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Development of a curriculum for a 24-hour advanced officer narcotics course

Donald Joseph Potts

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DEVELOPMENT OF A CURRICULUM FOR A
24-HOUR ADVANCED OFFICER NARCOTICS COURSE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Education: Vocational Education

by
Donald Joseph Potts

June 1997
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Donald Joseph Potts
June 1997
Approved by:

Allen D. Truell, Ph.D., First Reader

5/12/97
Date

Ronald K. Pendleton, Ph.D., Second Reader
ABSTRACT

This project analyzed the materials and training currently being taught in a 24-hour Controlled Substances Course at Riverside Community College's Criminal Justice Program. A review of the literature on controlled substances included analyzing seven different Codes of the State of California that had laws pertaining to enforcing controlled substances laws. Also analyzed were three books and four research articles on various topics concerning controlled substances. The research results indicated that the skills that are necessary for a law enforcement patrol officer to enforce the controlled substances laws were not being met with the current course curriculum. Therefore, a new 24-hour course entitled Advanced Officer Narcotics Course was developed to replace the existing course. The entire course curriculum outline and course schedule in Appendix C is the direct result of this project research.
ACKNOWLEDGEMENTS

I want to thank the following individuals for their help and support: Dr. Allen Truell, Assistant Professor and Coordinator MA Program in Vocational Teacher Education at California State University, San Bernardino and Mr. Steve Bailey, Dean of Criminal Justice at Riverside Community College, Riverside, California. My children, Donald, Shawn, and Rachel who gave up many hours of precious time with their father while he worked on this project. And last but certainly not least, my wife Deborah, who has supported me with her love and friendship as I accomplished my graduate studies and project.
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CHAPTER ONE

Background

Introduction

The content of Chapter One presents an overview of the project. The context of the problem is discussed followed by the purpose and significance of the project. Next, the limitations and delimitations that apply to this project are reviewed. Finally, a definition of terms is presented.

Context of the Problem

The Federal agencies such as the U.S. Customs Service, the Department of Defense (DOD), the U.S. Coast Guard, the Drug Enforcement Administration (DEA), the Immigration and Naturalization Services Border Patrol, and the Federal Aviation Administration (FAA) have the primary responsibility of illegal drug interdiction. Interdiction prevents illegal drugs from entering the U.S. from foreign sources or transit countries by intercepting and seizing such contraband (Inciardi, 1986).

According to Inciardi (1986), once the illegal drugs have entered the U.S., it is the primary responsibility of state and local agencies to disrupt the domestic distribution of illegal drugs. Local police officers are empowered to enforce the laws of their state and locality. The law enforcement officer on the street (patrol officer) plays the key role in the “war on drugs” and has the primary narcotics enforcement responsibilities along with state agencies.

Even the best prevention programs will fail without strong, effective law enforcement efforts, including strong sanctions against drug offenders. Few efforts are as
important as law enforcement in controlling drug use and related crime. The Bureau of Justice Assistance (BJA) (1993), suggest that key priorities for domestic law enforcement are the disruption and dismantling of drug trafficking organizations, including seizure of their assets, and the investigation, arrest, and prosecution and imprisonment of drug traffickers. Domestic law enforcement initiatives emphasize attacking drug trafficking organizations at every level—from drug kingpin to street corner dealer—through a careful coordination of federal, state, and local law enforcement efforts.

Patrol officers within the State of California are required to be proficient in several skills that deal directly with the enforcement of the Uniform Controlled Substances Act. The Controlled Substances Act (1997) basically controls human behavior as related to drugs such as possession, sales, transportation, importation, manufacture, furnishing, administering, giving away, possession of paraphernalia, under the influence, cultivation, etc. The training a patrol officer receives before getting assigned to work street crimes is the Basic Academy. The Basic Academy only covers the minimum training required to meet the State of California requirements to be certified as a peace officer. The knowledge and skills necessary to be proficient in enforcing the controlled substance laws requires further attendance at an advanced officer narcotics course.

Purpose of the Project

The purpose of this project was (1) to analyze the materials and training currently being taught in a 24-hour controlled substances course and (2) to develop a new course curriculum that would prepare a patrol officer for the knowledge and skills necessary to
enforce the controlled substance laws of the State of California. Specifically, the curriculum will serve the Riverside Community College, Department of Criminal Justice and the Riverside County Sheriff’s Department, Advanced Officer Training Program. This training is of a very high quality and can adequately prepare a law enforcement officer with some updated training in this specialized area.

**Significance of the Project**

The current controlled substances course curriculum was last updated in 1995. This course curriculum is not sufficient to prepare law enforcement officers with all of the knowledge, skills, and training necessary to enforce the current controlled substance laws.

**Limitations and Delimitations**

A number of limitations and delimitations surfaced during the development of this project. These limitations and delimitations are presented in the next section.

**Limitations.** The following limitations apply to this project.

1. The advanced officer narcotics course was developed based on the 1997 laws of the State of California. Since local law enforcement rarely enforces Federal laws, this project uses California Codes only.

2. The advanced officer narcotics course was developed using the forms and drug testing kits that are presently in use by the Riverside County Sheriff’s Department.

**Delimitations.** The following delimitations apply to this project.

1. The advanced officer narcotics course curriculum was developed specifically for the Riverside County Sheriff’s Department and the Riverside Community College;
therefore, the material may not be appropriate for other agencies or other states.

2. The curriculum is designed for current patrol officers or those officers about to be assigned to a patrol assignment. This is not a basic level substance abuse course; therefore, this course will have a prerequisite minimum requirement of a California POST certified basic law enforcement academy.

Definition of Terms

The following terms are defined as they apply to this project.

BAC--Shall refer to "blood alcohol content." In the State of California, a BAC of .08% is considered DUI or driving under the influence.

Clandestine lab--A covert, secret, illegal operation that produces a controlled substance through a series of chemical processes.

Controlled substance--A drug or substance which is listed in the California Health and Safety Code, Division 10, Uniform Controlled Substances Act.

Drug paraphernalia--All equipment, products and materials of any kind which are designed for use or marketed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of the Uniform Controlled Substances Act.

DRE--Shall refer to "Drug Recognition Expert." This is a title earned by police officers that complete a 40-hour drug recognition expert course.
DUI—Shall refer to "driving under the influence" of either alcohol or other drugs. Some states (other than CA) use the acronym DWI for "driving while intoxicated."

Patrol Officer—Shall refer to any sworn peace officer that performs law enforcement patrol duties.

POST--Shall refer to the California Commission on Peace Officer Standards and Training. POST is the regulatory agency that governs peace officer training in the State of California.

SFST--Shall refer to "standardized field sobriety test." SFST is actually a standardized battery of tests for pre-arrest screening to determine if a blood, breath, or urine test should be administered as a follow-up for DUI or under the influence of a controlled substance. Some of the SFSTs are the horizontal gaze nystagmus test, a walk and turn test, a one-leg stand test, etc.

Organization of the Project

This project is divided into five chapters. Chapter One provides an introduction to the context of the problem, purpose of the project, significance of the project, limitations and delimitations, and definition of terms. Chapter Two consists of a review of the literature. Chapter Three outlines the population to be served and the project design. Chapter Four reviews the budget required for implementing the project. Chapter Five presents the conclusions and recommendations gleaned from the project. The project curriculum (Appendix) and references follow Chapter Five.
CHAPTER TWO

Review of the Literature

Introduction

Chapter Two consists of a discussion of the relevant literature. Specifically, the history of controlled substances is discussed. Next, the basic facts about drug classifications are presented. Lastly, the Chapter concludes with a summary.

History of Controlled Substances

The following are several significant dates and events in the history of drug use and abuse. The history of drug use and/or abuse has been dated back to at least 7,000 BC where the knowledge of opium was found in Sumerian clay tablets. For purposes of this project, current drug abuse history begins in the 1840s when the first modern hypodermic syringe and needle were perfected by a number of men including Dr. Alexander Weed of Scotland (Inciardi, 1986).

It was not until the 19th Century that ordinances and laws regulating drugs and their abuse were beginning to be enacted. In 1875, San Francisco passed one of the first ordinances outlawing "smoking opium" in smoking-houses or dens. In 1900, a California law was enacted making it a misdemeanor to visit an opium den. The US law prohibited importing of "smoking opium in 1090." Then in 1914, the first law concerning drugs was adopted. It was called the Harrison Narcotic Act (tax act) and was instituted in the US to regulate the use of narcotics (Inciardi, 1986).

Since 1925, the problems associated with a growing population that was abusing drugs, forced the federal and state governments to enact many new laws and agencies to
control the drug abuse problem. In 1925, the US passed a law prohibiting the use of heroin medically and banning importation, manufacture, sale, and possession. In 1927, the California Division of Narcotic Enforcement was organized as a branch of the Board of Pharmacy to regulate all illegal use of prescription drugs in the state. The Federal Bureau of Narcotics under the Treasury Department was established in 1930 to regulate all illegal use of prescription drugs in the US. In 1956, the Federal Narcotic Control Act (Boggs Act) was instituted in the US to put more stringent controls on prescription drugs. In 1970, the Federal Controlled Substance Acts were adopted as the federal laws to regulate the use/abuse of controlled substances. Then in 1971, the Federal Drug Enforcement Agency (DEA) was established under the US Department of Justice, replacing the Federal Bureau of Narcotics as the federal branch of law enforcement that was to deal directly with federal controlled substance enforcement (Inciardi, 1986).

In 1973, the California legislature adopted the Uniform Controlled Substances Act. This state law was modeled directly after the federal laws passed in 1970. This is one of the major sources of law that is used in the development of this project and is also the major source for drug enforcement laws that are used by Peace Officers of the State of California (Controlled Substances Act, 1997).

**Drug Classifications**

There are many different drug classifications. There is a legal classification of drugs. In the California Controlled Substance Act, a legal classification can be found. For example, narcotic drugs (HS§ 11019) include such substances as opium, opiates, coca leaves, and cocaine. Drugs are also classified in the Controlled Substances Act
(1997) under certain schedules as to their medical usage, potential for abuse, and dependencies.

According to the DEA writers (1997), for law enforcement purposes, a pharmacological drug classification is more useful because it groups drugs together for their effects. Pharmacology is the study of a drug, the action the drug has on the body, how the cells of the body are changed because of the drug, and how the modifications overall effect the body. By grouping drugs as to their effects (a pharmacological classification) it is easier to remember that for the most part, drugs listed under a certain classification will have similar effects on the body (the differences might only be in intensity and duration of action).

Therefore, there are many reasons to pharmacologically classify drugs. First if one drug of the class is physically addicting, it is very likely that other drugs of the class will also share this property. Second, if one drug of a group is likely to be associated with sever psychotic symptoms (e.g. cocaine), similar pictures are likely to be seen with abuse of other drugs of the same group (e.g. amphetamines). Third, if an individual develops tolerance to one drug of a group, when the first drug is stopped and a second substance of that category is taken within a relatively short period of time, cross-tolerance for the second drug is likely to be seen (e.g. tolerance developed to alcohol can result in cross-tolerance to diazepam or Valium®). Finally, if two drugs of the same class are taken at the same time, they are likely to boost or potentiate the effects of each other with a potentially lethal overdose as a consequence (e.g. the concomitant mixing of ethanol alcohol and diazepam) (DEA, 1997).
CNS Stimulants

The Central Nervous System (CNS) stimulants are a group of drugs for which the most prominent effects at the usual doses center on enhancement or stimulation nervous tissue activity. These agents include all forms of cocaine (including cocaine hydrochloride-HCL, "free-base" cocaine, and rock), all forms of amphetamine (e.g. methedrine and benzedrine), prescription weight-reducing products, amphetamine-like drugs such as methylphenidate (Retalin®), and even some over-the-counter weight-reducing drugs (e.g. Dexatrim®) if taken in very high doses. The more potent agents have been listed first (i.e. the ones most likely to induce states of severe psychopathology and medical problems) while the less potent (e.g. weight-reducing products) require very high doses in the average individual to cause the same pattern of problems. These difficulties include possible lethal overdoses, physical addiction, dramatic psychoses, severe depressions, and all anxiety syndromes including panic attacks and obsessions. Caffeine and nicotine are so comparatively weak that while listed here they can induce and exacerbate anxiety, by are not capable of producing most of the intense psychiatric syndromes, such as psychoses and major depressions (NIDA, 1997).

Hallucinogens

The substances known as hallucinogens or psychedelics share the ability to induce intense emotional feeling states characterized by a magnification of sensory perceptions and possible visual hallucinations at relatively low doses. They include drugs like LSD, psilocybin, mescaline or peyote, MDA, MDMA or ecstasy, STP, etc. Hallucinogens do not produce prominent tolerance, have no clinically relevant physical withdrawal
syndromes and are not likely to (but can) induce death in overdose. The symptoms of overdose are likely to resemble a CNS stimulant overdose. Hallucinogens do produce emotional liability and flashbacks (an unwanted recurrence of drug effects), a hyperstimulated state that includes panic and can produce states of confusion at doses close to those that induce a toxic reaction. Psychedelic is defined as mind expanding (DEA, 1997).

**Analgesic Narcotics**

The analgesic narcotics or opiates have as their most prominent actions at the usual doses a dampening of pain with comparatively weak general CNS depression (sedation). Substances that fall into this category include opium and all of its byproducts (e.g. meperidine or Demeral®, propoxyphene or Darvon®, etc.) (DEA, 1997). Each of these drugs can be dangerous in overdose, all are physically addicting. These substances share cross-tolerance and can potentiate the other's actions, but the opiates are unlikely to precipitate psychoses, major depressions, or major anxiety syndromes. A narcotic is defined as a substance that relieves pain and produces sleep.

**Cannabis**

The group of drugs known as cannabis has as their active ingredient delta-4 tetrahydrocannabinol (THC), and all come from the marijuana plant (Inciardi, 1986). These drugs produce as their most prominent effect at the usual doses changes in time sense, an increase in appetite and a kind of floating sensation. At the usual clinical doses they do not produce hallucination, although this can occur at very high levels of intake (NIDA, 1997).
CNS Depressants

The CNS depressant drugs are named for the most prominent property at the usual doses of dampening CNS activity, while carrying relatively weak analgesic effects. NIDA (1997) states that included among the CNS depressants are ethanol (beverage alcohol), the barbiturates, the barbiturate-like hypnotics (e.g. methaqualone or Quaalude®), meprobamate (Miltown® or Equanil®), and all benzodiazepines (e.g. alprazolam or Xanax®; diazepam or Valium®, etc.). In other words, the CNS depressants include all prescription hypnotics and all prescription anti-anxiety drugs except for buspirone (Buspar®). All drugs in this class share the properties of lethality in prominent anxiety during withdrawal, and so on.

Inhalants

All drugs in the inhalants or solvents category are capable of dissolving stains and oils and some are used as fuels or industrial solvents. The most prominent psychological actions of these drugs at the usual doses are feelings of excitement and confusion. Substances in this class include gasoline, toluene, paints and paint thinners, some glues, and the solvent used in typing correction fluid, and so on. The problems associated with these agents include the potential for severe cardiac arrhythmias, liver damage and kidney failure while psychiatrically the most frequent clinical picture is confusion (NIDA, 1997).

Phencyclidine

The DEA writers (1997) said that the drug phencyclidine can not logically be placed in any other groups. An analogue of this agent was first developed as a
dissociative anesthetic, but the human form, Ketamine®, is now rarely used because of observation that a substantial proportion of people developed a state of extreme agitation and confusion when emerging from surgery (Drugs and Crime Clearinghouse, 1995). A similar drug, Sernyl®, is still employed as a veterinary anesthetic. Based on its clinical use, one would have predicted PCP would be a CNS depressant, but it is abused on the streets primarily as a hallucinogen or stimulant or as a substitute for other drugs that are more expensive or more difficult to manufacture (e.g. THC). The clinical effects observed at a relatively low dose include changes in sensory perceptions and visual hallucinations similar to those described for the hallucinogens. At slightly higher doses patients become intensely agitated and confused. Thus, the most prominent clinical syndrome associated with this drug is a severe organic brain syndrome (OBS) that (as is true with all confused states) can be associated with hallucinations, and/or delusions. Contrary to the general rules appropriate to other substances where acute drug-induced psychiatric syndromes are likely to disappear within several days to several weeks, the PCP-induced OBS can last several months or more (DEA, 1997).

**Summary**

The review of the literature was performed to get an in-depth knowledge base of the controlled substances that are contained in the California Uniform Controlled Substances Act. The research readings focused on (1) the history of controlled substances and (2) the various drug classifications used by law enforcement agencies.
CHAPTER THREE

Methodology

Introduction

Chapter Three details the steps used in developing the project. Specifically, the population served is discussed. Next, the curriculum development process including the curriculum structure and content validation is presented. Lastly, the existing programs are delineated. The Chapter concludes with a summary.

Population Served

The population to be served by this curriculum is California law enforcement patrol officers who work directly in the communities and unincorporated county areas to combat illegal drug use. The population specifically benefited by this course is the patrol officers (deputy sheriffs) of the Riverside County Sheriff’s Department. A committee headed by Mr. Steven Bailey, the Dean of the Criminal Justice Department, Riverside Community College, developed these curriculum guidelines.

Curriculum Development

The next section of the project provides an overview of the curriculum development process. Specifically, the curriculum structure and content validation process is reviewed.

Curriculum Structure. This curriculum was developed in accordance with the outline put forward by the Riverside Community College. This outline consists of the following: (1) course title, (2) course duration, (3) course description, (4) prerequisites, (6) basic text(s), (7) student objectives, (8) course outline, (9) instructional methods, (10)
times of instruction, and (11) evaluation. The content for this curriculum was extracted from existing programs. Specific content revolves around basic knowledge and skills necessary for a patrol officer to carry out the duties of enforcing the controlled substance laws.

**Content Validation.** The content of this course of study was validated in using two methods. One, an extensive review was conducted. The competencies identified as essential to carry out the duties of a patrol officer that must enforce the laws of the State of California that deal with combating illegal drug use were included in the curriculum. Two, a panel of experts in the area of enforcing controlled substance laws was assembled. This panel reviewed the curriculum and made suggestions for improvement. The suggestions for improvement made by the panel were incorporated into the curriculum.

Mr. Steven Bailey, Dean of the Criminal Justice Department, Riverside Community College, reviewed and approved the final draft of the curriculum.

**Existing Programs**

The curricula for two existing controlled substance courses were reviewed. One, the existing program at the Riverside Community College was examined (Appendix A). The existing Riverside Community College course is a 24-hour course that revolves around the identification of controlled substances and enforcement of existing laws to combat illegal drugs. Additional topics in this course include narcotics update, clandestine labs, information development, asset forfeiture, legal update, and explosive devices. Two, the existing program at San Bernardino Valley College was reviewed (Appendix B). This existing course is an 24-hour course that revolves around the
identification of being under the influence of a controlled substance, law enforcement agencies involved in the war on drugs, and signs and symptoms of drug users.

**Summary**

The steps used in the development of this project were outlined. The population served was described, as was the curriculum development process. Lastly, the existing controlled substance courses were presented.
CHAPTER FOUR

Budget

Introduction

This chapter contains a review of the budget for the 24-hour advanced officer narcotics course. The budget is broken down into three parts. The first part contains instructional costs to include course coordinator, law enforcement supervisor instructors, miscellaneous instructional supplies, and the instructional cost per student. The second part contains the fees charged by Riverside Community College. The third part contains the cost of the course to Riverside Community College. Full-time equivalent student (FTES) is defined and the formula to calculate FTES is explained.

Proposed Budget

The costs indicated for the proposed budget is based on 1996 estimates gathered relative to the cost of the course in the 1996-1997 educational year. The cost indicated for the presented curriculum is based on the current instructional costs and instructional fees at Riverside Community College.

24-Hour Advanced Officer Narcotics Course (1 unit course)

1. Instructional costs

   I. Course coordinator 24 hours @ $25.00 hr  $600.00
   II. Law enforcement instructors 24 hours @ $ 40.00  $960.00
   III. Misc. instructional supplies (per student)  $10.00
   IV. Cost of instruction per student (20 students)  $88.00
   V. Cost of instruction per student (30 students)  $62.00
2. Cost to student
   I. Per unit charge $13.00
   II. Health fee $10.00
   III. Course materials (photo copying) $10.00
   IV. Total cost per student $33.00

3. Cost of the course to Riverside Community College
   I. FTES generated
      a. 20 students X 24 hours of instruction
         = 480 instructional hours
         
         \[
         \frac{480}{525} = 0.914 \text{ FTES or } \$2742.85^* \\
         \]
         $2742.85
      b. 30 students X 24 hours of instruction
         = 720 instructional hours
         
         \[
         \frac{720}{525} = 1.371 \text{ FTES or } \$4114.28 \\
         \]
   II. Course coordinator -600.00
   III. Direct instructional cost -960.00
   IV. Profit to Riverside Community College general fund
      a. With 20 students $1182.85
      b. With 30 students $2554.28

* FTES is a means of counting the number of students for funding purposes. One FTES consists of 525 student contact hours. Each student registered to attend a class for one hour, whether during a lecture, laboratory or final exam period, generates one contact hour. The 525 contact hours that make up one FTES are the equivalent of one full-time
student registered in 15 hours of instruction per semester for a complete 35-week academic year. For accounting purposes, part-time students are considered collectively (five part-time students who each complete three units generate one FTES). The amount of revenue per FTES unit differs from district to district. The current range, based on Fiscal Year (FY) 1994/95 data, varies from approximately $2,580 ($4.91 per student contact hour) to $7,742 ($14.75 per student contact hour). Riverside Community College’s scheduled amount is approximately $3,000 ($5.72 per student contact hour).

**Summary**

The budget review began with breaking down the budget for the 24-hour advanced officer narcotics course. The budget was broken down into three parts, instructional costs, cost to the students attending the course, and the cost to Riverside Community College. FTES was explained and the formula for calculating FTES was shown.
CHAPTER FIVE

Introduction

Included in Chapter five is a presentation of the conclusions gleaned as a result of completing this project. Further, the recommendations extracted from this project are presented. Lastly, the Chapter concludes with a summary.

Conclusions

The conclusion extracted from this project follow.

1. Based on the review of the literature and discussion with experts, the current controlled substances course at Riverside Community College is no longer valid.

2. Students graduating from the current Riverside Community College controlled substances course are not adequately being trained to perform the duties of a patrol officer in the area of controlled substances law enforcement.

Recommendations

The recommendations resulting from this project follow.

1. The curriculum be reviewed and updated annually to ensure that the students are receiving the most current instruction possible.

2. The curriculum for a 40-hour drug recognition expert (DRE) course be developed for law enforcement officers assigned to the Riverside County Sheriff's Department Narcotic Enforcement Unit (NARCO).

Summary

Chapter Five reviewed the conclusions derived from the project. Lastly, the recommendations culminating from this project were presented.
APPENDIXES: Narcotics Curricula
APPENDIX A:

Riverside Community College--Existing Course
Course Title

Controlled Substances Course

Course Duration

24-hours (three days)

Course Description

This three day course of instruction is designed for law enforcement officers with any exposure to controlled substance enforcement. It is designed to develop basic skills in recognizing various street narcotics and drugs, as well as spotting the drug abuser. Also covered are methods of field testing for narcotics, narcotics update, clandestine labs, information development, asset forfeiture, legal update, and explosive devices.

Course Content

I. Course registration and orientation
   A. Goals and objectives
   B. Course history
   C. Class schedule
   D. Requirements for successful completion

II. Narcotics update
   A. Categories of drugs
   B. The Uniform Controlled Substances Act of California

III. Clandestine labs
   A. Locations
   B. Dangerous chemicals
C. Bombs/booby traps

IV. Information development
   A. Snitches
   B. Investigations
   C. Other agency information

V. Asset forfeiture
   A. Laws
      1. Federal
      2. State
   B. Dividing the assets among participating agencies
      1. Federal
      2. State
      3. Local

VI. Legal update

VI. Explosive devices
   A. Identification
   B. Safety precautions
   C. Bomb squad

VIII. Evaluation and final exam
APPENDIX B:

San Bernardino Valley College--Existing Course
Course Title

Drug Influence Recognition Course

Course Duration

24-hours (three days)

Course Description

This three-day course of instruction is designed for criminal justice students with little or no knowledge of drug enforcement laws. It is designed to develop and improve knowledge in recognizing various controlled substances, as well as spotting the drug abuser. Additional subjects covered are basic human physiology, pharmacology of drugs, law enforcement agencies, and drug abuse programs.

Course Content

I. Course registration and orientation
   A. Goals and objectives
   B. Course history
   C. Class schedule
   D. Requirements for successful completion

II. Characteristics associated with drug use
   A. Behavioral
   B. Psychological
   C. Social
   D. Drug Cult

III. Classification of drugs
A. Narcotics/opiates
B. Hallucinogens/psychedelics
C. Sedative/hypnotics
D. Stimulants
E. Depressants
F. Analgesics
G. Other

IV. Human physiology and drugs
A. Central Nervous System
   1. Normal function
   2. Long and short term effects of drug use

V. Pharmacology of drugs
A. Potency
B. Tolerance
C. Dependence
D. Multiple use
E. Placebo effects

VI. Law enforcement and drugs
A. Laws
   1. Federal
   2. State
   3. Local
B. Law enforcement agencies
   1. Tax supported
   2. Voluntary

C. Law enforcement techniques
   1. Punishment
   2. Rehabilitation
   3. Other

VII. Drug Abuse Programs
   A. Prevention
   B. Treatment
   C. Rehabilitation
APPENDIX C:

Riverside Community College—New Course
Course Title

Advanced Officer Narcotics Course

Course Duration

24-hours (three days)

Course Description

Study of the history and development of controlled substance laws; the physiology of the human body; effects of drugs on the body; classifications of drugs; review of the California legal codes; chemical testing; drug abuse recognition techniques; report writing; and courtroom testimony. This course has a prerequisite of a Peace Officer Basic Academy certificate.

Performance Objectives

By the conclusion of this course students will have met all of the following objectives:

1. The student will describe the categories of drugs, which drugs belong in which category, and the effects of each category of drugs on the human physiology.
2. The student will perform abuse recognition, field testing, and chemical testing techniques for various illegal drugs.
3. The student will analyze the Uniform Controlled Substances Act of the California Health and Safety Code.
5. The student will describe clandestine laboratory investigation techniques.

6. The student will perform report writing practicums.

7. The student will analyze pertinent case law and courtroom testimony.

**Course Content**

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<th>Hours</th>
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I. Introduction .5

A. Course overview

B. Course objectives

C. Requirements for successful completion

II. Physiology 1.0

A. The human body

1. Organ systems
   a. Central nervous system (CNS)

2. Neurochemicals

3. Biological dependence and/or addiction

III. Review of California legal codes (controlled substances laws only) 1.0

A. Health and Safety Code

   1. Uniform Controlled Substances Act

B. Business and Professions Code

C. Penal Code

D. Vehicle Code

E. Public Utilities Code
F. Harbor and Navigation Code

G. Fish and Game Code

IV. Central nervous system (CNS) depressants

A. Definition

B. Background

1. Medical use

C. Sources

1. Pharmacies/prescriptions

D. Identification/packaging

1. Barbiturates
2. Non-barbiturates
3. Anti-depressant
4. Anti-anxiety
5. Anti-psychotic
6. Alcohol

E. Methods of use

F. Possession for sale

G. Effects on the human body

1. Biological effects
2. Pharmacology
3. Field testing and documentation

V. Central nervous system (CNS) stimulants
A. Synthetic stimulants

1. Definition

2. Background
   a. Medical use

3. Sources
   a. Pharmaceutical companies/pharmacies
   b. Clandestine labs (illicit)

4. Identification/packaging
   a. Amphetamine
   b. Methamphetamine
   c. Ice

5. Methods of use
   a. Methods of ingestion
   b. Paraphernalia

B. Organic stimulants

1. Definition

2. Background
   a. Medical use

3. Sources
   a. Drug traffickers
   b. Pharmaceutical

4. Identification/packaging
a. Cocaine HCL
b. Cocaine freebase
c. Rock cocaine
d. Crack cocaine
e. Pharmaceutical

5. Methods of use
   a. Methods of ingestion
   b. Paraphernalia

6. Possession for sale

7. Effects on the human body
   a. Biological effects
   b. Pharmacology
   c. Field testing and documentation

VI. Hallucinogens (psychedelics)

   A. LSD (Lysergic Acid Diethylamide)
      1. Definition
      2. Background
         a. Medical use
      3. Sources
         a. Synthetic
      4. Identification/packaging
      5. Methods of use
a. Methods of ingestion
b. Paraphernalia

6. Possession for sale

B. MDMA (ecstasy) and MDA

1. Definition
2. Background
3. Sources
   a. Synthetic
4. Identification/packaging
5. Methods of use
   a. Methods of ingestion
   b. Paraphernalia
6. Possession for sale

C. Psilocybin (mushrooms)

1. Definition
2. Background
3. Sources
   a. Organic
4. Identification/packaging
5. Methods of use
   a. Paraphernalia
6. Possession for sale
D. Peyote (Mescaline)
   1. Definition
   2. Background
   3. Sources
      a. Organic
   4. Identification/packaging
   5. Methods of use
      a. Methods of ingestion
      b. Paraphernalia
   6. Possession for sale

E. Effects of the hallucinogens on the human body
   1. Biological effects
   2. Pharmacology
   3. Field testing and documentation

VII. Phencyclidine (PCP)
   A. Definition
   B. Background
      1. Medical use
   C. Sources
      1. Clandestine labs (illicit)
      2. Pharmaceutical companies
   D. Identification/packaging
1. Illicit
2. Pharmaceutical

E. Methods of use
   1. Methods of ingestion
   2. Paraphernalia

F. Possession for sale

G. Effects on the human body
   1. Biological effects
   2. Pharmacology
   3. Field testing and documentation

VIII. Inhalants

A. Definition

B. Background
   1. Medical use

C. Sources
   1. Retail stores

D. Identification/packaging
   1. Volatile solvents
   2. Aerosols
   3. Anesthetic gases

E. Methods of use
   1. Methods of ingestion
2. Paraphernalia

F. Effects on the human body

1. Biological effects
2. Pharmacology
3. Field testing and documentation

IX. Narcotic analgesics (Opiates)

A. Organic opiates

1. Definitions
2. Background
   a. Medical use
3. Sources
   a. Drug traffickers
   b. Pharmacies/prescription
4. Identification/packaging
   a. Opium
   b. Morphine
   c. Heroin
   d. Pharmaceuticals
5. Methods of use
   a. Methods of ingestion
   b. Paraphernalia
6. Possession for sale
7. Effects on the human body
   a. Biological effects
   b. Pharmacology
   c. Field testing and documentation

B. Synthetic opiates

1. Definitions

2. Background
   a. Medical use

3. Sources
   a. Pharmacies/prescription

4. Identification/packaging
   a. Methadone
   b. Other pharmaceuticals

5. Methods of use
   a. Methods of ingestion

6. Possession for sale

7. Effects on the human body
   a. Biological effects
   b. Pharmacology
   c. Field testing and documentation

X. Cannabis

A. Marijuana
1. Definition
2. Background
   a. Medical use
3. Identification/packaging
   a. Strains and varieties
   b. Cultivation
4. Methods of use
   a. Paraphernalia
5. Possession for sale

B. Hashish
   1. Definition
   2. Background
   3. Source
   4. Identification/packaging
   5. Methods of use
      a. Methods of ingestion
      b. Paraphernalia
   6. Possession for sale

C. Hash oil
   1. Definition
   2. Background
   3. Source
4. Identification/packaging

5. Methods of use
   a. Methods of ingestion
   b. Paraphernalia

6. Possession for sale

D. Effects of marijuana/THC on the human body
   1. Biological effects
   2. Pharmacology
   3. Field testing and documentation

XI. Drug combinations
   A. Antagonistic effects
   B. Overlapping effects
   C. Additive effects
   D. Common drug combinations
      1. Alcohol and other drugs
      2. Marijuana and other drugs
      3. Heroin and cocaine
      4. Others

XII. Anabolic steroids
   A. Definition
   B. Background
      1. Medical use
C. Sources
D. Identification/packaging
E. Use
F. Effects

XIII. Chemical testing
A. Blood tests
B. Breath tests
C. Urine tests

XIV. Abuse recognition techniques
A. Evaluation process
   1. Preliminary observations
      a. Nomenclature
      b. Recognition
      c. Field testing
      d. Documentation
   2. Eye exams
      a. Horizontal gaze nystagmus
         1) Nomenclature
         2) Recognition
         3) Field testing
         4) Documentation
      b. Vertical gaze nystagmus
1) Nomenclature
2) Recognition
3) Field testing
4) Documentation
c. Non-convergence
   1) Nomenclature
   2) Recognition
   3) Field testing
   4) Documentation

3. Pulse
   a. Nomenclature
   b. Recognition
   c. Field testing
   d. Documentation

4. Field sobriety tests
   a. Rhomberg stand
      1) Nomenclature
      2) Recognition
      3) Field testing
      4) Documentation
   b. Walk and turn
      1) Nomenclature
2) Recognition
3) Field testing
4) Documentation

c. One leg stand
   1) Nomenclature
   2) Recognition
   3) Field testing
   4) Documentation

d. Finger to nose
   1) Nomenclature
   2) Recognition
   3) Field testing
   4) Documentation

5. Pupillary comparison
   a. Nomenclature
   b. Recognition
   c. Field testing
   d. Documentation

6. Method of ingestion examination
   a. Nomenclature
   b. Recognition
   c. Field testing
d. Documentation

XV. Legal aspects of 11550 H&S 1.0

A. Case law

B. Courtroom testimony

C. California jury instructions
   1. Useable amount-controlled substance
   2. Illegal possession-controlled substance
   3. Possession for sale-controlled substance

D. Search warrant applications

XVI. Report writing 2.5

A. Introduction to the report form

B. Evaluations and report writing practicum

XVII. Final exam 1.5

A. Exam (100 questions)

B. Exam grading and review

XVIII. Course after action review .5
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<tr>
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<tbody>
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<td>Introduction</td>
</tr>
<tr>
<td>0830-0930</td>
<td>Physiology</td>
</tr>
<tr>
<td>0930-1030</td>
<td>Review of CA legal codes</td>
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<tr>
<td>1030-1200</td>
<td>CNS Depressants</td>
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<td>Lunch</td>
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<td>1400-1500</td>
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