NARCOTICS AND DANGEROUS DRUGS



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MANUAL

NARCOTICS AND DANGEROUS DRUGS

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CHAPTER ONE

INTRODUCTION

THE BASIC DEFINITIONS:

In order to understand the material contained within this text, the student must first have a general understanding of some important terms and concepts.

DRUG:

A drug is a substance other than food which changes the function or structure of the human body. This comprehensive definition includes practically all foreign matters, such as food, vitamins, plants, and even the air that we breathe.

MEDICINE:

Physicians frequently prescribe drugs to treat or prevent illness. However, when drugs are used in the diagnosis, cure, treatment, and prevention of disease, or for the relief of pain or discomfort, the medical profession typically refers to them as medicines. Although all medicines are composed of drugs, not all drugs are used as medicines.

Many wonders of modern medical practice are based upon therapeutics, the use of drugs in treating or preventing disease and in preserving health. Vaccines and toxoids have been effective in the prevention of major communicable diseases such as polio, small pox, diphtheria, tetanus, and measles. Bacterial infections have been conquered in large measures by antibiotic drugs. Epilepsy and diabetes have been appreciably controlled by dilantin and insulin, respectively.

DRUG MISUSE:

The unintentional or inappropriate use of prescribed or nonprescribed medicine resulting in impaired physical, mental, emotional or social well-being of the user is referred to as drug misuse. Some individuals consume drugs in excess of recommended dosages. They double the number of capsules to be taken or they reduce by one-half the standard time interval between doses. Others take prescribed medications without professional consultation or offer their own medicines to others, such as a parent who gives a miniportion of his prescribed drug to his child because the child's symptoms resemble those of the parent's ailment.

DRUG ABUSE:

Drug abuse is the deliberate use of chemical substances for reasons other then their intended medical purposes, which result in a physical, mental, emotional, or social impairment of the user. Drug abuse includes the use of illegal drugs, the use of medicines by healthy people for social convenience or personal pleasure, and the use of typically nondrug substances (like gasoline) to produce drug-like effects. Drug abuse has become the focus of public concern and governmental action; it has been identified almost exclusively with the psychoactive drugs that have their primary effect on the brain.

PSYCHOACTIVE DRUGS:

A psychoactive drug is a chemical substance that changes one's thinking, feelings, perceptions, and behavior. These changes are a result of the drug's action on the brain. Psychoactive drugs include chemicals classified as:

Narcotics: Powerful pain killers. They also produce pleasurable feelings and induce sleep.

Depressants: Slow down the central nervous system. They have a relaxing or tranquilizing effect and induce sleep. Depressants are also known as sedatives.

Stimulants: Generally speed up the central nervous system, resulting in alertness and excitability.

Hallucinogens: Affect a person's perception, awareness, and emotions, and can also cause hallucinations. Hallucinogens are sometimes known as mind expanders or psychedelics.

Inhalants: Volatile nondrug substances that have drug-like effects when inhaled. A few of these inhalants do have some medical uses; specifically, amyl nitrate and nitrous oxide.

Many specific psychoactive drugs are already integrated into the lifestyles of people who daily consume coffee, tea, beer, cola drinks, cocktails, cigarettes, aspirin, and various sleep enhancing and alertness promoting preparations. Some of the psychoactive drugs have legitimate medical uses. However, because all the mind altering drugs have the ability to modify mood and behavior, they have a high potential for not only misuse, but also for abuse.

TOLERANCE:

A person develops tolerance to a drug when he or she requires larger and larger amounts of the drug to produce the same effect. Not all drugs will cause tolerance to develop with continued use. For example, a person will develop tolerance to heroin, but not LSD.

ADDICTION:

Addiction is the physical and/or psychological dependence upon a drug resulting from continuous or periodic use. Physical addiction includes the development of tolerance, and results in withdrawal symptoms when use of the drug is stopped abruptly. The severity of the symptoms depends on the individual. There is a strong compulsion to repeat the use of the drug because the drug will temporarily delay the onset of the withdrawal symptoms.

Psychological addiction is the desire to repeat the use of a drug for emotional reasons. Some of these reasons are to escape from tension, to dull reality, to achieve a "high," and many others. Some of the drugs that can be addicting are the narcotic drugs, the depressant drugs, alcohol, and certain tranquilizers.

DRUG INTERACTION:

Drug interaction is the phenomenon that occurs when one or more drugs present in the body alter the actions or effects of another drug present in the body at the same time. When drugs are taken in combination, the effects usually fall into one of the following categories:

Independent:

Drugs taken together may work independently of each other, i.e., neither one affects the drug actions of the other.

Antagonistic:

Drugs taken together may interact so the effect of either or both agents is blocked or reduced. The interaction "equation" is represented as: 2 + 2 = 3.

Additive:

Drugs taken together may interact so the net effect of the combination is the sum of the effects of the individual substances. The interaction "equation" may be represented as: 2 + 2 = 4.

Potentiating or Synergistic:

Drugs taken together may interact so the effect of the two substances in combination is greater than it would be if they were merely additive. This phenomenon often occurs

when one drug increases or potentiates the effect of the second drug by altering its distribution, its conversion into other chemicals, or its excretion from the body. In synergistic drug interactions, the effect of the second drug may be intensified, or the duration of its action may be prolonged. The interaction "equation" is represented as: 2 + 2 = 5.

THE CONTROLLED SUBSTANCES ACT OF 1970

The Controlled Substances Act of 1970 enables the U.S. Government to minimize the quantity of the drugs of use which are available to those persons who are prone to abuse drugs. Simply stated, it is an act to control certain substances. This act was passed into law in California as the "California Uniform Controlled Substances Act." It is contained in Division 10 of the Health and Safety Code. In this form, the law specifies the administration and enforcement of narcotics and dangerous drugs, which are all classified as controlled substances. These substances are contained in five different schedules, which are numbered I, II, III, IV and V. The criteria for classifying the substances in various schedules are listed below:

Schedule I:

- 1. The drug or other substance has a high potential for abuse.
- 2. The drug or other substance has no currently accepted medical use and treatment in the United States.
- 3. There is a lack of accepted safety for use of the drug or other substance under medical supervision.

Schedule II:

- 1. The drug or other substance has a high potential for abuse.
- 2. The drug or other substance has a currently accepted medical use or treatment in the United States, or a currently accepted medical use with severe restrictions.
- 3. Abuse of the drug or other substance may lead to severe psychological or physical dependence.

Schedule III:

- 1. The drug or other substance has a potential for abuse less than the drugs or other substances in Schedules I and II.
- 2. The drug or other substance has a currently accepted medical use or treatment in the United States.
- 3. Abuse of the drug or other substance may lead to moderate or low physical dependence, or high psychological dependence.

Schedule IV:

- 1. The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III.
- 2. The drug or other substance has a currently accepted medical use and treatment in the United States.
- 3. Abuse of the drug or other substance may lead to limited physical or psychological dependence relative to the drugs or other substances in Schedule III.

Schedule V:

- 1. The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV.
- 2. The drug or other substance has a currently accepted medical use and treatment in the United States.
- 3. Abuse of the drug or other substance may lead to limited physical or psychological dependence relative to the drugs or other substances listed in Schedule IV.

These schedules are codified in the California Health and Safety Code as follows:

- 1. Schedule I is found in Health and Safety Code § 11054.
- 2. Schedule II is found in Health and Safety Code § 11055.
- 3. Schedule III is found in Health and Safety Code § 11056.
- 4. Schedule IV is found in Health and Safety Code § 11057.
- 5. Schedule V is found in Health and Safety Code § 11058.

A review of these Schedules will indicate certain drugs are listed in more than one schedule. These scheduling classifications vary for individual drugs because controlled substances are often marketed in combination with other medicinal ingredients. For example, barbiturates (or substances containing barbiturates) are listed in Schedules III and IV; amphetamines (or substances containing amphetamines) are listed in Schedules I and III; codeine (or substances containing codeine) is listed in Schedules I, II, III and V.

A determination of the appropriate Schedule for a controlled substance under investigation is important to the law enforcement officer because the Health and Safety Code provides "definition" sections and "enforcement" sections. For example, anabolic steroids are classified as Schedule III drugs. Section 11056 **defines** anabolic steroids; however, section 11377 proscribes their use and provides for a criminal offense.

CHAPTER 2

STIMULANTS

INRODUCTION:

Drugs classified as central nervous system stimulants increase alertness, physical activity, and excitement by speeding up the body's processes. Because the stimulating drugs increase behavior activity and psychomotor functions they are often called "pep pills" "uppers" and are most commonly referred to as "speed."

The two most prevalent stimulants are nicotine (the active ingredient of tobacco) and caffeine (found in coffee, tea and kola based soft drinks). When used in moderation, these stimulants tend to relieve fatigue and increase alertness. They are an accepted part of our culture.

Other central nervous system stimulants are more potent and have an even greater potential for producing a drug dependency. Available by prescription or only for medical research, drugs such as cocaine and amphetamines are controlled medications (Schedule II). The stimulant drugs most frequently abused are cocaine and methamphetamine. Although there are some medical purposes for these substances, their medical uses are very limited within the United States. The vast majority of cocaine and methamphetamine available for illicit street use is clandestinely manufactured.

Psychological reliance upon stimulants is quite common because they tend to make users feel stronger, more decisive and self-possessed. Stimulants also produce a euphoria along with a decreased perception of fatigue, a decreased need for sleep, a decreased appetite and an increased energy level. Some users also believe that stimulants increase their sexual desires.

Due to the cumulative effects of these drugs, long term users sometimes develop a pattern of stimulant use during the day and depressant use during the night. This chemical rotation, (speeding up followed by slowing down,) interferes with normal body processes and can lead to serious illness.

COCAINE:

Cocaine is the principal active ingredient of the South American Coca plant. It is the strongest stimulant drug of natural origin. The South American Indians of the high mountains chew the leaves of the coca plant to help them endure the hardships of their climate and environment. Some cocaine is legally exported to the United States and it is used as a local anesthetic. Cocaine has become a very popular drugs among all

segments of our society. Almost all cocaine available in this country today is of illicit origin. Cocaine is commonly referred to as "coke," "flake," "rock," or "crack."

Cocaine sold on the street is in the form of a white crystalline powder. In order to enhance the profitability of cocaine, dealers will frequently "cut" the cocaine with other substances in order to increase the amount of product. Street cocaine usually contains 25% - 30% of pure cocaine; however, this can vary to any amount. The cocaine dealer will cut the cocaine with other white powders of similar appearance to pure cocaine. The most common cutting agents for cocaine are mannitol and baking soda.

Cocaine is ingested through inhalation, injection, and by smoking.

Individuals who inhale cocaine frequently proceed with a ritualistic process prior to its use. This process not only enhances the anticipation of the use of the cocaine, but also provides a needed function. Users frequently use a mirror or other hard surface to



prepare their cocaine. The cocaine is chopped, normally with a razor blade, into a fine powder to aid in the ingestion of the drug through the nostrils. The user cuts the cocaine into "lines." Each line contains approximately 1/10 of a gram of cocaine.

In order to inhale the cocaine, users use a variety of instruments. The most frequently used instruments are cut plastic drinking straws or tightly rolled dollar bills. The users inhale the line of cocaine through the instruments directly into their nostrils.

Cocaine users often employ other devices to inhale the drug. These devices are manufactured paraphernalia legally available for purchase through head shops and other emporiums that maintain these types of paraphernalia for sale. These types of paraphernalia include tiny ornate spoons, gold plated tubes, and small plastic devices commonly referred to as "tooters."

Some users inject the cocaine directly into their veins with a syringe and needle. By injecting cocaine, the rush or immediate euphoria is felt within seconds and is a very intense feeling. Users claim the high from injecting cocaine lasts anywhere from 45 to 90 minutes.

ROCK OR CRACK COCAINE:

In recent years, the smoking of cocaine has caused the most dramatic change in the flow of street drugs throughout Southern California. The appearance of free-base rock cocaine is responsible for the recent broadening of the cocaine market into the lower income population because it is the almost exclusively preferred form of use by low income cocaine users. In order to smoke cocaine it must be transformed from cocaine hydrochloride to free-base.

To accomplish the common rocking technique, a mixture water, cocaine o f hydrochloride, and sodium bicarbonate (baking soda) is heated, causing free-base cocaine to form and melt into an oil. This oil separates from the mixture, as any oil will separate from water, and resolidifies into a rock of free-Some solid base. bicarbonate will remain in the rocks produced this way, which may also contain cutting substances or other impurities. At most rock



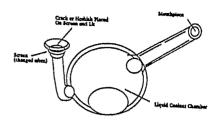
contains 40% - 60% of pure cocaine. This rock technique is much more accessible to the average user since all it requires is water, baking soda and powder cocaine.

The main attraction of rock cocaine is that it makes cocaine smokable. Cocaine in the bloodstream, regardless of its form before ingestion, is rapidly metabolized by the body. The cocaine "high" therefore depends upon how rapidly the drug can be absorbed into the body. The serious cocaine user's goal is to get cocaine into his bloodstream as quickly as possible. Smoking is much more efficient in this respect (as compared with snorting) because the lungs provide much more surface area for absorption than the nasal passages, and the lungs deliver absorbed substances to the bloodstream much more directly. The same difference also accounts for the swiftness of the free-base high. Smoking cocaine delivers the drug into the body all at once, where it is quickly eliminated. Snorting, by contrast, dribbles cocaine into the system a little at a time giving a less intense but longer lasting effect.

Cocaine must be free-based to be smokable since normal cocaine hydrochloride vaporizes at a very high temperature. Free-base cocaine vaporizes at a lower

temperature well within the reach of the ordinary butane lighter and the temperature is able to be tolerated by the human lungs.

Another advantage of smoking over snorting is that by smoking the user protects himself from the abuse to his nasal area. By trying to absorb large quantities of cocaine through this small surface area of the nasal membranes, cocaine snorters often suffer severe corrosive damage to CRACK-PIPE (GLASS)



these tissues. Smoking free-base spreads the burden over a much larger surface area of the lungs. Of course, chronic smoking may turn out to be just as bad for the lungs as chronic snorting is for the nose, but evidence won't be forthcoming until the rock phenomenon is a few years old.

COCAINE FACTS:

- 1. 150 to 200 kg. of dried coca leaves produce 1 kg. of almost pure cocaine.
- 2. Approximately 7,000 coca plants thrive on one acre.
- 3. The coca plant contains 14 different alkaloids.
- 4. A mature plant can have triannual harvests.
- 5. One plant yields approximately 4 ounces of leaves.
- 6. One ounce of coca leaves is equivalent to 1/4 gram of cocaine.
- 7. South American Indians chew one to two ounces of coca leaves daily.
- 8. A standard line of cocaine is considered 100 milligrams (1/10 of a gram).
- 9. As of September 1988 the street purity of cocaine is approximately 65%.

THE COCAINE DRUG LAWS:

The following laws are the most frequently enforced for cocaine violations.

HEALTH AND SAFETY CODE (H&S):

11550 H&S (Under the Influence of Cocaine) (misdemeanor).

11350 H&S (Possession of Cocaine) (felony).

11351 H&S (Possession of Cocaine for Sale) (felony):

11350 H&S is concerned with the possession of cocaine (discussed in this chapter) for one's own use, without a valid prescription. The law is more severe with a person who possesses cocaine for sale. The difference between the two is the **amount** of cocaine in possession. As a general rule, if the possessor has **more** than is needed for his own personal use, he is violating 11351 H&S.

11364 H&S (Possession of Pipes and Paraphernalia) (misdemeanor):

It is illegal to possess any of the things used for smoking or injecting cocaine. This section does **not** include those items used for snorting cocaine.

The following sections are used less frequently:

Selling a substance instead of cocaine and making the buyer think that he is buying cocaine is a violation of 11355 H&S (felony).

The sale, giving away, transporting, importing into the state, furnishing, or administration of cocaine is a violation of 11352 H&S (felony).

An adult who furnishes a minor with cocaine is in violation of 11353 H&S (felony). A minor who furnishes another minor with cocaine is in violation of 11354 H&S (felony).

NOTE: The minors who were furnished to in these violations become **victims** for the purposes of prosecution.

Physical Signs of a Non-Tolerant
Person Under Cocaine influence

Intitable

Reddish

Reddish

Reddish Area
Under Note

Talks lou
Feet

Rapid
Reoptration

Walks Rapidly

Walks Rapidly

Powder or Dabrie
on Need Heir

Talks lou
Feet

Rapid
Reoptration

Repid Pulse Rate

Visiting a place where cocaine is **knowingly** being used is a violation of **11365 H&S** (misdemeanor). The burden of proof involves several things: that cocaine was being used at the location; that the offender had knowledge that it was cocaine that was being used; and that the cocaine was being used in plain view of the offender, who made no attempt to leave the location. In other words, it takes more than just being there while cocaine is being used.

Maintaining a place for selling, giving away, or using cocaine (called "crash pads" or "shooting galleries") is a violation of 11355 H&S (felony).

BUSINESS AND PROFESSIONS CODE (B&P):

4149 B&P (Possession of Professional Hypodermic Needle or Syringes) (misdemeanor):

It is unlawful for any person to have in his possession or under his control any professional hypodermic needle or hypodermic syringe, unless that person is specifically authorized by the code (for example, diabetics could be exempt from this code).

4230 B&P (Possession of a controlled substance without a prescription) (misdemeanor).

AMPHETAMINES:

Commonly referred to as "uppers," "pep pills," "bennies," and "whites" but more frequently referred to as "speed" or "meth," the amphetamine drugs are potent central nervous system stimulants with cocaine-like effects. Unlike naturally occurring cocaine, the amphetamines are synthetic substances. The amphetamines affect those areas of the brain that control blood pressure, heart action, breathing, and metabolic rate, all of whose functions are increased. Additionally, appetite is markedly decreased and fatigue is effectively, though artificially masked. In general, the human senses are hyperalert and the body is in a state of stress. Unlike the effects of cocaine, the effect of amphetamines typically last for several hours after ingestion of the drug.

Abuse of amphetamines during the 1960's and early 1970's was most commonly performed with a variety of tablets and capsules. These tablets and capsules were either commercially produced or illicitly manufactured in laboratories for sale. During the 1980's and early 1990's, the use of tablets and capsules has been extremely limited and, although these tablets and capsules have not disappeared, are infrequently seen.

Currently, methamphetamine is the preferred drug of abuse in the amphetamine category. Methamphetamine is almost exclusively manufactured in clandestine laboratories within the United States.

METHOD OF USE:

The tablets and capsules are **swallowed**. Methedrine crystals are soluble in water, and like the liquid solution, are ingested by **injection** - in the same way as the narcotic drugs. However, because the crystals are water-soluble, the solution does **not** have to be "cooked" first, (like heroin does). The methamphetamine crystals are sometimes sniffed into the nostrils (like cocaine). In Orange County, methamphetamine is most commonly inhaled or injected ("snorted" or "slammed").

EFFECTS OF AMPHETAMINE ABUSE:

All amphetamines tend to excite the user and induce talkativeness, restlessness, trembling, dilated (or enlarged) pupils, insomnia (sleeplessness), and heavy perspiration. There is a loss of appetite - which is the reason they are used for weight control - and

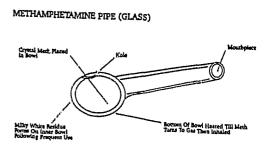
hallucinations may occur. Much like the cocaine user, the amphetamine user may become violent, and caution should be exercised when contacting them.

Methedrine (or methamphetamine) appears to be much stronger than the amphetamines. It produces the following symptoms which are easily observed: dry mouth, confusion, aggressiveness and open friendliness, nervousness, and the impression that time passes quickly (which gives rise to the slang terms "speed" and more commonly "crank"). Crank is very popular with blue collar workers and especially with bikers. Other symptoms which are less obvious are: insomnia, impotence, loss of appetite, abnormally rapid heart beat, loss of weight, blurred and double vision, headache, nausea and diarrhea with vomiting and, if used for a length of time, collapse and depression.

ICE:

A new form of methamphetamine has surfaced in Honolulu, Hawaii, which is called "ICE."

"ICE" is methamphetamine that is allowed to dry into clear crystals. As with "crack" or "rock" cocaine, "ICE" is smoked through a pipe. "ICE" is water based and burns quickly leaving a milky white residue on the inside of the pipe bowl. This "residue" can be smoked again after it dries.



EFFECTS AND SYMPTOMS:

Users feel an intense wave of physical and psychological exhilaration. The effects of the drug may last from four to fourteen hours, depending on the dosage. Although the drug enters the bloodstream rapidly, large doses may be excreted into the urine, unchanged, up to 72 hours after ingestion. This intense high and the length of its effect on the body, apparently account for the fact that methamphetamine, in particular "ICE," is becoming more popular for stimulant users on the street. Cocaine users are opting for "ICE" rather than "free-based" or "rock" cocaine because of cocaine's short duration of intoxication (20 minutes on the average).

Although ICE has received significant media attention, arrests have been rare in Southern California. It is not currently known whether the lack of ICE is due to its unpopularity among substance abusers, the lack of supply, or its difficulty in manufacture.

The symptoms of "ICE" intoxication are no different from any other central nervous system stimulant. The suspect will exhibit hyperactivity and increased body functions such as elevated blood pressure and increased heart rate. The pupils of the eyes will also be dilated more than normal (normal pupil size is 3.0 - 6.5mm). The "ICE" addict may also have a hacking type cough from the vapor's effect on the lungs.

THE AMPHETAMINE DRUG LAWS:

HEALTH AND SAFETY CODE (H&S):

11550 H&S (Under the Influence of Amphetamines) (misdemeanor).

11377 H&S (Possession of Amphetamines for Personal Use) (felony).

11378 H&S (Possession of Amphetamines with the Intent to Sale) (felony).

11379 H&S (Sales of Amphetamines) (felony).

11380 H&S (Sales of Amphetamines to a Minor) (felony).

11382 H&S (Sales of a Substance in Lieu of a Amphetamine) (felony).

BUSINESS AND PROFESSIONS CODE (B&P):

4390 B&P (Forged Prescription to obtain an Amphetamine) (felony).

THE NARCOTIC DRUGS OF ABUSE

INTRODUCTION:

The narcotic drugs defined at 11019 of the Health and Safety Code includes:

- 1) opium and its derivatives: (e.g., heroin, morphine, and codeine.)
- 2) synthetic narcotics (e.g., methadone.)
- 3) cocaine.

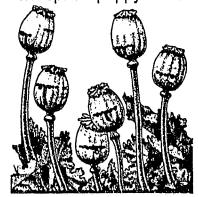
Narcotic drugs are the most effective pain relievers known. They are among the most valuable drugs available to physicians, and are widely used to relieve short-term acute pain, to reduce suffering during terminal illnesses, and to promote rest so the body can restore itself.

Because of the physical and/or psychological addiction which results from their abuse, the use of these substances is restricted, or completely outlawed (e.g., heroin).

The rest of this chapter will discuss opium and its derivatives, and synthetic narcotics. Cocaine is covered in the "stimulants" chapter of this manual.

OPIUM AND ITS DERIVATIVES:

The opium poppy is the primary source of the narcotics of natural origin - opium,



morphine, heroin, and codeine. **Opium** is obtained from the opium poppy. **Morphine** and **codeine** are obtained from the opium - and **heroin** is obtained from morphine. The plant has been grown at various times in Hungary, Yugoslavia, Turkey, India, Burma, China, and Mexico. When the unripe seed pod of the poppy plant is slit, a milky substance oozes out and turns reddish-brown on contact with the air. This substance, when further processed, can be smoked as opium, injected as morphine or heroin, or swallowed as codeine.

Another method used to obtain opium is to collect the poppy straw in the field, and then extract the narcotic from the dried plant. All forms of this substance are highly addictive, both physically and psychologically. Opium, however, is rarely abused in California (this trend is changing with the expansion of the Southeast Asian, and the Middle Eastern communities).

OPIUM:

APPEARANCE:

Opium is usually found in small balls, ranging in color from reddish-brown to brown to black.

METHOD OF USE:

Opium is almost always smoked through a long-stemmed pipe. The pipe may be beautifully ornamented, or improvised from a bottle attached to a long tube. The opium is also placed on a strip of tin foil and heated. As it burns, the user inhales the smoke as the opium liquifies and runs down to the other end of the foil. This is known as "chasing the dragon."

SYMPTOMS OF ADDICTION:

Because the symptoms are much the same for all the narcotic drugs, discussion of the physiological and psychological effects of the use of all the opium derivatives will be discussed later in this chapter.

MORPHINE:

Morphine is produced by refining the raw opium base, and is approximately **three times stronger than opium**. Like opium, morphine is rarely abused in California (abuse of morphine is most commonly seen among members of the medical profession).

APPEARANCE:

Morphine is a fine, odorless powder resembling chalk dust and is white or light brown in color. It must be treated with acid so it can be mixed with water. This is necessary because morphine is injected. The most common forms of morphine sold on the street are **powder**, **cubes**, and **tablets** (1/2 to 1/8 grain).

METHOD OF USE:

Morphine is injected by an addict in the same way as heroin (see the following section on heroin).

HEROIN:

Heroin is obtained chemically from morphine. The result is a substance up to ten times stronger than morphine. Because it is so addictive, its use is completely illegal, even for medical purposes.

APPEARANCE:

Pure heroin is a crystalline substance which is colorless and odorless. Heroin is mixed with a variety of substances to dilute the product for distribution. For this reason, it may be found in a variety of colors - red, gray, tan, brown, light brown - depending upon where it was produced and what was used to dilute it. The drug sold to the addict as heroin usually contains only 2-3% pure heroin (has been seen locally between 2-5%, but varies). However, the purity for street heroin can change at any time. Texture varies from a hard, rock-like substance to a fine, granular substance. Street heroin has a sharp, acid-like smell. Heroin has recently taken on a new form. A black tar form is of much greater strength. It has tested at an average of 45% purity. This new form is called "tar" on the street. It produces the same effects as the Mexican brown powder form and is ingested in the same way. Tar heroin is currently the exclusive type of heroin found on the streets of Southern California. Tar heroin is most frequently packaged in the corner of a clear plastic baggie. The baggie is cut, twisted and the ends are heated, melting the baggie and sealing the heroin inside.

Heroin is usually sold by the tenth of a gram and an addict needs several "bags" a day, which cost about \$25 each. It occasionally is found in a \$10 bag. A \$25 bag of heroin, contains about 1/10 of a gram to 1/4 of a gram: enough heroin for one or two injections, depending on the extent of the user's habit and the strength of the drug. A heavily addicted user needs a whole "spoon" each time he injects the narcotic. Most addicts must resort to crime to support their habits, because many cannot work, and the cost of the drug is very high. Crimes of violence are infrequent, partly because the addict is made passive by the drug, and partly because crimes against property are most likely to give him the quick cash he needs (however, some addicts do resort to robbery). The most popular crimes are: burglary, theft from motor vehicle, burglary from motor vehicle, check forgery, and shoplifting. Female addicts frequently resort to prostitution to support their drug habit.

METHOD OF USE:

Heroin, like morphine, is almost always injected. It can be inhaled (or "snorted"), but this is very rare.

The injections are accomplished in this manner: a small amount of the narcotic is placed in the bowl of a spoon or a bottle cap, and enough water is added to cover the heroin. The mixture is then heated

with matches or a lighter until it boils and the powder dissolves (this process is called "cooking" or "cooking up").

A small amount of cotton is placed in the bowl of the spoon to act as a filter and prevent clogging of the needle. A syringe or eyedropper with a hypodermic needle attached is then stuck in the cotton, and the solution is drawn into the syringe or tube of the eyedropper through the cotton (cigarette filters may be substituted for cotton). Later, if the addict cannot get more heroin, the cotton may be "cooked" to obtain whatever drug residue is left in it. Eyedroppers are now rarely used due to easy access to commercially available 100cc insulin syringes.

Most addicts inject the heroin into their arm near the inner elbow area. The injection is made easier by tying a rag, belt, or rope around the arm above the elbow, which causes the veins to swell and stand out. The needle is then place on top of a vein and the puncture is made. When blood appears in the syringe, the addict knows that the needle is inside the vein (this is called "registering").

The solution is then forced into the vein after the tie rag is loosened, so the narcotic can flow through the body. The paraphernalia used for injecting the narcotic - spoon, tie rag, syringe with hypodermic needle, and cotton - is called an "outfit," "rig," or "hype kit" and is kept hidden in a variety of places by the addict.

In fact, an addict may have several "kits" hidden in different places so he will never be without easy access to one.

Because addicts frequently reuse and share their needles the risk of infection is great. Communicable diseases such as hepatitis, and HIV may be transmitted through hypodermic needles. Therefore, **extreme caution** should be used when handling any syringe and needles. All syringes and needles should be immediately secured by placing them between two wooden tongue depressors, then wrapping the depressors with tape to avoid accidental punctures.

HEROIN FACTS:

- 1. Ten parts of opium make one part of morphine base.
- 2. One part of morphine base makes one part of heroin.
- 3. One opium pod contains 80 mg. of opium (8 mg. of heroin).
- 4. One acre of opium poppy produces 6 8 kilograms of opium (600 800 grams of heroin).
- 5. Opium poppy grows in various climates and soils.
- 6. After scarification of the opium pod, hail, rain or gusty winds can destroy the opium yield.
- 7. The average heroin purity is currently 6.1% (12/87).
- 8. The average dose of heroin is 100mg. of 6.1% purity.

- 9. Heroin was first marketed in 1899 by the Bayer Company in Germany as a cure for opium and morphine addiction.
- 10. In 1910 the United States had 500,000 1,000,000 heroin addicts,
- 11. In 1987 the United States has approximately 500,00 heroin addicts,

CODEINE:

Codeine was originally refined from opium, but it is now processed from morphine. It is milder than morphine, but addicting if used regularly in large quantities. It is contained in cough medicines and pain pills. Currently, codeine is most commonly obtained through the use of forged prescriptions for Emprin or Tylenol Nos. 3 and 4.

APPEARANCE:

Pure codeine is a white, odorless, crystalline powder. It is seldom sold by narcotic peddlers.

SYNTHETIC NARCOTICS (OPIATES):

Although synthetic narcotics are chemically related to the opium derivatives, they are produced entirely within the laboratory. They include **methadone**, **meperidine**, and **levorphan**. Because methadone is the most abused synthetic narcotic, it will be discussed here in detail.

METHADONE:

Methadone is **not** a derivative of opium or other plant life. It is chemically manufactured for legitimate use as a substitute narcotic for the opiate class for relieving pain and for the treatment of heroin addiction. Methadone is addicting, and tolerance to the drug varies. It is generally viewed as an addicting drug that brings about severe withdrawal symptoms when used to the point of addiction, and does not produce tolerance when taken orally.

APPEARANCE:

Methadone is available as a pink liquid.

METHOD OF USE:

In methadone maintenance programs (see below), it is **only** administered orally, usually by dissolving it in a cup of orange juice substitute ("Tang").

USE IN THE TREATMENT OF HEROIN ADDICTS:

Methadone is used as a low cost **substitute** for heroin in treating addiction. It is a slow, but long lasting narcotic which requires only one daily dosage. When administered properly, methadone creates no euphoria or "high." Small doses permit the addict to stay awake and alert so he can perform almost normally. He feels comfortable, and an increasing dosage is **not** required to maintain these effects.

The idea behind this treatment is to substitute a less demanding addiction for a heroin habit. It does **not** cure addiction. Methadone is illegal to possess without a prescription. Opiate addicts use illicit methadone, when available, to eliminate the withdrawal syndrome. Taken under clinical supervision, methadone presents addicts with a chance to return to a near normal life.

It is illegal for a doctor to prescribe methadone to maintain addiction unless as part of a recognized Methadone Maintenance Program.

An addict participating in a Methadone Maintenance Program should have valid identification indicating so. You can verify a person's participation in such a program by contacting the appropriate agency.

The addict should not exhibit objective symptoms of being under the influence of a narcotic; however, the pupils of his eyes may be smaller than normal. He may be legally in possession of up to three doses of methadone. These doses (called "take home") are carried in bottles, and placed inside a wooden box. The box is labeled with the addict's name.

EFFECTS OF NARCOTIC DRUG ABUSE:

Many "beginner" narcotic abusers inhale drugs in powder form. Constant inhalation of narcotic drugs makes nostrils red and raw, and after any length of time there will be visible nostril damage.

When an addict injects a narcotic drug, he usually has "tracks" wherever he has injected himself (most commonly on the arms, legs, backs of the hands, and feet). "Tracks" are areas of scar tissue over the veins resulting from repeated injections. Scabs and sores (abscesses) may occur as a result of using contaminated, nonsterile equipment for the injections. Often, one "hype kit" will be passed among several addicts at one time without ever sterilizing the needle (Hepatitis is a common disease transmitted by this practice. AIDS is increasing at a rapid rate by this practice). Even if infection does not set in at the injection site, a mark is left where an injection was made. This will be a pink swelling with a small hole in it, and possibly a bluish-yellow bruise if the injection was not made correctly. Dull needles may cause the area to become black and blue, making it difficult

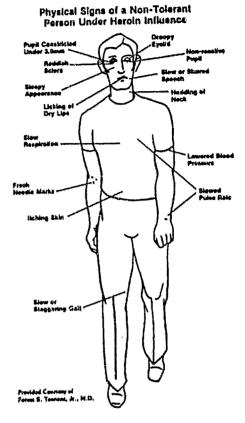
to find a vein. In addition, the repeated injections themselves cause scar tissue to be raised over the vein.

Because of the easy identification of these marks, addicts try to hide them by different methods. Usually, addicts wear long sleeves even when it is very hot outside. Female addicts sometimes use makeup to cover marks, while some male addicts get tattooed to cover their marks.

Heavy "jailhouse" tattooing is one indicator of a hype.

Occasionally, an addict will attempt to sterilize the needle by heating it with a match. The flame deposits a small amount of carbon on the needle, and this carbon remains under the skin and produces a small blue dot when the needle is withdrawn. Over an extended period of time, this turns the tracks blue. This is known as "tattooing."

The opiates are **depressants**. They reduce muscular and nervous activity. In **small** doses, they help the body relax. In **large** doses, they can result in death by stoppage of breathing.



Immediately after the injection, the user experiences a feeling of superb elation called "euphoria" (often described as a full body orgasm). This feeling is the reason most people are attracted to the narcotic drugs. The user then feels a tingling sensation, particularly in his stomach. He may then go "on the nod" - meaning he drifts into drowsiness, wakes up, then drifts off again, and frequently has trouble holding his head erect. His eyelids are half-closed and he appears to be in a stupor. This condition, called somnolence, is **not** a state of sleep. To eliminate sleep as a defense for this symptom, allow the suspect to nod off then ask a question. The suspect will respond which shows he is not asleep. The entire body enters into a general depressed state - everything slows down. One of the most **obvious** symptoms of being under the influence of an opiate is the **constriction of the pupils** of the eyes, with little (if any) reaction to light.

OBJECTIVE SYMPTOMS OF NARCOTIC DRUG INFLUENCE:

The following is a list of the objective symptoms of a person who is **under the influence** of a narcotic drug:

- **Euphoria**
- Drowsiness and droopy eyelids.
- Constricted pupils.
- Slow and deliberate speech (not slurred).
- Slowed reflexes.

EFFECTS OF NARCOTIC DRUG WITHDRAWAL:

The narcotic drugs are psychologically and physically addicting. The addict turns to these drugs originally to help him escape from his problems, to get a kick, because he likes the feeling, or because other drugs just do not do the job for him. Once he takes it for just a few days or weeks, he finds his body builds up a **tolerance** to the drug (he needs larger and larger doses to get the same effect) and he needs then: more frequently. If he does not increase the amount and frequency of the narcotic, withdrawal symptoms will set in. If an addict is in withdrawal he is, by law, not considered under the influence (11550 H&S does not apply).

The first stage of withdrawal is very much like the common cold. The user will have a runny nose, watering eyes, chills, and fever. He may alternately shiver and sweat. He yawns frequently. And the condition of his pupils while under the influence reverses itself. During the withdrawal the cupils of his eyes are dilated; he may wear sunglasses to protect his eyes from the glare that his dilated pupils will not shut out.

He will suffer loss of appetite, and he may tremble and have goose flesh (in fact, the term for quitting the use of drugs completely - "cold turkey" - refers to the fact that during withdrawal an addict's skin resembles that of a cold turkey).

If the addict does not get another injection of the narcotic, he will suffer the agonies of the **iate stage of withdrawal**. He will vomit and have diarrhea. His muscles will ache and jerk, and he will have terrible cramps. He will lose weight, and have delusions such as insects crawling all over him or other horrible sensations.

These symptoms, starting with the cold, will appear if the addict is unable to secure his drug within 5 - 6 hours from his last injection, depending upon the degree of the habit, and the quantity and quality of the last heroin used. They continue and reach a peak between 2 - 3 days after the last injection. Nervousness, insomnia, and general weakness will usually persist for 3 - 4 months. Complete recovery from withdrawal may take as long as six months to a year.

Because of the psychological and physiological dependence upon the drug, and the agony of withdrawal, few addicts ever withdraw from narcotics completely. What usually happens with a "cure" is that the addict returns to the **same environment** where the **same**

problems exist, and where heroin and its chemical cousins are easily obtained. In many cases, it's only a question of time until the addict is back on the narcotic.

Objective symptoms of narcotic drug withdrawal:

- Runny eyes and nose.
- Dilated pupils.
- Tremors.
- Increased sweating.
- Irritability and restlessness.
- Abdominal cramps.
- Nausea and vomiting.
- Insomnia.

THE NARCOTIC DRUG LAWS:

The following laws are the most frequently enforced narcotic laws. It is not necessary to memorize the section numbers. You should, however, be familiar enough with them so you will know when a violation is present.

HEALTH AND SAFETY CODE (H&S):

11550 H&S (Under the Influence of Any Narcotic Drug) (misdemeanor).

It is illegal to use or be under the influence of any of the narcotic drugs discussed in this chapter (opium and its derivatives, and the synthetic narcotics), **except** when authorized by a physician. So, if you have probable cause to suspect that a person is illegally under the influence of narcotics, he may be arrested, and it is up to **him** to prove that his being under the influence was within the law. In a public place **does not** apply. Any place at any time. The four drugs that are covered are, heroin, P.C.P., cocaine and methamphetamine.

11350 H&S (Possession of any Narcotic Drugs) (felony). 11351 H&S (Possession of any Narcotic Drug for Sale) (felony).

11350 H&S is concerned with the possession of any narcotic drug (discussed in this chapter) for one's own use, without a valid prescription. Heroin cannot even be legally prescribed. The law is more severe with a person who possesses these narcotics for sale. The difference between the two is the **amount** of narcotics in possession. An addict will usually only buy enough for his immediate needs: a few capsules, one or two toy balloons filled with heroin, etc. He will **not** have a "kilo" (2.2 pounds, which is a popular quantity for packaging large amounts of heroin), 100 capsules, or 50 balloons. As a general rule, if the possessor has **more** than is needed for his own personal use, he is violating 11351 H&S.

11364 H&S (Possession of Narcotic Pipes and Paraphernalia) (misdemeanor).

It is illegal to possess any thing to introduce narcotics into the body: opium pipes, hypodermic needles or syringes (professional), or any improvised paraphernalia.

The following sections are used less frequently:

Selling a substance instead of a narcotic drug and making the buyer think that he is buying a narcotic drug is a violation of **11355 H&S** (felony).

The sale, giving away, transporting, importing into the state, furnishing, or administering of any narcotic drug is a violation of 11352 H&S (felony). An adult who furnishes a minor with a narcotic drug is in violation of 11353 H&S. A minor who furnishes another minor with a narcotic drug is in violation of 11354 H&S (felony).

NOTE: The minors involved in these violations become **victims** for the purposes of prosecution.

Visiting a place where any narcotic is **knowingly** being used is a violation of 11365 **H&S** (misdemeanor). The burden of proof involves several things: that narcotics were being used at the location; that the offender had knowledge that it was narcotics that was being used; and, that the narcotics were being used in plain view of the offender, who made no attempt to leave the location. In other words, it takes more than just being there while narcotics are being used.

Maintaining a place for selling, giving away, or using narcotic drugs (called "crash pads" or "shooting galleries") is a violation of 11355 H&S (felony).

BUSINESS AND PROFESSIONS CODE (B&P):

4149 B&P (Possession of Professional Hypodermic Needle or Syringes) (misdemeanor):

It is unlawful for any person to have in his possession or under his control any professional hypodermic needle or hypodermic syringe, unless that person is specifically authorized by the code (for example, diabetics could be exempt from this code).

This section appears to duplicate 11364 H&S (Possession of Narcotic Pipes and Paraphernalia). However, for the purpose of prosecution, 4149 B&P should be used whenever there is a hypodermic needle and syringe involved. It is easier to prosecute and carries a stiffer penalty than 11364 H&S.

GLOSSARY OF NARCOTIC DRUG-RELATED SLANG TERMS:

The following is a list of the slang expressions for the narcotic drugs covered in this chapter:

Morphine - M, white stuff, morpho, unkie, Miss Emma, monkey, hard stuff and morf.

Heroin - Smack, junk, hard stuff, shit, stuff, bag, chiva, or negro.

Methadone - Dolls and dollies.

CHAPTER FOUR

MARIJUANA

INTRODUCTION:

The term "marijuana" commonly refers to the flowering tops and leaves of the shrub-like plant cannabis sativa L. The plant name gives rise to a more general term for all forms



of the drug - "cannabis." Marijuana grows in mild climates throughout the world, but especially in Mexico, Africa, India, and the Middle East. It is also found in some parts of the United States. The leaves make identification of the plant very easy. The leaves of local marijuana are green in color, containing an **odd** number of serrated leaflets from 5 to 13, not always true) that are 2 to 6 inches in length and pointed at both ends. The leaves of plants grown in other parts of the world have a different appearance. They can be brown in color, with an **even** number of short, fat leaflets with smooth edges.

The plant may attain a height of 20 feet. The plant produces a resin that makes it sticky to the touch. The flowers of local marijuana plants are composed of light yellowish-green clusters of oblong seeds.

The term "marijuana" legally refers to:

- 1. All parts of the plant cannabis sativa L., whether growing or not.
- 2. The **seeds** of the plant.
- 3. The **resin** extracted from the plant (which is also **legally** referred to as "concentrated cannabis" whether the resin is crude or purified).
- 4. Every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds, or its resin.

Drug traffickers frequently include all parts of the plant (including seeds and stalks) in marijuana preparation. This produces the **least** potent form of the drug. The potency depends on the amount of **THC** contained in the preparation. THC (short for tetrahydrocannabinol) is the active mind-altering ingredient in marijuana. Sophisticated abusers insist on (and pay the price for) the preparations which contain a larger amount of THC: the female flowering, the top of the plant, or the resin extract. The strength of

the drug also differs according to where the plant is grown, how it is grown, how it is prepared, and how it is stored.

Marijuana is one of the least understood of all natural drugs, although it has been known for nearly 5,000 years. Very early in history, the Chinese used it to relieve pain during surgery, and the people of India used it as a medicine. Today, it is abused for its intoxicating effects, and has a very limited use in modern medicine (experimental use with cancer patients). It is also outlawed in nearly every civilized country in the world.

THE CANNABIS DRUGS:

Three forms of cannabis are currently being distributed in the U.S. "black market." All three are very different in their chemical strength and resulting effects. They are: marijuana, hashish, and hashish oil.

Marijuana, which is the popular name of the cannabis plant, also means the form of the drug that is prepared by drying the leaves and flowering tops of the plant to make a tobacco-like material. Most marijuana produced in the U.S. is considered inferior because of its low concentration of THC. Most marijuana sold on the street today is of Mexican, Columbian, and Jamaican origin, and are known to be slightly stronger. The most potent forms of marijuana come from the Asian countries, and supplies from this region are increasing. For example, marijuana coming from Thailand is five times more potent than marijuana coming from Mexico. However, it has not been determined whether it has been treated to obtain this strength.

APPEARANCE:

Marijuana is basically a green plant-like material. It is sometimes sold in a very coarse state, which includes the stems and seeds along with the leaves and flowering tops. This material is dried by indirect heat, and then crushed. The dried particles may become brown in color. The presence of seeds in **any** questionable substance like this provides a good indication that the plant material is, in fact, marijuana.

Marijuana is almost always smuggled into this country in this coarse form, which has been compressed into blocks. These blocks are called "kilo bricks," or "bricks." The "brick" measures about $5" \times 2\frac{1}{2}" \times 12"$ and weighs 2.2 pounds. Sometimes, there is a finely processed veneer that covers the coarse brick core. More often, it is wrapped in tape from the country of its source.

"Manicured" marijuana (sinsemilla) has the stems and seeds removed from it, and it is more finely ground. In this form, marijuana resembles catnip or tea, making it more difficult to give a positive identification with the naked eye.

Marijuana is packaged for street sale in a variety of ways. The most common manner of packaging is to place the marijuana in a clear plastic sandwich bag, which is then rolled up. This is referred to as a "baggy" of marijuana. It is also sold in tobacco tins (called a "lid"), pill containers, match boxes, black plastic 35mm film canisters and other small containers.

Marijuana is frequently found in hand-rolled cigarettes. It might be sold in this form, but is more often rolled into cigarettes by the abuser who has purchased a quantity of loose marijuana. The cigarette is shorter and thinner than a commercial cigarette, and the ends are crimped or twisted to prevent the marijuana from falling out.

A brand of cigarette rolling paper called "Zig Zags" - which is available at almost any retail store - is commonly used for this purpose. The paper is generally white, although yellow

or brown paper is also available. Two papers are usually used to prevent the stems or other coarse material from piercing the paper while it is being handled. Occasionally, the tobacco in regular filter-tip cigarettes is taken out and replaced with marijuana. When this is done, however, the end of the cigarette must be twisted or the marijuana will fall out. In fact, the crimped or twisted ends is the best way to tell if a cigarette contains marijuana or tobacco.

Some of the marijuana from Southeast Asia is brought into the U.S. and sold on the street in a form called "Thai sticks." The "sticks" are small bundles of marijuana wrapped around a stick or twig with a thin thread. When desired, the thread is untied or loosened, and a small quantity of the marijuana is shaken loose and rolled into a cigarette. The marijuana is of a very high quality, and it is very potent (high concentration of THC).

METHOD OF USE:

Marijuana may be brewed as a tea for drinking or baked in cookies or brownies for eating. In rare cases it is sniffed (or "horned"), or even injected with a syringe or eyedropper, and a needle. But the most prevalent method of use in this country is by smoking it in hand-rolled cigarettes, pipes, or water pipes ("bongs"). As marijuana is being smoked, there is sometimes a "popping" sound as it burns. This is caused by the seeds contained in some lower grades of marijuana which "pop" when they get hot.

Marijuana pipes are specially made pipes with relatively small bowls, or they might be improvised from regular tobacco pipes which are lined with aluminum foil to decrease the size of the bowl. Sometimes, a Mid-East "hookah" is used. This is a large jar with water inside and a long tube through which the smoke is drawn. It is commonly called a "water pipe." Smaller water pipes are also used because they are less bulky.

Marijuana abusers normally prefer to smoke in the company of other abusers, rather than alone. Waste is minimized by passing a single cigarette from one smoker to another.

When they get down to the butt, known as a "roach," they use a device called a "crutch" or a "roach clip." This device holds the "roach" so they can smoke all of the marijuana contained in the cigarette. They can be made from almost anything - tweezers, paperclips, hairpins, alligator clips, etc. (medical hemostats are very common). They can be very simple, or very ornamental. Many are put on necklaces or other jewelry items. These "roach clips" are not illegal to possess, but possession could be used to **support** a case for other drug abuse behavior. You should, therefore, mention possession of a "roach clip" in any drug-related arrest report.

When smoking marijuana, the abuser makes a distinct noise caused by air being sucked between puckered lips. It resembles the sound made when hot liquids are sipped from a cup. The abuser then holds the smoke in his lungs as long as possible so the effects of the drug are maximized.

When possible, abusers smoke in an enclosed area (such as a vehicle with the windows rolled up) to prevent the smoke from escaping. A nonsmoking observer who is present in a location where there is a high concentration of marijuana smoke can also become affected, but to a lesser degree than those actually smoking. This is referred to as a "contact high," and is used as a defense or excuse by some abusers when they are apprehended for drug influence.

Burning marijuana has a very distinct sweet odor (similar to burnt rope). It is easily recognized. It may be detected for a short time after smoking on the breath of the abuser, in the room or car where it was smoked, and on clothing. If asked during court testimony what marijuana smells like, state that it smells like marijuana. Avoid comparing its smell with anything else.

MARIJUANA FACTS:

- 1. It takes approximately 100 Cannabis seeds to weigh one gram (44,800/lb).
- 2. One plant can produce as many as 100,000 seeds.
- 3. Most **Cannabis** plants produce a taproot which rarely extends more than one foot. Lateral growth is responsible for most of the roots.
- 4. Plants usually germinate in 6 7 days.
- 5. A plant will average 3/4 of a pound of dried leaves. If picked throughout the growing season, a plant can yield 3-4 lbs. of dried leaves.
- 6. A plant grown for sinsemilla will average 1 lb. of material.
- 7. Most drug type **Cannabis** matures at 20-22 weeks from date of planting. Plant should be about 10-12 feet tall at the time.
- 8. Cannabis is a hardy annual weed. The temperature has to fall below 25 degrees to kill it.
- 9. 50-60% of a Cannabis plant is moisture.
- 10. One acre of ground contains approximately 5,000 plants if planted 3 feet apart (the shape of the plot can increase the number of plants).

- 11. One acre of ground can produce 500-600 kilos of dried plant material (clean no stems).
- 12. Many indoor growers use metal haylight lamps 1,000 watts covers an area of 50 square feet.
- 13. Only about 13% of a plant's green, wet weight is dried (smokable) leaves.
- 14. Depending upon the process and type of material used, only 4-15% of a plant's weight, in leaves, can be converted into hash.
- 15. 20-28% of a plant's weight in leaves can be converted into hash oil.

HASHISH:

Hashish, or "hash," comes from the brown resin that is collected from the potent flowers of the cannabis plant. It is produced by drying the resin, and results in a form of the drug that is at least five times stronger than marijuana.

NOTE: Hashish is **legally** referred to as "concentrated cannabis" in the Health and Safety Code sections which regulate marijuana.

APPEARANCE:

Hashish is an oblong, flat cake, between 1/4 and 3/4 inches thick. It may be a light greenish-brown, dark brown, or even black color. These loaves (also called "soles") are broken into small irregular "cubes" or "chunks," and sold on the street by the gram.

METHOD OF USE:

Hashish is almost always smoked in pipes.

HASHISH OIL:

Hashish oil is an extremely concentrated form of cannabis which is produced by grinding hashish, and treating it with alcohol and heat. The result is a dark, oily liquid that is about three times stronger than hashish, and up to 30 times stronger than the common grade of marijuana. One drop of hashish oil contains about 25% THC, depending on the quality (THC is the mind-altering ingredient contained in all forms of cannabis). This single drop of hashish oil would be equal in psycho-active effect to an entire marijuana cigarette.

NOTE: Hashish oil, like hashish, is **legally** referred to as "concentrated cannabis" in the Health and Safety Code sections which regulate marijuana.

APPEARANCE:

Hashish oil is dark brown in color. It has a consistency ranging from an oily liquid, to a semi-solid (like butter), to a hard dried-out solid (like tar). It is usually packaged in small glass vials (about 1/8 ounce in liquid measure).

METHOD OF USE:

Use of hashish oil is unlimited. A drop of it can be placed on anything that can be smoked or inhaled. It can be placed on food for ingestion. There are also special devices used to smoke hashish oil.

EFFECTS OF MARIJUANA ABUSE:

An abuser's physical symptoms will vary with the amount of marijuana smoked or consumed and the potency of the marijuana. As already indicated, there is a great difference in the THC content of the various forms of cannabis. Remember - the amount of THC varies according to where and how the plant is grown, what part of the plant is used, and how the plant is processed.

Although it is still **legally** categorized among the narcotic drugs, THC is medically classified as a hallucinogen because it possesses elements of stimulation (initially) and depression (lastly).

OBJECTIVE SYMPTOMS OF MARIJUANA INFLUENCE:

- Accelerated pulse and heartbeat.
- Muscular tremors.
- Dizziness.
- Pupils of the eyes are dilated, with little reaction to light.
- Whites of the eyes will be reddened.
- Puffiness under the eyes.
- Yellowish coating on the tongue (if the drug is smoked).
- Increased appetite.
- A general loss of inhibitions.

The general effects of stimulation followed by depression will last approximately five hours.

It appears that different people are affected differently by identical amounts of the drug. Besides the potency of the drug, other circumstances that seem to affect an abuser's reactions to the drug are: the **psychological makeup** of the abuser, the **background** of the abuser, and the **environment** where the drug is used. In fact, the same person may experience different reactions even when using the same amounts of the drug at

different times. This is because his psychological makeup might change, or the environment might be different.

Let's look at some differences in effects based on the dosage levels:

Low doses tend to produce initial restlessness and an increased sense of well-being. This is followed by a dreamy, carefree state of relaxation; an alteration of sensory perceptions (which might make a crack in the sidewalk look much larger than it actually is), including an expansion of space and time (which might make minutes seem like hours); a more vivid sense of touch, sight, smell, taste, and sound; hunger, especially a desire for sweets; and a subtle change in thought formation and expression.

Moderate doses may result in a state of intoxication that intensifies the above reactions. The abuser may experience rapidly changing emotions, more vivid changes in sensory perceptions, a dulling of attention, and an impaired memory. However, even at the higher dosages, this condition of intoxication may not be immediately noticeable to an observer.

High doses can result in distortions of body image, loss of personal identity, fantasies, and hallucinations.

EFFECTS OF MARIJUANA WITHDRAWAL:

Despite preliminary reports to the contrary, there have been several papers in recent scientific journals that document the **physical** dependence - producing properties of the cannabis drugs.

The reported physical withdrawal syndrome is characterized by:

- Loss of sleep (or the disturbance of sleep).
- Irritability.
- Restlessness.
- Hyperactivity.
- Decreased appetite.
- Sweating.
- Sudden weight loss.
- Increased salivation.
- Increased pressure in the eyeball.

Habitual marijuana abusers often develop a **psychological** dependence on the drug, which cause him to experience psychological distress if deprived of the drug.

THE CANNABIS DRUG LAWS:

HEALTH & SAFETY CODE (H&S):

11357 H&S (Possession of Marijuana):

The unlawful possession of marijuana is regulated by **three** subsections of 11357 H&S:

11357(a) H&S - This subsection makes it unlawful to possess any amount of concentrated cannabis, - including hashish, hashish oil, and any form of the resin from the marijuana plant (felony).

11357(b) H&S - This subsection makes it unlawful to possess one ounce or less of marijuana, and also makes the use of the Cite and Release Form mandatory for its violation (misdemeanor).

11357(c) H&S - This subsection makes it unlawful to possess more than one ounce of marijuana (misdemeanor).

You might ask, - "Why are there three different sections for possessing marijuana?" Well, the **basic** reasons are:

- Simple possession of more than one ounce of marijuana is regulated as a **misdemeanor**, and the violator is **booked** in the normal manner.
- Simple possession of one ounce or less of marijuana is regulated as a misdemeanor, but the violator is cited and released in the field.
- Possession of any amount of concentrated cannabis is regulated as a felony.

NOTE: Juveniles are generally not eligible for cite and release procedures.

The same rule applies to the 11357 H&S subsections that applies to all other possession cases: the amount of contraband involved **must** be an amount consistent with **personal use**; otherwise, 11359 H&S applies.

11359 H&S (Possession of Marijuana for Sale) (felony):

This section is concerned with the person who possesses a large enough quantity to establish he possesses the marijuana with the intent to sell it. These larger quantities are often carried in the form of "kilobricks" of marijuana, which were described earlier. Sometimes the marijuana is carried in a large number of plastic "baggles."

1360 H&S (Sale of Marijuana) (felony):

Although the general title of this section is "sale of marijuana," the law discusses a wider range of activities: transporting, importing into the state, selling, furnishing, administering, and the giving away of marijuana. It is illegal to do any of these things, or even offer or attempt to do any of them. This section is regulated by **two** subsections:

11360(a) H&S - Makes it a illegal to sell, furnish, etc., any amount of concentrated cannables or any amount of marijuana.

11360(b) H&S - Makes it a misdemeanor to give away, offer to give away, transport, offer to transport, or attempt to transport less than one ounce of marijuana.

11358 H&S (Planting, Cultivating, Harvesting, or Processing Marijuana) (felony):

It is unlawful to plant, cultivate, harvest, dry, or process any marijuana plant. As the street slang would put it: "you can't grow your own." Even if it is found growing wild, it cannot be processed in any manner.

As in other sections like this, you must be able to show **knowledge** and **intent** before making any arrest. The mere fact that marijuana is growing on someone's property is **not** enough probable cause to arrest for a violation of this section.

11361 H&S (Adult Selling or Furnishing Marijuana to Minor) (felony):

It is unlawful for an adult to involve a minor in violating any section which regulates marijuana. This section carries the stiffest penalties of any of the marijuana violations. This is because it is held that a minor is not mature enough to weigh all the consequences of his acts, and may be unfairly swayed to do something that is not in his best interest. Therefore, a minor cannot be employed in any of the acts surrounding the selling or using of marijuana.

PENAL CODE (PC):

Please note that the following section requires more than just influence:

647(f) PC (Under the influence of Marijuana) (misdemeanor):

It is unlawful for a person to be under the influence of marijuana in any public place AND be in such a condition that he is unable to care for his safety or the safety of others, OR obstructs the free use of any sidewalk or public way.

MARIJUANA WEIGHT:

Because weight is important in determining which H&S section applies, let's look at some general information concerning the weight of various forms of marijuana.

An average marijuana cigarette weighs between 1/4 gram and 1/2 gram. It depends on the size of the cigarette, which is a matter of personal preference for each abuser. But they are normally about 1/2 gram. There are approximately 28 grams to an ounce. Therefore, an ounce of marijuana could produce 50 to 60 cigarettes, and still only be in violation of 11357(b) H&S (possession of marijuana). However, this large amount of hard rolled cigarettes may be sufficient for possession with the intent to sale, a violation of 11360 (b) H&S.

The average size "baggy" and "lid" of marijuana contain close to an ounce of marijuana. There are small, portable scales available to accurately weigh any amount of marijuana that is close to the one ounce limit. Why does it make a difference? Remember, one ounce or less **requires** a **release in the field**, while more than an ounce **may** involve a release in the field, or **booking** in the normal manner.

Anyone possessing **any** weight or amount of hashish or hashish oil is in violation of the **felony** section for personal possession - 11357(a) H&S. If the amount in possession is more than an amount consistent with personal use, 11359(a) H&S applies (possession for sale).

Anyone possessing large quantities or multiple packages is in violation of 11359(a) H&S, because this amount is consistent with possession for sale. Common sense, local District Attorney guidelines, or department policy will dictate what quantities and methods of packaging will allow for an arrest/prosecution for 11359(a) H&S.

GLOSSARY OF CANNABIS DRUG-RELATED SLANG TERMS:

The following is a list of the slang expressions for the cannabis drugs covered in this chapter:

Marijuana - Grass, pot, weed, 13, ses, lumbo, thai stick, shake, sack, mota.

Marijuana Cigarette - Joint, doobie, number, and roach (which refers to the butt of the cigarette).

Hashish - Hash.

Hashish Oil - Hash oil and honey oil.

CHAPTER FIVE

HALLUCINOGENS

INTRODUCTION:

The hallucinogenic drugs are substances, both natural and synthetic, which distort the perception of the "real world." They produce sensory illusions, making it difficult to distinguish between fact and fantasy. If taken in large doses, they cause hallucinations (perceptions of unreal sights, sounds and sensation). The experience may be exhilarating or terrifying. There is no way to predict which road a "trip" on a hallucinogenic drug will take. The mental state or attitude of the user at the time the drug is taken seems to affect the type of trip the user experiences.

The manufacture or use of nearly all hallucinogenic drugs is prohibited (except for approved research use). This is because medical science has not yet identified a legitimate use for these drugs in the treatment of humans. With the single exception of PCP, which remains in limited use as an animal tranquilizer, the primary source of the hallucinogens not of natural origin is the "black market" drug laboratory. This makes it very difficult to identify the hallucinogens, because these labs produce drugs in many different forms.

GENERAL EFFECTS OF HALLUCINOGENIC DRUGS:

A user who is under the influence of a hallucinogenic drug may speak of "seeing" sounds, "tasting" colors, and "hearing" motion. His senses of direction, distance, and time become disoriented. Restlessness and sleeplessness are common until the drug wears off. Repeated use produces **tolerance**. This invites the use of greater amounts to achieve the same effects.

The greater hazard of the hallucinogens is that their effects are unpredictable each time they are taken. Toxic (poisonous) reactions that cause psychotic reactions - or even death - can occur.

Persons in hallucinogenic states should be closely supervised - and upset as little as possible - to keep them from harming themselves and others. They should be approached slowly and calmly, and handcuffed immediately. They should be treated with the same care as a mental patient.

WITHDRAWAL SYNDROME:

There is **no** documented withdrawal syndrome related to abuse of the hallucinogenic drugs. Therefore, the hallucinogens do not produce physical dependence.

THE HALLUCINOGENIC DRUGS:

The hallucinogenic drugs most frequently abused are: LSD, PCP, and Peyote/Mescaline (very rare in this area).

LSD:

LSD (lysergic acid diethylmide) is the best known, strongest, and most extensively studied hallucinogen. It is made from a fungus that grows on certain grains, such as rye. However, it can also be produced synthetically in a lab. It is so strong that a single dose (most commonly measured in "micro grams") is invisible to the naked eye. In fact, a single **ounce** of **LSD** would provide an average dose for **300,000 people!**

APPEARANCE:

LSD in its pure form is an odorless, tasteless, and colorless liquid. It dissolves in water, and cannot be detected except by chemical analysis. The drug is combined with other ingredients to obtain bulk for packaging. These ingredients then contribute the odor, taste, and color of the LSD sold on the street.

LSD is mixed with or put on almost anything that can be swallowed: sugar cubes, candy (such as "Necco" wafers), animal crackers, chewing gum, paper (this is called "blotter acid," which is a small piece of paper containing a drop of liquid with LSD on it). Blotter acid may have designs printed on it such as stars, seashells or cartoon characters (Mickey Mouse or Goofy). This and window pane are the only forms known to be in use in Orange County at this time. It is usually chewed, placed in any liquid for drinking, etc. It has been placed on stamps and envelope flaps which are licked, and it has been mixed

with gelatin and formed into thin squares (called "window panes") which are chewed. It has been put into tablet form - such as a distinctive orange tablet called "Sunshine." It is also commonly sold on the street in clear capsules (smaller than the common time-release cold capsules), which contain LSD in a white or light blue powder.



In short, any substance that can be introduced into the body can contain LSD. Also, it is difficult to find because almost all forms of the drug are so easy to conceal.

METHOD OF USE:

LSD is generally taken **orally**. Injecting or sniffing LSD is possible, but this is considered rare.

LSD is most commonly used in this area by high school aged juveniles, and is referred to as "fry acid," or "L."

EFFECTS OF LSD ABUSE:

The full effect of LSD is felt within 45 - 60 minutes after ingestion, and lasts 6 - 10 hours. The effects of LSD are both physical and psychological. These effects are commonly called a "trip."

The **physical effects** may include dilated (enlarged) pupils, raised or lowered blood pressure and body temperature, tremors, and extra quick reflexes. Sleep is almost impossible.

The psychological effects are much more pronounced. The user may experience changes in visual perceptions and extreme changes in mood. He may lose his sense of time and depth perception. Size, movement, color, spatial arrangement, sound, touch, and his own "body image" may be distorted. For example, he might lose the ability to tell the difference between his body and the rest of his environment. He might even believe he can fly or float in the air. He might feel two very strong but opposite sensations at once. For example, he might feel both heavy and light at the same time. Because this new world is so fascinating, abusers of LSD will lose their desire to eat or sleep until the trip is over. Nausea is a frequent side effect.

All of these psychological effects prevent the LSD abuser from making rational judgments about even the most common dangers. For example, he might walk in front of a moving car, or step out of a window several stories high. It is easy to see how accidental deaths may occur while a person is experiencing the effects of a "trip."

The same individual may experience different effects at different times. Responses to this drug cannot be predicted, and abusers talk about "good trips" - and "bad trips" (or "bummers"). Abusers usually remember what happened to them while they were under the influence, but they are often unable to describe it. This is because some of the experiences are not in the verbal dimension (no words available to adequately describe their sensations).

One of the most frightening aspects of LSD, for the abuser, is that the effects can recur days, weeks, months, and even years after the drug is taken. This is called a "flashback." Intensive use of the drug seems to cause this situation more often than infrequent use. This recurrence of symptoms is frightening, and may cause the abuser to think he is

losing his mind. Many abusers have committed suicide because of "flashbacks." LSD is stored in the fat cells and can be rereleased at anytime and therefore responsible for the occurence of flashbacks (PCP has the same effect).

TOLERANCE POTENTIAL:

An abuser who takes LSD on successive days will build up a tolerance to the drug. This means the dosage must be steadily **increased** to achieve the desired effects. However, he will not suffer physical withdrawal symptoms if deprived of the drug. He may experience psychological symptoms of withdrawal (e.g., anxiety) but there are no symptoms like those associated with heroin or barbiturate withdrawal.

PCP:

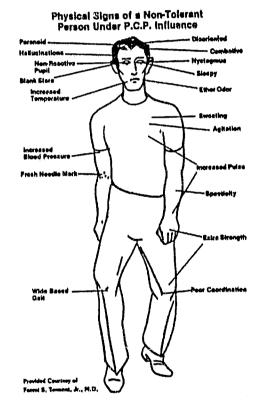
PCP (phencyclidine) has recently become one of the most popular hallucinogenic substances in the drug scene. This is based on recent seizures, arrests, and intelligence reports. Some of its popularity is due to a belief among drug abusers that PCP is "safer" than LSD.

PCP is presently used legally **only** as an animal tranquilizer. It is therefore produced for street sale almost totally in the "black market" drug laboratories, frequently in contaminated forms.

APPEARANCE:

Because almost all the PCP seen on the street is illegally produced, the strength, appearance, and type of packaging varies according to the source. Certain forms might become very popular, and then disappear completely from the drug scene.

PCP is a white stable solid which is readily soluble in water. It appears as tablets, capsules, powders, and even liquids. However, the most common street



forms of PCP are mint leaves, parsley leaves, or other similar substances which have been sprayed or sprinkled with the drug. In this form, PCP is known as "Angel Dust." Occasionally, abusers mix "Angel Dust" with marijuana ("Killer Weed"). This practice is rare, however, because the combination of the two drugs is extremely potent. The powdered form of PCP is known as "Cannabinol," and is gaining popularity.

The hand-rolled cigarettes containing "Angel Dust" are very small. They are approximately 1/3 the size of a marijuana cigarette, which would be about the same size as a cocktail "swizzle" stick.

METHOD OF USE:

The method of use for PCP depends upon the form of the drug purchased on the street. For example, "Angel Dust" is smoked in hand-rolled cigarettes, much like marijuana. The tablets and capsules are swallowed. The powder is occasionally inhaled or "snorted." The liquid is placed on marijuana or tobacco cigarettes before smoking them.

The use of a particular brand of cigarettes, "Shermans," have become popular for the sales of PCP. These cigarettes are dropped into liquid PCP and sold by the individual cigarette. These cigarettes are distinguishable because of the discoloration caused by dipping them into the PCP liquid. These cigarettes are called "Sherms" on the street.

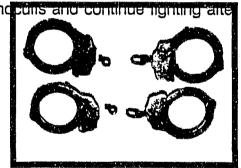


UNDER THE INFLUENCE:



Individuals under the influence of PCP have been known to exhibit superhuman strength and feel no pain. Individuals under the influence

of PCP have been able to break hand continue lighting and receiving severe injuries. These subjects sometimes become extremely combative toward law enforcement officers and caution should be used when dealing with individuals under the influence of PCP.



Handcuffs broken by PCP suspect

PEYOTE/MESCALINE:

Mescaline is the primary active ingredient of the dried tops ("buttons") of the peyote cactus, Lophophora Williamsii Lemaire, which has been employed by Indians in Northern Mexico from the earliest recorded time. By the time of the Spanish conquest (1521), peyote had been adopted by a number of tribes from Central America to Texas. The Indians ingested the mescaline-containing peyote buttons to relieve fatigue and hunger and to treat victims of various diseases. The dried tops were worn as amulets for protection against danger. In tribal rites, mescaline was used in group settings to facilitate the achievement of a trance state necessary for tribal dances.

The incidence of illicit mescaline use on the street has never been accurately determined. The drug, in the form of the peyote buttons, was available for personal experimentation from the beginning of this century, but it did not gain much of a following until the 1960's.

Ingestion of 300 - 800 milligrams of peyote "buttons" produces hallucinations, occasionally sexual in nature, and intensified sensual experiences. Side effects may be feelings of terror, anxiety, impaired space and color perception, and psychotic reactions. Peyote's effects usually begin within one hour after ingestion of a single dose and may persist up to 12 hours. The physical symptoms are similar to those of LSD: dilated pupils, increased pulse rate and blood pressure, and tremors. Although no physical craving or need may develop, excessive use may result in psychological dependence.

APPEARANCE:

Peyote "buttons" are brown in color, approximately 1 - 2 inches in diameter, and resemble the underside of a dried mushroom. They are occasionally found on the black market for street sale. The "buttons" are more often found ground into a brown powder and sold in clear capsules.

Mescaline is a water soluble, white, crystalline powder. It is marketed for street sale in clear capsules. Mescaline is very rare in this area, but is more common in Arizona, New Mexico, and Texas.

METHOD OF USE:

Peyote "buttons" can be chewed and swallowed. The peyote capsules are swallowed. The powder is also brewed as a tea for drinking.

Mescaline capsules are swallowed. The powder can also be dissolved in water and injected.

EFFECTS OF PEYOTE/MESCALINE ABUSE:

Peyote and mescaline produce peculiar hallucinations and trances characterized by brilliant colors and strange creatures (much like other hallucinogens). Physical side-effects include lowered blood pressure, nausea, vomiting, short-term paralysis, and even death by respiratory failure when an overdose occurs.

A normal dose will generally take effect within 1 hour after ingestion, and the effects may persist up to 12 hours.

There is **no** physical addiction to the drug, but tolerance does develop from continued use.

OTHER HALLUCINOGENS:

The hallucinogens already covered are the most commonly encountered. However, in today's drug scene there are **many** substances used sporadically for their hallucinogenic effects. One might gain popularity for a short time, and then completely disappear from the streets. For this reason, the Administrative Narcotics Division frequently publishes "Narcotic Information Bulletins" for any substances which appear to be gaining popularity.

Some examples:

Psilocybe Mushrooms ("Shrooms") have been found on the street in the form of the dried mushroom grown in Mexico, while the derivative psilocybin has been found in liquid candy coated tablet form. These are very common in this area and are packaged in plastic baggies, sold by 1/4 oz. and up. They are eaten or smoked and are very popular at high school level.

DMT, a crystalline powder, is often mixed with parsley, tobacco, oregano, or even marijuana, and smoked. It is also found in liquid form, which is injected. DMT is not commonly seen in Orange County.

DOM, called "STP" on the street, is found in powder, tablet, and capsule form, and varies in size and shape.

MDMA, called "Ectasey," or "XTC," on the street, MDMA is a chemically produced designer drug that mimic's the attributes of mescaline. MDMA is a white powder usually contained within a clear gelatin capsule. MDMA has recently has gained popularity in the Southern California night clubs.

THE HALLUCINOGEN DRUG LAWS:

HEALTH AND SAFETY CODE (H&S):

11350 H&S (Possession of peyote/mescaline) (felony):

11351 H&S (Possession of peyote/mescaline for sale) (felony):

As with other drugs covered in this manual, the difference between simple possession (11350 H&S) and possession for sale (11351 H&S) is the **amount** of drug in possession. As a general rule, if the person possesses **more** than is needed for his personal use, he is in violation of 11351 H&S. Otherwise, 11350 H&S applies.

11363 H&S (Planting or cultivating peyote) (felony):

It is illegal to plant, grow, cultivate, harvest, dry, or process peyote. As with other sections like this, you must be able to show **knowledge** and **intent**. The mere fact that the peyote is growing on someone's property is not enough probable cause to arrest for a violation of this section.

11377 H&S (Possession of hallucinogenic drugs) (felony):

11378 H&S (Possession of hallucinogenic drugs for sale) (felony):

The following sections control the simple possession and possession for sale of other hallucinogens covered in this chapter: LSD, PCP, psilocybe/psilocybin, DMT, and DOM ("STP").

11550 H&S (Under the influence of PCP) (misdemeanor):

11550 H&S (Under the influence of peyote/mescaline) (misdemeanor):

No person shall use, or be under the influence of, peyote or mescaline - unless it can be shown that such use was permitted for the purposes of religious rites of the Native American Church.

The following sections are used less frequently, but you should still be aware of their existence:

The unlawful sale of peyote/mescaline is a violation of 11352 H&S (felony).

Inducing a minor to violate any sections relating to the control of peyote/mescaline is a violation of 11353 H&S (felony).

Selling a different substance and making the buyer think that it is peyote/mescaline is a violation of 11355 H&S (felony).

Any unlawful presence in a place where peyote/mescaline is being used is a violation of 11365 H&S (misdemeanor).

The unlawful sale of **one of the other hallucinogens** is a violation of **11379 H&S** (felony).

Inducing a minor to violate any sections relating to the control of one of the other hallucinogens is a violation of 11380 H&S (felony).

Selling a different substance and making the buyer think that it is one of the other hallucinogens is a violation of 11382 H&S (felony).

PENAL CODE:

647(f) PC (Under the influence of a hallucinogenic drug) (misdemeanor):

It is illegal for any person to be found in any public place under the influence of any of the other hallucinogenic drugs discussed in this chapter (LSD, pslocybe/psilocybin, DMT, or DOM/"STP"), in a public place and in such a condition that he is unable to exercise care for his own safety or the safety of others, or interferes with or obstructs or prevents the free use of any street, sidewalk, or public way.

Under the influence of PCP is a violation of 11550 H&S (misdemeanor).

Note: In case you haven't realized it yet, peyote and mescaline are regulated under different sections of the H&S code than the other hallucinogenic drugs. This is because peyote and mescaline are **legally** considered a narcotic drug, while **medically** they are considered hallucinogenic drugs. Because this manual separates drugs by their effects on the body, these drugs were included with the hallucinogens (chapter 5). PCP is also included with the hallucinogens because of its effects on the body; however, it is **legally** considered a depressant drug.

GLOSSARY OF HALLUCINOGENIC DRUG-RELATED SLANG TERMS:

The following is a list of the slang expressions for the hallucinogenic drugs covered in this chapter:

LSD - Acid, "L", blue heaven, orange sunshine, microdots, orange wedges, paper acid, sugar, sunshine, window pane, and blotter acid.

PCP - Angel dust, dust, A.D., peace pill, killer weed (when mixed with marijuana), and cannabinol.

Peyote/Mescaline - P, buttons, mescal buttons, mescal, mesc, and cactus.

Psilocybe/Psilocybin - Magic mushrooms, sacred mushrooms, mushroom and shrooms.

DMT - Businessman's special, 45-minute psychosis. A DMT "trip" is called: businessman's trip, and lunch hour trip.

DOM ("STP") - Serenity-tranquility-peace (STP), and syndicate acid.

CHAPTER SIX

THE DEPRESSANT DRUGS OF ABUSE

INTRODUCTION:

The **depressant drugs** are so named because they depress the central nervous system, and thus relieve anxiety. Because these drugs are frequently used to induce sleep, they are often referred to as the "hypnotic" drugs. Professionally, they are used to treat serious mental disorders, high blood pressure, epilepsy, insomnia, and to relax a patient before and during surgery. In excessive amounts, they produce a state of intoxication remarkably similar to alcohol intoxication.

The depressant drugs are addicting. Signs of physical dependence can appear with doses at, or above, medically accepted dosages. These drugs, when used properly under a doctor's directions, are very valuable.

THE DEPRESSANT DRUGS:

During the 1980's and early 1990's depressant drugs became unpopular as substances of abuse. These drugs were at their height during the 1960's and early 1970's, but lost the majority of their appeal with the decreased price of cocaine and the increase in deaths associated with these drugs.

The most frequently abused depressant drugs are **barbiturates** and **methaqualone** (ludes).

BARBITURATES:

The most commonly abused depressant drugs are those made from barbituric acid. They have a variety of medical and trade names; you only need to **recognize** them, and their effects, as barbiturates.

APPEARANCE:

The barbiturates may be found in tablet or capsule form, in a variety of colors. The tablets are often scored to permit the tablet to be divided into two pieces.

More often, however, they are found in capsule form. Slang terms for the barbiturates reflect the different colors of these capsules.

The four common types are:

- 1. Secobarbitai white powder in a **red or pink capsule**, called "reds," "red devils," "pinkies," or "pink ladies."
- 2. Pentobarbital white powder in a **yellow capsule**, called "yellows," or "yellow jackets."
- 3. Seco/Amobarbital white powder in a **blue and red** capsule, called "rainbows," or "red and blues."
- 4. Amobarbital white powder in a blue capsule, called "blues," or "blue heaven."

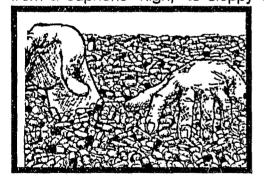
You don't need to memorize the technical names. Just be able to recognize these capsules and their "street" names as barbiturates. They are some of the easiest drugs to identify because of the distinctive colors of the capsules.

METHOD OF USE:

The capsules and tablets are **usually swallowed**. However, some barbiturate addicts inject the drug because it speeds up the effects. Because the barbiturates contain inert ingredients (such as talcum powder) **not** absorbed by the body, those who inject the drug frequently have small bumps under their skin at the site of past injections. Also, these addicts have more abscesses (than narcotic addicts) at the site of injections than narcotic addicts.

EFFECTS OF BARBITURATE ABUSE:

When abused, barbiturates cause all of the objective symptoms displayed by a drunk, without the odor of alcohol. The degree of intoxication produces symptoms which vary from a euphoric "high," to sloppy drunkenness, to unconsciousness. The abuser is



drowsy, confused, and unable to think clearly. His coordination is impaired when standing or walking. He is dangerous to himself and others when driving a car. His speech is thick and slurred. He also trembles. His eyes "bounce" involuntarily upon movement to either side (called "nystagmus"), and they cannot hold a fixed position for very long. He may be irritable and hostile. With large doses, he may fall into a deep sleep (a delirious state is not uncommon).

Barbiturate abuse is especially dangerous for several reasons. The abuser may reach to the drug more strongly at one time than another. He may become confused about

how many pills he has taken, and may die of an accidental overdose. When taken with alcohol, barbiturates are particularly deadly, because barbiturates increase the effects of both - this is synergism (see Drug Interaction Section, above at page 2). A person who is under the influence of alcohol may take a few capsules and not survive. This can be fatal when taken in combination with anesthetics, tranquilizers, and narcotics. Barbiturates are also taken in combination with stimulant drugs - a practice which creates havoc within the body, because the body tries to balance the effects of the two powerful drugs.

OBJECTIVE SYMPTOMS OF A PERSON UNDER THE INFLUENCE OF A BARBITURATE DRUG:

- Drowsiness.
- Staggered gait.
- Impaired coordination.
- Slowed reflexes.
- Flushed face.
- Thick and slurred speech.
- Nystagmus (involuntary bouncing of the eyes).
- Confusion.

EFFECTS OF BARBITURATE WITHDRAWAL:

Barbiturates are the **only** addictive drugs which can cause death from withdrawal. The abuser develops a tolerance to the drug and requires increasingly higher doses to achieve the same effects. His body develops a physical dependence on the drug, as well as the psychological dependence which is part of every drug abuse pattern. Continued use of the drug is required to prevent the characteristic symptoms which follow abrupt withdrawal.

Withdrawal from barbiturates is more dangerous than withdrawal from heroin. Under withdrawal, the abuser is nervous, anxious, and delirious. He is confused and has hallucinations. He trembles, has nausea and a headache. He is quite likely to have convulsions. He may experience temporary psychosis or insanity. He may become unconscious and may even die. If you are handling a barbiturate addict who seems to be experiencing severe withdrawal symptoms, arrange to have him transported to a hospital immediately!

OBJECTIVE SYMPTOMS OF BARBITURATE WITHDRAWAL:

- Confusion.
- Anxiety.
- Hallucinations.
- Tremors.

- Insomnia.
- Nausea and vomiting.
- Abdominal cramps.
- Delirium.
- Convulsions.
- Unconsciousness.
- Possible death.

METHAQUALONE:

Methaqualone is a nonbarbiturate, nonnarcotic sedative/hypnotic. It is a central nervous system depressant. Used clinically for daytime sedation and insomnia, methaqualone is a popular black market "downer." It is less toxic than the barbiturates, and has fewer side effects when taken as directed by a physician. Its use is gaining popularity in the high schools and colleges in the area.

APPEARANCE:

Methaqualone used to be manufactured in both capsule and tablet form, and was produced under a variety of trade names. The most frequently encountered are:

Trade Name	Manufacturer	Description
Parest Quaalude	Park-Davis Rorer**	Blue capsule, or green capsule White tablets
Sopor*	Arnal-Stone	Green tablet, yellow tablet, or orange tablet
Somnafac	Smith, Miller & Patch	Two-tone blue capsule, or dark blue capsule

- * This trade name for methaqualone gave rise to the street terms for the drug: "soap" or "soapers."
- ** Now, methaqualone is manufactured clandestinely or smuggled in from other countries. It is now usually found as Bogus Rorer No. 714 or Lemon No. 714.

NOTE: The different colors of tablets or capsules determine the relative strength of each.

For street sale, the tablets or capsules are wrapped in aluminum foil or small plastic baggies.

This is the same method used to package barbiturates for street sale.

There is no domestic legally produced methaqualone. The great majority of methaqualone on the "black market" has been smuggled in from other countries or manufactured clandestinely.

METHOD OF USE:

Methaqualone is swallowed. The abuser usually takes 2 - 4 times the therapeutic dose, thus attaining a state of intoxication of hypnotism.

Abusers often combine the use of **alcohol** and methaqualone. This is an extremely dangerous practice, because each substance multiplies the effects of the other (synergism). The results can be fatal.

SYMPTOMS OF ABUSE:

When abused and taken in excessive doses, methaqualone produces euphoria and a general disorientation as to space and time. A person under the influence of methaqualone may exhibit objective symptoms similar to those of the barbiturate abuser (usually results in heavy intoxication/stuporous behavior). Slurred speech, unsteady gait, loss of memory, lack of coordination, and irritability are all symptoms of methaqualone abuse.

Methaqualone has gained some popularity as an aphrodisiac (or "love drug"). However, research has shown that the drug has **no** such characteristics. Like other depressants, notably alcohol and barbiturates, methaqualone serves only to lower the user's inhibitions.

TOLERANCE, WITHDRAWAL AND ADDICTION:

Acute psychological dependence with prolonged methaqualone abuse, and tolerance usually develops with regular use. Methaqualone abuse can lead to a true physical addiction with withdrawals characterized by epileptic-type seizures.

Although there is a death-by-overdose potential associated with methaqualone abuse, the fatal dosage level of the drug has not been determined. The drug is less toxic than the barbiturates, and is not associated with the pronounced respiratory depression caused by an overdose of barbiturates. Methaqualone **can** cause death, however, by respiratory depression or convulsions.

THE TRANQUILIZER DRUGS:

There are now additional depressant drugs commonly abused for their tranquilizing effect: meprobamate (found under such trade names as "Miltown" and "Equanil"), and benzodiazepine (found under such trade names as "Librium" and "Valium"). These drugs

are widely prescribed, but also widely abused because of their long lasting qualities. They are found in tablet form.

THE DEPRESSANT DRUG LAWS:

The following laws are the ones you will most frequently be enforcing for depressant drug violations. It is not necessary to memorize the section numbers. You should, however, be familiar enough with them to know when a violation is present.

HEALTH AND SAFETY CODE (H&S):

11377 H&S (Possession of Controlled Substance) (felony):

11378 H&S (Possession of Controlled Substance for Sale) (felony):

11377 H&S is concerned with the possession of any of the depressant drugs covered in this chapter (barbiturates, methaqualone, and the tranquilizer drugs) for one's own use, without a valid prescription. The law is more severe with a person who possesses these drugs for sale. The difference between the two is the amount of depressant drugs in possession. A person with 10 capsules or less may have purchased them for his own personal use. As a general rule, if the person has more than is needed for his own personal use, he is in violation 11378 H&S.

The following sections are sections are used less frequently, but you should still be aware of their existence:

Selling a substance and making the buyer think it is a depressant drug is a violation of 11382 H&S (sales in lieu of - felony).

The sale, giving away, transportation, importing into the state, furnishing, administering, compounding, or manufacturing of any depressant drug (except for legitimate medical purposes) is a violation of **11379 H&S** (felony).

PENAL CODE:

647(f) PC (Under the Influence of Drugs)(misdemeanor):

It is illegal for any person to be found in any **public place** under the influence of any of the depressant drugs discussed in this chapter, and in such a condition that he is unable to exercise care for his own safety and the safety of others, or interferes with or obstructs or prevents the free use of any street, sidewalk, or other public way.

GLOSSARY OF DEPRESSANT DRUG - RELATED SLANG TERMS:

Barbiturates - Barbs and downers.

- Secobarbital (Seconal) Reds.
- Phenobarbital (Nembutal) Phennies, nimby and nimbles. Seco/Amobarbital (Tuinal) Tooies, double trouble and christmas trees.

Methaqualones - Ludes (is the most popular name), soap, soapers, Q, Vitamin Q, 714's and quaaludes.

Tranquilizer Drugs - Sleeping pills, candy and peanuts.

CHAPTER SEVEN

VOLATILE SUBSTANCES

INTRODUCTION:

Most of you have smelled the peculiar odors of airplane glue, gasoline, cleaning fluid, hair spray, lacquer thinner, white out liquid paper and the like. The fumes from these volatile substances, when inhaled for any extended length of time, will produce intoxication, exhilaration, and excitement. For this reason, inhaling the fumes of these volatile substances has been outlawed. However, the **simple possession** of any product containing a volatile substance is **lawful**, because of the **day-to-day usefulness** of these items.

THE LAW:

The Penal Code states that sniffing a substance which can cause intoxication is illegal:

381 PC (Inhalation of Toluene) (misdemeanor):

Any person who willfully ingests, inhales or breathes the fumes of any poison (as defined in Schedule D of Section 4160 of the Business and Professions Code) WITH THE INTENT TO BECOME INTOXICATED.

The poisons covered in Schedule D of 4160 B&P are:

- 1. Toluene.
- 2. Any substance which contains toluene (e.g., glue, cement, dope, paint thinners, and paint).
- 3. Any combination of hydrocarbons, either alone or in combination with any substance or material, which is capable of causing influence of such hydrocarbons (e.g., paint, paint thinners, shellac thinners, and solvents).
- 4. Any glue or cement containing a substance which has toxic qualities similar to toluene.

The key issue is whether the person inhaled the fumes of the substance with the intention of becoming intoxicated. You have probably been in a situation where you accidently became "light-headed" or "dizzy" while working with paint or solvent in an

enclosed area. conversely, the typical "glue sniffer" fully **intends** to become intoxicated, and this can be shown by the methods he uses to inhale the fumes.

APPEARANCE:



You are probably already familiar with the commercial containers which contain the substances already mentioned: tubes or bottles of glue and plastic cement, cans of paint and paint thinner or solvents, etc.

METHOD OF USE:

The most popular method of inhaling volatile substances (like glue and cement) is to saturate the inside of a paper (or plastic) bag so the fumes are contained at a concentrated level. The open end of the bag is then held up to the nose, and the fumes are inhaled with deep breaths. Another method is to saturate a handkerchief, hand, towel, sock, or similar item with the substance, and hold it up to the nostrils using cupped hands to help contain the fumes.



Substances in aerosol cans be sprayed directly into the nostrils and inhaled immediately. This can be a dangerous practice. For example, an 11 year-old girl became asphyxiated and died after she inhaled the fumes from a quick-chill product in this manner, because the gas froze her larynx and she could not breathe.

OBJECTIVE SYMPTOMS OF TOLUENE INFLUENCE:

The toluene abuser will feel intoxicated and may appear to be drunk. The objective symptoms most visible are:

- Poor coordination.
- Slurred speech.
- Odor of the substance on the breath.
- Excess nasal secretions.
- Watering of the eyes.
- Dilated (enlarged) pupils.
- Sneezing and coughing.
- Nausea and headache.

While under the influence, the abuser will experience a feeling of euphoria, exaggerated well-being, vigor, and high spirits. This may be accompanied or replaced with drowsiness and disordered perception. He may have hallucinations (seeing, hearing, and experiencing things which aren't there), double vision, and may even become unconscious. In fact, an overdose can result in death.

Long-term use of toluene or similar substances can destroy the tissues of the brain, lungs, kidneys, liver and nervous system.

WITHDRAWAL SYMPTOMS:

There is **no physical addiction** to these volatile substances. Therefore, the abuser will **not** suffer any withdrawal symptoms if deprived of the substance he has been abusing, as does the heroin or barbiturate abuser.

CHAPTER EIGHT

STEROIDS

INTRODUCTION:



Anabolic steroids are synthetically produced variants of the naturally occurring male hormone, testosterone, which is produced by the body. They have been around since the 1930's and originally were used to treat metabolic problems, burn victims and surgery patients. They can be taken orally or injected directly into the bloodstream and have an antidepressant quality. The most common users of steroids are athletes who want to increase muscle bulk, strength and body growth.

Legally in California, steroids are defined in section 11056(f) H&S as follows:

Anabolic steroids. Any material, compound, mixture, or preparation containing an anabolic steroid, including, but not limited to the following:

- 1. Methandrostenolone.
- 2. Stanozolol.
- 3. Nandrolone phenpropionate.
- 4. Nandrolone deconoate.
- 5. Testosterone propionate.
- 6. Chorionic gonadotropin.

METHOD OF USE:

Steroids can be ingested either orally or by injection. The orals (pills) come in a variety of shapes and sizes, and there is no typical pill. Steroids may be injected and these injections are intramuscular.

Because the injections are intra-muscular, rather than intra-venous, the needles are of a heavier gauge (larger) and the syringes will also be larger than those associated with heroin/cocaine addicts.

CRIME LAB TESTING:

The vast majority of steroids entering the United States are produced clandestinely in Mexico. These illicitly produced steroids are often distinguishable from legally, commercially prepared substances. Careful examination of the vials and bottles will

frequently reveal a poor print quality on the labels. The labels will not always be affixed properly to the containers, and sometimes there is an oily substance on the outside of the vials caused from a slight leakage.

These clandestinely manufactured steroids have presented significant problems in steroid prosecution. This area is problematic because these preparations frequently do not contain the substance identified on the label. In order to prosecute an individual for steroid violations, the district attorney must show the substance is in fact an anabolic steroid.

The crime lab is able to identify particular substances by the use of a **standard**. A **standard** is a known substance. A chemical analysis of the standard is compared with the seized substance for a positive identification. Because of the adulterants placed in these clandestinely manufactured steroids, the comparison with these standards is difficult. Further, identification is hampered because these substances labeled as steroids are often nothing more than vitamin supplements or other innocuous substances.

The laws relating to steroids do **not** include a section for sales, or possession **in lieu of** as do other controlled substances. Therefore, possession of a substance **labeled** as a steroid, **but not a steroid**, is **not a crime**. Because chemical analysis obviously cannot be made in the field, the proper procedure is to make the arrest based upon probable cause and to submit the samples of substances believed to be steroids to the crime lab for testing in the usual manner (by using a RAS report).



ADVERSE EFFECTS:

Prolonged use of steroids by athletes has uncovered a wide variety of adverse effects that can set the stage for potentially fatal diseases. Such as:

- 1. Heart disease. A ten-week study of 35 male body builders showed that the drugs dangerously changed cholesterol levels in all those who took them. After six weeks on steroids, men who started out with normal cholesterol levels experienced a dramatic rise in the level of hazardous low-density lipoprotein cholesterol, and a steep drop in protective high-density lipoprotein cholesterol. High cholesterol is one of the leading causes of heart attacks.
- 2. Sexual and reproductive disorders. When men take synthetic steroids, their own testosterone production is inhibited. This can result in atrophy (a wasting away of tissues or organs) of the testicles, loss of libido (sexual drive), impotence and enlargement of the breasts. In women, steroids can cause menstrual irregularities and infertility. The drugs can also have pronounced masculinizing effects such as facial hair, diminished breast size, permanently deepened voice and thinning of the hair. Acne may develop or worsen in both sexes, regardless of their age.

- 3. Immune deficiencies. A significant suppression of the white blood cells that produce antibodies, as well as those that fight off viruses and cancer.
- 4. Liver disorders. Both men and women who take steroids risk serious liver damage, including jaundice, tumors and gallstones.
- 5. Stunted growth. In teenagers and young adults who have not yet completed growth, the steroids can close the growth plates in the long bones and permanently stunt their growth. If used by women during pregnancy, the steroids can impair fetal growth and possibly cause fetal death.
- 6. Psychological disturbances. Steroid use by athletes has been linked to increased fighting and other aggressive and hostile behavior. Some have become superaggressive and sexually violent. Others experience psychological disturbances such as violent mood swings, psychotic episodes and extreme euphoria. When the use of steroids is discontinued, severe depression can occur.

LAWS:

STATE OF CALIFORNIA:



Steroids are not illegal, but are controlled substances requiring a monitored prescription. They are prescribed in few instances: for men who, because of a pituitary irregularity, have low levels of testosterone; to speed up maturation in certain children; to stimulate red blood cell production in sufferers of aplastic anemia; to combat a condition that causes fluid in the larynx; and to treat inoperable breast cancer.

11153 (a) H&S covers the prescription of steroids without a "legitimate medical purpose." The use of steroids for appearance, or athletics, are not legitimate medical purposes. If a person is found with a prescribed steroid, some further questioning may reveal a "script doctor", or a physician that prescribes steroids illegally for his/her patients. This section is specifically intended for the physician.

Possession of anabolic steroids, without a prescription, is a violation of 11377 (b) H&S. This section is a MISDEMEANOR and is to be used unless the person has a prior conviction for this section. If there is a question regarding a past conviction, the incident should be handled as a misdemeanor and the district attorney may later amend the charge to a felony.

Possession of anabolic steroids for sale is a violation of 11378 H&S. The Drug Enforcement Agency (DEA) gives instruction that more than five vials of injectables, or more than five bottles of orals, would fit this category. This section is a FELONY.

Sales of anabolic steroids is covered under 11379 H&S and this section is also a FELONY.

FEDERAL:

There are several federal statutes that pertain to steroids. Included among these are: 18 USC 545, which covers smuggling; 21 USC 331(a)(b), which prohibits the introduction of any adulterated or misbranded drug; and 21 USC 321, which covers the use of a legitimate trademark of another company.

ASSET FORFEITURE:

The State of California asset forfeiture laws currently do not allow for forfeitures stemming from steroid cases. Forfeitures are allowed through the federal system. All forfeiture proceedings will be initiated through the narcotics unit and specific cases should be forwarded to the unit.

Any case that may require a forfeiture requires the immediate contact of a narcotics investigator. If there is not a narcotics investigator on-duty, the on-call investigator should be contacted.

CHAPTER NINE

ASSET FORFEITURE

INTRODUCTION:

The adoption of asset forfeiture laws has armed law enforcement with a powerful weapon to combat drug trafficking. Asset forfeiture laws are found in federal and state statutes. Although both the federal and state laws may pertain to a particular situation within the State of California, it is the policy of the Orange County District Attorney's Office that the state law will normally be enforced.

There are of course exceptions to this general rule and the determination of the particular forfeited proceeding to be adopted will be made by the narcotics investigation unit.

CALIFORNIA LAW:

In 1988 Governor Deukmejian signed into law Assembly Bill 4162. This bill moved California narcotics asset forfeiture law and procedures squarely into the realm of pure civil proceedings and placed the state law on par with federal procedures. Prior law was burdened by numerous entanglements with the criminal procedures, such as the proof beyond a reasonable doubt standard. With the enactment of Assembly Bill 4162, forfeiture proceedings are governed by traditional civil law concepts, such as the easier burden of proof standard of preponderance of the evidence and will not be tied to any criminal prosecution (no criminal conviction is required to obtain forfeiture).

Section 11470 of the Health and Safety Code defines the property and the conditions which subject it to forfeiture. It also establishes certain limited exemptions from forfeiture for interest in "family" automobiles (\$10,000.00) and co-owned family residences (\$100,000.00).

CONTROLLED SUBSTANCES:

11470 (a) H&S:

This subsection defines as subject to forfeiture all controlled substances providing that these substances have been:

- Manufactured:
- 2. Distributed:
- 3. Dispensed or;

4. Acquired in violation of the Health and Safety Code.

RAW MATERIALS AND EQUIPMENT:

11470 (b) H&S:

Under this subsection all raw materials, products and equipment of any kind which are used or intended to be used in manufacturing, compounding, processing, delivering, importing, or exporting any controlled substance in violation of the Health and Safety Code are subject to forfeiture. Four elements must be present:

- 1. The item must be a raw material, product or some kind of equipment;
- 2. Which is used or intended to be used;
- 3. To manufacture, compound, process, deliver, import or export;
- 4. Any controlled substance in violation of the Health and Safety Code.

Typically, property included in this section are glassware, chemicals, cutting agents, scales, pumps, strobe lights, generators, radio equipment, unregistered vehicular equipment, trailers, personal computers used to store or maintain formula or sales lists, etc.

Subsection (b) proscribes "intent" to use raw materials and equipment. Thus, to forfeit the property of suppliers to the drug manufacturing and trafficking trade.

CONTAINERS:

11470 (c) H&S:

This subsection makes property (except real property and conveyances) used or intended to be used as a container for property described in subsections (a) and (b) subject to forfeiture. Three elements must be present:

- 1. Personal property other than a boat, airplane of vehicle;
- 2. Used or intended to be used;
- 3. As a container for any controlled substance in violation of the Health and Safety Code.

Property that may be forfeited under this subsection consists of almost anything that may be used to hold, wrap, package, store or conceal forfeitable drugs, equipment, products and materials.

The creativity of some smugglers may make expensive articles subject to forfeiture under this subsection. For example, scientific or industrial equipment, computer mainframe bodies, expensive apparel, art work, furniture and all manner of commercial goods.

RECORDS AND RESEARCH PRODUCTS:

11470 (d) H&S:

Pursuant to this subsection, all books, computers, records and research products and materials used or intended to be used in violation of the Health and Safety Code may be forfeited. The three necessary elements are:

- 1. That the property be a book, computer, record, research product or material which is:
- 2. Used or intended to be used;
- 3. In violation of the Health and Safety Code.

Some examples of research products and materials are listed in the statute:

- Microfilm.
- Tapes.
- Data.
- Computer programs.
- Computer software.

CONVEYANCES:

11470 (e) H&S:

Subsection (e) permits forfeiture of the interest of any registered owner of a boat, airplane, or any vehicle which has been used as an instrument to facilitate possession for sale or sale of certain quantities of drugs. The quantity requirements were cut in half by Assembly Bill 4162 and purity measures were totally eliminated. The necessary elements are:

1. The interest is of a registered owner (the interests of a legal owner, i.e., the lender, is not covered);

- 2. In a boat, airplane, or vehicle;
- 3. That this property was used (actual, not merely intended use) as in instrument to facilitate;
- 4. The offense of possession for sale or sales;
- 5. Of the quantity level specified controlled substances as follows:
 - 7.125 grams (1/4 ounce) substance containing heroin or cocaine base
 - 14.25 grams (1/2 ounce) substance containing a Schedule I or II drug, cocaine or methamphetamine
 - 5 pounds (dry weight) marijuana, peyote or psilocybe.

Clearly, California law does not allow for "zero tolerance" enforcement, as federal law does.

This subdivision provides a special limited exemption from forfeiture up to an interest not to exceed \$10,000.00. This exemption applies to a registered owner who has a community property interest in the vehicle (a spouse) who did not know, or should not have known, of the illegal use of the vehicle if the vehicle is the sole vehicle available to the registered owner's family. What this means is that although a vehicle is subject to forfeiture because one spouse knowingly used or allowed another to use the "family car" to facilitate a violation, the "innocent" spouse can avoid forfeiture of an interest up to \$10,000.00. Thus, if the family auto is worth less than \$10,000.00, the innocent spouse can retain the vehicle. If worth more than \$10,000.00, the innocent spouse has to either pay the state the fair market value greater than \$10,000.00 and retain the auto, or permit a sale and receive \$10,000.00 from the proceeds.

This particular section allows law enforcement to forfeit conveyances used to facilitate narcotics transactions.

Example: Suspect A negotiates with and agrees to sell an undercover police officer one ounce of cocaine. The negotiation occurs on Suspect A's boat which is tied at a pier.

Suspect A telephones Suspect B from the boat and directs him to deliver the cocaine to the boat for sale to the undercover officer. Suspect B picks up the cocaine in his car from a stash pad where contact made with Suspect C.

After some discussion, Suspect C agrees to provide security as "countersurveillance" from Suspect C's car. B and C arrive at the pier in separate cars, and the police surveillance officers see B remove a package from B's car while C maintains a lookout from his car. Based upon the facts known by surveillance officers, arrests are made.

Although cocaine was transported in only B's car, all three conveyances (the boat, and both B's and C's cars) are subject to forfeiture because they were used to facilitate the possession of for sale or sales of cocaine.

MONEY AND THINGS OF VALUE:

11470 (f) H&S:

This subsection provides three theories which render property subject to forfeiture:

1. **The exchange theory:** This theory permits forfeiture of all money, negotiable instruments, securities, or other things of value furnished or intended to be furnished by a person in exchange for a controlled substance.

Example: Police Officer Smith observes Suspect A sell one pound of cocaine to Suspect B for \$30,000.00. The \$30,000.00 is subject to forfeiture because it was furnished in exchange for cocaine.

- 2. The proceeds traceable to an exchange theory: This theory permits forfeiture of all proceeds traceable to an exchange mentioned in (1) above. Here, the elements are:
 - a. A proceed traceable to an exchange;
 - b. Of monies, negotiable instruments, securities or other things of value (virtually any property or interest, including real property);
 - c. Furnished by a person;
 - d. In exchange for a controlled substance; and
 - e. The exchange was the basis of the forfeited occurred within 5 years of the seizure of the property.

Example: Suspect A sells Suspect B one ounce of cocaine for \$2,000.00. Suspect A spends the \$2,000.00 and purchases a diamond ring. The diamond ring is a proceed from the sale and is subject to forfeiture.

3. The facilitation theory: This theory allows for the forfeiture of all money, negotiable instruments or securities used, or intended to be used, to facilitate any violation of the listed code sections.

Example: Suspect A pays a bar owner \$500.00 a week to use the bar as a place to sell drugs. The money paid to the bar owner is subject to forfeiture because it was used to facilitate the sale of narcotics.

REAL PROPERTY:

11470 (g) H&S:

Under this subsection any real property related to a violation of subsections 11366 (maintaining a piace for furnishing drugs), 11366.5 (fortifying a piace for the manufacture, storage or sale of drugs), 11366.6 (utilizing a fortified place for sale or manufacture), or 11379.6 (manufacturing controlled substances) is subject to forfeiture.

PATROL OPERATIONS:

This chapter on Asset Forfeiture is a brief synopsis of the asset forfeiture laws in the State of California. Because of the obvious complexity of some of these sections, immediately contact a narcotics investigator whenever you are confronted with a possible forfeiture situation. This is particularly important with vehicles and other conveyances, because if they are not seized at the scene they may be difficult or impossible to locate at a later time.

It is also important to recognize that a police officer does not have the authority to seize any item. All items seized must be authorized by the District Attorney's Office and the narcotics investigator is readily able to provide the conduit to gain this authority.

Asset forfeiture has provided law enforcement a needed tool in order to combat the vast profits from narcotics sales. Asset forfeiture laws enable law enforcement to remove these profits from the offenders and lessen the incentive of individuals to participate in this type of illicit activity.

APPENDIX

EQUIVALENT WEIGHTS AND MEASURES:

1 Ounce = 28.35 Grams (28,350 Milligrams)

1/16 Ounce = 1.75 Grams (Teener)

1/8 Ounce = 3.5 Grams (Eight Ball)

1/4 Ounce = 7 Grams

1/2 Ounce = 14 Grams

16 Ounces = 1 Pound

1 Kilo = 2.2 Pounds

1 Pound = 453.6 Grams

1 Ton = 2000 Pounds

1 Gram = 1000 Milligrams

DRUG LAWS

HEROIN, COCAINE, CODEINE, PEYOTE, MESCALINE:

11350 H&S	Possession	Felony
11351	Possession for sale	
11351.5	Possession of Rock Cocaine for sale	Felony
11352	Sales, transports, or imports	Felony
11353	Use of a minor to sell, etc. or offer/furnish to minor	Felony
11353.5	Sale or distribution on school grounds or public play ground	Felony
11354	Same as 11353 H&S except the violator is under the age of 18	Felony
11355	Sale of a substance in lieu of	Felony
11363	Cultivation of peyote	Felony

MARIJUANA:

11357(a)H&S Possession of concentrated cannabis (hashish, hash oil) . . . Felony

11357(b) 11357(c) 11357(d)	Possession of less than 28.5 grams Misdemeanor Possession of more than 28.5 grams Misdemeanor On school grounds during school hours with less than 28.5 grams Misdemeanor	
11357(e) 11358 11359 11360(a) 11360(b) 11361	Same as 11357(d) except violator is under the age of 18 Misdemeanor Cultivation	
MISCELLAN	IEOUS:	
11364 H&S	Possession of paraphernalia for injecting or smoking (except marijuana)	
11365 11366 11368 4149 B&P	Unlawful presence where cocaine/heroin is being used Misdemeanor Maintains any place for the purpose of selling, giving, or using Felony Forges or alters a prescription	
4390 B&P 23152(a) VC 23152(c) 11161 H&S 4390.1 B&P 4230 B&P	Drug addict operating a motor vehicle Misdemeanor Possession of blank triplicate prescriptions Misdemeanor Possession of reproduced single page blank prescriptions Misdemeanor Possession of a controlled substance without a prescription	
	Misdemeanor	
DANGEROUS DRUGS - BARBITURATES, AMPHETAMINE, METH-LABS, LSD:		
11377(a)H& 11377(b) 11378 11379 11379.6	Possession	
11380.5 11382 11383 H&S 4230 B&P	Use of minor	
UNDER THE INFLUENCE:		
647(f) P.C.	Of alcohol, any drug, controlled substance, toluene, etc Misdemeanor	

	Of a controlled substance (i.e., cocaine, opiates, mescaline, peyote, PCP and amphetamines)
381 P.C.	Of poisonous fumes (i.e., glue sniffing, paint, gasoline, etc.) Misdemeanor
WEAPONS:	
11370.1	Immediate personal possession of loaded operable firearm while in possession of any quantity of cocaine, heroin, methamphetamine, or PCP. Immediate personal possession includes the interior passenger compartment of a motor vehicle