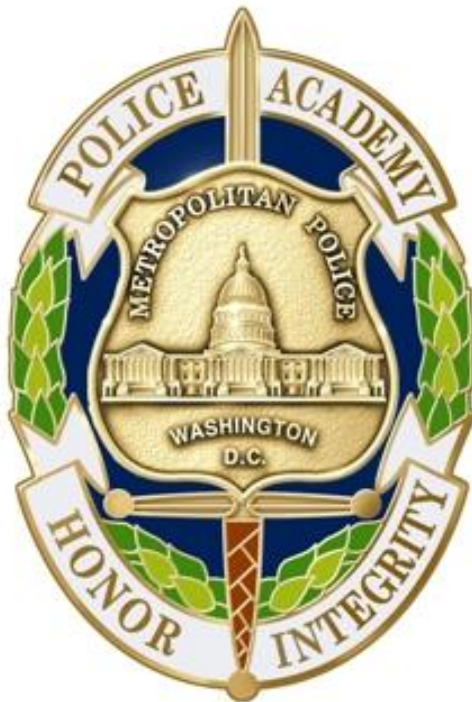


Metropolitan Police Academy



10.1 Narcotic Offenses

July 3, 2025

Introduction

Narcotics enforcement is a very complex topic, and many officers devote their careers to specializing in this area. This lesson will give you an overview of the most common illegal narcotics encountered in the District as well as the basic narcotics laws of the District of Columbia. We are going to discuss the types of drug-related calls you will be expected to handle as a patrol officer and the basic drug investigations you will need to complete. You will learn how to handle and prepare seized drugs as well as how to complete all of the required paperwork for drug related arrests. Although investigating and processing drug related offenses can be more complicated than other offenses, it is an important job skill for a police officer. The pathology surrounding the illegal drug trade fuels violent crime, white collar crime, and many instances of property crime. Many individuals arrested and prosecuted for offenses test positive for drug use. You are certain, at one point or another in your career, to encounter a scene where illegal drugs are involved.

10.1.1 Acquire a basic knowledge of illegal narcotics commonly encountered in Washington, DC

Like many other big cities in the United States, Washington, D.C. struggles with the sale and consumption of illegal drugs. Although there are many different substances abused by individuals and a nearly infinite number of ways of packaging and transporting them, there are several general trends you will find in Washington, D.C.

Cocaine

Cocaine is derived from the leaves of the *Erythroxylum coca* plant which grows throughout South America. In ancient times, South Americans would chew the leaves of the coca plant, which provided euphoria and stimulated the body. Europeans discovered it shortly after arriving in the western hemisphere, with explorers noting that South Americans routinely packed their cheeks with coca plant leaves. Cocaine was initially produced for medical purposes in Europe and North America. Cocaine is actually a very effective topical anesthetic still used in very limited circumstances today. Coca-Cola was originally marketed as a medicinal cure for morphine and opiate addiction and contained coca leaves (though it no longer does today).

When cocaine is initially produced in South America, the coca leaves are processed into a sort of alkali sludge, to which hydrochloric acid is added and then the cocaine is filtered. This results in a substance which dries into a white, flaky or crystalline powder. This is known as **powder cocaine** or **cocaine hydrochloride** or **cocaine HCL**. Cocaine HCL is smuggled into the United States in kilogram packages where it is distributed to mid-level dealers for resale. It is a common practice for dealers to “cut” their cocaine HCL with another white powdery substance. Although this dilutes the purity of the cocaine, it creates a greater amount of total supply that they can break up for resale. In Washington, D.C. cocaine HCL is most often sold in retail quantities in small Ziplock bags (or “zips”) by the gram, and is usually ingested through the nose by snorting.

The other common form of cocaine in Washington, D.C. is **cocaine base** (also known as “crack” or “crack cocaine”). Due to its chemical composition, cocaine has a very high vaporization point which makes it difficult to smoke because users must have some type of accelerant such as ether, this makes it volatile in order to ingest cocaine by smoking, a very strong alkali must be introduced which turns it from a salt into a “base” (a process called “freebasing” or “freeing the base”). Baking Soda is a very common and safe alkali that is used to prepare cocaine base today. Cocaine base is white or off-white in color, and has a chunky or rock-like appearance, which has led to it being called “crack rocks.” It is commonly sold in small zips, with users making purchases according to the size of the rocks rather than any given weight.

Cocaine base is most often smoked with a small glass pipe, called a “crack pipe” or “stem.” Usually a piece of wire mesh, similar to “chore boy” scouring pads, is placed in the pipe as a filter. A small, long piece of metal, called a “push rod” is used to push the crack into the pipe. Smoking cocaine base leads to an even more intense feeling of euphoria than using powder cocaine, but the feeling fades extremely quickly. The surge in use of cocaine base in the late 1970s and the 1980s was so damaging to many inner-city areas that it is referred to as the “crack epidemic.”

Heroin

Heroin is an opiate which is a by-product of the *Papaver somniferum*, or Poppy plant. Smoking opium is an ancient practice with a recorded history of over 5,000 years, going back to the ancient Sumerians. Today, opium is extracted in liquid form from poppy flowers, allowed to dry, and processed into heroin.

Heroin is most commonly found as a brown, beige, or tan powder though it is sometimes found as a dark colored tar. Heroin produces a feeling of intense euphoria and severe drowsiness in users. Users develop a tolerance over time, which requires them to seek out purer heroin or to use greater amounts, which carries an increased risk of death from respiratory failure. Heroin is most commonly packaged in small zips. These include very small zips, usually 10 in number; rubber banded together and called a “ten pack.” These are not as common as they used to be in the 1990’s and early 2000’s. Somewhat larger zips for ½ and 1-gram amounts are also common. Another common method of packaging is a “bundle,” which is a single piece of paper folded over on itself several times to create an envelope.

There are two main methods used to ingest heroin. The first method is to inject it using a syringe. Officers should be extremely cautious if they have cause to search a suspected heroin user, as many times they will have uncapped syringes on their person. Spoons, bottle-caps, lighters, and cotton balls are also commonly found with intravenous heroin users. The second method is to snort the heroin, often through a straw cut at a 45-degree angle. Heroin can also be smoked.

Fentanyl

Fentanyl is a powerful synthetic opioid that is 50-100 times more potent than morphine. It can be used to treat patients with severe pain after surgery or patients who have chronic pain. Synthetic opioids are now the most common drugs involved in drug overdose deaths in the US. In 2017, 59 percent of opioid related deaths involved fentanyl. In its illegal form fentanyl is sold as a powder, dropper onto blotter paper, put in eye droppers or nasal sprays, or made into pills that look like prescription opioids. Sometimes fentanyl is mixed with other drugs such as heroin, cocaine,

methamphetamine, and MDMA. This can cause an overdose because the body is not used to the stronger opioids.

Phencyclidine (PCP)

Phencyclidine, or PCP, was originally developed as an animal tranquilizer but its abuse became such a problem that it is no longer legitimately manufactured today. PCP is a hallucinogen/stimulant that causes auditory hallucinations, confusion, and violence. Those under the influence of PCP exhibit an altered mental state, often have the “1,000-yard stare,” and do not respond to pain stimuli. PCP users often sweat excessively, and will remove their clothes in an attempt to cool themselves. A radio assignment that makes mention of a naked individual often indicates that the subject is under the influence of PCP. These are extremely volatile situations, and may require numerous officers. Although not all encounters with PCP users result in the use of physical force, it can take several officers to control a subject high on PCP.

PCP is most commonly encountered in liquid form. It is usually amber in color and has a very strong and distinctive chemical or ether odor. It is sold in small glass vials. Sometimes instead of buying liquid PCP, users will purchase a **dipper**, which is a cigarette that has been immersed in PCP. It is common for the user to supply their own cigarette and the dealer to charge for dipping it into the supply of PCP to saturate the cigarette. Dippers will be wet to the touch, and officers should utilize caution when handling them to avoid accidental exposure. Although seen less frequently, PCP can also appear as a crystalline structure.

Methamphetamine

Amphetamines are central nervous system stimulants that have current medical uses for treating hyperactivity (ADHD) and obesity. Adderall and Ritalin are examples of medically prescribed amphetamines. Methamphetamine (also known as crystal meth or crank) is most commonly found as an extremely addictive recreational drug, though it can be prescribed by a licensed practitioner in very rare circumstances. Meth is commonly found as chunky crystals, with purer products appearing more translucent; the purest forms of meth will appear like crystals of ice or glass, while less pure forms will be cloudier. Meth has a long lasting high, with increased energy and activity and little to no appetite. It is common for meth users to binge on meth, staying awake and hyperactive for days at a time, until they crash and rest for a prolonged period.

Meth is most commonly packaged in zips. You may also encounter it packaged by being wrapped in tin foil. Similar to heroin and cocaine HCL, meth is packaged and sold as fractions or multiples of a gram. The most common method of ingesting meth in Washington is to smoke it, usually out of a glass pipe.

Manufacturing methamphetamine is a fairly complicated process, and most of the high quality and high-volume meth distributed in the United States is manufactured in chemical laboratories in the western states and Mexico. However, it is also possible to manufacture meth out of pseudoephedrine, an ingredient found in cold medicines such as Sudafed. Some users and distributors “cook” their own meth using improvised home-made laboratories. Although they used to be found almost exclusively in more rural areas, in the last few years, several home-made meth labs have been discovered in Washington, D.C.

These labs present a severe officer safety risk, particularly when they are actively making a batch of meth. Risks include explosion, fire, and inhalation of dangerous chemical fumes. If you ever encounter one of these labs, you need to back out and summon assistance from the Violent Crime Suppression Division (VCSD), Special Operations Division (SOD) and/or Domestic Security Operations.

Suboxone

Suboxone is an opioid narcotic that is used to treat heroin addiction and produces a high similar to other opioids. Suboxone is most common in a pill form as an orange, hexagonal pill with “N8” or “N2” (indicating an 8mg or 2mg dose). Suboxone is also sold as a strip that dissolves under the tongue. Suboxone is legal to possess with a prescription; however, individual pills are commonly sold illegally on the street. Heroin users will often attempt to purchase suboxone to satisfy their addiction if they are unable to locate any heroin to buy.

Methadone

Methadone is a medication approved by the FDA to treat Opioid Use Disorder (OUD) as well as for pain management. When taken correctly, methadone is safe and effective, but when abused can cause severe psychological and physical dependence. It is sold in the form of tablets, oral solutions or an injectable liquid.

Oxycodone (and other related pain killers)

Codeine is a narcotic medicine that is often prescribed as a painkiller and sedative. Medications that include codeine produce highs similar to heroin and other opioids when abused. Like suboxone, these medicines are legal to possess with a prescription. However, recreational use of these drugs has been increasing in recent years, particularly among teenagers. Since they produce a similar high, it is suspected that prescription pain killer abuse has been fueling the recent rise in heroin abuse, as users seek stronger effects. When sold illegally, these painkillers are usually priced per pill, which is the common form in D.C. An example of this type of narcotic is Percocet, which is often popular among younger users.

Club Drugs

There are a number of hallucinogens which are commonly used socially at nightclubs and bars among young adults and teenagers. They are particularly popular among attendees at raves and dance parties, and have come to be known collectively as “club drugs.” The most commonly known is Ecstasy (also called MDMA, short for methylenedioxymethamphetamine). MDMA produces feelings of euphoria, relaxation, and friendliness/empathy. It also suppresses hunger, thirst, and fatigue which allows the users to dance and party for extended periods of time. MDMA is most commonly found as small, brightly colored pills stamped with a variety of designs, corporate logos, and cartoon characters. Dealers charge by the pill.

Recently, pure MDMA has become popular among club drug users, and is known as “Molly.” However, much of what is sold as “Molly” is actually regular MDMA, other amphetamines, other chemicals, or caffeine pills. There have been a number of deaths in recent years associated with the use of MDMA/Molly at these parties.

Synthetic Cannabinoids

The most recent drug that has come to be widely abused is synthetic marijuana, or synthetic cannabinoids. Most commonly referred to as K2, this synthetic marijuana consists of inert shredded plant leaves coated with psychoactive chemicals. The packages are often labelled as “bath salts,” “incense” or may contain the disclaimer “not for human consumption.” Although the DEA has been attempting to outlaw the most common chemicals found in these brands, the manufacturers often change the chemical composition of the product to keep their chemistry a step ahead of the law.

In Washington, D.C. synthetic marijuana is most commonly smoked in a hand rolled cigarette, known as a “joint.” There has been a wide range of reported effects from consuming synthetic marijuana, from a marijuana-like high to psychotic behavior and ill health. This likely stems from the fact that one can never know exactly what the chemical formula is they are ingesting, as these drugs are manufactured clandestinely and the packages do not contain an ingredient list. This has been challenging as there are currently no field test kits and it is more challenging to test in the lab as the chemical make-up of these substances often varies. Due to the Revised Synthetics Abatement and Full Enforcement Drug Control Emergency Amendment Act of 2018, the need for a field test has been eliminated.

10.1.2 Acquire a basic knowledge of the Uniform Controlled Substances Act

The Metropolitan Police Department enforces the Uniform Controlled Substances Act (commonly called the UCSA), which is found in Title 48, Subtitle III, Chapter 9 of D.C. Code. The majority of the arrests and enforcement actions taken by the Department in regards to illegal drugs are for violations of the UCSA.

§48-901.02(4)

D.C. Code defines a “**controlled substance**” as:

A drug, substance, or immediate precursor, as set forth in Schedules I through V of subchapter II of this section.

The different drug schedules are the system that the federal government originally devised to classify drugs that needed to be tightly controlled and regulated. The scheduling system was adopted for a number of reasons:

- It allows controlled substances to be regulated with different levels of intensity based on their general properties.
- It allows lawmakers to write laws more easily; they can refer to “all schedule III drugs” instead of having to list over 20 different substances every time a law is written.
- It allows flexibility, as the government can move drugs between different schedules without having to rewrite the law every time they do so.

Drugs on the schedule system are tightly controlled, and can only be obtained or possessed with a prescription or a license. You can compare this to so called over-the-counter drugs like aspirin. Aspirin is not on a schedule, and can be freely purchased and possessed by anyone.

There are five different schedules of controlled substances in D.C. Code.

Schedule I Controlled Substances (§48-902.03-902.04)

These are the most highly regulated controlled substances. The Mayor shall place a controlled substance on Schedule I when the Mayor finds that it:

1. Has high potential for abuse; and
2. Has no accepted medical use in the United States or District of Columbia

Examples of the controlled substances found in Schedule I include heroin, LSD, GHB (the “date rape” drug), and psilocybin (“magic mushrooms”).

Schedule II Controlled Substances (§48-902.05-902.06)

These are still highly controlled substances, though they do have limited medical uses. The Mayor shall place a substance on Schedule II when the Mayor finds that it:

1. Has a high potential for abuse;
2. Has currently accepted medical use in the United States or District of Columbia, with severe restrictions; and
3. The abuse of the substance may lead to severe psychological or physical dependence

Examples of the controlled substances found in Schedule II include cocaine, PCP, and amphetamine and methamphetamine.

Schedule III Controlled Substances (§48-902.07-902.08)

These are regulated substances with middling addictive properties and accepted medical uses. The Mayor shall place a substance on Schedule III when the Mayor finds that it:

1. Has a potential for abuse less than Schedule I and II substances;
2. Has currently accepted medical use in the United States or District of Columbia; and
3. The abuse of the substance may lead to moderate or low physical dependence or high psychological dependence

Examples of the controlled substances found in Schedule III include testosterone and cannabis (marijuana).

Schedule IV Controlled Substances (§48-902.09-902.10)

These are regulated substances with milder addictive properties and accepted medical uses. The Mayor shall place a substance on Schedule IV when the Mayor finds that it:

1. Has a lower potential for abuse than Schedule III;
2. Has currently accepted medical use in the United States or District of Columbia; and
3. The abuse of the substance may lead to limited psychological or physical dependence

Examples of the controlled substances found in Schedule IV are diazepam (Valium) and clonazepam (sedative and anti-seizure medication).

Schedule V Controlled Substances (§48-902.11-902.12)

These are regulated substances with the lowest addictive properties. The Mayor shall place a substance on Schedule V when the Mayor finds that it:

1. Has a lower potential for abuse than Schedule IV;
2. Has currently accepted medical use in the United States or District of Columbia; and
3. Has limited psychological or physical dependence liability compared to Schedule IV

Most of the controlled substances on this schedule are prescription medications that contain small amounts of other controlled substances, like cough syrup that contains codeine.

The schedules in D.C. Code closely, but do not exactly follow, the Federal Controlled Substance Act schedules. Perhaps the most noteworthy difference is that D.C. Code now defines cannabis (marijuana) as a Schedule III controlled substance, while US Code still defines it as a Schedule I substance.

Most, if not all, of the narcotics related arrests you will make as a patrol officer will be for violations of the Uniform Controlled Substances Act. However, in the case of an extremely large seizure of controlled substances with an arrest, you can charge the defendant with a violation of the Federal Controlled Substances Act, and present the case to US Attorney's Office who may decide to prosecute it federally. Typically, these charges are appropriate for seizures of significant fractions of kilograms or the equivalent.

10.1.3 Classify the elements of narcotics related offenses

PROHIBITED ACTS (POSSESSION) § 48-904.01(d)(1) (Misdemeanor 180 days)

It is unlawful for any person to knowingly possess a controlled substance unless they have a valid prescription, license, or authority.

This is the basic possession statute used by the Department for simple possession of illegal narcotics (with the exception of liquid PCP). All it requires is that someone possesses a measurable amount of a controlled substance without authorization. It is normally charged as "UCSA – Possession of (appropriate controlled substance).

A prescription can be issued for any controlled substance from schedules II – V. Per D.C. Code (§48-903.08(e)), there will be a label attached to the container of any controlled substance issued pursuant to a prescription. That label will contain:

- The name of the controlled substance
- The name of the patient (or animal owner if prescribed for an animal)
- The date filled
- The name and registry number of the practitioner

PROHIBITED ACTS (POSSESSION OF LIQUID PCP) § 48-904.01(d)(2) (Felony 3 years)

D.C. Code specifically makes simple possession of **liquid** PCP a felony. The elements are the same as possession of any other controlled substance, but if the controlled substance is liquid PCP, it is a higher charge.

The PCP must be in a liquid form. A dipper, despite having been saturated with liquid PCP, does not count as liquid PCP for this statute. This statute is normally charged as "UCSA – Possession of Liquid PCP."

For example, you are patrolling the 1400 block of R Street, NW. You walk into the south alley and observe Sam next to a dumpster. He has a cigarette in his mouth and is about to light it. When he notices you, he appears to become very nervous and quickly removes the cigarette from his mouth

and drops it on the ground and walks a few feet away. When you examine the cigarette, you can smell the strong chemical odor consistent with “PCP” and appears to be wet. You recover the dipper, and would arrest Sam for UCSA – Possession of PCP, a misdemeanor charge.

In a different example, when you walk into the alley, Sam is holding a small glass vial. Upon noticing you, he quickly places it on the dumpster and walks a few feet away. When you approach the vial, you notice that it contains an amber liquid and can smell the strong chemical odor of “PCP.” You recover the vial, and would arrest Sam for UCSA – Possession of Liquid PCP, a felony charge.

PROHIBITED ACTS (MANUFACTURE, DISTRIBUTE, OR POSSESSION WITH INTENT TO DISTRIBUTE) § 48-904.01(a)(1) (Felony up to 30 years, depending on substance)

It is unlawful for anyone without a license or authorization to knowingly manufacture, distribute, or possess with intent to distribute any controlled substance.

This statute outlines three different felony charges enforced by the Department. The first is manufacturing a controlled substance. **Manufacturing** means to grow or produce a controlled substance through any process. This would include making drugs like methamphetamine in a laboratory, adding baking soda and heat to cocaine HCL to make cocaine base, or growing psilocybin mushrooms.

This offense would be charged as “UCSA – Manufacture of (appropriate controlled substance).”

The next offense defined by this statute is distribution of a controlled substance. To **distribute** means the actual or attempted transfer of a controlled substance. Although this is the charge utilized when someone is arrested for selling drugs in exchange for money, goods, or services it is not an element of distribution that anything of value be exchanged for the controlled substance.

This offense would be charged as “UCSA – Distribution of (appropriate controlled substance).”

For example, Ray is standing in the 4300 block of Georgia Avenue, NW. Kelly approaches Ray and gives him a \$20 bill in exchange for a small red zip of heroin. Ray could be arrested for Distribution. This is the typical scenario most people think of for distribution of heroin.

Ray is standing in the 4300 block of Georgia Avenue, NW. He has just received a new shipment of heroin, and wants to put the word out on the street that he has a high-quality batch. Thomas, a local addict, approaches Ray. Ray tells Thomas that he has just gotten a good shipment in, and gives Thomas a small red zip of heroin for free. Ray could still be arrested for Distribution, as he transferred the controlled substance from himself to Thomas, despite not receiving anything in return for it.

The third offense defined by this statute is possession with intent to distribute, often abbreviated as “PWID.” This is the possession of *any* amount of a controlled substance with the intent to distribute it. To sustain a charge of PWID, it must be probable that the controlled substance possessed by the defendant is not for personal use, which would only warrant a possession charge.

There are a number of factors that can help establish “intent to distribute.”

- Location: Is this area known for drug sales?
- Packaging: Is the controlled substance contained in one package, or many small ones? Most users will only have a few zips or doses in their possession at any given time.
- Currency: Is the defendant in possession of an amount or type of currency consistent with distribution of narcotics? For example, if the defendant is in possession of packages of drugs that are commonly sold for \$20 each, having a large number of \$20 bills on his person would help articulate intent to distribute as it could be inferred that they came from previous sales of similar packages of drugs.
- Statements: Did the defendant admit or make a statement that the controlled substance was for distribution? E.g., “I’m making money out here all day.”
- Behavior: Did you arrest the defendant for distributing a controlled substance? Often if the defendant has an additional quantity of the controlled substance he distributed, intent to distribute is inferred from the fact of his previous distribution.
- Quantity: How large was the quantity of the controlled substance? Generally larger quantities of controlled substances are more persuasive for intent to distribute.

Generally, aside from a confession, there is no single factor that *automatically* establishes intent to distribute. Officers will have to describe the **totality of the circumstances** that leads them to believe that they have probable cause to charge PWID. The more articulable factors that an officer can describe in detail, the better their chances of sustaining a PWID charge.

This offense would be charged as “UCSA – PWID (appropriate controlled substance).”

§48-1103(a)(1)(1A) DECRIMINALIZES DRUG PARAPHERNALIA FOR PERSONAL USE

Allows a person to use, or possess with the intent to use, drug paraphernalia for the **PERSONAL** use of controlled substance.

Drug Paraphernalia is any item used to

- Ingest a controlled substance, such as a glass pipe or syringes, rolling papers, or metal wire meshes
- Pack or store a controlled substance, such as empty zips, baggies, vials, and scales
- Manufacture a controlled substance, such as grow lights, beakers, and pans
- Conceal a controlled substance, such as clothing with covert pockets and “dugout” style lighters

Most, if not all, of the items that can be drug paraphernalia have legitimate uses. Officers have to articulate as many facts and circumstances as possible that support the assertion that an item is intended to be used with a controlled substance. D.C. Code, in section **§48-1102**, has an extensive list of what can be considered in determining whether an item is drug paraphernalia or not. Some of these factors include:

- The proximity of the item to a controlled substance
- Presence of residue of a controlled substance on the item
- Instructions, written material, or advertising connected with the item
- The scope of the item’s legitimate use
- Expert testimony

DRUG PARAPHERNALIA PROHIBITED ACTS §48-1103(b) (Misdemeanor 6 months; Felony 2 years)

It is unlawful for anyone to deliver or sell, or possess or manufacture with intent to deliver or sell, drug paraphernalia knowing (or when they should have reasonably known) that it will be used as drug paraphernalia. On the first conviction, this charge is a misdemeanor. For subsequent convictions it is a felony.

Community Based organizations are allowed to deliver, sell or possess with intent to deliver or sell drug paraphernalia for the personal use of controlled substance. A community-based organization is a nonprofit organization, that provides services, including medical care, counseling, homeless services, or drug treatment, to individuals and communities affected by drug use. The term "community-based organization" includes all organizations currently participating in the Needle Exchange Program with the Department of Human Services.

NEEDLE EXCHANGE PROGRAM §48-1103.01

The Department of Health has established a needle exchange program to combat the public health risks associated with intravenous drug use, such as the spread of HIV and Hepatitis. The D.C. Needle Exchange (D.C. NEX) provides clean needles to drug users along with harm reduction supplies such as bandages, bottle caps, and cotton swabs. D.C. Code specifically makes an exemption for needles and syringes distributed as part of the program from the prohibition against Possession of Drug Paraphernalia. Such syringes and needles will be marked with a sticker "D.C. NEX" affixed to their packaging. Participants will be provided with official D.C. NEX cards, called "Palm Cards," though they are not required to carry them.

Synthetic Cannabinoids

Synthetic cannabinoids (marijuana), also known as "K2", "Spice", or "Scooby Snax", are covered by the same D.C. Code sections we have just examined, and are charged exactly the same way. Departmental policy mandates that individuals who have no other charges besides simple possession of synthetic cannabinoids should not be summarily arrested. Instead, the synthetic cannabinoids should be seized as evidence and members should apply for an arrest warrant. If there is another charge against the defendant, then members can arrest and also charge the defendant with UCSA – Possession of Synthetic Cannabinoids. If the defendant would be charged with distribution, then members may arrest as usual.

For example, you find Christopher to be in possession of a packet of "Scooby Snax". He is guilty of no other offenses. You should seize the "Scooby Snax" as evidence, identify Christopher, send him on his way, and then apply for an arrest warrant, because you have no field test available.

You arrest Adam for unlawful entry. When you search him incident to arrest, you discover that he is in possession of a packet of "Bizarro." You should seize the "Bizarro" as evidence, charge Adam with both Unlawful Entry and UCSA – Possession of Synthetic Cannabinoids.

Brian sells a packet of "K2" to an undercover police officer. You should arrest Brian for UCSA – Distribution of Synthetic Cannabinoids.

10.1.4 Describe how to investigate drug complaints

The illegal drug trade contributes to a large amount of both violent crime and property crime that occurs in Washington, D.C. Additionally, it creates many quality-of-life issues for residents in impacted neighborhoods. The Department receives a large amount of information and complaints about drug related crime in the form of 911 calls and information from confidential sources and informants.

The Department has divided efforts to combat drug related crime into two different categories: drug complaints and drug investigations.

Drug complaints include drug related calls for service, drug complaints received from citizens whether in person or electronically, and anonymous tips. Patrol officers have the primary responsibility for handling drug complaints.

Drug investigations are long term or more complex investigations that require techniques such as search warrants, controlled purchases, and the use of undercover officers.

The types of situations that are categorized as drug investigations include:

- Chronic street-level drug complaints
- Occur inside a residence
- Are multi-jurisdictional
- Involve businesses selling synthetic drugs
- Involve drug nuisance properties
- Are more complex in nature or require long-term resources (buy-busts, search warrants, undercover officers, etc.)

The various units of the Violent Crime Suppression Division have the primary responsibility for handling drug investigations.

As a patrol officer, you will be given radio assignments to respond to citizen complaints of individuals selling and using drugs. Unless advised by an official, or unless a specialized unit comes over the radio to take over responsibility for the assignment, you must respond for every radio assignment you are given, even if it seems to fall into one of the categories that VCSD is responsible for solving.

For example: The dispatcher sends you to respond to a corner store on Good Hope Road, SE due to a citizen calling 911 and stating that store is selling “Scooby Snax” to customers. Unless an official provides different instructions, you should respond. If an appropriate specialized unit is monitoring the radio, they will come up on the air, identify themselves via their call sign and ask the dispatcher to reassign the radio run to them.

You will not always be able to resolve *drug investigation* assignments you are dispatched to, as you will not have access to the necessary resources. However, the actions you take at the scene can still prove vital to VCSD’s efforts.

The first thing you need to consider is exercising some discretion about how much information you release to people at the scene of the assignment. Indicating that you are there in response to a

complaint about drug use or dealing could jeopardize a current or future investigation.

Take the example we just discussed about being dispatched to the corner store selling synthetic cannabinoids. It is likely that the packets of “Scooby Snax” will be placed somewhere that a uniformed police officer who just happens to walk in the store will not see them. If you tell the store employees that someone called the police and told us that the store was selling illegal drugs, it will be much harder for VCSD to conduct a controlled purchase at a later date. Instead, you can give some other plausible reason for your presence at the location. The observations you make about the area can provide important information to investigators later. If you can identify individuals present through field contacts, you can perhaps make a key contribution to a complex case. Identifying drug sellers is one of the most important and can also be one of the most difficult tasks of a long-term drug investigation. Work by diligent and observant patrol officers can assist with this absolutely vital aspect of a case.

After you clear the assignment, you need to pass on any pertinent information you have gathered. You can share the information with your PSA sergeant, who can help further distribute it throughout the department.

Many of the drug complaints you will handle will not rise to the level where VCSD’s involvement is needed. A single call for an individual selling drugs or for several people using drugs at a location is the type of assignment patrol officers are expected to handle.

The key to being successful at investigating narcotics crime is developing your powers of observation. Drugs and drug paraphernalia are often very small items, and attempts to hide or discard them can be subtle and easily missed if you are not paying careful attention. Attention to detail can be important for your safety as well. Noticing clues that someone appears to abuse intravenous drugs (like track marks near injection points) not only alerts you, if searching, that you should look for such drugs but also warns you to be extra careful for uncapped needles and sharp hazards.

Small details and inconsistencies often provide the building blocks for reasonable suspicion or probable cause. As you have learned, you will need to develop individualized probable cause to search or arrest each individual suspect – the courts do not recognize “guilt by association.”

Small details are important when investigating narcotics crimes, but it is critical that you do not overstate your observations. In the example above, you appear to have witnessed one individual hand a small object to another, which is commonly called a “hand to hand.” However, you could not clearly see what was handed over. There are many small items it would be perfectly legal to give to somebody: a quarter, a cigarette, a piece of paper with a phone number, a matchbook, etc.

Say you approach the second male and he discards a single zip of crack-cocaine when he sees you. First, you should not overstate your observations here either. If you cannot see that the object is a small zip of crack cocaine, which would usually be very difficult unless you were extremely close to him, you should not describe it as such. You should instead describe that you saw the defendant toss a small object to the ground, and when you inspected that object, you discovered that it was a small zip of crack-cocaine.

You cannot use *ex post facto*, or after the fact, reasoning when describing your **observations**. Although you discovered the individual had tossed a zip of drugs, you were not able to tell that when

you made your initial observation. It is becoming more probable that the individual standing at Third and Elm handed the second individual drugs, but you still must not use what you discovered later to “enhance” your initial observation. Rather, describe *exactly* what you saw and how subsequent investigation led you to take further actions.

Defense attorneys will vigorously question officers’ observations in court to try to suppress evidence gathered against their clients. If jurors believe that you are not accurately describing what you saw, or that you seem to have “superhuman” vision, they may not vote to convict. If a judge believes you are not being completely truthful in your testimony about your observations, you could be formally found not to be a credible witness, which could open you to administrative and/or criminal sanctions.

This warning about ex post facto reasoning applies only to descriptions of your observations. It is **entirely proper** to use the fact that after observing the hand to hand you later discovered that the second individual was in possession of drugs in developing and articulating probable cause. Although this single observation would not rise to the level of either reasonable suspicion or probable cause, if you observed this same series of events occur several more times, and all of those people were found to be in possession of identically packaged drugs, you would likely have a strong basis for probable cause.

A crucial element in offenses regarding possession, distribution, and manufacture of illegal drugs is articulating probable cause that the substance you have recovered is a controlled substance. The easiest way to do this is by **field testing** the substance.

Field test kits are tools provided by the Department to test for controlled substances. A small portion of the suspected controlled substance is placed inside of a glass vial or plastic pouch. The test kits contain small ampules of chemicals that are then broken open. The chemicals mix with the suspected controlled substance and will turn a certain color in the presence of specific drugs. If the chemicals turn the specified color for the suspected drug, this is described as a **positive color reaction**.

For example, the cocaine kits used by the department turn blue in the presence of cocaine. If you place a small amount of suspected cocaine in the kit, break the ampules and the chemicals turn blue, you have had a positive color reaction for cocaine.

A positive color reaction with a field test kit is considered by the courts in Washington as a reliable presumption of *probable cause* for police officers in the field. Therefore, you should field test any drugs that you seize as evidence to solidify your basis of probable cause and describe the field test in your arrest and report narratives.

Field tests exist for many of the illegal drugs that are illicitly manufactured. Many controlled substances that require a prescription to possess legally, such as suboxone, do not have field test kits. If you wind up seizing some of these pills as evidence, you can call a poison control center or use an online pill identifier to identify the controlled substance in lieu of a field test. These test kits are often available to the patrol districts through VCSD.

Sometimes you will not be able to locate a field test kit for any number of reasons. You should always make a diligent effort to locate a field test kit either at your station or from another officer working. If you cannot locate a field test kit after a reasonable effort, you can still seize the suspected controlled substance and make an arrest if appropriate. The appearance, packaging, and odor (if

applicable) combined with officer experience, knowledge, and training can be used to articulate probable cause – though until you gain more experience you may have to consult with a more experienced officer about your suspected controlled substance.

This can still be a sufficient basis for probable cause, but it is not as strong as a positive color reaction and leaves more openings for the seizure to be challenged in court. If you truly are unable to locate a field test kit, you should briefly describe your efforts to locate one and how they were unsuccessful in your arrest narrative. You should then describe the factors about the suspected controlled substance that leads you to believe it is an illegal drug.

Drug Free Zone

A public space, on public property, from which uniformed MPD officers can require groups of two or more people to disperse if they're congregating for illicit drug activity. The law authorizes the Chief of Police to declare any public area encompassing a maximum of 1,000 square feet a Drug Free Zone for up to five days (120 consecutive hours). The Chief of Police *may not* declare the same, or an overlapping area, as a Drug Free Zone for more than 15 days (360 consecutive hours) or for more than 15 days (360 total hours) within a 30-day period.

- Before designating a Drug Free Zone, the Chief of Police shall take multiple factors into consideration: In the preceding 6 months, have there been a disproportionately high number of arrests for possession in the proposed Drug Free Zone?
- In the preceding 6 months, have there been a disproportionately high number of police reports for dangerous crimes in the proposed Drug Free Zone?
- In the preceding 6 months, have there been a disproportionately high number of police reports for crimes of violence in the proposed Drug Free Zone?
- Have there been any homicides in the proposed Drug Free Zone?
- Is there any objective evidence or verifiable information that shows illegal drugs are being sold and distributed on public space within the proposed Drug Free Zone?
- Any other verifiable information from which the Chief of Police may ascertain whether the health and safety of residents within the proposed Drug Free Zone are endangered.

If the Chief of Police chooses to designate an area as a Drug Free Zone, the Department must mark each block within the Drug Free Zone by using barriers, tape, or police officers. The following information must be posted in the immediate area of, and borders around, the Drug Free Zone:

- A statement that “it is unlawful for a person to congregate in a group of 2 or more persons for the purpose of committing an offense under Title IV of the Controlled Substances Act within the boundaries of a Drug Free Zone, and to fail to disperse after being instructed to disperse by a uniformed police officer of the Police Department who reasonably believes the person is congregating for the purpose of committing an offense under Title IV of the Controlled Substances Act.”
- A statement detailing the boundaries of the Drug Free Zone.
- A statement detailing the effective dates and times of the Drug Free Zone designation.
- A statement detailing any other additional notice to inform the public of the Drug Free Zone.

Within the designated Drug Free Zone, it shall be unlawful for a person to congregate in a group of 2 or more for the purpose of committing an offense under Title IV of the Controlled Substances Act. It

shall also be unlawful to fail to disperse after being instructed to disperse by a uniformed officer of the Police Department who reasonably believes the person is congregating for the purpose of committing an offense under Title IV of the Controlled Substances Act.

In making a determination that a person is congregating in a Drug Free Zone for the purpose of committing an offense under Title IV of the Controlled Substances Act, an officer should take into account the **totality of the circumstances**. Among the circumstances an officer should consider are the conduct of a person being observed, including whether such person is behaving in a manner raising a reasonable belief that the person is engaging or is about to engage in illegal drug activity, such as:

- The observable distribution of small packages to other persons;
- The receipt of currency for the exchange of a small package;
- Operating as a lookout;
- Warning others of the arrival of police;
- Concealing oneself or any object which reasonable may be connected to unlawful drug-related activity;
- Engaging in any other conduct normally associated by law enforcement agencies with the illegal distribution or possession of drugs.

In addition, officers are encouraged to take into account:

- Information from a reliable source indicating that a person being observed routinely distributes illegal drugs within the Drug Free Zone;
- Information from a reliable source indicating that the person being observed is currently engaging in illegal drug-related activity within the Drug Free Zone;
- Whether such person is physically identified by the officer as a member of a gang or association which engages in illegal drug activity;
- Whether such person is a known unlawful drug user, possessor, or seller;
- Whether such person has no other apparent lawful reason for congregating in the Drug Free Zone, such as waiting for a bus, being near one's own residence, or waiting to receive medical or social services;
- And whether any vehicle involved in the observed circumstances is registered to a known unlawful drug user, possessor, or seller, or a person for whom there is an outstanding arrest warrant for a crime involving drug related activity.

Remember, the laws and prohibitions of a Drug Free Zone should not be applied with the primary purpose of depriving anyone of social or medical services.

Good Samaritan Law

When members believe a community member is experiencing an overdose, they need to call for emergency medical services immediately. If the law enforcement member has reason to believe the community member is experiencing an opioid overdose, they can administer the naloxone according to their training.

If a law enforcement member or community members administers naloxone, they are covered under the Good Samaritan Overdose Prevention Amendment Act of 2012. The act states the following for a person who:

- a. Reasonably believes that he or she is experiencing a drug or alcohol-related overdose and in good faith seeks health care (e.g., emergency medical assistance or a person who provided Naloxone) for or administers an opioid antagonist to him or herself.
- b. Reasonably believes that another person is experiencing a drug or alcohol-related overdose and in good faith seeks health care (e.g., emergency medical assistance or a person who provided Naloxone) for or administers an opioid antagonist to that person.
- c. Is reasonably believed to be experiencing a drug or alcohol-related overdose and for whom health care (e.g., emergency medical assistance or a person who provided Naloxone) is sought or whom an opioid antagonist is administered
- d. Is a bystander

The law also covers the following that would otherwise be criminal offenses:

- a. Unlawful possession of a controlled substance [DC Official Code § 48-904.01(d)]
- b. Unlawful use or possession with intent to use drug paraphernalia [DC Official Code § 48-1103(a)]
- c. Possession of alcohol by persons under 21 years of age [DC Official Code §25- 1002]
- d. In situations where the minor is at least 16 years of age and the provider is 25 years of age or younger, purchasing an alcoholic beverage for the purpose of delivering it to a person under 21 years [DC Official Code § 25-785(a)]; contributing to the delinquency of a minor with regard to possessing or consuming alcohol, or without a prescription, a controlled substance [DC Official Code § 22-2811(a)(2) and subject to the penalties provided in DC Official Code § 22-811(b)(1)]; and the sale or delivery of an alcoholic beverage to a person under 21 years of age [DC Official Code § 25-781(a)(1)].

When you administer Naloxone, you must provide the community member with a Department of Behavioral Health (DBH) overdose pocket card. This notifies the community member with information about what happened and resources for treatment.

10.1.5 Identify the forms utilized in preparation of seized narcotics

How you handle drug evidence can be equally important to your case as the work you put in to discover and seize the illegal drugs. Drug evidence is processed very similar to the way you process any other evidence with some important differences. Most of these differences exist because the Department has to send suspected controlled substances to the DEA lab for chemical analysis. This analysis, combined with testimony by the DEA chemist as an expert, is how the US Attorney's Office proves the identity of the controlled substance to the degree of *beyond a reasonable doubt* in court.

You will first need to complete a Property Record (PD-81) for the controlled substance like you would for any other evidence that you seize. When you describe the items, you should generally describe them by their packaging and appearance instead of calling them the suspected drug.

For example, if you seized two red zips of suspected crack-cocaine you would describe them in your paperwork as “two red zips of a white rock substance.”

You will need to classify the seized drugs – typically they will either be classified as evidence or destruction. Sometimes citizens discover illegal drugs and will call the police to collect them. In these cases, the drugs have no connection to a criminal case and are classified as “Turned Over to Police For Destruction” (“B” on the PD81). You should take an incident report, complete the necessary paperwork, and the Property Division will arrange for the eventual controlled destruction of the drug(s).

When you complete the narrative of the PD 81, you should give a very brief account of how the drugs came into the Department’s custody. Typically, one sentence can accomplish this. You should not copy and paste your entire arrest narrative into the PD 81. You should also ensure that your narrative on the PD 81 does not introduce inconsistencies with your other reports, as defense attorneys will use such inconsistencies to have your case dismissed.

For example, all you need to write is “The listed items were recovered on [today’s date] in connection with the arrest of Defendant Smith for UCSA – PWID Heroin” or, “The listed items were found by Mr. Smith on [today’s date] and were turned over to MPD for destruction.”

The narrative portion of the Property Record also needs to contain the **chain of custody**. The chain of custody is a complete account of who had possession of the drugs, usually starting with the defendant. Sometimes, the chain of custody will start with a physical location (like a glovebox or the ground) in the case of constructive possession. Every person who takes control of the drugs needs to be documented on the chain of custody so that they can be called upon in court.

Defense attorneys will try to question the chain of custody if it is improperly or illegibly documented. If the defense attorney can introduce the idea that the specific substance their client is alleged to have possessed was tampered with or mistakenly swapped with another exhibit, that may constitute *reasonable doubt* in court. To prevent this, you need thoroughly document the chain of custody. You should not unnecessarily give possession of the drugs to other officers – every officer in the chain should have a specific reason they were in possession of them.

You should indicate which officer field tested the drugs in the chain of custody. This is typically done with the abbreviation of “(f/t)” after the officer’s name. You should indicate which officer heat sealed the drugs with the abbreviation of “(h/s)” after their name. The chain of custody should end with the Property Book and Page Number that they were placed on when you drop the evidence in the secured container in the station or with your element’s property office.

The **heat seal envelope** (PD 95) is a heavy plastic envelope that is similar to the property bag you are already familiar with. Drug evidence is always placed inside of a heat seal; it is *never* placed inside of the prisoner's property envelope. The heat seal is used to package the suspected controlled substance for shipping to DEA and they will not accept any evidence packaged in our property bags.

The front of the heat seal has a label on which you will record information about the evidence, similar to the front of a property bag. After you fill out the bag, you will place the suspected controlled substance inside of the bag. Then you should take a black marker and place your initials, badge number, and the date *inside* of the bag near the top. Then you should place the top of the bag inside of the heat sealer, which is a kind of iron that will melt the plastic of the bag, fusing it shut. Depress the lever for just a few seconds, remove the heat seal, and inspect it to make sure that the entire top of the envelope is sealed shut.

Sealing the PD 95 in this way helps assure the integrity of the evidence while it is in MPD custody. Your initials and the date will be used later at court to verify that the exhibit in question is the same envelope and contents have not been tampered with.

You need to be aware of sharp hazards when taking drug evidence into custody. Sometimes you will recover narcotics packaged in glass containers or uncapped hypodermic needles. Although the heat seal envelope is made from thick plastic, it is not necessarily thick enough to prevent glass from breaking or a needle from puncturing the plastic and pricking you or a fellow officer. You can get plastic containers designed to protect glass or sharps from the property office at your element.

You should also be aware that large quantities of "PCP" are extremely hazardous to collect and store. The Department has certified officers in special procedures for handling large quantities of "PCP." If you encounter a seizure of "PCP" greater than a small glass vial, you should request assistance from a certified officer from your element or VCSD instead of attempting to handle it yourself.

The final form you need to fill out in connection with drug evidence is the DEA-7, Report of Drug Property Collected, Purchased or Seized. This is a form required by the DFS to have evidence chemically analyzed by their lab.

This form is similar to other evidence forms you have encountered. Some specific fields you need to be aware of:

- How obtained: As patrol officers, you will almost always check "Seizure"
- File number: CCNs
- Program Code: N/A
- G-Dep Identifier: Felony or Misdemeanor (depending on charge)
- File Title: Will be the name of the defendant or "Seized for Destruction"
- Alleged Drugs: This is the only time you should describe your suspected controlled substance by name on Departmental property forms.
- Marks or Labels: This is where you should describe the evidence in a similar fashion to a Property Record (PD 81). For example, "green zips of tan powder substance."

The narrative field should be the same as the narrative on your Property Record, to include the chain of custody. The DEA-7 needs to be signed by the officer submitting the evidence and an official.

A copy of the DEA-7 needs to be stapled to the Heat Seal after you have sealed it shut. A copy of all three forms needs to be included in your arrest packet.

Typically drug paraphernalia is not submitted to the DEA lab for chemical analysis. Drug paraphernalia should be packaged as regular evidence in a Property Bag (PD 14) and only requires a Property Record (PD 81). If dealing with sharp hazards, such as uncapped needles or jagged ends of glass drug pipes, you should still protect yourself and your coworkers by packaging them safely.

You do not have to complete a DEA-7 for drug paraphernalia unless it is going to be submitted to DFS to have residue analyzed. Although you are not absolutely prohibited from submitting paraphernalia to the lab to have it tested and given that drug paraphernalia for personal use has been decriminalized, in the overwhelming majority of cases involving paraphernalia the Department does not submit it for tests. Generally speaking, you should have a compelling reason why you would submit paraphernalia for analysis.

10.1.6 Process drugs taken into custody of the Metropolitan Police Department

Fill out online forms

10.1.7 Complete an Event Report, Arrest/Prosecution Report, Property Record, and Report of Drug Property Collected, Purchased, or Seized for the offenses in this Instructional Unit

Fill out online forms

Summary

As you have learned today, narcotics enforcement is a very complex topic. This lesson has only touched on and given you an overview of the most common illegal narcotics encountered in the district as well as the basic narcotics laws of the District of Columbia. We discussed the types of drug-related calls you will be expected to handle as a patrol officer and the basic drug investigations you will need to complete. You have learned and reviewed the process of how to handle and prepare seized drugs as well as how to complete all of the required paperwork for drug related arrests. You will at some point in your career have a scene in which narcotics are present, so please ensure you following the policies and guidelines of MPD.

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