



# TRAINING BULLETIN

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## METHAMPHETAMINE

Methamphetamine is a potent and highly addictive central nervous system stimulant with effects very similar to cocaine. It is known by various street names including Meth, Speed, Crystal, Glass, Ice, Crank, Go-Fast, or Poor Man's Cocaine because of its wide availability and low cost. The misuse of methamphetamine remains an extremely serious problem in the United States and it is the drug that most contributes to violent crime. The purpose of this bulletin is to present information on the identification, packaging, and signs and symptoms of methamphetamine usage, along with the safety procedures to employ while investigating clandestine laboratories.

Methamphetamine was developed early in the 20th century from amphetamine. Amphetamines were originally used in over-the-counter inhalers for the treatment of colds, hay fever, and nasal congestion. Amphetamines soon became a cure-all for helping truckers to complete their long routes without falling asleep, for weight control, for helping athletes to perform better and train longer, and for treating mild depression. Intravenous amphetamine abuse spread among a subculture known as "speed freaks." With experience, it became evident that the dangers of abuse of these drugs far outweighed most of their therapeutic benefits.

Today, methamphetamine hydrochloride, under the trade name of "Desoxyn," is used as a legitimate prescription drug in tablet form for use in the treatment of obesity or to control the hyperactivity in children afflicted with attention deficit hyperactivity disorder (ADHD).

Illicit methamphetamine has become attractive to adolescents and college students because the drug is perceived to enhance them both mentally and physically. Some also believe that methamphetamine will turn them into sexual superstars, making it one of several drugs of choice in the club or "rave" scene.

## METHODS OF USE

There are a number of ways of absorbing methamphetamine, such as ingesting it orally, injecting into the veins, snorting, and smoking the drug.

- Oral: Methamphetamine is commonly mixed with coffee or cola beverages for oral ingesting. Some users wet the tip of their finger, stick it in the speed, and then into their mouth. Users claim that by orally ingesting speed, there is no rush or flash (intense euphoria) like there is by injecting it. Users also claim that it takes up to 20 to 30 minutes to feel any effect by oral ingestion.
- Snorting/Sniffing: Ingesting methamphetamine through the nose does not produce the intense rush as with injection; it does not last as long and also has a tendency to burn the nose. Younger abusers begin snorting the drug before advancing to smoking the drug.
- Injection: Injecting methamphetamine directly into the veins produces an instant rush or sense of euphoria.
- Smoking: Smoking methamphetamine is very popular. A pipe is often used, but more common is a piece of aluminum foil. The foil is folded, and a trough is formed to hold the drug. The foil is heated from beneath with a match or lighter. As the methamphetamine melts, it turns into an odorless vapor. Users report an intense high is quickly achieved by inhaling the vapor through the mouth or nose.

## **IDENTIFICATION OF METHAMPHETAMINE**

Methamphetamine is manufactured almost exclusively in illicit laboratories; there is no standard for packaging, dosage levels, color, size, shape, or form of the final product. Its form can appear as a clear crystalline called “ice” or “glass,” the slang name for crystallized methamphetamine hydrochloride, or off-white chunks similar to rock cocaine. It can also have a light yellow or slightly pink color and appear slushy (“hydro”).

It has also been seen as a milky white to yellow soft material (“snot”), and as a brown hard and soft chunk (“peanut brittle” or “peanut butter”).

## **COMMON METHODS OF PACKAGING**

Typically, single doses of the drug are packaged in plastic zip-lock bags. It can be “cut” or diluted with milk sugar, or DMSO to achieve a particular level of purity. It is sold in pounds, ounces, and fractions of an ounce; an “eight-ball” is 1/8 ounce; a “teener” is 1/16 ounce.

## **SIGNS AND SYMPTOMS OF METHAMPHETAMINE INFLUENCE**

Methamphetamine rightfully earns its street name, “speed.” Methamphetamine increases the heart rate, blood pressure, body temperature, and rate of breathing. The pupils dilate, or enlarge, and are slow to react to light stimulus (longer than one second). The eye movement is not impaired (horizontal and vertical gaze nystagmus, and lack of convergence should not be present).

Methamphetamine appeals to drug abusers because it increases the body's metabolism and produces euphoria, increases alertness, and gives the abuser a sense of increased energy. These drugs heighten alertness, elevate mood, and decrease fatigue reducing the need for sleep, but they often make users irritable and talkative.

Adverse physical consequences of methamphetamine abuse include the risk of stroke and heart failure. Muscle rigidity, tremors, and spasms are common. Violent and erratic behavior is frequently seen among chronic abusers of methamphetamines.

## **CLANDESTINE LABORATORIES**

Illegal methamphetamine is easily manufactured in clandestine laboratories with readily obtainable chemicals. A low-grade stimulant known as ephedrine is easily converted into methamphetamine. Restrictions on the availability of bulk ephedrine in the United States has forced illicit manufacturers to purchase common over-the-counter cold tablets containing either ephedrine or pseudoephedrine. Methamphetamine is then extracted from the tablets in a simple chemical separation process.

### **Clandestine Lab Indicators**

Indicators that a building may contain a clandestine lab include:

- Strong chemical odors in the area and/or complaints from neighbors about strange smells coming from the property,
- Heavy fortification (e.g., bars on the windows),
- Suspicious auto traffic and visitors to the site,
- Chemical cans or drums in the yard,
- People leaving the building just to smoke,
- Bottles and boxes of cold medications,
- Containers of "Red Devil" lye and/or red or brown stains on walls, counters, or ceilings from the chemical,
- Mason jars containing liquid that has separated; or,
- Lengths of rubber tubing.

## **CLANDESTINE LABORATORY PRECAUTIONS**

Officers at the scene of a suspected clandestine lab should follow these fundamental rules of chemical safety to prevent injury, illness, or even death:

- Use protective equipment (gloves, air masks, etc.).
- Do not smoke or eat in or near lab.

- Do not touch your eyes, nose, mouth, or other mucous membranes.
- Do not turn anything on or off. The minor friction of flipping a light switch may trigger an explosion of the highly flammable chemicals used in clandestine labs.
- Do not unplug anything (friction or even the smallest electrical charge may trigger an explosion).
- Do not taste, touch, or directly smell any substance.

**Note:** Due to the risks associated with accidental or dangerous contamination and the threat of potential fentanyl exposure, officers shall not conduct field testing or screening on items suspected of being controlled substances, including cannabis as delineated in current Department policies and procedures.

### **INVESTIGATIONS INVOLVING HAZARDOUS MATERIALS (4/212.49)**

An employee becoming aware of the actual or suspected presence of a hazardous material which has been seized or discovered as a result of police action shall immediately notify the Hazardous Materials Unit (HMU), Emergency Services Division (ESD), and request the assistance of the Fire Department. After normal business hours, notification shall be made to Department Operations Center (DOC).

The term “hazardous material” shall mean any chemical, chemical mixture, or contaminant that is toxic, corrosive, volatile, reactive, explosive, or flammable and has the capacity of inducing great bodily injury or illness or that has been determined to be capable of posing an unreasonable risk to health, safety, or property.

#### **Preliminary Investigations of Illicit Laboratories**

Officers **shall not** enter an illicit laboratory to apprehend suspects or to prevent the destruction of evidence, absent the authorization of the Clandestine Lab Squad (Lab Squad), Gang and Narcotics Division (GND) or the HMU, ESD.

When entry is made into a location and a laboratory is discovered, officers shall immediately:

- Vacate the location
- Evacuate adjacent inhabited dwellings
- Request that a field supervisor respond to the scene
- Make the appropriate notifications:
  - o If illegal narcotics or narcotics precursor chemicals are suspected, contact Department Operations Center, Clandestine Lab Squad, GND, and Fire Department.

- o If non-narcotic chemicals or precursor are suspected, contact Department Operations Center, Hazardous Materials Unit, ESD, and Fire Department.

**Note:** All other non-narcotics related discoveries involving unknown chemicals or laboratories should be directed to the DOC and the HMU, ESD. No attempt shall be made to neutralize, move, or transport any hazardous material except under the direction of an HMU specialist.

## **OFFICER SAFETY CONSIDERATIONS**

Chronic methamphetamine abusers are often armed and are prone to violence. Officers should use extreme caution while investigating a clandestine laboratory. Booby traps have been encountered at lab sites and at stash locations where quantities of the drug are hidden.

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Field Training Services Unit  
Police Training and Education

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Attachment: Suspected Fentanyl Handling Protocol

# LOS ANGELES POLICE DEPARTMENT

## Suspected Fentanyl Handling Protocol

Fentanyl and its analogues can present a significant hazard to Department personnel, particularly if inhaled. Personnel are most susceptible to inhalation when the drug particles are airborne. This is most likely to occur during the opening of containers or packages containing a fentanyl-based product, manipulating a fentanyl-based substance, or brushing/dusting fentanyl-based powders off clothing, gloves, or other surfaces. Due to this inhalation hazard, the NARK II screening tests on all suspected controlled substances has been discontinued. Officers encountering suspected fentanyl, or its analogues, shall adhere to the following guidelines:

- If the material is sealed or contained, officers shall follow existing protocols for booking evidence into Property Division without performing the preliminary NARK II testing.
  - Officers shall don the recommended personal protective equipment as follows:
    - Nitrile or latex gloves
    - Dusk mask: (N95 rated or above)
    - Eye protection
    - When possible, wear long sleeves
  - Avoid actions that may cause the material to become airborne. Officers shall not open a sealed container suspected to be fentanyl.
  - Describe the substance on the Property or Combined Evidence Report. Collect and package without agitating the substance or producing airborne particles. Write the words "Suspected Fentanyl" on the outside of the sealed plastic bag, and on the Analyzed Evidence envelope.
  - Determine the gross weight of the sample (including packaging) and include the information on the Property Report, Form 10.01.00 or Combined Evidence Report, Form 5.02.00.
  - Once the materials are collected and packaged, they should be secured in the trunk or rear cargo area of the officer's vehicle prior to transportation.
  - After the evidence has been booked, contact Forensic Sciences Division as soon as possible and request laboratory analysis.
  - Following completion of the evidence booking process, officers should wash hands with soap and copious amounts of water only. Alcohol-based wipes or hand sanitizers shall not be used.
- If any of the following occur, the involved personnel shall contact the Department Operations Center, at (213) 484-6700, and notify both the Gang and Narcotics Division Clandestine Lab Squad as well as the Hazardous Materials Unit for guidance:
  - If the material has breached its container and needs to be collected for evidence, the involved officers shall immediately exit and secure the location.

# LOS ANGELES POLICE DEPARTMENT

## Suspected Fentanyl Handling Protocol

- If the scene involves large quantities of suspected fentanyl (e.g., distribution/storage facility, pill milling operation, clandestine lab, gross contamination, spill, or release) or an overdose resulting in a death.

**Note:** If a Department employee or any other person believes they have been contaminated, officers shall monitor the exposed individual(s) for signs/symptoms of opioid intoxication and request a rescue ambulance or ensure other appropriate medical treatment is immediately provided. If a Department employee is trained, equipped, and authorized to administer Naloxone or NARCAN, it can be administered (if needed).

- Contaminated employees should not enter non-contaminated vehicles.
- If a Department vehicle is believed to be contaminated with fentanyl or one of its analogues, officers shall immediately remove the vehicle from service.
- If officers encounter suspected fentanyl combined with a threat, or other terrorism nexus.

Involved officers shall immediately notify a Department supervisor of any adverse incident involving fentanyl or its analogues (spilled material, contamination, inadvertent inhalation, or other means of accidental absorption, etc.).