



TRAINING BULLETIN

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HEROIN

Heroin is an opioid drug first processed in 1874 from morphine, a natural substance taken from the seed pod of opium poppy plants. In 1898, the Bayer Company in Germany started commercial production of the new pain remedy. While it received widespread acceptance, the medical profession, for years, remained unaware of its potential for addiction. The first comprehensive control of heroin in the United States was established with the Harrison Narcotic Act of 1914, and in 1924 Congress banned the sale, importation, or manufacture of the drug.

This training bulletin provides an in-depth look at heroin and will elaborate on its use, packaging, objective symptoms, and effects of the drug.

DIACETYLMORPHINE (Trade Name Heroin)

Heroin, a trade name given the drug by the Bayer Company, has become its most common name. Its generic name is Diacetylmorphine. With this drug, tolerance, addiction, and chemical dependency develop rapidly. It is important that officers are aware of this drug and the role of heroin addicts in crime within their geographic Areas.

The concept of tolerance simply means that a steadily larger dose is required to attain the same effect from the drug. The concept of addiction refers to the craving or desperate desire for the drug's psychologically pleasurable effects. The concept of chemical dependency refers to a physical need to continue to administer the drug to avoid becoming physically sick due to withdrawal from the drug.

Heroin originally was thought to be a non-addictive substitute for everything from aspirin to morphine. Because the drug has greater lipid-solubility than morphine, it was soon found to be more addicting than morphine.

This greater solubility allows the drug to enter the brain more rapidly, causing a sudden and intense effect on the brain. This results in the "rush" following intravenous injection of heroin. This intense "rush" and onset of the euphoric effects of the drug "hooks" or addicts many users.

Heroin is available in a variety of forms, from a clean white powder (China White), to a dirty brown powder (Mexican Brown), or a black substance resembling tar (Black Tar). Purity levels vary depending on the amount of cut material used in the packaging process.

It is common to make a brown powder out of black tar heroin by combining it with a white "cut" material, such as milk sugar. This combination is often placed in a coffee grinder to chop and blend the mixture, then weighed and packaged in toy balloons.

Street prices for small quantities average \$10.00 for a "hit," "spoon," "balloon," or "dime bag," (single dose, approximately 100mg) with purity that ranges from 5-60 percent.

Names for heroin in California include, "Black Tar," "Black," "Chiva," "Tar," or "Stuff." Injecting heroin is commonly referred to as "Slamming," "Getting Down," "Getting a Taste," "Getting Well," or "Getting Straight."

METHODS OF PACKAGING

The most common method of packaging powder heroin is in tightly wrapped toy balloons. Small bits of black tar heroin are most commonly twisted in plastic cling food wrap. Dealers have been known to hold the toy balloons in their mouth and swallow them if approached by police.

EFFECTS AND SYMPTOMS OF HEROIN

Heroin has a profound effect on the respiratory system, depresses the central nervous system in general and causes sedation. Overdose deaths are common and usually occur as a result of respiratory arrest.

Objective symptoms of heroin include an overall sedated appearance, droopy eyelids, constricted pupils, little or no visible reaction to light, slow and deliberate movements, slow, low, and raspy speech, depressed vital signs, slowed breathing, puncture wounds and tracks over veins, slowed reflexes, nodding, rubbing of the arms and face, cold, clammy skin, and flaccid muscle tone.

Heroin is most commonly injected intravenously and may also be injected intramuscularly and subcutaneously (under the skin). Heroin injected intravenously brings on effects within seconds with an intense rush. Another means is to smoke heroin by placing a piece of tar heroin on a piece of aluminum foil, heating from beneath with a lighter, and inhaling the vapors as they rise from the heated drug with a straw or tube. This practice is commonly referred to as "chasing the dragon."

The duration of effects of heroin is 4 to 6 hours. This time parameter will vary depending on the tolerance of the user. Withdrawal symptoms begin as the effects of the drug wear off and initially include chills, muscle and joint aches, nausea, and insomnia. The observable effects start within 8 to 12 hours and include sweating, goosebumps, yawning, runny nose, and hyperactive reflexes.

These signs intensify from 14 to 24 hours. After 24 hours, vomiting, diarrhea, weakness, hot and cold flashes, and depression occur. After two to three days, muscular and abdominal cramps, elevated body temperature, tremors, and twitching appear.

Note: An addict experiencing drug withdrawal is no longer under the influence of the drug.

COLLECTION OF EVIDENCE

Due to heroin being generally injected, the presence of hypodermic syringes poses a risk of contamination to officers. Precautions should be used to avoid contact with hypodermic needles. Many very serious diseases can be transmitted via hypodermic needle penetration. Biological evidence for toxicological analysis by Forensic Science Division includes urine or blood. A urine sample is preferred.

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.

CONCLUSION

Officers should be aware of the signs and symptoms of heroin influence. Because of the addictive nature of this drug, many crimes are committed in an effort to support heroin dependency. Shoplifting, burglary, and other larceny crimes are often committed by heroin addicts. By knowing the signs and symptoms of heroin influence, arrests can be made for Health and Safety Code Section 11550 and can lead to the prevention of many property crimes.

Heroin is a powerful and addicting drug that produces tolerance and chemical dependency rapidly. The information contained in this training bulletin will assist officers in conducting thorough investigations related to heroin.

This Bulletin cancels and supersedes Volume XXXI, Issue 8, Heroin, August 1999

Field Training Services Unit
Police Training and Education

DISTRIBUTION "A"

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.

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- 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.).