In - Service Training Section

Substance Abuse Manual for Supervisory Personnel

Specialized Training Unit

Police Academy
City of New York

NEW YORK CITY POLICE DEPARTMENT VALUES

In partnership with the community we pledge to:

- Protect the lives and property of our fellow citizens and impartially enforce the law
- Fight crime both by preventing it and by aggressively pursuing violators of the law
- Maintain a higher standard of integrity than is generally expected of others because so much is expected of us
- Value human life, respect the dignity of each individual and render our services with courtesy and civility

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The information contained in this booklet has been researched by the Police Academy, Specialized Training Unit. It should not be construed as the absolute basis for establishing suspicion for a drug screening or other actions. It will aid supervisors in recognizing factors which indicate a possible substance abuse problem.

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PREFACE

The role of a New York City Police Supervisor is complex and demanding; it requires a mastery of management principles, knowledge of legal issues, Department guidelines, and a variety of sociological, psychological, and economic issues. Supervisors require straightforward and well written guidelines which provide both rudimentary and technical knowledge of the underlying issues, as well as the Department directives which are to be followed. It is to this end that this Substance Abuse Manual For Supervisory Personnel has been prepared.

In the pages that follow, two major topics will be addressed. First, we will discuss the illegal use of drugs by members of our Department. Particular attention will be given to case studies, as well as to the signs and symptoms common among those who use drugs. Additionally, the procedure to be followed when a supervisor reasonably suspects a Member of the Service is engaged in the illegal use of drugs will be reviewed. Second, a comprehensive review of the illegally used drugs and paraphernalia commonly encountered by officers on patrol will be presented. Explanations of how each drug is created, the names under which they are sold, the current street prices, and an explanation of each drug's effect will also be provided.

PART I

DRUG USE BY MEMBERS OF THE SERVICE

INTRODUCTION

To state that drugs are prevalent in today's society would surely be an understatement. Current studies reveal that 30 million pounds of marijuana, 120 thousand pounds of cocaine, and 9 thousand pounds of heroin, as well as billions of tablets and capsules, are illegally consumed each year in the United States.

This illicit use of drugs has reached epidemic proportions effecting every ethnic, culture, gender, and age group. Our youth especially are not immune from its devastating effects.

Studies reveal that illegal drug and alcohol abuse annually cost businesses more than one billion dollars. The National Institute on Drug Abuse has estimated that lost productivity annually amounts to one thousand dollars per worker. Because the illegal use of drugs is present in every part of society, the Department has not escaped the devastating influence of drug abuse. Unfortunately, the Department has been forced to discipline, terminate, and, in some cases, arrest Members of the Service for drug-related offenses.

ROLE OF THE SUPERVISOR

The use of illegal drugs by some uniform and civilian personnel makes the complex role of the supervisor even more demanding. The supervisor must be attuned to the thoughts, motives, and actions of his subordinates. Particular care must be taken to recognize signs of professional and personal problems which may lead to an undue amount of stress and "burnout," and the possibility of substance abuse which may accompany it. Members must be constantly reminded that Employee Assistance Programs* are available to help them deal with these personal and professional problems. Although the decision may not be easily made, a supervisor may be required to order a subordinate to be interviewed by the Early Intervention Unit before personal problems lead to destructive behavior.

The Department makes every effort to keep its employees drug-free. It remains the responsibility of supervisors to continually scrutinize their subordinates throughout their careers for signs of illegal drug use, and when necessary, to recommend that an individual be independently screened.

The decision to order an individual to undergo a drug screening test is, however, one that must be reached with extreme care. It requires serious consideration of numerous factors (e.g. the officer's right to privacy, the Department's responsibility to maintain a drug-free workplace, etc.) and it demands that the supervisor thoroughly document those facts and incidents which led to the recommendation for the drug screening test.

*For a listing of Employee Assistance Program's available see Appendix #1.

STANDARD OF PROOF REQUIRED TO ADMINISTER A DRUG TEST

While the courts continue to address the circumstances under which organizations such as our Department may order an individual to submit to a drug screening test, at present, the standard of proof required is Reasonable Suspicion.

The Department has just recently implemented a random drug screening program. This program will work alongside the current reasonable suspicion standard for screening already in effect.

The random drug screening program will select a percentage of the uniform force, by using a computer-based random selection process administered by the Health Services Division. An applicant seeking assignment to certain Departmental units (Organized Crime Control Bureau, Detective Bureau, and Inspectional Services Bureau) will be required to participate in a drug screening procedure.

Reasonable suspicion is a complex legal issue, but fortunately, because of its application in other legal areas, it is a concept with which uniform supervisors are familiar. Civilian supervisors, not formally schooled in this concept, should not be particularly concerned, as the actual order for a drug screening will be administered at a higher level (Bureau Chief, Borough Commander, etc.). What is important to keep in mind is if someone is exhibiting behavior that piques your interest, you should begin to monitor that individual and document any subsequent suspicious behavior.

The Department defines this standard of proof when dealing with illegal drugs as follows:

> **Reasonable Suspicion** – exists when evidence or information which appears reliable is known to the police supervisor and is of such weight and persuasiveness as to make the supervisor, based upon his/her judgement and experience, reasonably suspect that a particular member of the service is illegally using drugs. A reasonable suspicion that a member is illegally using drugs must be supported by specific articulable facts from which rational inferences may be drawn. Reasonable suspicion cannot be based upon mere "hunch" or **solely** upon poor work performance. (P.G. 118-18)

PATTERNS OF USE

An individual's pattern of drug use is based on a variety of factors. Some of these factors include the dosage and the manner in which a given drug is ingested. A person's mind set, the physical setting, and even the environment in which the drug is taken, as well as an individual's predisposition toward addiction, all contribute to the effects a given drug will have on an individual.

Genetically, individuals have a blueprint that contributes to a person's predisposition to develop an addiction. In extremely rare cases, some people have become addicted to a drug after only one use. The body's ability to break down and metabolize a drug plays an important role in a person's reaction to its effects.

CLASSIFICATION	CHARACTERISTICS
INTERMITTENT OR CASUAL	-OPPORTUNIST/SOCIAL FUNCTIONS -RELIEF OF PAIN -REDUCE STRESS
REGULAR	-WEEKENDS/SWINGS -POLY-DRUG USE
ADDICTION	-EVERYDAY

SIGNS OF DRUG ABUSE

PHYSICAL SIGNS
WEARINESS, EXHAUSTION
YAWNING EXCESSIVELY
SLEEPINESS (NODDING)
UNTIDINESS
POOR PERSONAL HYGIENE
LESS INTEREST IN DRESS APPEARANCE
UNKEMPT UNIFORMS/EQUIPMENT/PERSONAL PROPERTY
GLAZED OR RED EYES
BLANK STARE
SUNGLASSES WORN AT INAPPROPRIATE TIMES
POOR COORDINATION–STAGGERING
SLURRED SPEECH
WEIGHT FLUCTUATIONS

UNUSUAL MOOD/ACTIONS
SUDDEN EMOTIONAL OUTBURSTS
MOOD SWINGS/CHANGES
ARGUMENTATIVE/VIOLENT
- COMMANDING OFFICER
- SUPERVISORS
- FELLOW OFFICERS
- CIVILIAN P.D. EMPLOYEES
- MEMBERS OF THE COMMUNITY

EXCESSIVELY NERVOUS
LACKS CONFIDENCE
OVERLY SENSITIVE
EASILY UPSET/SHORT FUSE
OVERLY NEGATIVE ATTITUDE
THREATEN SUICIDE
RAMBLING OR INCOHERENT SPEECH
MAKES INAPPROPRIATE STATEMENTS
APPEARS DEPRESSED
APPEARS ANXIOUS
EXAGGERATED SENSE OF SELF-IMPORTANCE
APATHETIC

DETERIORATING WORK PERFORMANCE
INCREASED JOB RELATED ERRORS
INCREASINGLY UNSATISFACTORY WORK RESULTS
HIGH/LOW PERIODS OF PRODUCTIVITY
INCREASED DIFFICULTY IN HANDLING COMPLEX SITUATIONS
LAPSES IN CONCENTRATION
FAILURE TO COMPLETE ASSIGNED TASKS
POOR JUDGEMENT

WORK PERFORMANCE/PATTERNS

UNUSUAL REQUESTS
CHANGE OF ASSIGNMENT WITHIN COMMAND
TRANSFER
CHANGE OF PARTNER
CHANGE OF SQUAD
OTHERS REQUEST CHANGE
NON-ENFORCEMENT DUTY
SYMPATHETIC ASSIGNMENT
INTERVIEW WITH THE P.C.

DECREASED PERFORMANCE/PRODUCTIVITY
FAILS TO ANSWER RADIO
AVOIDS RESPONSIBILITY
LOW SUMMONS ACTIVITY
ARRESTS VOIDED
FREQUENTLY OFF POST
AVOIDS ARRESTS

ACCIDENTS
DISREGARD FOR SAFETY OF OTHERS
ACCIDENT PRONE ON/OFF DUTY
TAKING OF NEEDLESS RISKS
LINE-OF-DUTY INJURIES

ABSENTEEISM
SICK LEAVE
ADMINISTRATIVE SICK
DESIGNATED CHRONIC A/B
FREQUENT LATENESS
FREQUENT EMERGENCY LEAVE
FREQUENT REQUEST FOR LOST TIME
ABSENCES BEFORE OR AFTER PAYDAY
A.W.O.L.

DISCIPLINARY HISTORY
FREQUENT COMMAND DISCIPLINES
CHARGES AND SPECIFICATIONS
C.P.I. PROFILE
SUSPENSION/MODIFIED ASSIGNMENT
DISCIPLINARY PROBATION
ADMINISTRATIVE TRANSFER

SUPERVISORY PROBLEM
AVOIDS SUPERVISORS
HOSTILE ATTITUDE
RESENTS CRITICISM
MULTIPLE PATROL VIOLATIONS
WITHDRAWN/UNCOMMUNICATIVE
UNAUTHORIZED EQUIPMENT/FIREARM

FREQUENT COMPLAINTS
CCIB
INTEGRITY/SERIOUS MISCONDUCT

POOR EVALUATIONS
UNSATISFACTORY RECRUIT
PEER EVALUATION
NEGATIVE PERFORMANCE EVALUATION
UNCOMPLIMENTARY INFORMAL SUPERVISORY EVALUATION

REASONS TO INVESTIGATE FURTHER

PERSONAL PROBLEMS
MARITAL PROBLEMS
SOCIAL PROBLEMS
COMPLAINTS AGAINST MEMBER
FAMILY SICKNESS

FINANCIAL PROBLEMS

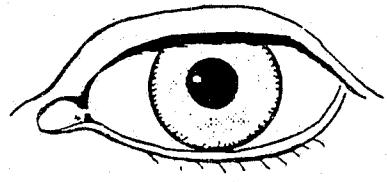
WAGES GARNISHED	CHILD SUPPORT
ALIMONY	LARGE OUTSTANDING LOANS
GAMBLER DEBTS	BANKRUPTCY
IRS INVESTIGATION	SCOFFLAW

SUSPECTED DRUG/ALCOHOL PROBLEM
SUSPECTED DRUG USER
INGESTS LARGE QUANTITIES OF ALCOHOL
FREQUENT HANGOVERS
CONSUMES ALCOHOL ON DUTY
PHYSICAL INDICATIONS

In addition to this extensive list, one of the most effective methods used in establishing reasonable suspicion is the careful observation of a subordinate's eyes. Because the ingestion of drugs causes the constriction or expansion of blood vessels throughout the body, the eyes often act as a gauge indicating the presence of various types of stimulant or depressant drugs. Generally, as the norm—graph on the following page indicates, the ingestion of stimulants will cause the dilation/expansion of the pupils and the presence of depressant drugs will cause their constriction/reduction.

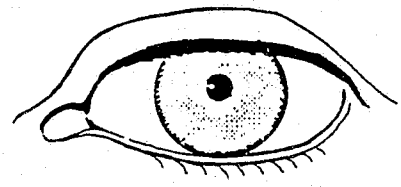
DETERMINATION OF PRESENCE OF PUPILLARY DILATION OR CONSTRICTION

A RAPID WAY TO DETERMINE IF DILATION OR CONSTRICTION IS PRESENT IS TO MEASURE THE PUPIL DIAMETER AGAINST ONE SIDE OF THE IRIS UNDER NORMAL LIGHTING CONDITIONS.



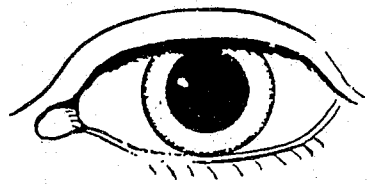
NORMAL SIZE PUPIL

Pupil diameter about same width as one side of iris.



CONSTRICTED PUPIL

Diameter much smaller than width of one side of iris.
(possible use of depressant drugs)



DILATED PUPIL

Diameter much larger than width of one side of iris.
(possible use of stimulants)

SYMPTOMS OF DRUG USAGE
COMMON SYMPTOMS OF STIMULANTS

NERVOUS SYSTEM
RAPID SPEECH
PUPIL DILATION
VISION DISTORTION
MOOD ELEVATION
MORE ACTIVE REFLEXES
POOR MUSCLE COORDINATION
IRRITABLE
TREMOR
INCREASE IN TEMPERATURE
EXCESSIVE SWEATING
ITCHING SENSATION

CARDIOVASCULAR SYSTEM
INCREASE IN BLOOD PRESSURE
INCREASE IN HEART RATE

RESPIRATORY SYSTEM
INCREASE IN RESPIRATORY RATE

POTENTIAL EFFECTS
HALLUCINATION
DISORIENTATION
DELUSIONS
CONFUSION
PSYCHOSIS
PARANOIA

WITHDRAWAL EFFECTS
DEPRESSION
SORE THROAT
HOARSENESS
RUNNY OR CLOGGED NOSE
INCREASED SLEEP
LETHARGY
WEAKNESS
CONFUSED THOUGHTS
LOSS OF MEMORY
INABILITY TO CONCENTRATE
ANXIOUS
IRRITABLE
MOOD SWINGS
VIOLENCE
NERVOUSNESS
AGITATED
EXCITABLE

COMMON SYMPTOMS OF NARCOTICS

IMMEDIATE EFFECTS
STIMULATION
EUPHORIA
DROWSINESS
RESPIRATORY DEPRESSION
PUPIL CONSTRICTION
NAUSEA

SECONDARY EFFECTS
SEDATION
SLOW AND SHALLOW BREATHING
CLAMMY SKIN

EFFECTS OF OVERDOSE
CONVULSIONS
COMA
POSSIBLE DEATH

EFFECTS OF WITHDRAWAL

WATERY EYES
RUNNY NOSE
LOSS OF APPETITE
IRRITABILITY
TREMORS
PANIC
CHILLS
EXCESSIVE SWEATING
CRAMPS
NAUSEA

COMMON SYMPTOMS OF CANNABIS USE

IMMEDIATE EFFECTS

INCREASE IN PULSE RATE
MOOD ELEVATION
INCREASE IN BLOOD PRESSURE
CRAVING FOR SWEETS
INCREASE IN TEMPERATURE
DECREASED ATTENTION SPAN
SWEATING
REDDENING OF EYES
COUGHING
SLEEPINESS
INCREASED HEARTBEAT
HUNGER
DRY MOUTH/THROAT
POOR CONCENTRATION

SECONDARY EFFECTS

FATIGUE
DELUSION
PARANOIA
POSSIBLE PSYCHOSIS

EFFECTS OF WITHDRAWAL

DROOPY EYELIDS
POOR MUSCLE COORDINATION
NON-CONVERGENCE OF EYES
SLOW GAIT
SLOW OR NON-REACTIVE PUPIL
POOR BALANCE
VISUAL PERCEPTION DISTURBANCE
INABILITY TO MAINTAIN PUPIL CONSTRICTION
DRY LIPS AND/OR MOUTH
SLOW SPEECH
SLEEPY APPEARANCE
UNCONTROLLABLE LAUGHTER

COMMON SYMPTOMS OF DEPRESSANTS

IMMEDIATE EFFECTS

REDUCED SOCIAL INHIBITIONS
IMPAIRED ABILITY TO DIVIDE ATTENTION
IMPAIRED JUDGEMENT AND CONCENTRATION
SLOWED REFLEXES
IMPAIRED VISION AND COORDINATION
SLURRED, MUMBLED OR INCOHERENT SPEECH
EUPHORIA/DEPRESSION
LAUGHING/CRYING

SECONDARY EFFECTS

SLOW HEARTBEAT
RESPIRATION BECOMES SHALLOW
PERSON BECOMES EXTREMELY DROWSY AND MAY PASS OUT
SKIN MAY FEEL COLD AND CLAMMY

WITHDRAWAL EFFECTS

ANXIETY
INSOMNIA
TREMORS
DELIRIUM
CONVULSIONS
POSSIBLE DEATH

COMMON SYMPTOMS OF ANABOLIC STEROIDS

Anabolic steroids are a synthetic derivative form of the hormone testosterone. Anabolic steroids may increase muscle mass but the health consequences can include chronic illnesses such as heart disease, liver trouble, urinary tract abnormalities, sexual dysfunction and a shortened life span. Other serious adverse effects include hepatic and endocrine dysfunction as well as cardiovascular and behavioral changes. Adverse effects attributed to anabolic steroid use occur frequently and many of these conditions are irreversible.

The use of anabolic steroids to improve athletic performance has become prevalent. However, the reported benefits are tempered by numerous and serious adverse effects. Some physical indications of anabolic seroid use include:

AGGRESSIVENESS
SEVERE ACNE (RAPID ONSET)
NERVOUS TENSION
CHANGES IN HAIR GROWTH
NAUSEA
RAPID MUSCLE AND WEIGHT GAIN
PUFFINESS OR BLOATING IN FACE
UNEXPLAINED DARKENING OF THE SKIN
CHANGES IN LIBIDO
IRRITABILITY
HEADACHE
DIZZINESS
EUPHORIA
CHANGES IN APPETITE
PURPLE OR RED-COLORED SPOTS ON BODY
PERSISTENT BAD BREATH

CASE STUDIES

While the aforementioned symptoms may be indicative of drug use, neither the described physiological effects, or the list of behavioral traits which precede them, are intended to be an exhaustive review of symptoms exhibited by those using drugs. Further, since all of the above conditions and characteristics may be accounted for by explanations other than drug abuse, a more comprehensive understanding of how these elements manifest themselves in drug related situations may be obtained through actual case studies.

Case 1

In late 1985, a police officer assigned to a patrol precinct was suspended; after a Department trial, he was fired for wrongfully ingesting a quantity of a controlled substance.

The officer had been directed to appear at the Corporation Counsel's Office to prepare testimony regarding his involvement in a shooting. He arrived two hours late and explained his lateness by stating that he had been lost on the subway. The Corporation Counsel attorney noticed that the officer continually tugged at his ear, exhibited slurred speech, and that his eyes were glazed, bloodshot, and watery. She determined that the officer was incapable of testifying at the trial and she requested a police supervisor.

The officer was examined by a police surgeon who determined that the officer's appearance, in addition to other symptoms, (for example, an above normal pulse rate), dictated the administration of a drug screening test. A urine sample was taken and analyzed by the New York State Division of Substance Abuse using an E.M.I.T. and T.L.C. test (see page 12). Cocaine was found to be present.

At a Department trial, the officer testified that he had for the last 18 months, been drinking a special brand of tea containing cocaine. The officer could not identify the brand, and claimed that he could no longer purchase it since the tea had been removed from the market due to its cocaine content. Additionally, he denied that he was acting erratically, attributed the touching of his ear to the presence of excessive wax, and stated that his eye condition was due to conjunctivitis. The court ruling against the officer, found that the surgeon acted on reasonable suspicion, and recommended the officer's termination. Interestingly, this former Member of the Service with five years experience had no prior disciplinary record.

Case 2

A police officer with two years of service, and no prior disciplinary record, was arrested in the Spring of 1986 for Criminal Possession of a Controlled Substance, Resisting Arrest, and Disorderly Conduct.

At 0300 hours, two police officers on patrol responded to a residence, the location of a reported family dispute. As the officers approached the house, they were confronted by an off-duty police officer who, after asking if they "had a job," proceeded to roll on the ground, tug at one of the officer's jackets, and then break a window in his family's residence. As the officers attempted to place the unidentified Member of the Service under arrest, he resisted by kicking at the officers and banging his head on the sidewalk. A search of his person revealed a tinfoil envelope containing cocaine. Although the cocaine was suppressed in criminal court, it was admitted into evidence at the trial room.

These two cases illustrate how an individual's physical condition and behavior can indicate the illicit use of drugs. While it is true that in the second case, physical evidence of drug possession supplemented the officer's observations, such evidence need not always be present.

In addition to personal observations of a person's physical condition and behavior, other unusual incidents may also be helpful in identifying illicit drug use by Members of the Service. Consider, for example, the following case in which careful examination of Department forms led to the identification of an officer who was stealing drugs.

Case 3

A 13 year police veteran, assigned to a Borough Narcotics Unit, was terminated after he had stolen cocaine obtained during an arrest. The officer, who had no prior disciplinary record, came under suspicion when the narcotics team sergeant noticed that the officer's Police Laboratory Reports of narcotic buys were "short weight." Internal Affairs and other appropriate notifications were made, and an integrity test was initiated by O.C.C.B. through their Field Control Unit. An undercover officer was provided with five packets of cocaine, each weighing 10.5 grams. The suspected officer, in what he perceived to be a routine buy operation, purchased one of the packets and vouchered it. When the packet was weighed at the police laboratory it weighed only 4.2 grams revealing that the officer had in fact been stealing small quantities of drugs.

The above case illustrates how the close scrutiny of a subordinate's activities may lead to the identification of those illicitly involved with drugs. In some cases users become so careless and cavalier that all an observer need do is examine their daily activities. In 1985, for example, a New York City officer was arrested in Suffolk County after he was observed in a car near a bar snorting cocaine through a straw. In another case, a 13 year veteran was terminated after he was observed on several occasions in an unlicensed premise sitting at a table using and "cutting" drugs.

Case 4

A Police Administrative Aide was arrested by a Street Narcotic Enforcement Unit (SNEU), for the purchase of two (2) vials of alleged cocaine (Crack) for a sum of U.S. currency, and charged with Criminal Possession of a Controlled Substance. As a result of this arrest, the P.A.A. was ordered to submit to a drug screening test by authority of the Borough Commander. This PAA was suspended. After receiving a positive reading for cocaine, this PAA was re-suspended authority of the Bureau Chief concerned.

The above case illustrates that the problem of substance abuse is not solely uniform. The civilian Members of the Service are at equal risk of engaging in illicit drug-related activities.

PROCEDURE TO ADMINISTER A DRUG SCREENING TEST

"The administration of a drug screening test," the Patrol Guide states, "is a procedure* utilized by this Department to detect the presence of drugs in the urine of Members of the Service suspected of illegal drug use. To balance the public interest in having a drug-free Police Department against the individual employee's right to privacy, a drug screening test will be administered when there is a reasonable suspicion to believe that an individual Member of the Service is illegally using drugs." In this chapter, the procedure to be followed in order to administer a drug screening test will be reviewed.

Any Member of the Service who suspects another of drug use must notify their Commanding Officer/Duty Captain or the Internal Affairs Division. Internal Affairs will direct an investigation and the preparation of an Investigating Officer's Report documenting the case. When suspicion of drug abuse is based upon the suspected Member's appearance, at least two (2) supervisors must make independent observations before a determination to give a drug test is made.

While the decision to administer a drug screening test need only be based on Reasonable Suspicion, the supervisor should be aware that in most cases, time is on the Department's side. Therefore, to ensure that cases are not eventually lost through legal technicalities, it is imperative that supervisors gather as much information as possible and not rush to judgment.

Upon determining that the screening test should be administered, the supervisor will contact his immediate supervisor, and then the Bureau Chief or Borough Commander, who will authorize the administration of the drug test if the standard of Reasonable Suspicion has been met. Health Services, or, if it is closed, the Sick Desk Supervisor, will provide a serial number and specific instructions. In addition, the Department Advocate's Office will be notified. Should the suspected Member of the Service refuse to take the screening test, that Member will be immediately suspended.

In the event the drug test proves to be negative, the prepared case folder will be sealed and filed with the appropriate Field Internal Affairs Unit. It may not be opened without the permission of Deputy Commissioner-Legal Matters. Additionally, all references to the administration of the test will be expunged from the officer's personal folder.

*For the actual Patrol Guide Procedure See Appendix #III.

DRUG SCREENING

This chapter will familiarize the supervisor with the scientific procedures followed after a drug screening test has been administered.

When a drug screening test has been administered, two (2) vials are filled with a urine specimen. The samples are sent to a laboratory for processing. The laboratory utilized by this Department performs an initial screening of urine specimens and, in the event of a positive hit, will then perform a confirmation test.

If the second or confirmation test is also positive, then the specimen will be considered a true positive by the lab and the Department.

The two (2) screenings utilized by the Department at this time are:

a) **Enzyme Multiplied Immunoassay Technique (EMIT)** – Immunoassays are based on the principle of competition between labeled and unlabeled drugs for binding sites on their surfaces to which specific drugs or drug metabolites will bind. The drug metabolite in the subject's urine, which is unlabeled, competes for the limited number of binding sites against the known drug metabolite, which is labeled. The enzymatic activity is related proportionally to the concentration of the drug present in the urine. The percentage difference is then measured and a determination as to the level of concentration of a given drug metabolite is made.

b) **Gas Chromatography/Mass Spectrometry (GC/MS)** – is a method which uses inert gas (e.g. nitrogen) to transport a vaporized sample of drugs through a glass column containing a stationary liquid. The drug is identified by a detector at the end of the glass column using a mass spectrometer which seeks to establish a fingerprint type design specific to each drug.

A third screening has been utilized to detect classes of drugs in the urine. This test, although not performed at this time, is the Thin Layer Chromatography (TLC).

c) **Thin Layer Chromatography (TLC)** – This test involves the use of a flat piece of glass to which a thin layer of an absorbant gel is applied. Plates are placed into a glass container which contains a solvent. The solvent slowly climbs up the plate through capillary action. A mixture of molecules with varying gradients of either solubility, or polarity, will move up a thin layer plate and separate into a string of spots on the plate. After the solvent has moved up the entire plate, the plate is removed and dried. Each spot, representing a different compound, will give characteristic color when sprayed with different reagents. In order to insure identification, a known set of standards, representing known drug metabolites is run on the same plate. A comparison and evaluation is then made.

These three examinations seek to define two characteristics in the urine sample. First, they seek to determine if drugs are present within the sample through a Sensitivity test. The presence of drugs can be detected with 99% accuracy. Second, through a Specificity test, drugs are separated into groups or classes, and ultimately the individual drugs are identified.

FALSE POSITIVE FINDINGS

One of the chief concerns of Members of the Service who are required to take drug screening tests is that the examination will falsely detect the presence of drugs. The Department, through directed parameters, takes every precaution to exclude such an occurrence. Additionally, the possibility that a member is falsely identified as a drug user merely because they encountered an illegal substance, (e.g. passive inhalation of marijuana) is virtually eliminated in the testing process.

PART II

DRUGS OF ABUSE

INTRODUCTION

Part I of this manual identified the common signs of drug abuse, defined the necessary standard of proof and procedure to be followed in administering a drug screening and briefly explained the drug screening tests utilized by the Department.

This section examines the various drugs commonly encountered by law enforcement personnel: cocaine/crack, heroin and marijuana are emphasized, other drugs are also discussed. Descriptions, terminology,symptoms and inherent dangers are presented.

STIMULANTS

COCAINE

Cocaine is an alkaloid derived from the leaves of the Coca plant (Erythroxylon Coca), which is indigenous to the Andes Mountains of South America. In the last one hundred years, cocaine has variously been glamorized as a "miracle drug," scorned as the "thrill that kills," popularized as a "rich man's drug," and finally today, understood as highly destructive and addicting.

Coca plants grow predominately in the mountains of Peru and Bolivia. The picked leaves are sent to Colombia, where 90% of the world's cocaine processing takes place. Clandestine labs in the remote jungles of Colombia are responsible for converting the coca paste, or base, taken from the plant into its final by-product, cocaine hydrochloride. Cocaine manufacturing and trafficking is a lucrative business. A kilo of paste originally worth $200.00 - $400.00 is processed and sold in gram quantities worth an inflated street value between $200,000.00 and $400,000.00.

COCAINE HYDROCHLORIDE

Cocaine Hydrochloride (CHcl) is the drug commonly encountered on patrol. It is usually "cut" or diluted with mannite, glucose, procaine or other powder not harmful to the stomach. Cocaine hydrochloride varies in purity.

COCAINE HYDROCHLORIDE
(N.Y.S. PENAL LAW SECTION 220.00)

COMMON FORM: CRYSTALLINE POWDER

PACKAGING: GLOSSY PAPER
TINFOIL
GLASSINE ENVELOPE
GLASS VIAL

PARAPHERNALIA:

BULLET – device that stores and dispenses single doses of powdered cocaine
MIRROR – a non-porous surface used to snort "lines" off

RAZOR —a common device used to prepare "lines" of powder

TOOTER —length of straw (plastic, metal, paper) used to sniff "lines" of powder through

CUTTING AGENTS —may include procaine, lidocaine, benzocaine, caffeine, lactose, mannite, etc.

COKE SPOON —miniature spoon used to hold a dose of powder that is (snorted) when placed under the nostril

METHOD OF USE: INHALATION
INJECTION

DANGERS:

Individuals using cocaine may experience hallucinations and discrientation. Those withdrawing from cocaine may become extremely violent. Repeated large doses may cause paranoid delusions of persecution to occur. In some cases, convulsions, and even coma, can occur.

TERMINOLOGY:

COKE —cocaine hydrochloride (cocaine salt)

CRASH —to come down from stimulant high

CUTTING AGENTS —include procaine, lidocaine, benzocaine, lactose, mannite, etc.

FREEBASING — processing cocaine salt into cocaine base

HIT —dose of a drug, line of powder

KILO —2.2 pounds

LINES —approximately 2 inch lines to be snorted or inhaled

SNORT —to inhale an amount of drug through nose

SPEEDBALL —(bombita) cocaine/heroin combination

WIRED —term used to refer to the cocaine effects on the person

SLANG TERMS: TOOT
BLOW
SNOW
COKE
FLAKE
LADY

COCA PASTE "BAZUKA"

Bazuka, also known as cocaine sulfate paste, refers to a preliminary product of cocaine hydrochloride. It is what exists after the initial extraction process. Bazuka is the most inexpensive form of cocaine, selling for as little as one dollar per dose. It is also the most contaminated form, containing lead petroleum and sulfate by-products.

COCAINE FREEBASE (CRACK)

A derivative of cocaine that has created a law enforcement nightmare is "cocaine freebase" in a solid form, commonly called "crack." This form of cocaine first surfaced in the New York area in late 1984.

In simple terms, crack is processed by adding sodium bicarbonate or ammonia to the street powder (cocaine hydrochloride). By adding water and heating this mixture, cocaine and other chemicals with which it was originally processed (e.g. mannitol, lactose, etc.) are separated. The remaining substance, which is cocaine, and other chemicals (e.g. procaine, benzocaine, lidocaine, etc.) float to the top. This top layer, called "freebase", is collected, hardened by cooling, broken into small pieces (ranging in weight from an eighth of a gram to two grams, with a purity between sixty to ninety percent), and placed in small capsules. The product is then sold and smoked.

The physical effects of crack are the same as cocaine hydrochloride, but are more intense. Additionally, to compensate for the experience of depression that follows crack usage, an individual continues to seek the drug. As habitual use increases, an addiction develops, and the user experiences depression, paranoia, and irritability.

COCAINE FREEBASE "CRACK"
(N.Y.S. PENAL LAW SECTION 220.00)

COMMON FORM: MILKY-WHITE OR TAN IRREGULAR ROCK-LIKE PIECES

PACKAGING: CLEAR PLASTIC VIAL WITH COLORED TOP
TINFOIL
SMALL PLASTIC BAG
GLASSINE ENVELOPE

PARAPHERNALIA:

CRACK PIPE – glass or metal device used to smoke the rock-like pieces
BUTANE TORCH – used to melt crack into vapor form
STEM – glass tube extending from bowl portion of water pipe. Stem is removed from pipe for concealment.

METHOD OF USE: SMOKING – inhaling freebase vapors resulting from heating pieces of the drug

WITHDRAWAL SYMPTOMS WITH CRACK DEPENDENCE:

CRAVING FOR COCAINE	LETHARGY
DEPRESSION	WEAKNESS
IRRITABILITY	CONFUSED THOUGHTS
INCREASED APPETITE	LOSS OF MEMORY
SLEEP INCREASE	ANXIETY

DANGERS:

Individuals using or withdrawing from crack may become extremely violent. They experience the same effects as others using cocaine hydrochloride but the effects are often more intensive. Repeated large doses may cause paranoid delusions of persecution to occur.

TERMINOLOGY:

BASE/CRACKHOUSE – location where crack and pipe can be purchased and used

FREEBASE – processed powdered cocaine salt to freebase rock-like pieces

PROCESSING AGENTS – ammonia, and sodium bicarbonate (baking soda)

SPACEBASE – a combination of crack and "PCP" usage

WIRED – term used to refer to the effects of cocaine

SLANG TERMS:

ROCK
SUPER CLOUD
WHITE CLOUD
BASE
JUMBO
MOON ROCK

CRYSTALLIZED METHAMPHETAMINE HYDROCHLORIDE "ICE"

Ice is a common street term for methamphetamine, a powerful synthetic stimulant. Methamphetamine normally comes in a white powder. When sold as the street drug "Ice", it resembles clear "rock candy". Methamphetamine can be snorted, injected or taken orally. However, when methamphetamine is processed into Ice the substance can also be smoked like crack.

Ice is a central nervous stimulant. It impairs mental faculties, produces elevated blood pressure, tachycardia and palpitations. Users report an intense wave of physical and psychological exhilaration. The effects of Ice are much longer than crack; some users report the effects to last between 4 and 14 hours. Ice is typically sold in glassine bags.

AMPHETAMINES

Amphetamines, in pure form, appear as yellowish crystals; however, they usually appear as white powder and are also available in capsule, tablet, and liquid form. Generally, these substances are taken orally, but they may likewise be sniffed or injected. Today, the medical use of amphetamines is limited to the treatment of certain specific ailments including narcolepsy and hyperactivity in children.

Amphetamines have long-lasting, cocaine-like effects on the central nervous system and have been used by some to control the effects of barbiturate-induced depression. Such chemical manipulation interferes with normal body processes and can lead to mental and physical illness. There are basically two categories of amphetamine user/abuser:

Low dose-usual dose 5-20 mg. taken orally. This dosage is used by those who want short term results such as students and truck drivers. The effects last approximately 4 hours. They may also be used daily as a means of maintaining a state of euphoria and increased self-confidence.

High dose–usually associated with intravenous use. When injected, these drugs produce an immediate feeling of euphoria called a "flash", similar to the effects ("rush") produced by heroin. Users of this method are referred to as "speed freaks." The speed freak abuses amphetamines continually for periods of three days to a week or longer. During this time, doses equivalent to 100 to 300 mg. may be taken every two or three hours, although an average dose of 5 to 10 mg. is normally sufficient to produce the stimulant effects.

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleepiness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to physical effects, users report feeling anxious and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. The symptoms usually disappears when drug use ceases.

METHYLENE DIOXY-N-METHAMPHETAMINE (M.D.M.A.) "ECSTASY"

A psychedelic drug nicknamed "Ecstasy," "Adam," or "Love Drug," M.D.M.A. is a "designer drug" invented in laboratories in the 1970's, but not declared illegal until 1985. Like all designer drugs, it was created by altering an existing drug – in this case, M.D.A., which is a hallucinogen. The new creation, M.D.M.A., is a combination of synthetic mescaline and an amphetamine. Users describe Ecstasy as a mildly hallucinogenic stimulant that produces the ideal euphoric experience. The drug, which is psychologically addictive, can cause uncontrollable paranoia and in rare cases death. Popular among college students, it is consumed in pill form at a cost of about twenty dollars a dose.

NARCOTICS AND DERIVATIVES

The group of drugs classified as narcotics include natural and synthetic derivatives of the Opium Poppy (Papaver Somniferum plant). These include, among others, opium, morphine, heroin, and methadone. The three leading locales in which the poppy grows are the Golden Triangle (Laos, Burma, Thailand), Golden Crescent (Afghanistan, Pakistan, Iran) and Mexico. India also grows the poppy in large quantities but much of it is used for legitimate medicinal purposes.

OPIUM

Opium is obtained from the poppy plant. At the time of harvest, farmers make incisions in the pod of the plant allowing a milky white substance to ooze from it. This substance then solidifies and darkens. Called opium base, it is then collected and rolled into balls.

Two derivatives prepared from the opium paste are morphine and codeine.

MORPHINE

First isolated from opium in 1806 as a preparation to cure opium addiction, morphine has legitimate medical purposes and continues to be manufactured. Although morphine is a legitimate pharmaceutical product, when found on the street it is usually stolen from a doctor or pharmacist, or obtained by a forged prescription. Ten kilos (22 pounds) of opium paste are needed to make 1 Kilo [2.2 pounds] of morphine.

HEROIN

Heroin, first produced commercially in Germany in 1898, is synthetically produced from morphine in a one-to-one ratio. With twenty-five to thirty times the strength of morphine and twice the addictive power, users are initially introduced to heroin by snorting or inhaling the drug through the nose. Only after this method of ingestion fails to satisfy the user does he begin to "shoot" heroin directly

into the veins. An addict uses a hypodermic needle or other implement suitable to inject the liquid solution into a vein after the heroin has been heated ("cooked").

Heroin remains a popular drug of abuse in the subculture of illicit drug abuse.

HEROIN
(N.Y.S. PENAL LAW SECTION 220.00)

COMMON FORMS: WHITE, TAN OR BROWN POWDER
DARK BROWN OR BLACK TAR-LIKE SUBSTANCE
(rare in the New York area)

PACKAGING: GLASSINE ENVELOPE
TINFOIL PACKET
PLASTIC BAGS

PARAPHERNALIA:

COOKERS – device used to dissolve heroin making it suitable for injection (spoon, bottle cap etc.)

FILTERS – used with cooker to strain impurities prior to injection (cotton, cigarette filter)

SYRINGE/NEEDLE – hypodermic instrument used to inject liquid from cooker

DROPPER/NEEDLE – homemade device used to inject drug

METHOD OF USE: INJECTING
INHALING

IMMEDIATE EFFECTS:

EUPHORIA
SUPPRESSION OF AGGRESSION
RELIEF OF PAIN
PUPIL CONSTRICTION

DANGERS:

Handle paraphernalia with extreme caution. Material may be contaminated with AIDS or hepatitis virus. Hypodermic needle infections may occur if your skin is punctured.

TERMINOLOGY:

CUTTING AGENT – assorted powders used to increase bulk ex. mannite, lactose, starch, quinine, etc.

MAINLINING – the injection of a drug directly into the vein

ON THE NOD – alternate periods of sleeping or awakening experienced by heroin users after the "rush"

RUSH —term used to refer to the initial euphoric feeling of heroin
SCAR OR TRACKS —needle marks resembling railroad tracks which follows the path of the vein used for injection
SKINPOPPING —the injection of a drug directly under the skin
SPEEDBALL —a combination of heroin and cocaine (bombita)
WITHDRAWAL —physical effect of heroin use that includes yawning, perspiring, running nose, watering eyes, nervousness, and cramping

SLANG TERMS:
SMACK
DOPE
HORSE
JUNK
BROWN SUGAR

METHADONE

Methadone was discovered by a German scientist during World War II. It was synthesized to replenish the depleted morphine supply to help casualties cope with the pain of wartime injuries.

Methadone's pharmacological effects are the same as the other narcotic drugs. Withdrawal symptoms develop more slowly and are less severe than withdrawal from morphine or heroin, but may be more prolonged.

Since the 1960's, it has become widely used in detoxification of heroin addicts through methadone maintenance programs. Methadone is administered in either liquid or pill/wafer form.

CANNABIS AND DERIVATIVES

MARIJUANA

Produced in largest quantities in the United States, Colombia, Mexico, and Jamaica, marijuana is one of the best known and most commonly used drugs. Created by crushing and drying the leaves and flowers of the cannabis plant, marijuana's chief active ingredient (Delta-9 Tetrahydrocannabinol—"T.H.C.") alters the mind's chemical balance creating an elevated state of consciousness. During the 1970's, marijuana typically contained one half of one percent of T.H.C.. Unfortunately, today, it often contains 10 to 15 times that amount.

Generally, the body reacts to the drug within minutes and its effects peak within 10 to 30 minutes after its use. Research indicates that certain motor skills remain retarded hours after the sense of euphoria has ceased. Additionally, in chronic users, the ability to perform complex tasks may be impeded due to the incapability to think and reason effectively.

HASHISH

Hashish is a derivative of cannabis. It consists of the dark brown resin collected from the tops and flowering portions of the marijuana plant.

The resin is collected, heated and pressed into "balls" or "soles." Hashish is 6-10 times more potent than marijuana.

MARIJUANA/HASHISH
(PENAL LAW SECTION 221.00)

COMMON FORMS: MARIJUANA—green or brown plant containing leaves, stems, seeds and buds
HASHISH—soft pliable form, light to dark brown in color
HASHISH OIL—dark tarry liquid extracted from the plant

PACKAGING: MANILA ENVELOPE
CLEAR PLASTIC BAG (various sizes)
CIGARETTES
ALUMINUM FOIL
GLASSINE ENVELOPES

PARAPHERNALIA:

JOINT —hand rolled cigarette of vegetable matter
ROACH —burnt down remains of marijuana cigarette
ROACH CLIP —device used to hold burnt portion of marijuana cigarette making it easier to pass from one person to another
PIPE —metal, wood or porcelain device used to smoke marijuana
ROLLING PAPER —paper used to roll marijuana cigarette (joints)
BHONG —smoking device with water trap that filters marijuana smoke prior to entering lungs

METHOD OF USE: SMOKING (joint, pipe, bhong)

EFFECTS OF OVERDOSE:

FATIGUE
PARANOIA
POSSIBLE PSYCHOSIS

WITHDRAWAL SYMPTOMS:

Insomnia, hyperactivity and decreased appetite occasionally reported.

DANGERS:

Acute panic anxiety attack of uncontrollable behavior, hallucinations, paranoia and delusions may occur. Marijuana or other vegetable matter may be mixed with PCP (Angel Dust) causing violent, unpredictable behavior in the user. The effects of marijuana use usually last two to five hours, but may last up to twenty-four hours.

TERMINOLOGY:

STONED —term used to refer to the intoxicating effect of marijuana (high, buzzed, wasted)
SINSEMILIA —potent strain of marijuana without seeds
THC —principle psychoactive ingredient in marijuana
SHERMAN —PCP laced marijuana cigarette

COMPENSATION FACTOR – ability of an experienced user to act in a normal manner while under effect of drug

CANNABIS – botanical name of marijuana

SLANG TERMS:

POT	THAI WEED
GRASS	HERB
SMOKE	WEED
REEFER	SINSE
THAI STICK	

DEPRESSANTS AND RELATED COMPOUNDS

A greater health hazard than opiates, barbiturates are as addictive as heroin and have even more dangerous withdrawal effects. Although they constitute a major drug problem, barbiturates are considered "soft" because they may be obtained legally by prescription.

Barbiturates were synthesized in Belgium in 1884. It was not until the early 1900's that sedative derivatives were used to treat anxiety and sleeplessness. In the 1930's, new evidence revealed that barbiturate use resulted in many of the same side effects as alcohol.

Sedatives, often called tranquilizers or sleeping pills, depress or slow down the body's function. Their effects range from calming anxiety to promoting sleep; and in rare cases, possibly even death. When combined with the most common depressant, alcohol, sedatives become more dangerous.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

BARBITURATES

Barbiturates, often called "barbs" or "downers", include:

Pentobarbital (Nembutal) – yellow capsules
Secobarbital (Seconal) – red capsules
Amobarbital (Amytal) – blue capsules

These drugs are sold in capsule, tablet, liquid or suppository form.

Their effects are in many ways similar to the effects of alcohol. Small amounts produce calmness and relax muscles, while somewhat larger doses cause slurred speech, staggered gait, poor judgement, and slow, uncertain reflexes. Larger doses can cause unconsciousness and death.

BENZODIAZEPINES

The most common benzodiazepines abused are Diazepam (Valium) and Alprazolam (Xanax). Valium is used to alleviate the symptoms of anxiety and tension and is commonly encountered in pastel colored tablets ranging from 2 to 10 milligrams. Xanax is taken in smaller doses and has recently increased

in abuse. Over three billion of these tablets are consumed yearly in the United States. Librium, Klonopin, and Dalmane also fall into this class of drugs.

NON – BARBITURATE DEPRESSANTS
CHLORAL HYDRATE "MICKEY FINN"

A drug that, if added to a drink, will produce unconsciousness. When dissolved, it is odorless and tasteless. Many older patients use this drug to help them sleep.

METHAQUALONE

The most abused of non-barbiturate sedatives, especially by young people, methaqualone is commonly known as "Quaalude" or "lude." It is valued for it's ability to produce a state resembling moderate to severe alcohol intoxication. The combination of Quaaludes and alcohol is referred to as "luding out". "Look-a-likes," which actually contain Diazepam (Valium), are frequently sold as methaqualone.

Methaqualone use remains a very low level drug problem today.

CONCLUSION

It is hoped that the information contained in this manual will assist the supervisor in identifying commonly abused drugs and the signs and symptoms displayed by those who are abusers. It is imperative that the investigatory and administrative guidelines contained herein be scrupulously followed to protect both the Department's interests and the rights of the individual members of the service. For those interested in furthering their knowledge of drugs and their abuse, a bibliography of those works consulted for the preparation of this manual is found at the end of this text.

APPENDICES
APPENDIX I
EMPLOYEE ASSISTANCE PROGRAMS

Alcohol Counseling Unit	(212) 489-0585
Chaplains Unit	(212) 374-6472
Drug Awareness Program	(212) 477-9706
Early Intervention Unit	(212) 374-6730
Employee Relations Section	(212) 374-5434
Health Services Division	(718) 760-6723
Psychological Services	(718) 760-7665

APPENDIX II
DRUG PRICE LIST

HEROIN

PACKAGING	QUANTITY/PURITY	COST
KILO/"KEY"	2.2 LBS. OR 15,432 GRAINS 70%purity	$ 80,000 TO $ 160,000.00
STREET OUNCE	437.5 GRAINS 5% purity	$ 1,000 TO $ 1,600.00
WHOLESALE OUNCE	437.5 GRAINS 70% purity	$ 3,000 TO $ 9.000.00
HARLEM QUARTER	25 TO 35 GRAINS 3% – 5% purity	$35 TO $40
DIME BAG	2 GRAINS 3% purity	$ 10.00

COCAINE

KILO/KEY	2.2LBS. OR 15,432 GRAINS 90% purity	$17,000 TO $24,000.00
OUNCE	437.5 GRAINS 60% – 80% purity	$1,000 TO $1,400.00
OUNCE	437.5 GRAINS 40% – 60% purity	$700 TO $900.00
OUNCE	437.5 GRAINS 20% – $40% purity	$300 TO $600.00
GRAMS	15.4 GRAINS 12% – 15% purity	$65 TO $100.00
BLOWS	2 TO 4 GRAINS	$5 TO $10.00
CRACK	1 TO 2 GRAINS 85% + purity	$10 to $20.00

MARIJUANA

POUND	7,000 GRAINS = 1,750 JOINTS	$1,000 TO $1,300.00
OUNCE	437.5 GRAINS = 110 JOINTS	$80 TO $100
$5 ENVELOPE	40 GRAINS = 8 TO 10 JOINTS	$5.00
$3 ENVELOPE	20 GRAINS = 4 TO 5 JOINTS	$3.00
1 JOINT	4 TO 5 GRAINS	$1.00

NOTE: PRICES FLUCTUATE CONSTANTLY.

APPENDIX III

PATROL GUIDE

PROCEDURE No. 118-18

ADMINISTRATION OF DRUG SCREENING (DOLE) TESTS FOR CAUSE

DATE ISSUED	DATE EFFECTIVE	REVISION NUMBER	PAGE
10-7-88	10-14-88	88-6	1 of 4

PURPOSE

To investigate and detect illegal drug use by members of the service (uniformed and civilian).

SCOPE

The administration of a drug screening test is a procedure utilized by this Department to detect the presence of drugs in the urine of members of the service suspected of illegal drug usage. To balance the public interest in having a drug-free police department against the individual employee's right to privacy, drug screening tests will be administered when there is a reasonable suspicion to believe that an individual member of the service (uniformed or civilian) is illegally using drugs. When reasonable suspicion does exist, the member suspected of using drugs MUST take the drug screening test when directed; refusal will result in immediate suspension from duty and subsequent service of Charges and Specifications.

PROCEDURE

When a member of the service suspects that another member (uniformed or civilian) may be using drugs illegally:

MEMBER OF THE SERVICE

1. Immediately notify commanding officer/duty captain or Internal Affairs Division, Action Desk ([718] 834-4321).
   a. Provide rank, name and command of suspected member.

COMMANDING OFFICER/ DUTY CAPTAIN

2. Notify Internal Affairs Division, Action Desk and comply with instructions received.

SUPERVISOR DIRECTED TO CONDUCT INVESTIGATION

SUPERVISOR CONDUCTING INVESTIGATION

3. Determine if a REASONABLE SUSPICION has been established indicating drug use.

NOTE

REASONABLE SUSPICION - Exists when evidence or information which appears reliable is known to the police supervisor and is of such weight and persuasiveness as to make the supervisor, based upon his/her judgement and experience, reasonably suspect that a particular member of the service is illegally using drugs. A reasonable suspicion that a member is illegally using drugs must be supported by specific articulable facts from which rational inferences may be drawn. Reasonable suspicion cannot be based upon mere "hunch" or solely upon poor work performance.

4. Prepare INVESTIGATING OFFICER'S REPORT (PD313-153) and record observations and other pertinent data.

NOTE If suspicion of drug use is based on observation of the suspected member's physical appearance, at least two (2) supervisors must make observations.

5. Prepare a case folder for documentation of all aspects of investigation.
6. Confer with own immediate supervisor if reasonable suspicion has been established that member is using drugs illegally.
7. Contact bureau chief/counterpart/borough commander, upon completion of investigation to obtain approval for drug screening test.
   a. If circumstances indicate drug screening test must be given expeditiously, immediately contact bureau chief/ counterpart/ borough commander for approval.

BUREAU CHIEF/ COUNTERPART/ BOROUGH COMMANDER

8. Approve request for drug screening test ONLY after carefully determining that investigating supervisor's report has established reasonable suspicion.
9. Direct that member taking drug screening test be placed on modified assignment pending results of test, unless other circumstances warrant suspension.

NOTE Approval of bureau chief/counterpart/borough commander must be obtained prior to administration of the drug screening test. If bureau chief/counterpart/borough commander is not available, executive officer concerned or duty chief, may be contacted for approval.

SUPERVISOR CONDUCTING INVESTIGATION

10. Contact Health Services Division ([718] 803-4571) when approval is received for administration of drug screening test and obtain serial number.
    a. Obtain serial number even if member refuses test.
    b. Include drug screening test serial number in case folder along with all other documentation.

NOTE If Health Services Division is closed, contact Sick Desk supervisor ([718] 803-4575).

11. Advise member suspected of drug usage that refusal to take test will result in immediate suspension from duty.

12. Notify the Department Advocate that drug screening test was ordered, provide all pertinent information and obtain identity of member notified.
    a. Notify Health Services Division to make entry in "Drug Screening Test Log" under caption "DEPARTMENT ATTORNEY NOTIFIED."

MEMBER CONCERNED, HEALTH SERVICES DIVISION

13. Inform investigating supervisor where test will be given and procedure to be followed.
14. Maintain "Drug Screening Test Log" in an appropriate department record book, captioned across a double page, as follows:

FIRST PAGE

DRUG SCREENING TEST#	DATE/TIME	NAME OF MEMBER TESTED	TAX REGISTRY NUMBER	COMMAND

MEMBER REQUESTING TEST	COMMAND

SECOND PAGE

DELIVERING OFFICER	DATE/TIME OF DELIVERY	DEPARTMENT ATTORNEY NOTIFIED	WITNESS TO TEST

RESULTS OF TEST	REMARKS

ADDITIONAL DATA

A police surgeon, specifically a medical doctor employed by the department, may order a drug screening test without securing prior approval of the bureau chief/counterpart/borough commander concerned. However, when a police surgeon desires a test for a member of the service he suspects of illegally using drugs, the police surgeon will confer with the Supervising Chief Surgeon or designee, if feasible.

To further protect the employee's right to privacy in those cases in which the results of the drug screening test do not indicate the presence of a narcotic substance or marijuana, the investigator's case folder will be sealed. The folder will not be unsealed without the written authorization of the Deputy Commissioner-Legal Matters. The case folder will be filed in the Field Internal Affairs Unit (F.I.A.U.) concerned. Furthermore, any reference to the administration of the drug screening test in the personal folder of the member concerned will be expunged.

ADDITIONAL DATA (continued)

An investigating supervisor finding controlled substances contraband, i.e., drugs or instruments used to administer drugs, e.g., hypodermic syringes/needles, crack pipes, etc., on or in the vicinity of a suspected member of the service (uniformed or civilian) will have such items invoiced on PROPERTY CLERK'S INVOICE (PD521-141) as investigatory evidence and comply with the pertinent provisions of Patrol Guide procedures 113-17 and 113-18. In addition, the investigating supervisor will have the following statement printed in large block letters on top of the INVOICE:

"NOT TO BE DESTROYED WITHOUT APPROVAL OF DEPARTMENT ADVOCATE'S OFFICE."

RELATED PROCEDURES

Reporting Violations Observed by Supervising Officer (P.G. 118-1)
Preparation of Charges and Specifications (P.G. 118-5)
Service of Charges and Specifications (P.G. 118-6)
Interrogation of Members of the Service (P.G. 118-9)
Cause for Suspension or Modified Assignment (P.G. 118-10)
Suspension from Duty (P.G. 118-11)
Modified Assignment (P.G. 118-12)

GLOSSARY

24/7 – 24 hours a day, 7 days a week
Acid – a street term for Lysergic Acid Diethylamide (LSD)
Amphetamines – stimulants which include among others, dexedrine, methedrine and benzedrine
Amytal – blue capsuled barbiturate
Angel Dust – a street name for phencyclidine (PCP)
Bad Trip – term used to describe a panic reaction or other seriously disturbing psychological drug such as marijuana or LSD
Barb – street name for barbiturates
Barbiturates – downers
Bazuka – off-white paste; pre-processed cocaine; smoked
Beamer – crack smoker
Bennies – benzedrine (amphetamine sulphate)
Bhong – water pipe of large cylindrical shape for smoking marijuana, a.k.a. carburetor
Black Beauties – amphetamines
Black Tar – rock heroin from Mexico resembling street tar
Blast – smoking crack; taking a drag from a crack-filled stem
Blow – street name for cocaine
Blow a Joint – smoke marijuana
Bogart – street slang for keeping a joint for oneself as opposed to passing it to others in the group
Bombita – speedball (heroin and cocaine combination)
Bomb squad – name for crack selling crew
Boot – to inject a drug directly into a vein
Bottles – crack vials
Break night – staying up all night and seeing day break
Bridge and tunnel people – people living outside the city and using bridge and tunnels to reach drug-copping locations in Manhattan
Buck – to shoot someone in the head
Burned Out – a street term for a drug user who has used habitually to the extent that motivation is noticeably diminished
Buy – make a purchase of drugs
Buzz – moderate euphoric reaction to drugs
Carburetor – crack stem attachment used when stem is broken or too short
Chasing the Dragon – smoking heroin on aluminum foil
Chicken scratch – searching on hands and knees for crack
Chipping – taking occasional small injections of a drug
Cocoa puff – smoking cocaine and marijuana on a joint
Connection – a source from which a drug can be obtained
Cooker – any spoon or bottle cap used in the preparation of heroin for injection
Cop – to obtain or buy a drug
Cotton – a small piece of cotton through which the drug is strained as it is drawn from the cooker into the syringe
Crack – freebased cocaine in rock form
Cracker jacks – crack smokers
Crank – methamphetamine (methedrine), speed, crystal meth.
Crash – to come down from the effects of a drug, sometimes with accompanying fatigue or depression

Credit Card – stem
Cut – a street term for the process of adulterating a drug to increase its bulk or for the material used to adulterate the drug (scramble, whack)
Dealing – trafficking in drugs illegally
Decks – small amounts of heroin packaged in glassine envelopes
Dime Bag – a $10.00 amount of a drug
Dope – slang term for illicit drug such as heroin
Downer – barbiturate or other sedative
Dust – abbreviated version of Angel Dust
Eight-ball – an eight ounce bag of a drug
Fix – an amount of a drug needed to support a habit
Flash – euphoric reaction experienced immediately after an intravenous injection
Flashback – temporary recurrences of the LSD experience occurring days or months after the initial dose
Formication – the hallucinations that ants, insects or snakes are crawling on or under the skin
Good stuff – quality drugs; drugs that are high in purity
Goof balls – barbiturates
Got beat – purchase of poor quality drugs
Grass – slang term for marijuana
Hash – hardened resin of cannabis sativa, which may contain 10% THC
Head – someone who uses drugs regularly
Herb – slang term for marijuana
High – to be intoxicated on a drug
Hit – to get a dose of a drug
Horner – sniffer of narcotics
"J" – joint or marijuana cigarette
Jag – keeping the high going
Junk – narcotics
Junkie – addict
Key – a kilogram of a drug (2.2 lbs.; kg.)
Kibbles and bits – small crumbs of crack
Lady – one of the many terms of cocaine
Lid – a loose term for a quantity of marijuana, usually about an ounce
Lines – two (2) inch (approximately) long amounts of a powdered drug , usually cocaine that is then snorted through the nose from a mirror or other non-porous surface
Load – 25 bags of heroin
Mainline – to inject a drug into a vein
Mickey Finn – chloral hydrate
Mike – street term for a microgram of drug (1/1,000,000 gm.), usually LSD. A typical dose may range from 100 to 250 micrograms
Narc – narcotics agent
Needle – another name for syringe
Nickel Bag – a $5.00 amount of a drug
O.D. – overdose
On the Nod – under the influence of drugs

Papers – cigarette paper used to hand-roll marijuana joints
Paraphernalia – any of a wide assortment of equipment for preparing or consuming illicit drugs
Peace Pill – slang term for phencyclidine (PCP)
Pep Pills – uppers, stimulants
Pimp your pipe – lending or renting your pipe or stem
Pot – slang for marijuana
Power puller – rubber piece sometimes attached to crack stems
Psilocybin – mind-altering ingredient in psilocybe mushrooms; hallucinogen
Purple Haze – LSD
Pusher – metal hanger or umbrella rod used to scrape crack stems
Reefer – slang term for marijuana
Ringer – good hit or crack; user hears bells
Roach Clip – any one of the many forms of clip or tweezer used to hold the butt or "roach" of a joint so that the remaining part can be smoked to as short of length as possible
Rocket caps – dome-shaped crack vials
Run – the length of time a person is effected by a drug before a crash
Rush – intense euphoria experienced immediately after drug injection
Score – make a purchase
Shaker/baker/water – materials needed to freebase cocaine
Shoot the breeze – term used by nitrous oxide users
Shoot up – to inject drugs
Sinsemilia – a high potency, seedless variety of marijuana
Skin-Popping – to inject a drug directly under the skin
Smack – heroin
Snort – to inhale a drug through the nose
Snow – slang for cocaine
Spacebasing – smoking a combination of crack and Angel Dust
Spike – cylinder to smoke crack
Stoned – a synonym for being high or drug intoxicated
Straight – not using drugs
Strung Out – to be seriously dependent on a drug and have evident effects from its use by the withdrawal symptoms following its discontinuance
Synesthesia – the phenomenon of "seeing sound," "hearing color"
T-caps – small crack vials with "T" engraved on its caps
THC – principle psychoactive ingredient in marijuana; delta-9-tetrahydocannabinol
Thirst monsters – crack smokers
Toke – a puff of a joint
Toot – slang term for cocaine
Tracks – marks and scars from the use of a hypodermic needle
Tuinals – red and blue capsules; barbiturates
Turn On – to introduce another to an illicit drug
Wasted – to be extremely high or intoxicated
Whip-Its – small canisters containing nitrous oxide that are then inhaled through a balloon apparatus purchased along with the whip-its at head shops
Wired – being high
Works – equipment for injecting drugs
Yellow Jackets – street term for Nembutal capsules
Zulu – combination crack and PCP

NOTES

LIST OF WORKS CONSULTED

Iannone, Nathan, *Supervision of Police Personnel,* Englewood Cliffs, N.J., 1987.

Plasket, BJ, Quillen, Ed, *The White Stuff,* New York, N.Y., 1985.

Tennant, Forrest S., M.D., Dr. P.H., *Identifying Drug Users in the Workplace,* The Narc Officer, 1987.

Identifying the Cocaine User, The Narc Officer, 1987.

Identifying the Marijuana User, The Narc Officer, 1987.

Identifying the Heroin User, The Narc Officer, 1987.

FEDERAL GOVERNMENT:

A Pharmacists Guide to Drug Abuse, Spring House, PA, 28-29.

Drugs of Abuse, Drug Enforcement Administration, Washington, D.C., 1988.

Psychological Services for Law Enforcement, U.S. Department of Justice, Washington, D.C., 1988.

Student Drug Use In America 1975-1981, National Institute on Drug Abuse, Washington, D.C. 1982.

Urine Testing for Drugs of Abuse Research Monograph Series 73, National Institute on Drug Abuse, Washington, D.C., 1986.

NEW YORK CITY POLICE DEPARTMENT:

Information contained in this manual was supplied by the following:

Department Advocate's Office, First Deputy Commissioner
Health Services Division, Personnel Bureau
Narcotics Division, Organized Crime Control Bureau
Specialized Training Unit, Police Academy

POLICE DEPARTMENT MANUALS CONSULTED:

Borough Based Training Program
87-1 Instructor's Guide

Superior Officers Drug Awareness Guide