxiety
 - 4. Restlessness
 - 5. Insomnia
 - 6. Injection marks
 - 7. Dry mouth
 - 8. Decreased appetite
 - 9. Euphoria
 - 10. Paranoja
 - 11. Sweating/tremors
 - 12. Grinding teeth
 - 13. Residue or redness in nasal septum/under nose
 - 14. Bloody nose
 - 15. Running nose
 - 16. Burned lips or fingertips (if smoking)
 - 17. Hacking cough

D. Applicable section:

1. Health and Safety Code Section 11550(a) Under the influence



SYMPTOMS OF DEPRESSANT USE (e.g., BARBITURATES, etc.)

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 may include slurred speech, poor coordination, unsteadiness, intoxicated behavior with no odor of alcoholic beverages, nystagmus, and decreased respiratory and heart rate.

Performance Objective 3.32.10

CURRICULUM

A. Action:

Depressants decrease the activity of the body both internally and externally.

B. Possible effects:

Horizontal nystagmus Vertical nystagmus Nonconvergence Pulse rate Pupil size Yes Yes Slow Near normal (possible dilation with methaqualone) Slow

Pupil reaction

- C. General indicators of use:
 - 1. Drunk appearance without the odor of alcohol
 - 2. Slowed reflexes
 - 3. Disoriented
 - 4. Slurred speech
 - 5. Droopy eyelids
 - 6. Drowsy
 - 7. Decreased inhibitions
 - 8. Impaired coordination
- D. Applicable sections:

Health and Safety Code Section 11550(a) - Methaqualone only All others Penal Code Section 647f



METHOD OF DRUG AND NARCOTIC USE

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

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

Performance Objective 3.32.11

CURRICULUM

A. The most common methods of using the following drugs and narcotics are:

- 1. Hallucinogens swallowed
- 2. PCP smoked
- 3. Amphetamine swallowed
- 4. Heroin injected
- 5. Cocaine hydrochloride inhaled
- 6. Cocaine base smoked
- 7. Methamphetamine inhaled
- 8. Depressants and tranquilizers swallowed
- 9. Cannabis smoked



SYMPTOMS OF OPIATE USE

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.

Performance Objective 3.33.5

CURRICULUM

A. Action:

Heroin is classified as an opioid.

- 1. An opioid is any drug that will
 - a. Relieve pain
 - b. Produce withdrawal signs and symptoms
 - c. Suppress withdrawal signs and symptoms as a result of readministration
- 2. Opiods come from two sources
 - a. Opium poppy plant
 - b. Synthetic manufacturers
- B. Possible effects:

Horizontal nystagmus Vertical nystagmus Nonconvergence Pulse rate Pupil size Pupillary reaction No No Decreased Constricted Slow or none observed

C. General indicators of use:

- 1. Cool extremities
- 2. Injection sites
- 3. Nodding out
- 4. Droopy eyelids
- 5. Drowsiness
- 6. Dry mouth
- 7. Euphoria
- 8. Low raspy voice
- 9. Profuse itching
- 10. Slow deliberate speech
- 11. Addiction



D. Applicable section:

1. Health and Safety Code Section 11550(a)



SYMPTOMS OF MARIJUANA USE

Given a word picture depicting a person exhibiting the symptoms of marijuana use, the student will identify that the person may be under the influence of marijuana. These symptoms may include reddening of the eyes, diminished inhibitions, body tremors, eyelid tremors, dry mouth, debris in mouth, difficulty of concentration, disorientation, impaired time\distance perception, increased appetite, odor of burning marijuana.

Performance Objective 3.34.3

CURRICULUM

A. Action:

Marijuana is a plant which contains a chemical known as THC. When ingested, THC alters the body and mind.

B. Possible effects:

Horizontal gaza nystagmus Vertical gaze nystagmus Nonconvergence Pulse Pupillary reaction No No Yes Increased Near normal

- C. General indicators of use:
 - 1. Reddening of the eyes
 - 2. Diminished inhibitions
 - 3. Body tremors
 - 4. Eyelid tremors
 - 5. Dry mouth
 - 6. Debris in mouth
 - 7. Difficulty of concentration
 - 8. Disorientation
 - 9. Impaired time/distance perception
 - 10. Increased appetite
 - 11. Odor of burning marijuana
- D. Applicable section:

Penal Code Section 647(f)



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

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History of Opiates

Weights of Marijuana

HISTORY OF OPIATES

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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.

Arabs introduced opium in China. 10th Century

16th Century Opium became popular in India. Physician Paracelsus compounded tincture of opium for medical use.

British obtained monopoly on opium and traded to China for tea, silk and silver. 17th Century

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.

San Francisco passed ordinance outlawing smoking opium in smoking-houses or 1875 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.

Opium Convention at the Hague attended by thirteen nations to suppress opium 1912 traffic.

Harrison Narcotic Act - U.S. law regulating use of narcotics (tax act). 1914

Dilaudid produced in Germany. 1923







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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 <u>not</u> absolute values; however, they do provide an <u>average</u> which may be used as a <u>guideline</u>.

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

generosity of packaging

·ADDITIONAL REFERENCES

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