

TRAINING BULLETIN

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LYSERGIC ACID DIETHYLAMIDE

Lysergic acid diethylamide (LSD), also known as LSD-25 and "acid," is a dangerous hallucinogen which is available in retail quantities in virtually every state. Lysergic acid diethylamide is classified under Schedule I of the Controlled Substances Act, which includes drugs with no medical use and a high potential for abuse.

BACKGROUND

A potent mood changing chemical, LSD was originally produced from ergot, a fungus that grows on rye and other grains. Synthesized in 1938, the hallucinogenic effects of LSD were not discovered until 1943, when the Swiss chemist, Albert Hofmann, accidentally intoxicated himself with a small amount of the drug.

CHARACTERISTICS

Because LSD is manufactured almost exclusively in illicit laboratories, there is no standard for packaging, dosage levels, color, size, shape or form of the final product. Lysergic acid diethylamide in its pure form is a highly potent, odorless, tasteless, colorless crystal which is water-soluble and, except by chemical analysis, undetectable.

Methods of Packaging

Pure LSD is so potent that an average dosage cannot be seen with the naked eye. Therefore, the drug is combined with other ingredients to obtain bulk for packaging. The ingredients with which the drug is combined contribute to the color, taste and odor. Lysergic acid diethylamide is also commonly packaged in small commercially manufactured vials of breath freshener.

Lysergic acid diethylamide can be soaked into any material, including stamps, loose-leaf paper and chewing gum. Especially popular forms include very small tablets of different colors, referred to as "microdots," tiny gelatin squares known as "window panes," and hard gelatin pieces, typically colored, that resemble small pieces of plastic.

Blotter paper is probably the most common method of sales and use. The paper is divided into quarter-inch squares by a series of perforated lines, imprinted with a design and impregnated with LSD by dipping it into a solution of pure LSD and distilled water. Once

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the LSD has dried on the paper, it cannot readily be seen by the naked eye. The paper is then torn along the perforations into quarter inch squares called "tabs," each tab contains enough LSD for a "dose." A typical 8 $\frac{1}{2}$ " x 11" sheet of paper, the thickness of a business card, contains 1,000 tabs.

Due to LSD being sensitive to heat and sunlight, LSD will often be wrapped in tinfoil and stored in a refrigerator to prevent the chemical from breaking down. Lysergic acid diethylamide solution applied to sugar cubes or blotter paper decomposes in the course of weeks or a few months.

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Methods of Use

Generally, LSD is taken orally, however injecting or inhaling LSD is also possible but is considered rare. The most common methods of use include placing a blotter paper tab or microdot under the user's tongue for thirty minutes and allowing the LSD to be absorbed through the mucous membranes into the blood. Lysergic acid diethylamide, can also be diluted in water and alcohol, can be dripped or sprayed into the eye or mixed with beverages. These methods are usually used at public events, such as concerts.

Other methods include placing a drop of liquid LSD from a breath freshener vial directly on the user's tongue or hand. When the LSD is put on the hand, the user will then lick the LSD off to absorb it orally. Additionally, a piece of the hard gelatin LSD may be broken off and dissolved in the user's mouth.

EFFECTS

The effects of LSD are unpredictable. As with all drugs, they depend on the purity and amount taken, the user's personality, mood, expectations and the surroundings in which the drug is used.

Physical effects of LSD include the following:

- Extremely dilated pupils
- Higher body temperature
- Increased heart/pulse rate
- Speech difficulty
- Lack of coordination
- Sleeplessness

- Tremors
- Increased blood pressure
- Sweating
- Piloerection (goose bumps)
- Loss of appetite
- Dry mouth

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Acting primarily on the central nervous system, LSD affects all perceptive mechanisms. Sensations and feelings change much more dramatically than the physical signs. The user may feel several different emotions at once or swing rapidly from one emotion to another. If taken in a large enough dose, the drug produces delusions and visual hallucinations. The user's sense of time and self-changes. Sensations may seem to "cross over," giving the user a perception of hearing colors and feeling sounds. These changes can be frightening and cause panic. Lysergic acid diethylamide can mimic the signs and symptoms of mental disorders, such as psychosis.

Many LSD users experience flashbacks, a recurrence of certain aspects of a person's drug experience without the user having taken the drug again. Flashbacks occur without warning, and usually within a month after LSD use. Although tolerance to LSD occurs rapidly, it does not cause physical dependence. Psychological dependence may develop after prolonged usage. The full effect of the drug is felt within 30 to 45 minutes after ingestion and lasts 6-12 hours. During a "trip," sleep is almost impossible.

Officers should use caution in the presence of individuals believed to be under the influence of LSD as their actions are unpredictable. Because LSD users are sensitive to light, avoid shining a light into a suspected user's eyes. Speak slowly and avoid speaking too loudly. A person believed to be under the influence of LSD should be approached slowly and calmly, handcuffed immediately and treated with the same care as a person with a mental illness.

Individuals who are under the influence of LSD and unable to care for themselves can be arrested for disorderly conduct, section 647(f) of the Penal Code. Individuals suspected of driving under the influence of non-alcoholic drugs, including LSD, shall be evaluated by a Department Drug Recognition Expert, if available. Officers should be suspicious of all substances in the possession of a person under the influence of LSD.

Officers are cautioned not to touch or taste any substance suspected to be or contain a drug. Tasting is not an effective or approved method of detection for any drug. Extreme caution should be used when handling LSD, as it can be absorbed through the skin.

This Training Bulletin amends and replaces Volume XXXV, Issue 8, Lysergic Acid Diethylamide (LSD), dated May 2003.

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.).