

Orange County Heroin Task Force **EDUCATIONAL TOOLKIT**

Drug Poisoning has now surpassed automobile collisions as the leading cause of accidental death in the US.

BE THE HERO IN SOMEONE'S STORY

HEROES AGAINST

HEROIN





Drug poisoning has now surpassed automobile collisions as the leading cause of accidental death in the US. In Florida, at least five people a day die from an opioid overdose. Heroin use has increased across the US among men and women, most age groups and most income levels. Heroin is a highly addictive opioid drug with a high risk of overdose and death for users. The CDC reported people who are addicted to prescription painkillers are 40 times more likely to be addicted to heroin. In 2015, 85 people in Orange County died from a heroin-related overdose. We have also seen an increase in fentanyl-laced heroin and fentanyl-laced counterfeit pills (potent and deadly narcotic) on our streets.

The Orange County Heroin Task Force and the Education and Prevention Subcommittee members are pleased to provide the **Orange County Heroin Educational Toolkit**. The toolkit is intended to support your efforts to increase awareness about the dangers and risks of heroin use, the emerging trend of fentanyl, the signs and symptoms of an overdose, information on overdose prevention and the life-saving medication naloxone and substance abuse services information. The toolkit information can be used with youth, parents, caregivers, friends and the community to educate, engage and prevent heroin use, overdose and overdose-related deaths.

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Heroin- What You Need to Know

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users. The documents included in the toolkit are intended to increase your awareness about the dangers and risks of heroin use and the latest information on the heroin epidemic facing communities across our nation. The toolkit includes:

- Today's Heroin Epidemic: Centers for Disease Control & Prevention Vital Signs, July 2015
- Heroin Drug Fact Sheet, Drug Enforcement Administration (DEA)
- Drug Facts on Heroin, National Institute of Drug Abuse

Today's Heroin Epidemic

More people at risk, multiple drugs abused

Heroin use has increased across the US among men and women, most age groups, and all income levels. Some of the greatest increases occurred in demographic groups with historically low rates of heroin use: women, the privately insured, and people with higher incomes. Not only are people using heroin, they are also abusing multiple other substances, especially cocaine and prescription opioid painkillers. As heroin use has increased, so have heroin-related overdose deaths. Between 2002 and 2013, the rate of heroin-related overdose deaths nearly quadrupled, and more than 8,200 people died in 2013. States play a central role in prevention, treatment, and recovery efforts for this growing epidemic.

States can:

- Address the strongest risk factor for heroin addiction: addiction to prescription opioid painkillers.
- Increase access to substance abuse treatment services, including Medication-Assisted Treatment (MAT), for opioid addiction.
- Expand access to and training for administering naloxone to reduce opioid overdose deaths.
- Ensure that people have access to integrated prevention services, including access to sterile injection equipment from a reliable source, as allowed by local policy.
- Help local jurisdictions to put these effective practices to work in communities where drug addiction is common.

Want to learn more? www.cdc.gov/vitalsigns/heroin



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

2x

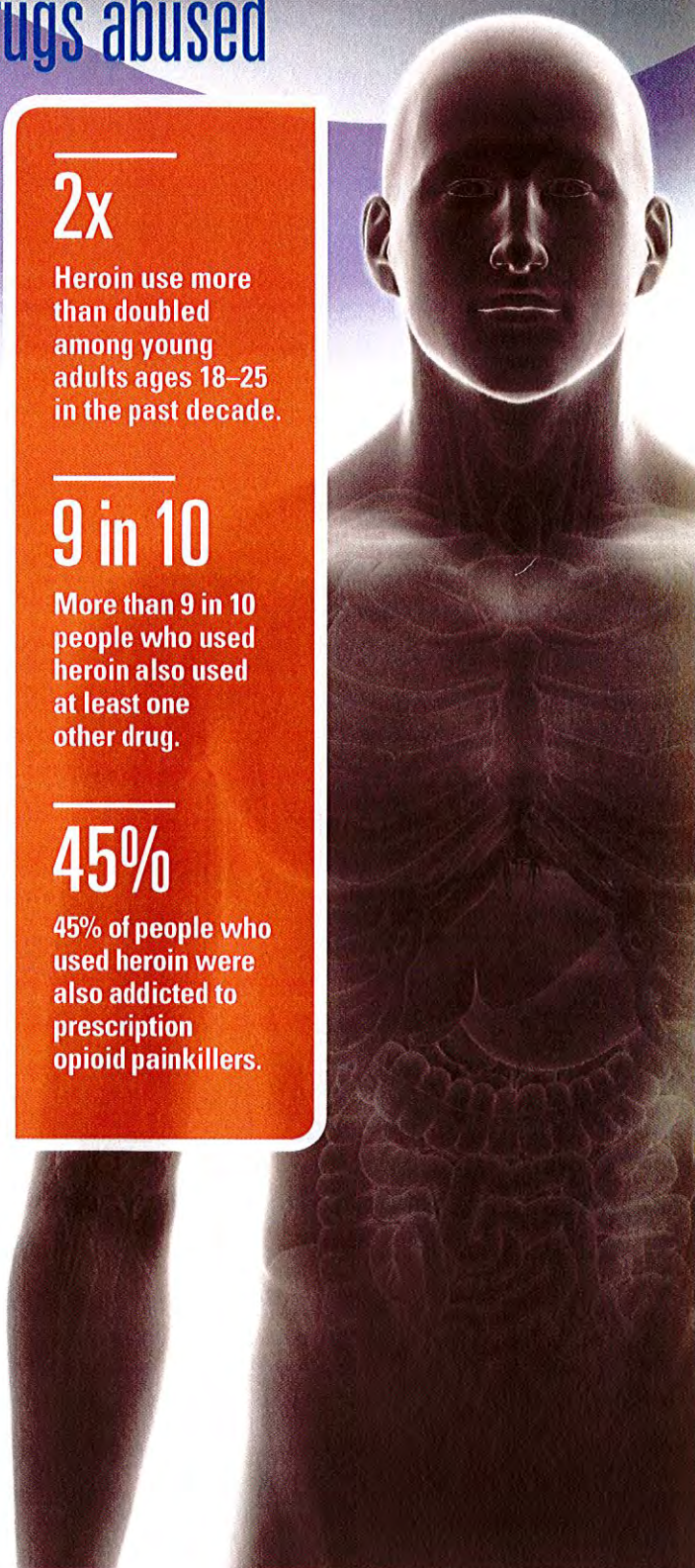
Heroin use more than doubled among young adults ages 18–25 in the past decade.

9 in 10

More than 9 in 10 people who used heroin also used at least one other drug.

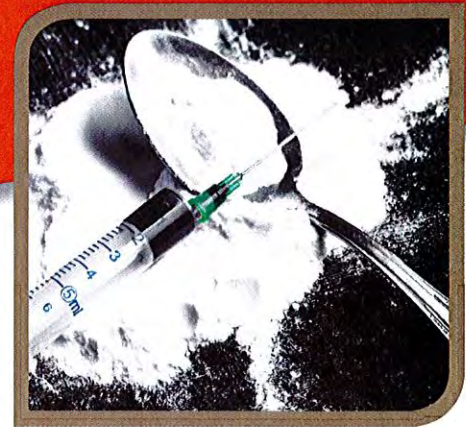
45%

45% of people who used heroin were also addicted to prescription opioid painkillers.



Problem:

Heroin use is increasing,
and so are heroin-related overdose deaths.



How is heroin harmful?

- Heroin is an illegal, highly addictive opioid drug.
- A heroin overdose can cause slow and shallow breathing, coma, and death.
- People often use heroin along with other drugs or alcohol. This practice is especially dangerous because it increases the risk of overdose.
- Heroin is typically injected but is also smoked or snorted. When people inject heroin, they are at risk of serious, long-term viral infections such as HIV, Hepatitis C, and Hepatitis B, as well as bacterial infections of the skin, bloodstream, and heart.

Who is most at risk of heroin addiction?

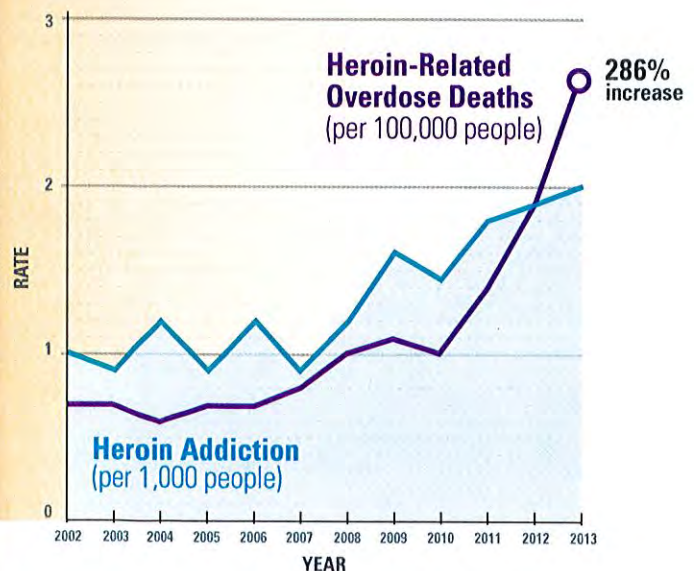
- People who are addicted to prescription opioid painkillers
- People who are addicted to cocaine
- People without insurance or enrolled in Medicaid
- Non-Hispanic whites
- Males
- People who are addicted to marijuana and alcohol
- People living in a large metropolitan area
- 18 to 25 year olds

Heroin Use Has INCREASED Among Most Demographic Groups

	2002-2004*	2011-2013*	% CHANGE
SEX			
Male	2.4	3.6	50%
Female	0.8	1.6	100%
AGE, YEARS			
12-17	1.8	1.6	--
18-25	3.5	7.3	109%
26 or older	1.2	1.9	58%
RACE/ETHNICITY			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	--
ANNUAL HOUSEHOLD INCOME			
Less than \$20,000	3.4	5.5	62%
\$20,000-\$49,999	1.3	2.3	77%
\$50,000 or more	1	1.6	60%
HEALTH INSURANCE COVERAGE			
None	4.2	6.7	60%
Medicaid	4.3	4.7	--
Private or other	0.8	1.3	63%

*Annual average rate of heroin use (per 1,000 people in each group)

Heroin Addiction and Overdose Deaths are Climbing



SOURCES: National Survey on Drug Use and Health (NSDUH), 2002-2013.
National Vital Statistics System, 2002-2013.

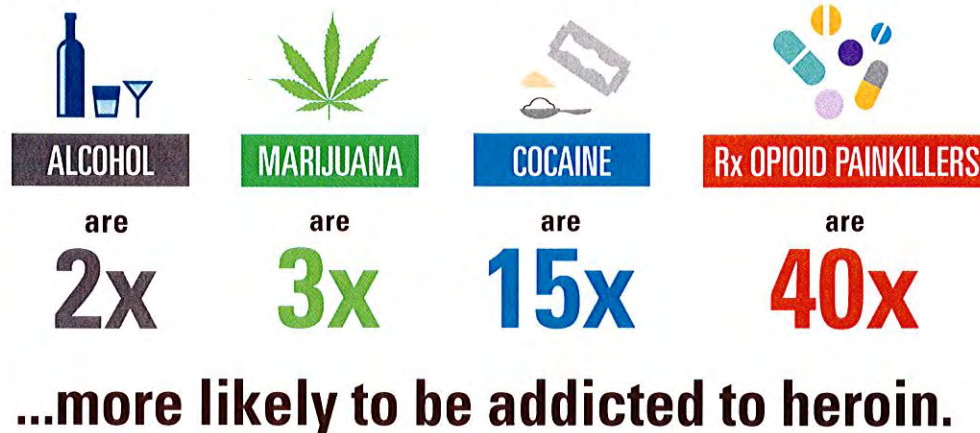
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

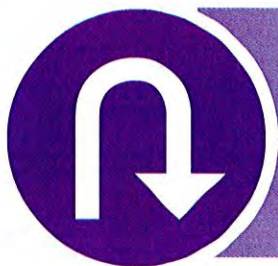
Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



REVERSE Heroin Overdose

Expand the use of naloxone.

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

What Can Be Done?

The Federal government is

- Providing educational training and resources to health care providers so they can make informed decisions and ensure the appropriate prescribing of opioid painkillers. This includes:
 - ▶ Developing prescribing guidelines for chronic pain.
 - ▶ Supporting the use of prescription drug monitoring programs (electronic databases that track the dispensing of certain drugs) as a routine part of clinical practice.
- Increasing access to substance abuse treatment services through the Affordable Care Act.
- Expanding use of Medication-Assisted Treatment (MAT).
- Supporting the development and distribution of the life-saving drug naloxone to reduce prescription opioid painkiller and heroin overdose deaths.
- Supporting the research, development, and approval of pain medications that are less prone to abuse.
- Improving surveillance to better track trends, identify communities at risk, and target prevention strategies.
- Expand access to and training for administering naloxone to reduce opioid overdose deaths.
- Ensure that people have access to integrated prevention services, including access to sterile injection equipment from a reliable source, as allowed by local policy.
- Help local jurisdictions to put these effective practices to work in communities where drug addiction is common.

Health care providers can

- Follow best practices for responsible painkiller prescribing to reduce opioid painkiller addiction, the strongest risk factor for heroin addiction:
 - ▶ Use prescription drug monitoring programs and ask patients about past or current drug and alcohol use prior to considering opioid treatment.
 - ▶ Prescribe the lowest effective dose and only the quantity needed for each patient.
 - ▶ Link patients with substance use disorders to effective substance abuse treatment services.
- Support the use of Food and Drug Administration-approved MAT options (methadone, buprenorphine, and naltrexone) in patients addicted to prescription opioid painkillers or heroin.

States can

- Address the strongest risk factor for heroin addiction: addiction to prescription opioid painkillers.
 - ▶ Make prescription drug monitoring programs timely and easy to use. Providers can analyze patient prescription drug history and make informed decisions before prescribing opioid painkillers.
 - ▶ Look at the data and practices of state Medicaid and worker's compensation programs to identify and reduce inappropriate prescribing.
- Increase access to substance abuse treatment services, including MAT for opioid addiction.
 - ▶ Work with Medicaid and other insurance companies to provide coverage for MAT.
 - ▶ Support adoption of MAT in community settings.

Everyone can

Learn more about the risks of using heroin and other drugs.

- Learn how to recognize and respond to an opioid overdose.
- Get help for substance abuse problems:
1-800-662-HELP.

For more information on MAT and naloxone, visit SAMHSA at: www.samhsa.gov.

1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348
www.cdc.gov

Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333

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Drug Fact Sheet

Heroin

Overview

Heroin is a highly addictive drug and the most rapidly acting of the opiates.

Street names

Big H, Black Tar, Chiva, Hell Dust, Horse, Negra, Smack, Thunder

Looks like

Heroin is typically sold as a white or brownish powder, or as the black sticky substance known on the streets as "black tar heroin." Although purer heroin is becoming more common, most street heroin is "cut" with other drugs or with substances such as sugar, starch, powdered milk, or quinine.



Methods of abuse

Heroin can be injected, smoked, or sniffed/snorted. High purity heroin is usually snorted or smoked.

Affect on mind

Because it enters the brain so rapidly, heroin is particularly addictive, both psychologically and physically. Heroin abusers report feeling a surge of euphoria or "rush," followed by a twilight state of sleep and wakefulness.

Affect on body

One of the most significant effects of heroin use is addiction. With regular heroin use, tolerance to the drug develops. Once this happens, the abuser must use more heroin to achieve the same intensity. As higher doses of the drug are used over time, physical dependence and addiction to the drug develop. Physical symptoms of heroin use include: drowsiness, respiratory depression, constricted pupils, nausea, a warm flushing of the skin, dry mouth, and heavy extremities.

Drugs causing similar effects

Other opioids such as OxyContin®, Vicodin®, codeine, morphine, methadone, and fentanyl can cause similar effects as heroin.

Overdose effects

Because heroin abusers do not know the actual strength of the drug or its true contents, they are at a high risk of overdose or death. The effects of a heroin overdose are: slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death.

Legal status in the United States

Heroin is a Schedule I substance under the Controlled Substances Act meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.

Common places of origin

Heroin is processed from morphine, a naturally occurring substance extracted from the seed pod of certain varieties of poppy plants grown in: Southeast Asia (Thailand, Laos, and Myanmar (Burma)), Southwest Asia (Afghanistan and Pakistan), Mexico, and Colombia. It comes in several forms, the main one being "black tar" from Mexico (found primarily in the western United States) and white heroin from Colombia (primarily sold on the East Coast).



National Institute
on Drug Abuse

DrugFacts

www.drugabuse.gov

Heroin

Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant. Heroin usually appears as a white or brown powder or as a black sticky substance, known as “black tar heroin.”

In 2011, 4.2 million Americans aged 12 or older (or 1.6 percent) had used heroin at least once in their lives. It is estimated that about 23 percent of individuals who use heroin become dependent on it.

How is Heroin Used?

Heroin can be injected, inhaled by snorting or sniffing, or smoked. All three routes of administration deliver the drug to the brain very rapidly, which contributes to its health risks and to its high risk for addiction, which is a chronic relapsing disease caused by changes in the brain and characterized by uncontrollable drug-seeking no matter the consequences.

How Does Heroin Affect the Brain?

When it enters the brain, heroin is converted back into morphine, which binds to molecules on cells known as opioid receptors. These receptors are located in many areas of the brain (and in the body), especially those involved in the perception of pain and in reward. Opioid receptors are

Prescription Opioid Abuse: A First Step to Heroin Use?

Prescription opioid pain medications such as Oxycontin and Vicodin can have effects similar to heroin when taken in doses or in ways other than prescribed, and research now suggests that abuse of these drugs may actually open the door to heroin abuse.

Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin. Some individuals reported taking up heroin because it is cheaper and easier to obtain than prescription opioids.

Many of these young people also report that crushing prescription opioid pills to snort or inject the powder provided their initiation into these methods of drug administration.

also located in the brain stem, which controls automatic processes critical for life, such as blood pressure, arousal, and respiration.

Heroin overdoses frequently involve a suppression of breathing. This can affect the amount of oxygen that reaches the brain, a condition called hypoxia. Hypoxia can have short- and long-term psychological and neurological effects, including coma and permanent brain damage.

After an intravenous injection of heroin, users report feeling a surge of euphoria (“rush”) accompanied by dry mouth, a warm flushing of the skin, heaviness of the extremities, and clouded mental functioning. Following this initial euphoria, the user goes “on the nod,” an alternately wakeful and drowsy state. Users who do not inject the drug may not experience the initial rush, but other effects are the same.

Researchers are also investigating the long-term effects of opioid addiction on the brain. One result is tolerance, in which more of the drug is needed to achieve the same intensity of effect. Another result is dependence, characterized by the need to continue use of the drug to avoid withdrawal symptoms. Studies have shown some deterioration of the brain’s white matter due to heroin use, which may affect decision-making abilities, the ability to regulate behavior, and responses to stressful situations.

What Are the Other Health Effects of Heroin?

Heroin abuse is associated with a number of serious health conditions, including fatal overdose, spontaneous abortion, and infectious diseases like hepatitis and HIV (see box, “Injection Drug Use and HIV and HCV Infection”). Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, constipation and gastrointestinal cramping, and liver or kidney disease. Pulmonary complications, including various types of pneumonia, may result from the poor health of the user as well as from heroin’s effects on breathing.

Injection Drug Use and HIV and HCV Infection

People who inject drugs are at high risk of contracting HIV and hepatitis C (HCV). This is because these diseases are transmitted through contact with blood or other bodily fluids, which can occur when sharing needles or other injection drug use equipment. (HCV is the most common blood-borne infection in the United States.) HIV (and less often HCV) can also be contracted during unprotected sex, which drug use makes more likely.

Because of the strong link between drug abuse and the spread of infectious disease, drug abuse treatment can be an effective way to prevent the latter. People in drug abuse treatment, which often includes risk reduction counseling, stop or reduce their drug use and related risk behaviors, including risky injection practices and unsafe sex. (See box, “Treating Heroin Addiction.”)

In addition to the effects of the drug itself, street heroin often contains toxic contaminants or additives that can clog blood vessels leading to the lungs, liver, kidneys, or brain, causing permanent damage to vital organs.

Chronic use of heroin leads to physical dependence, a state in which the body has adapted to the presence of the drug. If a dependent user reduces or stops use of the drug abruptly, he or she may experience severe symptoms of withdrawal. These symptoms—which can begin as early as a few hours after the last drug administration—can include restlessness, muscle and bone pain, insomnia, diarrhea and vomiting, cold flashes with goose bumps (“cold turkey”), and kicking movements (“kicking the habit”). Users also

experience severe craving for the drug during withdrawal, which can precipitate continued abuse and/or relapse.

Besides the risk of spontaneous abortion, heroin abuse during pregnancy (together with related factors like poor nutrition and inadequate prenatal care) is also associated with low birth weight, an important risk factor for later delays in development. Additionally, if the mother is regularly abusing the drug, the infant may be born physically dependent on heroin and could suffer from neonatal abstinence syndrome

Treating Heroin Addiction

A range of treatments including behavioral therapies and medications are effective at helping patients stop using heroin and return to stable and productive lives.

Medications include **buprenorphine** and **methadone**, both of which work by binding to the same cell receptors as heroin but more weakly, helping a person wean off the drug and reduce craving; and **naltrexone**, which blocks opioid receptors and prevents the drug from having an effect (patients sometimes have trouble complying with naltrexone treatment, but a new long-acting version given by injection in a doctor's office may increase this treatment's efficacy). Another drug called **naloxone** is sometimes used as an emergency treatment to counteract the effects of heroin overdose.

For more information, see NIDA's handbook, [Principles of Drug Addiction Treatment](#).

(NAS), a drug withdrawal syndrome in infants that requires hospitalization. According to a recent study, treating opioid-addicted pregnant mothers with buprenorphine (a medication for opioid dependence) can reduce NAS symptoms in babies and shorten their hospital stays.

Learn More

For more information on heroin, visit <http://www.drugabuse.gov/publications/research-reports/heroin>

Chasing the Dragon: The Life of an Opiate Addict

In an effort to combat the growing epidemic of prescription drugs and heroin abuse, the FBI and DEA have released "Chasing the Dragon: The Life of an Opiate Addict," a documentary aimed at educating students and young adults about the dangers of addiction. The Chasing the Dragon video and discussion guide can be viewed at Orange County Heroes Against Heroin Real Stories webpage at www.ocflheroesagainstheroin.org

Fentanyl – Emerging Threat

The emergence of illicit fentanyl in counterfeit prescription pills and powder form mixed with heroin is extremely potent and a deadly threat to anyone who uses it. The documents included in this section are intended to increase your knowledge and awareness about the dangers and risks of using illicit fentanyl as well as the public safety concerns for law enforcement and healthcare professionals that come in contact with this drug. The toolkit includes:

- Counterfeit Prescription Pills Containing Fentanyl: Global Threat, DEA
- Fentanyl Alert, DEA- Public Safety Warning about the Dangers of Improperly Handling Fentanyl and its Deadly Consequences
- Deadly Super Pill found in Central Florida, FDLE
- Carfentanil: A Dangerous New Factor in the US Opioid Crisis, DEA-Officer & Public Safety Bulletin

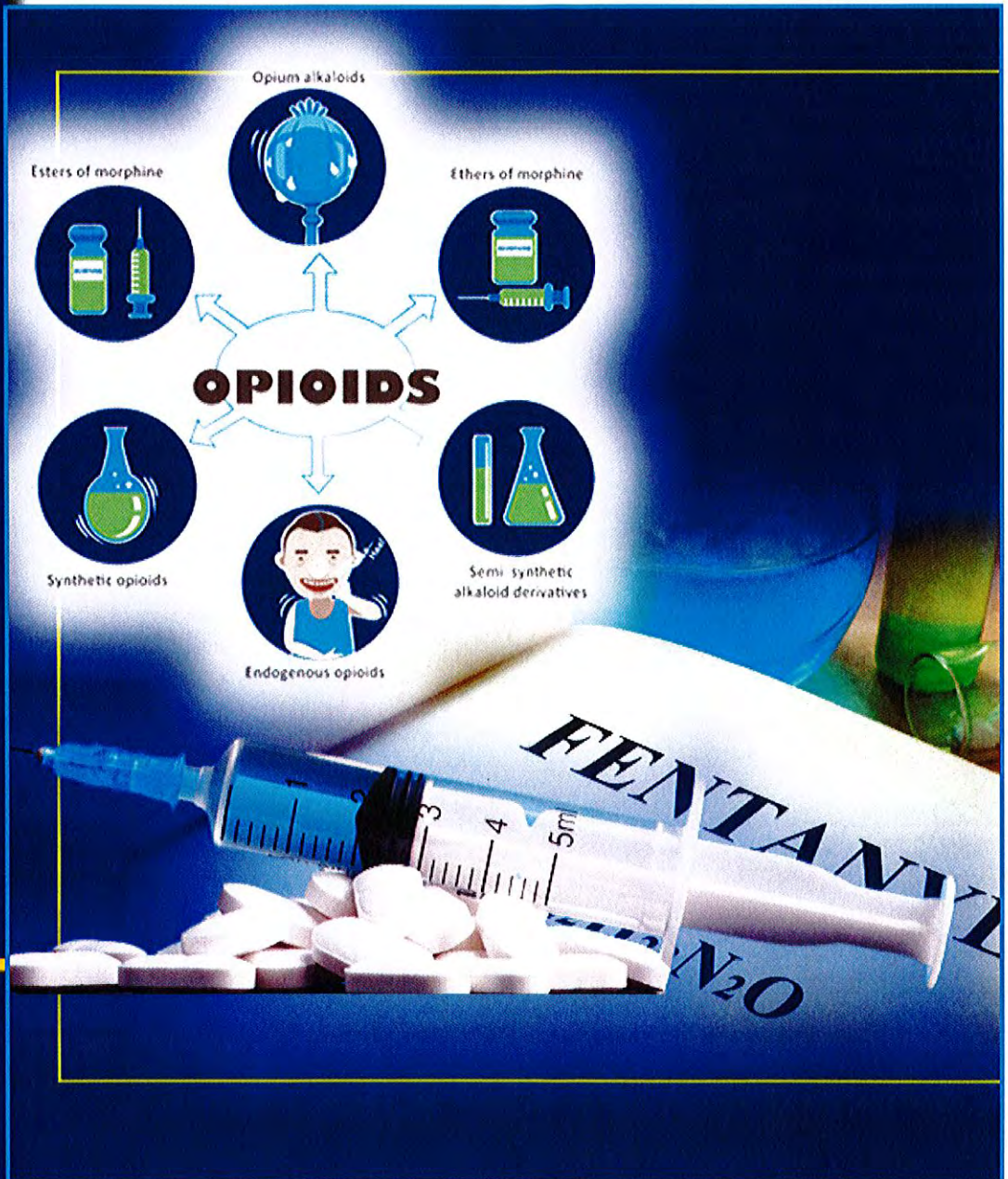
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DEA
INTELLIGENCE
BRIEF

Counterfeit Prescription Pills Containing Fentanyls: A Global Threat

DEA-DCT-DIB-021-16
JULY 2016



This product was prepared by the DEA Strategic Intelligence Section. Comments and questions may be addressed to the Chief, Analysis and Production Section at dea.onsi@usdoj.gov.

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Executive Summary

Hundreds of thousands of counterfeit prescription pills, some containing deadly amounts of fentanyl^a have been introduced into U.S. drug markets, exacerbating the fentanyl and opioid crisis. The sudden arrival of wholesale amounts of counterfeit prescription drugs containing fentanyl will result in an increase in overdoses, deaths, and opiate-dependent individuals. Motivated by enormous profit potential, traffickers exploit high consumer demand for prescription medications by producing inexpensive, fraudulent prescription pills containing fentanyl. The equipment and materials necessary to produce these counterfeit drugs are widely available online for a small initial investment, greatly reducing the barrier of entry into production for small-scale drug trafficking organizations (DTOs) and individual players. In addition, small-scale fentanyl production laboratories have been identified in the United States and Canada, and fentanyl production and milling laboratories are believed to be operating in Mexico, indicating a vast expansion of the traditional illicit fentanyl market.

Details

Fentanyl in the United States

The United States is in the midst of a fentanyl crisis, with law enforcement reporting and public health data indicating higher availability of fentanyl, increased seizures of fentanyl, and more known overdose deaths from fentanyl than at any other time since the drugs were first created in 1959. From August 2013 through the end of 2015, U.S. law enforcement agencies seized at least 239 kilograms of illicitly produced fentanyl. Although the total quantity of fentanyl seized may appear small relative to other illicit drugs, fentanyl is more lethal to potential users than other illicit drugs due to its extremely small lethal dose (approximately 2 milligrams). Between late 2013 and late 2014 alone, there were over 700 deaths related to fentanyl in the United States, and this figure is largely believed to be underestimated due to variations in state reporting techniques and deaths being attributed to heroin. In addition to being deadly to users, fentanyl poses a grave threat to law enforcement officials and first responders, as a lethal dose of fentanyl can be accidentally inhaled or absorbed through the skin.

Fentanyl is traditionally mixed into or sold as heroin, oftentimes without the customer's knowledge. Since 2014, U.S. law enforcement agencies have been seizing a new form of fentanyl—counterfeit prescription opioid pills containing fentanyl. The counterfeit pills often closely resemble the authentic medications they were designed to mimic, and the presence of fentanyl is only detected upon laboratory analysis.

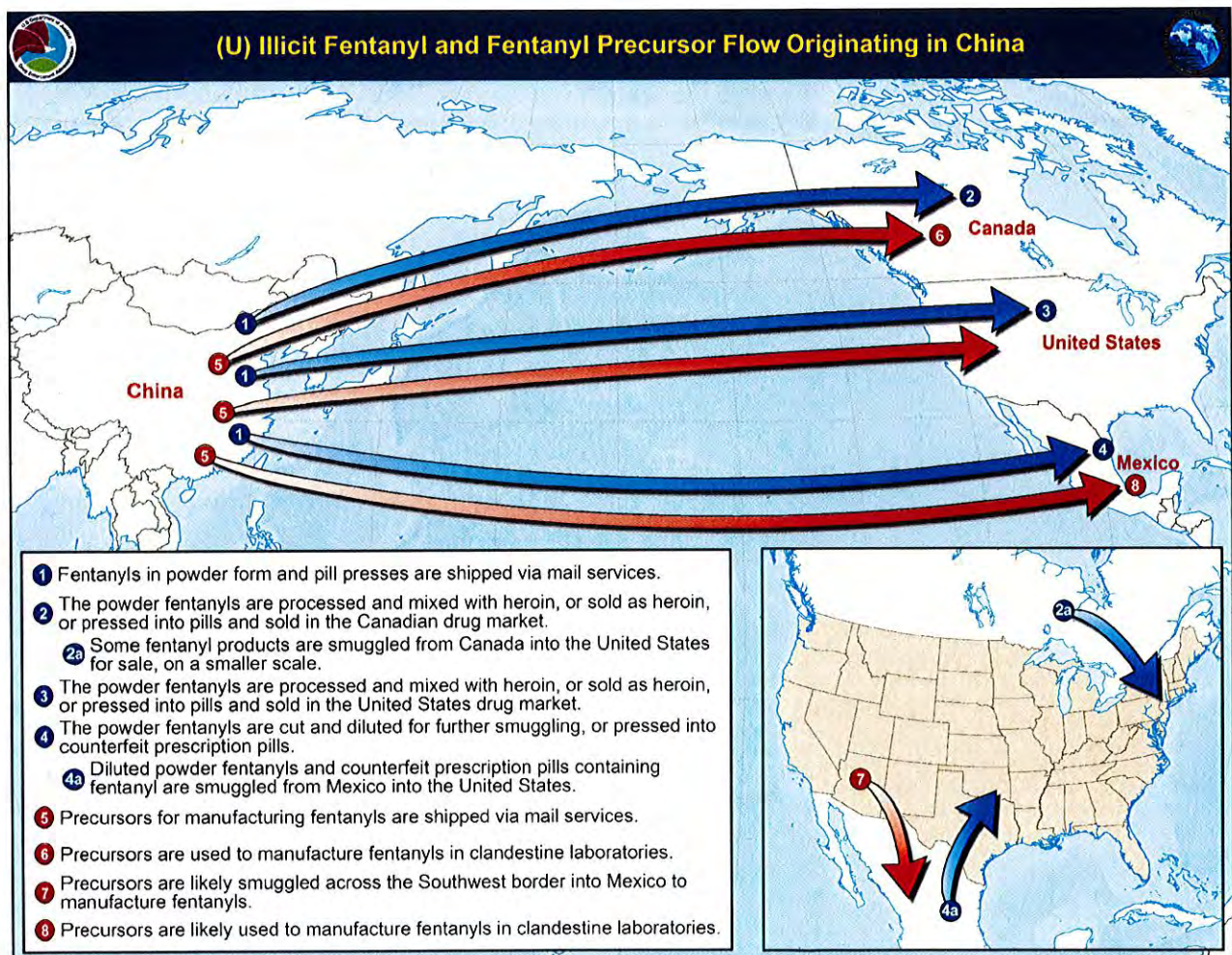
The current fentanyl crisis is multi-faceted and involves a global supply of fentanyl and related materials. Counterfeit pills containing fentanyl are smuggled into the United States from Mexico and Canada (see Figure 1). Clandestine pill press operations also occur in the United States. Traffickers usually purchase powdered fentanyl and pill presses from China to create counterfeit pills to supply illicit U.S. drug markets. Under U.S. law, the Drug Enforcement Administration (DEA) must be notified of the importation of a pill press. However, foreign pill press vendors often mislabel the equipment or send it disassembled to avoid law enforcement detection.

- March 2016 - The DEA Los Angeles Field Division (FD) executed a federal search warrant at a residential location and seized a counterfeit prescription pill operation using fentanyl and other synthetic opiates. Three pill presses, powder mixing equipment, ventilation equipment, and numerous buckets filled with powder were discovered (see Figure 2).

^a When used in this publication, the term "fentanyl" includes fentanyl and related variants such as acetyl fentanyl, butyrfentanyl, and furanylfentanyl. Due to variations in the legal and scientific definitions of analogs, it may be inaccurate to call all fentanyl varieties a fentanyl analog.

- January 2016 - The DEA New Jersey FD arrested a counterfeit prescription pill producer after making undercover purchases of approximately 6,000 pills. The pills were manufactured to look like 30 milligram oxycodone pills, but contained either fentanyl citrate or acetyl fentanyl and were produced domestically in the trafficker's New York residence.
- From early 2014 through late 2015 the DEA New England Field Division seized approximately 7,000 counterfeit 30 milligrams oxycodone pills from a DTO. Laboratory analysis indicated that the pills did not contain oxycodone, but rather fentanyl or combinations of fentanyl or heroin.
- May 2015 - The Tennessee Bureau of Investigation issued a public warning concerning the presence of counterfeit fentanyl pills on the market. A law enforcement officer seized several pills that appeared to be 30 milligram oxycodone tablets; however, laboratory analysis indicated that the pills instead contained fentanyl (see Figure 3).

Figure 1: Illicit Fentanyl and Fentanyl Precursor Flow Originating in China



Source: DEA

*Arrows do not represent specific transportation routes.

Figure 2: Pill Presses Used to Manufacture Counterfeit Prescription Pills in Los Angeles.



Source: DEA

Figure 3: Counterfeit 30 Milligram Oxycodone Pills Containing Fentanyl.

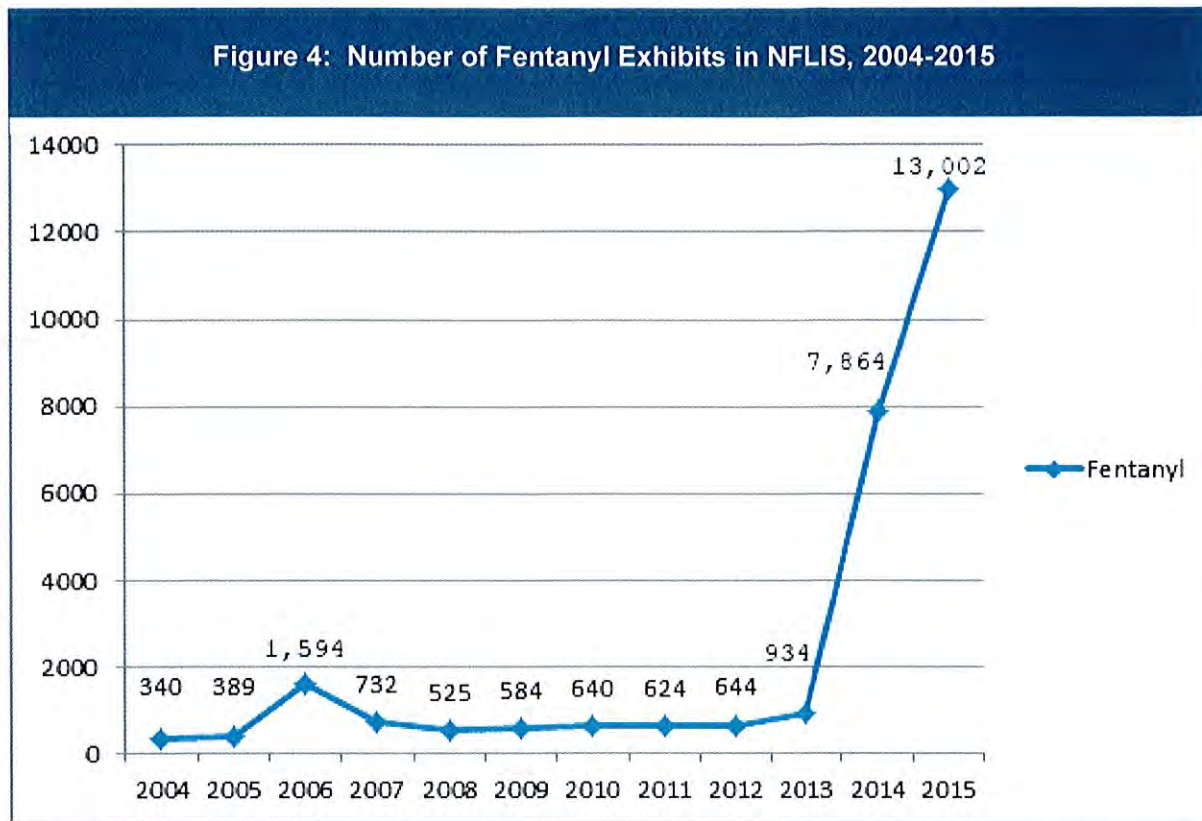


Source: Tennessee Bureau of Investigation

The 2006 fentanyl crisis in the United States was the result of fentanyl being mixed into heroin and distributed to unsuspecting heroin users. During the current fentanyl crisis (2013-present), traffickers have not only used similar historical production and distribution techniques, but have also expanded the fentanyl market by producing wholesale quantities of counterfeit prescription medications containing various fentanyls. Fentanyls are no longer only mixed into the heroin supply, but take on new shapes in order to be desirable for a different subset of opioid users. Another distinction between the 2006 outbreak and the current fentanyl crisis is the complex global reach. The 2006 fentanyl crisis was fueled by a single clandestine laboratory in Toluca, Mexico, and once the laboratory was seized, the seizures of fentanyl and overdose deaths in the United States suddenly tapered off. The current fentanyl crisis is fueled by China-sourced fentanyls and fentanyl precursor chemicals that are being sold to various individuals and organizations responsible for fentanyl processing and distribution operations; this scenario includes individuals linked to Mexican cartels and other criminal organizations that are not affiliated with Mexican cartels. The seizures of fentanyl-laced pills and clandestine pill press operations all across North America indicate that this is becoming a trend, not a series of isolated incidents.

Fentanyl traffickers have been successful at expanding the fentanyl market and introducing new fentanyl-laced drug products to the U.S. drug market. The DEA National Forensic Laboratory Information System (NFLIS)^b reported that there were 13,002 fentanyl exhibits tested by forensic laboratories across the country in 2015 (the latest year for which data is available), which is a 65 percent increase from the 7,864 fentanyl exhibits in 2014 (see Figure 4). There were approximately eight times as many fentanyl exhibits in 2015 as there were during the 2006 fentanyl crisis, clearly demonstrating the unprecedented threat and expansion of the fentanyl market.

^b The NFLIS is a DEA program that systematically collects results from drug chemistry analyses conducted by state, local, and federal forensic laboratories across the country. During analyses of the exhibits, laboratories may identify several distinct drug reports within an exhibit; therefore, an exhibit reported to NFLIS may include up to three drug reports. Drug evidence that is secured by law enforcement officials but not analyzed by participating laboratories is not included in the NFLIS system.



Source: DEA

The 2014 National Survey on Drug Use and Health estimated that there were 4.3 million nonmedical users of pain relievers in the United States in 2014; a population second only in size to marijuana users. High demand for authentic prescription drugs strongly incentivizes traffickers to produce counterfeit pills containing fentanyls to increase their revenues and meet market demand for these products.

The rise of counterfeit pills that contain fentanyls in the illicit drug market will likely result in more opioid-dependent individuals, overdoses, and deaths. There were over 700 fentanyl-related deaths reported in the United States between late 2013 and 2014. During 2013-2014, the Centers for Disease Control and Prevention (CDC) reported that deaths from synthetic opioids increased 79 percent, from 3,097 to 5,544. Although the synthetic opioid category does contain other opioids, this sharp increase coincides with a sharp increase in fentanyl availability, and the CDC reports that a substantial portion of the increase appears to be related to illicit fentanyls.

Expansion of the counterfeit pill market, to include pills containing fentanyls, threatens to circumvent efforts by law enforcement and public health officials to reduce the abuse of opioid medications. Efforts to reduce the amount of opioid pills available on the market for abuse include DEA's National Take-Back Initiative, and education for doctors on the dangers of opioid medications. The arrival of large amounts of counterfeit prescription drugs containing fentanyls on the market threatens to devalue such initiatives and replaces opioid medications taken off of the street. Although not all controlled prescription drug users eventually switch to heroin, fentanyl-laced pills give DTOs broader access to the large controlled prescription drug user population, which is reliant upon diversion of legitimate pills. This could undermine positive results from the state Prescription Drug Monitoring Programs, as well as from legislative and law enforcement programs.

The success traffickers have experienced with secreting fentanyl in counterfeit opioid medications will likely result in the emergence of fentanyl in a variety of other counterfeit prescription drugs. Between January and March 2016, nine people died from counterfeit Xanax® pills containing fentanyl in Pinellas County, Florida. In March and April 2016, 52 overdoses and 10 deaths occurred in Sacramento, California from counterfeit Norco® pills containing fentanyl. University of California Davis laboratory analysis indicated that the pills contained a variety of fentanyl doses; one sample of pills contained between 0.6 and 6.9 milligrams of fentanyl per pill (2 milligrams of fentanyl is a lethal dose for non-opioid users). Such wide disparity in dosing reveals that the producers were likely new to incorporating fentanyl in pill production, as the fentanyl was not thoroughly mixed with the other powders before binding and pressing into pills. Although Norco® is an opioid like fentanyl, Xanax® is a benzodiazepine.^c This demonstrates that though traffickers are interested in expanding the fentanyl market to other counterfeit opioid medications, they are also willing to utilize fentanyl in other non-opiate drugs with exploitable user populations.

Research Chemical U-47700 in Counterfeit Oxycodone Pills

In March 2016, law enforcement officers in Lorain County, Ohio, seized 500 pills that visually appeared to be oxycodone. The pills were blue and had "A 215" markings, consistent with 30 milligram oxycodone pills (see Figure 5). Laboratory analysis indicated that the pills did not contain oxycodone, but were instead the research chemical U-47700.¹⁹ U-47700 is an unscheduled synthetic opioid not studied for human use that has caused at least 17 overdoses and several deaths in the United States. Although counterfeit opioid pill traffickers currently use fentanyl, it is likely that other synthetic opioids will be utilized if fentanyl become inaccessible, or if market preferences shift to other substances.

Figure 5: Counterfeit Oxycodone Pills
Containing U-47700.



Source: Lorain County, Ohio, Sheriff's Office

^c Opioids target completely different receptors than benzodiazepines. Opioids are primarily used to treat pain, whereas benzodiazepines are used to treat anxiety.

Fentanyl in Canada

Canada has seen a sharp increase in overdoses and deaths resulting from the use of fentanyl since 2012, when the Government of Canada removed the prescription opioid OxyContin® from the legitimate market. Between 2009 and 2014, there were at least 1,019 fentanyl-related drug poisoning deaths in Canada, with more than half occurring during 2013 and 2014. Canadian officials advise that this is likely an underestimate.

In Canada, fentanyl is mixed with or disguised as heroin and pressed into counterfeit prescription pills. Traffickers import fentanyl into Canada directly from China; however, Canadian officials have also seized fully functional fentanyl synthesis and pill-producing clandestine laboratories. While pill presses and tableting machines are not currently regulated by Canada's federal government, the Province of Alberta recently passed legislation, which will implement regulation of these devices effective January 1, 2017. In addition, efforts are underway to draft similar legislation for at least one more Canadian province.

Fentanyl in Mexico

Mexico often serves as a transshipment point for fentanyl shipped from China. Mexican traffickers prepare the fentanyl to be mixed with heroin destined for the United States, or press the fentanyl into counterfeit prescription pills before the drugs are smuggled into the United States. In addition to purchasing fentanyl directly from China, it is likely there are also clandestine fentanyl synthesis laboratories in Mexico. The immediate precursor to fentanyl, N-phenyl-1-(2-phenylethyl) piperidin-4-amine (ANPP), has been seized at the U.S.–Mexico border, indicating that traffickers are producing fentanyl or attempting to stockpile precursors in advance of a future shortage in Chinese supply.

Fentanyl in China

China is the primary source of supply for fentanyl and fentanyl precursors destined for the United States, Canada, and Mexico. According to the Chinese Anti-Smuggling Bureau, China does not have a fentanyl consumption problem; therefore, fentanyl illicitly produced in China are most likely intended for export to the Americas. Customers can purchase fentanyl products from Chinese laboratories online, by travelling to China and purchasing in person, or through a chemical broker. DEA reporting indicates that many Chinese laboratories illicitly manufacturing synthetic drugs, such as fentanyl and their precursors, also manufacture legitimate chemicals for purchase by U.S. companies. This means that laboratories responsible for supplying the fentanyl in counterfeit pills can also run legitimate businesses. Although Chinese clandestine laboratories may be contributing to the fentanyl supply, legitimate laboratories may also be sources of supply.

Chinese Scheduling of Popular Fentanyls

In October 2015, China introduced new controls on 116 drugs or chemical compounds, to include several different fentanyls. This scheduling action may reduce the availability of those fentanyls; however, in December 2015, one China-based chemicals supplier offered a Florida-based fentanyl purchaser a new version of the drug to circumvent the scheduling. China controls 19 fentanyl compounds, including fentanyl.

In addition to supplying fentanyl and fentanyl precursor chemicals, Chinese laboratory companies also provide industrial pill presses used in tableting fentanyl intended for American, Canadian, and Mexican purchasers. There are no laws in China regulating the production or sale of pill presses, making them easily accessible to drug traffickers.

Traffickers often use freight forwarders to mail fentanyl from China. Several DEA investigations have revealed that the original supplier will provide the package to a freight forwarding company or individual, who transfers it to another freight forwarder, who then takes custody and presents the package to

customs for export.³⁵ The combination of a chain of freight forwarders and multiple transferals of custody makes it difficult for law enforcement to track these packages. Often, the package will intentionally have missing, incomplete, and inaccurate information.

- May 2015 - Chinese Customs officials seized 46 kilograms of fentanyl and 26 kilograms of acetyl fentanyl hidden in a cargo container destined for Mexico. Six customs officials became ill and one fell into a coma as a result of handling the fentanyls. The fentanyls had been transferred through five different freight forwarders before arriving at customs.
- March 2016 - Over the course of several months, DEA and Homeland Security Investigations offices in the southeastern United States seized multiple shipments from China containing mislabeled pill presses, fentanyl, acetylfentanyl, and butyrylfentanyl.

Fentanyl Profits

The profitability of fentanyls provides a strong motive for traffickers to produce counterfeit prescription pills to expand the current user base. Traffickers can typically purchase a kilogram of fentanyl powder for a few thousand dollars from a Chinese supplier, transform it into hundreds of thousands of pills, and sell the counterfeit pills for millions of dollars in profit. If a particular batch has 1.5 milligrams of fentanyl per pill, approximately 666,666 counterfeit pills can be manufactured from 1 kilogram of pure fentanyl.

According to DEA reporting, counterfeit pills containing fentanyls retail at prices between \$10 and \$20 USC per pill in U.S. illicit drug markets. In February 2016, a DEA source in the Miami FD reported that counterfeit Roxycodone pills containing fentanyl were sold at \$20 USC each. In December 2015, a DEA source in the New Jersey FD reported that counterfeit prescription pills containing fentanyl can be bought in bulk quantities at \$6.50 USC per pill and sold for \$10 USC per pill in the New York City club scene. At these prices, a kilogram of fentanyl used to manufacture counterfeit pills could generate between \$5 and \$20 million in retail sales, depending on the purity of the fentanyl and the dosage (see Figure 13).

- In 2014 and 2015, a China-based chemical distributor sold fentanyl to purchasers in the United States for \$3,500 USC per kilogram.
- In 2016, DEA Miami Field Division reporting indicated a kilogram of acetyl fentanyl could be purchased in Florida for \$1700, sourced from China.

Figure 11: Synthetic Drug Factory in China.



Figure 12: Synthetic Drug Factory in China.



Source: DEA

**Figure 13. Potential Revenue Generated from Fentanyl Pill Sales
Using 1 Kilogram of Fentanyl (in USC)**

Amount of Fentanyl Per Pill	Price Per Pill	Price Per Pill	Price Per Pill
	\$10	\$15	\$20
1.5 milligrams (666,666 pills)	\$6.6 million	\$9.9 million	\$13.3 million
1 milligram (1 million pills)	\$10 million	\$15 million	\$20 million

Source: DEA

There is not an industry standard as to how much fentanyl is in the counterfeit pills, and the dosage varies between vendors and batches. One 2016 seizure of counterfeit prescription pills had approximately 1.8 milligrams of fentanyl in each pill. Such a large amount of fentanyl in each pill is alarming considering that approximately 2 milligrams is a lethal dose for most non-opioid-dependent individuals. Drug users have discussed only consuming partial amounts of a counterfeit pill containing fentanyl in online forums, and one user stated he began vomiting after taking one-quarter of a pill.

Fentanyls and the Internet

The tools needed to manufacture counterfeit pills containing fentanyls are available online and are relatively inexpensive compared to other forms of drug production, contributing to its unique level of threat. Such access paves the way for non-cartel-affiliated individuals to undertake fentanyl trafficking. Fentanyls are available for purchase online from anonymous darknet markets^d and even overtly-operated websites. Industrial pill press machines are also widely available on the open Internet. An April 2016 online search of auction websites by DEA revealed a wide variety of pill presses for sale. One pill press capable of producing 5,000 pills per hour was priced at \$995, and die molds for oxycodone and Xanax[®] pills were for sale at \$115 and \$130, respectively.

Outlook

The availability of counterfeit prescription drugs containing fentanyls will continue to grow in the near term. The relative ease and low cost associated with obtaining the drugs and equipment needed to manufacture counterfeit pills containing fentanyls will encourage individuals, as well as large and small DTOs, to move in this direction. Additionally, non-cartel-affiliated individuals may undertake production of counterfeit pills. Fentanyls will continue to appear in counterfeit opioid medications and will likely appear in a variety of non-opiate drugs as traffickers seek to expand the market in search of higher profits. Overdoses and deaths from counterfeit drugs containing fentanyls will increase as users continue to inaccurately dose themselves with imitation medications.

^d A darknet market is a website hidden on the dark web, accessible only through special browsers such as The Onion Router (TOR). Darknet markets function primarily as black markets, selling drugs, counterfeit currency, and other illicit goods.

June 10, 2016
Contact: DEA Public Affairs
(202) 307-7977

DEA Warning to Police and Public: Fentanyl Exposure Kills

Roll Call Video Advises Law Enforcement to Exercise Extreme Caution

JUN 10 (WASHINGTON) – DEA has released a Roll Call video to all law enforcement nationwide about the dangers of improperly handling fentanyl and its deadly consequences. Acting Deputy Administrator Jack Riley and two local police detectives from New Jersey appear on the video to urge any law enforcement personnel who come in contact with fentanyl or fentanyl compounds to take the drugs directly to a lab.

"Fentanyl can kill you," Riley said. "Fentanyl is being sold as heroin in virtually every corner of our country. It's produced clandestinely in Mexico, and (also) comes directly from China. It is 40 to 50 times stronger than street-level heroin. A very small amount ingested, or absorbed through your skin, can kill you."

Two Atlantic County, NJ detectives were recently exposed to a very small amount of fentanyl, and appeared on the video. Said one detective: "I thought that was it. I thought I was dying. It felt like my body was shutting down." Riley also admonished police to skip testing on the scene, and encouraged them to also remember potential harm to police canines during the course of duties. "Don't field test it in your car, or on the street, or take it back to the office. Transport it directly to a laboratory, where it can be safely handled and tested." The video can be accessed at: <http://go.usa.gov/chBgh>

More on Fentanyl: On March 18, 2015, DEA issued a nationwide alert on fentanyl as a threat to health and public safety.

Fentanyl is a dangerous, powerful Schedule II narcotic responsible for an epidemic of overdose deaths within the United States. During the last two years, the distribution of clandestinely manufactured fentanyl has been linked to an unprecedented outbreak of thousands of overdoses and deaths. The overdoses are occurring at an alarming rate and are the basis for this officer safety alert. Fentanyl, up to 50 times more potent than heroin, is extremely dangerous to law enforcement and anyone else who may come into contact with it. As a result, it represents an unusual hazard for law enforcement.

Fentanyl, a synthetic opiate painkiller, is being mixed with heroin to increase its potency, but dealers and buyers may not know exactly what they are selling or ingesting. Many users underestimate the potency of fentanyl. The dosage of fentanyl is a microgram, one millionth of a gram – similar to just a few granules of table salt. Fentanyl can be lethal and is deadly at very low doses. Fentanyl and its analogues come in several forms including powder, blotter paper, tablets, and spray.

Risks to Law Enforcement Fentanyl is not only dangerous for the drug's users, but for law enforcement, public health workers and first responders who could unknowingly come into contact with it in its different forms. Fentanyl can be absorbed through the skin or accidental inhalation of airborne powder can also occur. DEA is concerned about law enforcement coming in contact with fentanyl on the streets during the course of enforcement, such as a buy-walk, or buy-bust operation.

Just touching fentanyl or accidentally inhaling the substance during enforcement activity or field testing the substance can result in absorption through the skin and that is one of the

biggest dangers with fentanyl. The onset of adverse health effects, such as disorientation, coughing, sedation, respiratory distress or cardiac arrest is very rapid and profound, usually occurring within minutes of exposure. Canine units are particularly at risk of immediate death from inhaling fentanyl. In August 2015, law enforcement officers in New Jersey doing a narcotics field test on a substance that later turned out to be a mix of heroin, cocaine and fentanyl, were exposed to the mixture and experienced dizziness, shortness of breath and respiratory problems. If inhaled, move to fresh air, if ingested, wash out mouth with water provided the person is conscious and seek immediate medical attention. Narcan (Naloxone), an overdose-reversing drug, is an antidote for opiate overdose and may be administered intravenously, intramuscularly, or subcutaneously. Immediately administering Narcan can reverse an accidental overdose of fentanyl exposure to officers. Continue to administer multiple doses of Narcan until the exposed person or overdose victim responds favorably.

Field Testing / Safety Precautions Law enforcement officers should be aware that fentanyl and its compounds resemble powdered cocaine or heroin, however, should not be treated as such.

If at all possible do not take samples if fentanyl is suspected. Taking samples or opening a package could stir up the powder. If you must take a sample, use gloves (no bare skin contact) and a dust mask or air purifying respirator (APR) if handling a sample, or a self-contained breathing apparatus (SCBA) for a suspected lab.

If you have reason to believe an exhibit contains fentanyl, it is prudent to not field test it. Submit the material directly to the laboratory for analysis and clearly indicate on the submission paperwork that the item is suspected of containing fentanyl. This will alert laboratory personnel to take the necessary safety precautions during the handling, processing, analysis, and storage of the evidence. Officers should be aware that while unadulterated fentanyl may resemble cocaine or heroin powder, it can be mixed with other substances which can alter its appearance. As such, officers should be aware that fentanyl may be smuggled, transported, and/or used as part of a mixture.

Universal precautions must be applied when conducting field testing on drugs that are not suspected of containing fentanyl. Despite color and appearance, you can never be certain what you are testing. In general, field testing of drugs should be conducted as appropriate, in a well ventilated area according to commercial test kit instructions and training received. Sampling of evidence should be performed very carefully to avoid spillage and release of powder into the air. At a minimum, gloves should be worn and the use of masks is recommended. After conducting the test, hands should be washed with copious amounts of soap and water. Never attempt to identify a substance by taste or odor. Historically, this is not the first time fentanyl has posed such a threat to public health and safety. Between 2005 and 2007, over 1,000 U.S. deaths were attributed to fentanyl – many of which occurred in Chicago, Detroit, and Philadelphia.

The current outbreak involves not just fentanyl, but also fentanyl compounds. The current outbreak, resulting in thousands of deaths, is wider geographically and involves a wide array of individuals including new and experienced abusers.

In the last three years, DEA has seen a significant resurgence in fentanyl-related seizures. In addition, DEA has identified at least 15 other deadly, fentanyl-related compounds. Some fentanyl cases have been significant, particularly in the northeast and in California, including one 12 kilogram seizure. During May 2016, a traffic stop in the greater Atlanta, GA area resulted in the seizure of 40 kilograms of fentanyl – initially believed to be bricks of cocaine

- wrapped into blocks hidden in buckets and immersed in a thick fluid. The fentanyl from these seizures originated from Mexican drug trafficking organizations.

Recent seizures of counterfeit or look-a-like hydrocodone or oxycodone tablets have occurred, wherein the tablets actually contain fentanyl. These fentanyl tablets are marked to mimic the authentic narcotic prescription medications and have led to multiple overdoses and deaths. According to DEA's National Forensic Lab Information System, 13,002 forensic exhibits of fentanyl were tested by labs nationwide in 2015, up 65 percent from the 2014 number of 7,864. The 2015 number is also about 8 times as many fentanyl exhibits than in 2006, when a single lab in Mexico caused a temporary spike in U.S. fentanyl availability. This is an unprecedented threat.

Public Notice

Deadly super pill found in Central Florida

FDLE Orlando is warning residents about a drug known as “super pill” which is being found in Central Florida and contains deadly levels of fentanyl. FDLE’s Orlando crime laboratory recently started seeing counterfeit drugs, not legally prescribed, containing dangerous amounts of fentanyl or fentanyl mixed with other drugs like Percocet, Xanax or Oxycodone. Although the drugs look identical to regular prescription pain killers, they contain fentanyl.

Fentanyl is a powerful pain killer

Fentanyl is a synthetic opiate analgesic that is more potent than morphine. It is typically used to treat patients with severe pain or to manage pain after surgery. It is a schedule II prescription drug and is available on the street as an illicit drug.

The “super pill” contains Fentanyl but looks identical to prescription pain killers like Percocet, Xanax and Oxycodone

Some of the “super pills” analyzed by FDLE Orlando labs contain enough Fentanyl to kill a person with one pill. It is important for consumers who need prescription pain medicine to obtain it from a licensed pharmacy and parents should to talk with their children about this dangerous trend.

For tips on how to talk to children about drugs visit the Partnership for Drug-Free Kids:

<http://www.drugfree.org/wp-content/uploads/2014/05/How-to-talk-to-your-kids-about-drugs-if-you-did-drugs.pdf>

For drug disposal locations in Florida visit Florida Department of Environmental Protection:

<http://www.dep.state.fl.us/WASTE/categories/medications/pages/disposal.htm>

Florida Department of Law Enforcement Orlando Operations Center Photos of the “Super Pill”





Officer Safety Alert

Drug Enforcement Administration

Carfentanil: A Dangerous New Factor in the U.S. Opioid Crisis

Carfentanil is a synthetic opioid approximately 10,000 times more potent than morphine and 100 times more potent than fentanyl. The presence of carfentanil in illicit U.S. drug markets is cause for concern, as the relative strength of this drug could lead to an increase in overdoses and overdose-related deaths, even among opioid-tolerant users. The presence of carfentanil poses a significant threat to first responders and law enforcement personnel who may come in contact with this substance. **In any situation where any fentanyl-related substance, such as carfentanil, might be present, law enforcement should carefully follow safety protocols to avoid accidental exposure.**

Officer & Public Safety Information

Carfentanil and other fentanyl analogues present a serious risk to public safety, first responder, medical, treatment, and laboratory personnel. These substances can come in several forms, including powder, blotter paper, tablets, patch, and spray. Some forms can be absorbed through the skin or accidentally inhaled. If encountered, responding personnel should do the following based on the specific situation:

- **Exercise extreme caution.** Only properly trained and outfitted law enforcement professionals should handle any substance suspected to contain fentanyl or a fentanyl-related compound. If encountered, contact the appropriate officials within your agency.
- **Be aware of any sign of exposure.** Symptoms include: respiratory depression or arrest, drowsiness, disorientation, sedation, pinpoint pupils, and clammy skin. The onset of these symptoms usually occurs within minutes of exposure.
- **Seek IMMEDIATE medical attention.** Carfentanil and other fentanyl-related substances can work very quickly, so in cases of suspected exposure, it is important to call EMS immediately. If inhaled, move the victim to fresh air. If ingested and the victim is conscious, wash out the victim's eyes and mouth with cool water.
- **Be ready to administer naloxone in the event of exposure.** Naloxone is an antidote for opioid overdose. Immediately administering naloxone can reverse an overdose of carfentanil, fentanyl, or other opioids, although multiple doses of naloxone may be required. Continue to administer a dose of naloxone every 2-3 minutes until the individual is breathing on his/her own for at least 15 minutes or until EMS arrives.
- **Remember that carfentanil can resemble powdered cocaine or heroin.** If you suspect the presence of carfentanil or any synthetic opioid, do not take samples or otherwise disturb the substance, as this could lead to accidental exposure. Rather, secure the substance and follow approved transportation procedures.

Lethality:

Carfentanil is used as a tranquilizing agent for elephants and other large mammals. The lethal dose range for carfentanil in humans is unknown; however, **carfentanil is approximately 100 times more potent than fentanyl, which can be lethal at the 2-milligram range (photograph), depending on route of administration and other factors.**



For additional safety information, please use the resources below:

- CDC Health Advisory (#CDCHAN-00384); <http://emergency.cdc.gov/han/han00384.asp>
- CDC Health Update (#CDCHAN-00395); <http://emergency.cdc.gov/han/han00395.asp>
- DEA Fentanyl Warning Video; https://www.dea.gov/video_clips/Fentanyl%20Roll%20Call%20Video.mp4

Florida Naloxone Law

Florida's Emergency Treatment and Recovery Act became effective on June 10, 2015 and allows healthcare practitioners to prescribe and dispense and pharmacies to dispense naloxone to individuals at-risk of witnessing or experiencing an opioid overdose. In 2016, the Florida Legislature adopted language to amend Florida's Naloxone Law which allows pharmacists to dispense naloxone under a non-patient specific standing order from authorized practitioners. This means that participating pharmacists with naloxone standing orders will be able to dispense naloxone to individuals who come into the pharmacy without an individual prescription in their name. The law took effect July 1, 2016. For more information go to Orange County Heroes Against Heroin Overdose Prevention webpage at www.ocflheroesagainstheroin.org

Naloxone Training Video for Consumers

The 12-minute Naloxone Overdose Prevention Video provides an overview of opioids (including heroin) and opioid abuse, how opioids affect the brain and the body, and the signs and symptoms of an overdose. The training video also provides a demonstration on how to administer naloxone if you suspect an overdose utilizing the two FDA-approved devices, nasal spray naloxone and injectable naloxone. The naloxone training video can be viewed at the Orange County Heroes Against Heroin Overdose Prevention webpage www.ocflheroesagainstheroin.org.

A copy of the frequently asked questions about naloxone is included in the toolkit.

Frequently Asked Questions about Naloxone For Consumers

What is Naloxone?

Naloxone is a prescription medication that can reverse the effects of an opioid overdose if given in time. Opioids include illegal drugs such as Heroin as well as prescription medications to include codeine, oxycodone, morphine, hydrocodone, hydromorphone, fentanyl and buprenorphine.

Is naloxone safe?

YES. Side effects and complications are very rare.

Is naloxone safe for pregnant women?

YES. The benefit greatly outweighs the potential risk.

Will naloxone work on other drug overdoses (OD) such as cocaine, or alcohol?

NO. Naloxone will only reverse the effects of opioid drugs.

Am I protected against a lawsuit for giving a person who is overdosing naloxone?

YES. Florida Statute 381.887 provides civil liability immunity for administration of naloxone (Good Samaritan Law).

Am I protected against a lawsuit for NOT giving a person who is overdosing naloxone?

YES. Florida Statute 381.887 does not create a duty or standard to administer naloxone.

How should naloxone be stored?

The drug should be kept away from extreme temperatures, so it's best to keep it inside.

If the person isn't overdosing and I give them Naloxone, will it hurt them?

NO. If they have taken an opioid it will reverse the effect. If they haven't taken an opioid nothing will happen.

What happens if I am exposed to naloxone?

NOTHING. Accidentally spraying the liquid on your skin will have no effect.

If someone has received Naloxone for an overdose in the past, will it be effective if they overdose again?

YES. Naloxone works repeatedly, and regardless of how frequently the patient has used an opioid or how many times they have received naloxone.

What if the patient is in cardiac arrest?

Naloxone is unlikely to have an effect on a patient without a pulse, but it will not harm them.

What if the naloxone doesn't work?

In the event that naloxone administration has no effect, consider beginning CPR and utilizing an automated external defibrillator (AED) if available. Unarousable patients unresponsive to naloxone may be in cardiac arrest.

Why can't we rely solely on EMS to respond to overdoses?

The first person to find someone overdosing has a window of opportunity for immediate reversal of the overdose and potentially saving of a life – it is often a family member or loved one.

Will increased naloxone availability lead to increase drug use?

This has not been demonstrated in other communities with increased access to naloxone.

Why should we wait for EMS if the patient wakes up and wants to leave?

The half-life of naloxone is much shorter than many opioid drugs, and when it wears off they may fall back into an overdose state.

What will EMS do upon arrival?

Per EMS protocols, patients receiving opiate overdose reversal with naloxone are considered “medically incapacitated” and cannot refuse treatment or transport to the hospital per Florida Statute 401.445. EMS will provide supportive care or re-administer naloxone if more is needed.

Where can I get naloxone?

If you have insurance - please contact your local pharmacy for more information on obtaining naloxone. Many pharmacies have naloxone available without a prescription.
If you do not have insurance (uninsured or indigent) – naloxone can be provided for free, without a prescription at the Orange County Medical Clinic located at 101 S. Westmoreland Drive, Orlando, FL 32805. For more information call: 407-836-7160.

SAMHSA Opioid Overdose Prevention Facts for Community Members

The SAMHSA Opioid Overdose Prevention Facts for Community Members provides information for community members about the scope of the problem, strategies to prevent overdose deaths and resources for communities.

SAMHSA

Opioid Overdose Prevention

TOOLKIT:

Facts for Community Members



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Facts for Community Members

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FACTS FOR COMMUNITY MEMBERS

SCOPE OF THE PROBLEM

Opioid overdose continues to be a major public health problem in the United States. It has contributed significantly to accidental deaths among those who use or misuse illicit and prescription opioids. In fact, U.S. overdose deaths involving prescription opioid analgesics increased to about 19,000 deaths in 2014^{1,2} more than three times the number in 2001. According to Centers for Disease Control and Prevention (CDC) data, health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills.³⁻⁴

WHAT ARE OPIOIDS? Opioids include illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin®, Percodan®, Percocet®), hydrocodone (Vicodin®, Lortab®, Norco®), fentanyl (Duragesic®, Fentora®), hydromorphone (Dilaudid®, Exalgo®), and buprenorphine (Subutex®, Suboxone®).

Opioids work by binding to specific receptors in the brain, spinal cord, and gastrointestinal tract. In doing so, they minimize the body's perception of pain. However, stimulating the opioid receptors or "reward centers" in the brain can also trigger other systems of the body, such as those responsible for regulating mood, breathing, and blood pressure.

HOW DOES OVERDOSE OCCUR? A variety of effects can occur after a person takes opioids, ranging from pleasure to nausea, vomiting, severe allergic reactions (anaphylaxis), and overdose, in which breathing and heartbeat slow or even stop.

Opioid overdose can occur when a patient deliberately misuses a prescription opioid or an illicit drug such as heroin. It can also occur when a patient takes an opioid as directed, but the prescriber miscalculated the opioid dose or an error was made by the dispensing pharmacist or the patient misunderstood the directions for use.

Also at risk are individuals who misuse opioids and combine them with sedative hypnotic agents resulting in sedation and respiratory depression.^{5,6}

WHO IS AT RISK? Anyone who uses opioids for long-term management of chronic cancer or non-cancer pain is at risk for opioid overdose, as are persons who use heroin.⁷ Others at risk include persons who are:

- Receiving rotating opioid medication regimens (and thus are at risk for incomplete cross-tolerance).
- Discharged from emergency medical care following opioid intoxication or poisoning.
- At high risk for overdose because of a legitimate medical need for analgesia, coupled with a suspected or confirmed substance use disorder, or non-medical use of prescription or illicit opioids.
- Completing mandatory opioid detoxification or abstinent for a period of time (and presumably with reduced opioid tolerance and high risk of relapse to opioid use).
- Recently released from incarceration and who have a history of opioid use disorder (and presumably have reduced opioid tolerance and high risk of relapse to opioid use).

Tolerance develops when someone uses an opioid drug regularly, so that their body becomes accustomed to the drug and needs a larger or more frequent dose to continue to experience the same effect.

Loss of tolerance occurs when someone stops taking an opioid after long term use. When someone loses tolerance and then takes the opioid drug again, they can experience serious adverse effects, including overdose, even if they take an amount that caused them no problem in the past.

FACTS FOR COMMUNITY MEMBERS

STRATEGIES TO PREVENT OVERDOSE DEATHS

STRATEGY 1: Encourage providers, persons at high risk, family members, and others to learn how to prevent and manage opioid overdose. Providers should be encouraged to keep their knowledge current about evidence-based practices for the use of opioid analgesics to manage pain, as well as specific steps to prevent and manage opioid overdose.

Federally funded Continuing Medical Education courses are available to providers at no charge at <http://www.OpioidPrescribing.com> (a series of courses funded by the Substance Abuse and Mental Health Services Administration [SAMHSA]).

Helpful information for laypersons on how to prevent and manage overdose is available from Project Lazarus at <http://www.projectlazarus.org> or from the Massachusetts Health Promotion Clearinghouse at <http://www.maclearinghouse.org>.

STRATEGY 2: Ensure access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders. Effective treatment of substance use disorders can reduce the risk of overdose and help overdose survivors attain a healthier life. Medication-assisted treatment, as well as counseling and other supportive services, can be obtained at SAMHSA-certified and Drug Enforcement Administration (DEA)-registered opioid treatment programs (OTPs), as well as from physicians who are trained to provide care in office-based settings with medications such as buprenorphine and naltrexone.

Information on treatment services available in or near your community can be obtained from your state health department, your state alcohol and drug agency, or SAMHSA (see page 4).

STRATEGY 3: Ensure ready access to naloxone. Opioid overdose-related deaths can be prevented when naloxone is administered in a timely manner. As a narcotic antagonist, naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths.⁷

On the other hand, naloxone is not effective in treating overdoses of benzodiazepines (such as Valium®, Xanax®, or Klonopin®), barbiturates (Seconal® or Fiorinal®), clonidine, Elavil®, GHB, ketamine, or synthetics. It is also not effective in overdoses with stimulants, such as cocaine and amphetamines (including methamphetamine and Ecstasy). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful.

Naloxone injection has been approved by the United States Food and Drug Administration (FDA) and used for more than 40 years by emergency medical services (EMS) personnel to reverse opioid overdose and resuscitate persons who otherwise might have died in the absence of treatment.⁸

Encourage providers and others to learn about preventing and managing opioid overdose

Ensure access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders.

FACTS FOR COMMUNITY MEMBERS

Naloxone does not have the potential for abuse. It reverses the effects of opioid overdose.⁹ Injectable naloxone is relatively inexpensive. It typically is supplied as a kit with two syringes¹⁰ These kits require training on how to administer naloxone using a syringe. The FDA has also approved an intranasal naloxone product, called Narcan® Nasal Spray, and a naloxone auto-injector, called Evzio®. The intranasal spray is a pre-filled, needle-free device that requires no assembly. The auto-injector can deliver a dose of naloxone through clothing, if necessary, when placed on the outer thigh.

Prior to 2012, just six states had any laws that expanded access to naloxone or limited criminal liability.¹¹ Today, 42 states and the District of Columbia have statutes that provide criminal liability protections to laypersons or first responders who administer naloxone. Thirty-nine states and the District of Columbia have statutes that provide civil liability protections to laypersons or first responders who administer naloxone. Thirty-eight states have statutes that offer criminal liability protections for prescribing or distributing naloxone. Thirty-three states have statutes that offer civil liability protections for prescribing or distributing naloxone. And 42 states have statutes that allow naloxone distribution to third parties or first responders via direct prescription or standing order. To find states that have adopted relevant laws, visit the White House website at https://www.whitehouse.gov/sites/default/files/ondcp/Blog/naloxonecirclechart_january2016.pdf.

STRATEGY 4: Encourage the public to call 911. An individual who is experiencing opioid overdose needs immediate medical attention. An essential first step is to get help from someone with medical expertise as quickly as possible.¹²⁻¹³ Therefore, members of the public should be encouraged to call 911. All they have to say is “Someone is not breathing” and give a clear address and location. Thirty-two states and the District of Columbia have “Good Samaritan” statutes that prevent arrest, charge, or prosecution for possession of a controlled substance or paraphernalia if emergency assistance is sought for someone who is experiencing an opioid-induced overdose.

STRATEGY 5: Encourage prescribers to use state Prescription Drug Monitoring Programs. State Prescription Drug Monitoring Programs (PDMPs) have emerged as a key strategy for addressing the misuse of prescription opioids and thus preventing opioid overdoses and deaths. Specifically, prescribers can check their state’s PDMP database to determine whether a patient is filling the prescriptions provided and/or obtaining prescriptions for the same or a similar drug from multiple prescribers.

While nearly all states now have operational PDMPs, the programs differ from state to state in terms of the exact information collected, how soon that information is available to prescribers, and who may access the data. Therefore, information about the program in a particular state is best obtained directly from the state PDMP or from the board of medicine or pharmacy.

***Encourage
the public to
call 911.***

***Encourage
prescribers
to use state
Prescription
Drug
Monitoring
Programs.***

FACTS FOR COMMUNITY MEMBERS

RESOURCES FOR COMMUNITIES

Resources that may be useful to local communities and organizations are found at:

Substance Abuse and Mental Health Services Administration (SAMHSA)

- National Helpline:
1-800-662-HELP (4357) or 1-800-487-4889 (TDD — for hearing impaired)
- Behavioral Health Treatment Locator:
<https://findtreatment.samhsa.gov> to search by address, city, or zip code
- Buprenorphine Treatment Physician Locator:
<http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>
- State Substance Abuse Agencies:
<https://findtreatment.samhsa.gov/TreatmentLocator/faces/about.jspx>
- Center for Behavioral Health Statistics and Quality (CBHSQ):
<http://www.samhsa.gov/data>
- SAMHSA Publications: <http://store.samhsa.gov>
1-877-SAMHSA (1-877-726-4727)

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/drugoverdose/epidemic>

<http://www.cdc.gov/homeandrecreationalafety/poisoning>

White House Office of National Drug Control Policy (ONDCP)

State and Local Information: <http://www.whitehouse.gov/ondcp/state-map>

Association of State and Territorial Health Officials

(ASTHO) ASTHO 214 Policy Inventory: State Action to Prevent and Treat

Prescription Drug Abuse: <http://www.astho.org/rx/profiles/Rx-Survey-Highlights>

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

Overview of State Legislation to Increase Access to Treatment for Opioid Overdose:

<http://nasadad.org/wp-content/uploads/2015/09/Opioid-Overdose-Policy-Brief-2015-Update-FINAL1.pdf>

American Association for the Treatment of Opioid Dependence (AATOD)

Prevalence of Prescription Opioid Abuse:

<http://www.aatod.org/projectseducational-training/prevalance-of-prescription-opioid-abuse>

*Resources
that may be
useful to
local
communities
and
organizations*

...

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- ³ Centers for Disease Control and Prevention. CDC Vital Signs: Opioid painkiller prescribing—where you live makes a difference. <http://www.cdc.gov/vitalsigns/opioid-prescribing>. Published July 1, 2014. Accessed January 11, 2016.
- ⁴ Harvard Medical School. Painkillers fuel growth in drug addiction: opioid overdoses now kill more people than cocaine or heroin. *Harvard Ment Hlth Let*. 2011;27(7):4-5.
- ⁵ Brunton L, Chabner B, Knollman B. *Goodman and Gilman's The Pharmacological Basis of Therapeutics*. 12th ed. New York: McGraw-Hill; 2011.
- ⁶ Boyer EW. Management of opioid analgesic overdose. *N Engl J Med*. 2012;367(2):146-155.
- ⁷ Enteen L, Bauer J, McLean R, Wheeler E, Huriaux E, Kral AH, Bamberger JD. Overdose prevention and naloxone prescription for opioid users in San Francisco. *J Urban Health*. 2010;87(6):931-941.
- ⁸ Seal KH, Thawley R, Gee L, et al. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: a pilot intervention study. *J Urban Health*. 2005;82(2):303-311.
- ⁹ Bazazi AR, Zaller ND, Fu JJ, Rich JD. Preventing opiate overdose deaths: examining objections to take-home naloxone. *J Health Care Poor Underserved*. 2010;21(4):108–1113. doi:10.1353/hpu.2010.0935
- ¹⁰ Coffin PO, Sullivan SD. Cost effectiveness of distributing naloxone to heroin users for lay overdose reversal. *Ann Intl Med*. 2013;158(1):1-9.
- ¹¹ Davis C. Legal interventions to reduce overdose mortality: naloxone access and overdose Good Samaritan laws. <https://www.networkforphl.org/asset/qz5pvn/network-naloxone-10-4.pdf>. Updated September 2015. Accessed January 11, 2016.
- ¹² Strang J, Manning V, Mayet S, et al. Overdose training and take-home naloxone for opiate users: prospective cohort study of impact on knowledge and attitudes and subsequent management of overdoses. *Addiction*. 2008;103(10):1648-1657.
- ¹³ Green TC, Heimer R, Grau LE. Distinguishing signs of opioid overdose and indication for naloxone: an evaluation of six overdose training and naloxone distribution programs in the United States. *Addiction*. 2008;103(6):979-998.

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Originating Office

Division of Pharmacologic Therapies, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.
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Overdose Prevention Awareness Materials

The toolkit includes awareness materials on the signs and symptoms of preventing an opioid/heroin overdose in a poster, flyer and postcard format. The materials are available in English and Spanish and can be reproduced for educational purposes.

- Overdose Prevention Poster, Flyer and Postcard
- Overdose Prevention Card, University of Central Florida

HEROES AGAINST HEROIN

OVERDOSE PREVENTION

Learn How to Save a Life



WHO CAN OVERDOSE:

Anyone who uses drugs like Heroin, prescription pain medications or other opioids can overdose.



WHAT ARE OPIOIDS:

Opioids include illegal drugs such as Heroin as well as prescription pain medications to include codeine, oxycodone, methadone, morphine, hydrocodone, hydromorphone, fentanyl and buprenorphine.



SIGNS OF OPIOID OVERDOSE:

- Slow, shallow or stopped breathing
- Fingernails or lips turning blue or purple
- Body is limp and unresponsive
- Extremely small "pinpoint" pupils



WHAT TO DO IF YOU SUSPECT AN OVERDOSE:

CALL 911 IMMEDIATELY

- Try to wake them. Shake them. Call their name.
- Are they breathing? Put your ear close to their mouth. Can you hear or feel them breathing.
- **Administer Naloxone if available (No.5). If not, begin Chest Compressions and Rescue Breathing until the ambulance arrives:**

CHEST COMPRESSIONS

Push hard, push fast. Place your hands, one on top of the other, in the middle of the chest. Use your body weight to help you administer compressions that are at least 2 inches deep and delivered at a rate of at least 100 compressions per minute

RESCUE BREATHING

Deliver rescue breaths. With the person's head tilted back slightly and the chin lifted, pinch the nose shut and place your mouth over the person's mouth to make a complete seal. Blow into the person's mouth to make the chest rise. Deliver two rescue breaths, then continue compressions

Continue CPR steps. Keep performing cycles of chest compressions and breathing until the person exhibits signs of life, such as breathing, an AED becomes available, or EMS or a trained medical responder arrives on scene (www.redcross.org)

*American Heart Association CPR Hands-Only Training at <http://cpr.heart.org>



ADMINISTER NALOXONE:

- If you suspect an overdose, administer nasal spray or injectable naloxone per the instructions. Place person on their side if they begin to vomit.
- Stay with the person after administering naloxone until the ambulance arrives; naloxone can cause withdrawal symptoms and the person may feel uncomfortable.
- Naloxone will continue to work 30 to 90 minutes but after that, overdose symptoms may return. **It is essential to get the person to the emergency department.**

For substance abuse treatment services, call 211 or go online at 211.org

Education & Prevention Resources

Drug prevention starts early and requires parents, families and caregivers to stay involved in a young person's life. Included in your toolkit are NIDA and Scholastic lessons on drugs and your body for youth grades 6th -12th and a list of additional resources for teens as well as parents, caregivers and families on preventing drug use among youth.

In 2002, NIDA and Scholastic Inc., partnered to create *Heads Up: Real News About Drugs and Your Body* - a science-based education series that provides teachers and students with innovative materials about the effects of drugs and drug use on the brain and body. For additional lessons on drugs and your body go to [www. http://headsup.scholastic.com](http://headsup.scholastic.com)

- Scholastic and NIDA Heads Up – Real News About Drugs and Your Body Lessons
 - Opioids and the Overdose Epidemic: Learn about this American Health Crisis and How to Stay Safe
 - Prescription Pain Medications: What You Need to Know
 - The Science of Decision Making and Peer Pressure

HEADS UP

REAL NEWS ABOUT DRUGS AND YOUR BODY

A message from Scholastic and the scientists of the National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services

OPIOIDS AND THE OVERDOSE EPIDEMIC

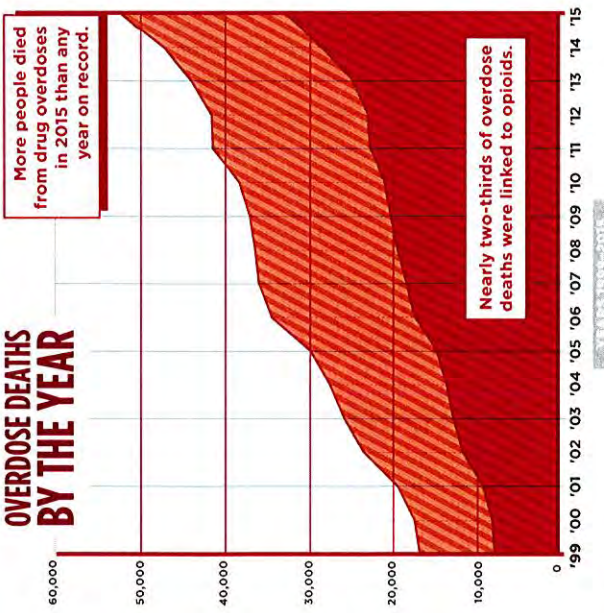
America is facing a national health crisis. More people died from drug overdoses in 2015 than any other year on record. In fact, more people died from drug overdoses than from either car crashes or guns. Nearly two-thirds of overdose deaths were linked to opioids.

Opioids (*OH-pee-oids*) are a group of chemicals that reduce pain, increase pleasure, and slow breathing. Prescription opioid medications include OxyContin® (oxycodone), Vicodin® (hydrocodone), codeine, morphine, methadone, and fentanyl. Heroin is also an opioid, but it is illegal.

Doctors prescribe opioids to treat severe pain. But these drugs, like heroin, can be addictive and potentially deadly due to overdoses. Opioid overdoses cause breathing to slow or even stop. Without medical help, this can cause death.

In recent years, overdoses and deaths related to opioids have dramatically increased. Health officials call it an epidemic because the number of overdoses has increased dramatically throughout the population. Read on to learn more about the crisis and how to stay safe.

OVERDOSE DEATHS BY THE YEAR



Total U.S. Overdose Deaths ■ Total U.S. Overdose Deaths From Opioids

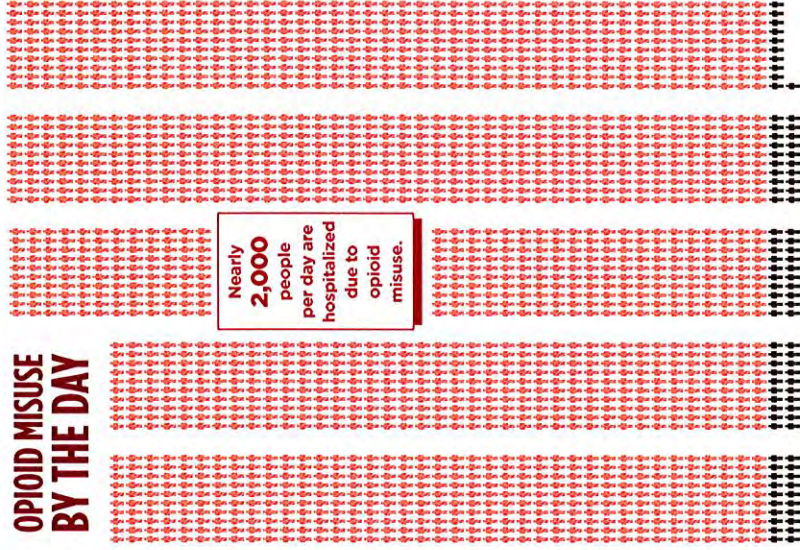
Overdose Data: CDC Wonder, 1999-2015. <https://wonder.cdc.gov>

SAFETY TIPS

When opioids are prescribed by a doctor and used as directed, most people don't become addicted, overdose, or die—but some do. Opioids are very powerful painkillers that should be handled with extreme care. The following safety precautions are very important.

- ✓ Never take any drug not directly supplied by a doctor or a pharmacy. Prescription painkillers that are made or sold illegally can be deadly.
- ✓ If a doctor prescribes an opioid painkiller, discuss with him or her whether there are less addictive options.
- ✓ Medications should be taken exactly as prescribed.

OPIOID MISUSE BY THE DAY



WHY IS THIS HAPPENING?

↑ An increase in prescriptions: Between 1999 and 2013, the number of opioid prescriptions in the United States quadrupled. New guidelines are now helping decrease the number of prescriptions.

↑ A rise in heroin use: People addicted to prescription opioids sometimes end up using heroin, which is cheaper. As a result, the use of heroin has been increasing across most age groups and populations. Heroin today is much more pure and powerful than it was 30 years ago—which increases the risk of overdose.

↑ A rise in fentanyl deaths:

Fentanyl is an opioid that is 50 to 100 times more powerful than other opioids—increasing the risk of overdose. Normally, fentanyl is prescribed only for extreme pain. But now it is being illegally made and is sometimes mixed with heroin and other drugs without the users' knowledge. Recently, people have died when they took this powerful drug without knowing it.

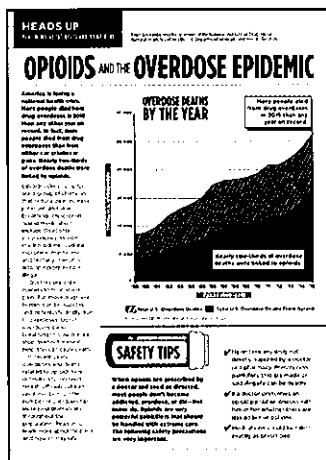
A LIFESAVING DRUG

Naloxone is a medication that can reverse opioid overdose and restore breathing. It can save a victim's life if administered quickly enough. Naloxone is used by medical personnel, but programs are underway to also make it available to opioid users, their friends, and other potential bystanders.

▶ More info: For additional facts about opioids and health, visit scholastic.com/headsup and teens.drugabuse.gov.

HEADS UP

REAL NEWS ABOUT DRUGS AND YOUR BODY



OPIOIDS AND THE OVERDOSE EPIDEMIC National Institute on Drug Abuse

America is facing a serious health crisis involving opioid drugs. On average, 3,900 people begin using prescription opioid painkillers for nonmedical use every day, greatly increasing each person's risk for addiction and overdose. Deaths involving opioid overdoses have more than quadrupled since 1999. The article "Opioids and the Overdose Epidemic" helps to show the extent of the crisis as well as what is causing it. The article also explains that while prescription opioid pain medications can play an important role in a person's medical care, they need to be used with extreme care. Included is advice on how students can keep themselves and loved ones safe.

Critical-Thinking Questions:

- 1) An epidemic occurs when a disease or health-related event or behavior happens in a community at far greater rates than would normally be expected. What evidence indicates that the United States is facing an opioid overdose epidemic? (Answers may include that more people died from drug overdoses in 2015 than any other year on record; heroin use and overdoses have increased across many age groups and populations; the number of people dying from opioid drugs today is more than four times the number who died in 1999.)
- 2) What are some ways to help control the opioid overdose epidemic? Support your answer with textual evidence. (Answers may include to improve how opioid medications are prescribed and dispensed so that only people who really need the drugs get them; carefully monitor those who receive prescriptions; make medications such as naloxone readily available so that if a person overdoses, he or she can quickly get lifesaving help; increase education about opioids so people better understand the risks.)
- 3) Nearly all people who use heroin also use at least one other drug. What impact can that have on overdose rates? (It may lead to higher overdose rates because mixing opioids with other drugs increases the risk for overdose.)
- 4) What are at least three pieces of advice that can help people stay safe if they are prescribed opioid pain medications? (Answers may include to talk with their doctor to make sure that there are no other safe alternatives; take the medications only as prescribed; seek help if they begin taking opioids for nonmedical reasons; never combine opioids with alcohol or other drugs; don't share prescriptions with other people; only take medications supplied by a doctor or pharmacy.)

Writing Prompts:

- **Grades 6–8:** What are three ways people can misuse prescription opioid pain medications? What are some possible consequences of this?
- **Grades 9–10:** Explain at least three factors that may have led to an increase in the number of opioid overdoses in America.
- **Grades 11–12:** Why do you think heroin use is increasing among many different populations in America? Support your answer with evidence from the text.

Tiered Vocabulary Tools:

Visit scholastic.com/headsup/opioidoverdose-vocabulary for a tiered vocabulary list to support this article.

Student Work Sheet:

The skills work sheet on the reverse side has students analyze graphs and combine the information with what they learned in the article to answer critical-thinking questions.

Answer Key: 1. The graph also includes the number of heroin overdose deaths from 1999–2015. 2. Roughly 40%. 3. Answers may include that more people have started using heroin over time and that heroin potency has increased, making overdoses more likely. 4. The increase in the number of drug overdose deaths due to opioids is more than half the total number of drug overdose deaths. 5. Answers may include that the number of opioid prescriptions has increased, and with more people using the drugs there is more chance of abuse; some people who become addicted to opioid painkillers are turning to heroin, which is cheaper and often easier to obtain than prescription opioids; there has been an increase in the production and use of illegal fentanyl—a very powerful opioid that can cause overdoses. 6. Answers may vary but should include the evidence that naloxone can prevent death in opioid overdose if it is given soon enough. If ordinary people have access to it, they may be able to get it to an overdose victim quickly and save the person's life.

[Continue to work sheet on next page.]

SUBJECT

- Science Literacy
- English Language Arts
- Health/Life Skills

COMMON CORE STATE STANDARDS

- RST.6–8.1 and RST.9–10.1**
- Cite specific textual evidence to support analysis of science and technical texts.
- RST.6–8.7 and RST.9–10.7**
- Evaluate content presented in diverse formats, including visually and quantitatively.

NEXT GENERATION SCIENCE STANDARDS

- MS-LS1-3 and HS-LS1-2**
- From Molecules to Organisms: Structures and Processes

NATIONAL SCIENCE EDUCATION STANDARDS

- Structure and Function in Living Things
- Personal and Community Health

Additional Teaching Resources:

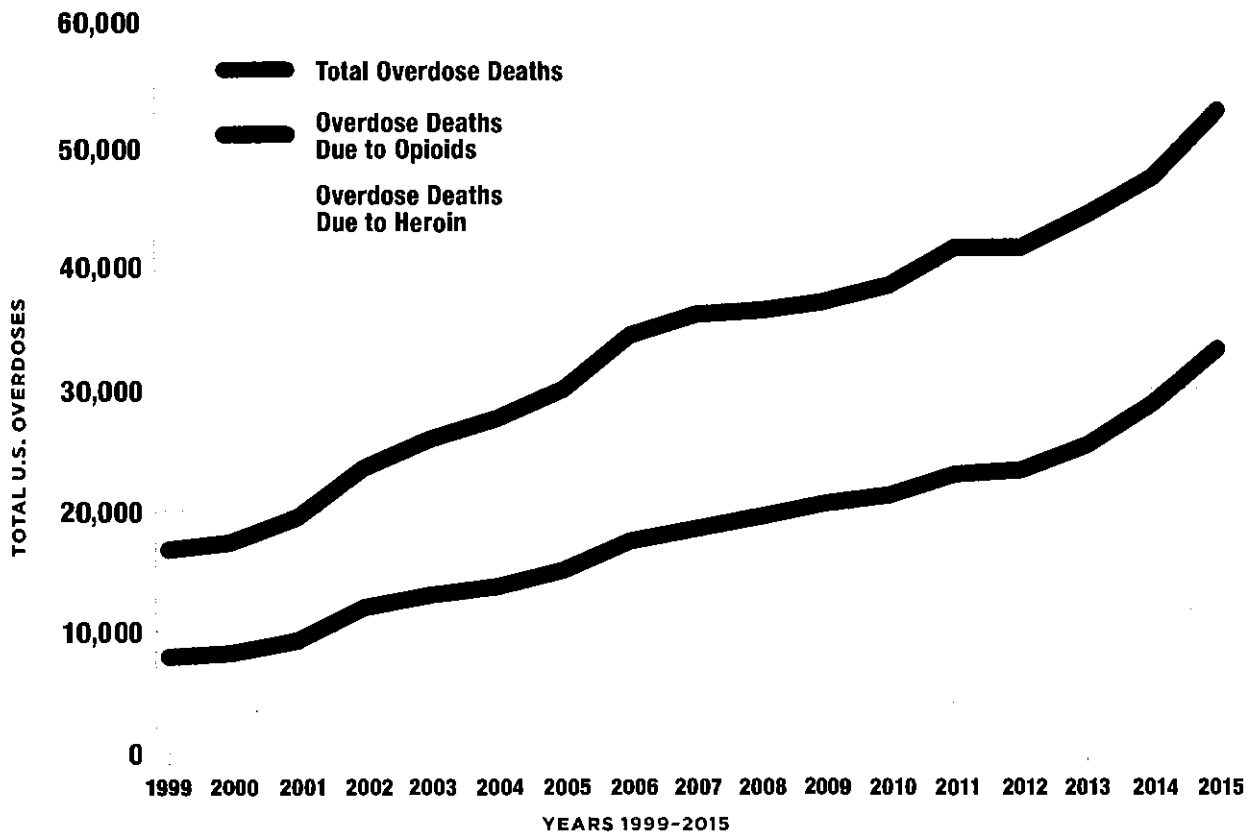
- headsup.scholastic.com/teachers
- teens.drugabuse.gov

STUDENT WORK SHEET

Opioids in America: Alarming Trends

Statistics show that opioid overdose is a public health emergency in America. In 2015, 3.8 million Americans reported that they had misused prescription painkillers in the last month. The use of heroin has also increased dramatically in recent years. Abusing these powerful drugs greatly increases a person's risk for overdose. Complete the activity below to analyze statistics of the opioid crisis.

Directions: Study the graph below, which has been modified from the graph shown in the article "Opioids and the Overdose Epidemic." Then, use the information in both graphs and the article to answer the questions that follow.



Overdose Data: CDC Wonder, 1999–2015. <https://wonder.cdc.gov>

- How is the graph above different from the graph shown in the article?
- According to the graph, roughly what percentage of the opioid overdose deaths in 2015 were due to heroin?
- What are two possible factors that may have impacted the change in heroin overdose deaths over time?
- What evidence is there that the recent increase in drug overdoses is due mainly to opioids?
- What are three possible reasons that the number of drug overdoses related to opioids has increased in recent years? Use evidence from the graphs and the article to support your answer.
- Drugs that can reverse the overdose effects of opioids, such as naloxone, are normally given only by medical personnel. Do you think these medications, as well as training to administer them, should be readily available to all people? Explain your answer.

VOCABULARY LIST

GRADES 6–12

Dear Teacher,

The vocabulary list on the following pages is drawn from the “Opioids and the Overdose Epidemic” student article and work sheet.

This vocabulary can be previewed with students prior to reading or reinforced with students afterward. Encourage students to incorporate these words into their writing about and discussion of the “Opioids and the Overdose Epidemic” student article and the “Opioids in America: Alarming Trends” work sheet.

The vocabulary list integrates two different tiers of vocabulary words that can be used across several content areas, such as *analyze*, *crisis*, and *precaution*, and domain-specific words, such as *epidemic*, *morphine*, and *opioid*.

Some suggestions for students to help their understanding:

- organize concept maps that include word parts, synonyms, antonyms, and examples;
- compose memory aids that explain the words or use them in a meaningful context;
- employ the words to create newspaper articles, stories, or poems.

Sources: Unless otherwise noted, definitions below are sourced or adapted from Merriam-Webster's Collegiate Dictionary, National Institute on Drug Abuse, and Scholastic Children's Dictionary

HEADS UP: OPIOIDS AND THE OVERDOSE EPIDEMIC

OVERDOSE DEATHS BY THE YEAR

From 2000 to 2014, overdose deaths increased by 1,000%.

OPIOD MISUSE BY THE DAY

Approximately 200 million people misuse opioids every day.

WHY IS THIS HAPPENING?

• The increase in pain prescriptions
• The rise in heroin use
• The rise in fentanyl use

SAFETY TIPS

- If you are prescribed an opioid, take it exactly as directed.
- Do not drink alcohol while taking opioids.
- Do not drive or operate heavy machinery while taking opioids.
- Do not use opioids if you are pregnant or planning to get pregnant.
- Do not use opioids if you have a history of drug or alcohol abuse.
- Do not use opioids if you have a history of mental health issues.
- Do not use opioids if you are taking other medications that can interact with opioids.
- Do not use opioids if you are taking other substances that can interact with opioids.
- Do not use opioids if you are taking other substances that can interact with opioids.

A LIFESAVING DRUG

Naloxone is a medication that can reverse the effects of an opioid overdose. It is available in many forms, including nasal spray, injection, and tablet. It is important to have naloxone on hand in case of an emergency.

Supplement for: “Opioids and the Overdose Epidemic”

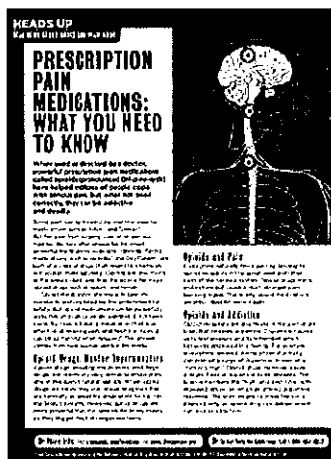
- Student Article: scholastic.com/headsup/opioid-overdose-epidemic
- Teacher's Guide (includes work sheet): scholastic.com/headsup/teachers/opioid-overdose-epidemic

[Continue to vocabulary sheet on next page.]

- **addicted** (*adjective*): having a compulsive (uncontrollable) behavior, such as drug use, that continues despite negative consequences
- **addictive** (*adjective*): something, such as a drug, that causes changes to the brain that result in compulsive (uncontrollable) behavior despite negative consequences
- **administer** (*verb*): to provide or supply something, such as medication
- **analyze** (*verb*): to study or examine something closely or carefully in order to understand it
- **bystander** (*noun*): a person who is present but not taking part in a situation
- **chemical** (*noun*): a substance, such as an element or a mix of elements (compound), that can occur naturally or be made by a chemical process
- **codeine** (*noun*): an opioid drug that is used as a painkiller and is commonly prescribed by doctors for mild to moderate pain or cough suppression
- **crisis** (*noun*): a situation that has reached an unstable point and that has a high chance of having a negative outcome
- **dispense** (*verb*): to prepare and give out something, such as a medication
- **dramatically** (*adverb*): done in a way that attracts attention because of an extreme appearance or effect
- **epidemic** (*noun*): an increase in the number of people affected by a disease or condition far above what is normally expected in a population
- **factor** (*noun*): something that causes a result
- **fentanyl** (*noun*): an opioid drug made in laboratories that is much stronger (50 to 100 times) than other legal opioids. It is prescribed only to treat very severe pain.
- **heroin** (*noun*): an illegal opioid drug that has no medical use
- **hydrocodone** (*noun*): an opioid drug that is used as a painkiller and prescribed by doctors for moderate to severe pain
- **illegal** (*adjective*): against the law
- **impact** (*verb*): to have an effect on something or to cause a result
- **increase** (*verb*): to become larger in size, number, or amount
- **medication** (*noun*): a chemical or substance that is used to treat a disease or medical condition
- **methadone** (*noun*): an opioid drug made in laboratories that is commonly used to treat addiction to heroin and other opioids
- **misuse** (*verb*): to use something in a way that is unintended or harmful, such as misuse of a prescription drug
- **modify** (*verb*): to change something slightly
- **morphine** (*noun*): an opioid drug that is used as a painkiller and is prescribed by doctors for severe pain
- **naloxone** (*noun*): an emergency medication used to reverse the effects of opioid overdose and restore breathing. If it is used quickly enough, naloxone can prevent a person from dying of an overdose.
- **opioid** (*noun*): one of a group of drugs that produce relaxation, pleasure, and pain relief. Opioids can be addictive and potentially deadly due to overdoses.
- **overdose** (*noun*): a lethal or toxic amount of a drug; (*verb*): to take a lethal or toxic amount of a drug.
- **oxycodone** (*noun*): an opioid drug that is used as a painkiller and prescribed by doctors for severe pain. It is most commonly prescribed for patients recovering from surgery.
- **Oxycontin[®]** (*noun*): a brand-name version of the drug oxycodone
- **painkiller** (*noun*): a medication used to treat or reduce pain
- **personnel** (*noun*): a group of people who work for a particular company or in a particular field
- **population** (*noun*): the number of people who live in one place or belong in a certain category
- **potential** (*adjective*): possible, but not yet actual

[Continued on next page.]

- **precaution** (*noun*): an action taken to avoid a dangerous situation or to lead to a positive result
- **prescribe** (*verb*): to write or give medical instructions, such as regarding the use of certain medications
- **prescription drug** (*noun*): a medication that must be ordered by a doctor before it can be dispensed
- **pure** (*adjective*): unmixed with other materials
- **quadruple** (*verb*): to become four times as large in size or number
- **reduce** (*verb*): to make smaller in size, amount, or number
- **report** (*verb*): to announce officially; to describe or explain something that has happened
- **restore** (*verb*): to put back into use or bring back into existence
- **reverse** (*verb*): to turn around completely in direction or position; to go backward
- **risk** (*noun*): the possibility of loss or injury; danger
- **roughly** (*adverb*): approximately, not exactly
- **statistics** (*noun*): a collection of data or facts in the form of numbers
- **supply** (*verb*): to provide something that is needed or wanted
- **Vicodin**[®] (*noun*): a brand-name version of the drug hydrocodone



HEADS UP

REAL NEWS ABOUT DRUGS AND YOUR BODY

Prescription Pain Medications: What You Need to Know

Statistics show that the abuse of prescription opioids—a type of pain medication—is a serious problem in the United States. In 2015, 4.4 percent of high school seniors reported using the prescription opioid Vicodin® for nonmedical reasons. More Americans die every year from overdosing on prescription opioids than die from illicit drugs such as cocaine or heroin. This article explains the risks of opioid pain medications and how opioids work in the body, and gives students advice about precautions that can lower their risk of addiction and overdose.



SUBJECT	COMMON CORE STATE STANDARDS	NEXT GENERATION SCIENCE STANDARDS	NATIONAL SCIENCE EDUCATION STANDARDS
<ul style="list-style-type: none"> Science Literacy English Language Arts Health/Life Skills Math (Graphs and Statistics) 	<ul style="list-style-type: none"> RST.7 Integrate information from a text and graph W.9 Draw evidence to support analysis and reflection 	<ul style="list-style-type: none"> LS1.A Structure and Function LS1.D Information Processing 	<ul style="list-style-type: none"> Structure and Function in Living Things Personal and Community Health

Critical-Thinking Questions:

1. Explain how opioid medications work in the brain. How are they different from natural endorphins in the brain? *(Prescription opioids have a similar structure to endorphins, a type of chemical in the brain that blocks pain and contributes to feelings of pleasure and relaxation. Opioid medications act on the same receptors in the stem, spinal cord, and other parts of the nervous system as endorphins do. These medications, however, have a stronger effect than endorphins; they are capable of blocking severe pain and flooding the brain's reward center with large amounts of dopamine, which puts a person at risk for addiction. If too much is taken, these drugs can cause a person to stop breathing.)*
2. What are three examples of prescription opioid misuse and/or abuse? Cite evidence from the article. *(Taking medication that was prescribed to anyone other than yourself; taking medication at higher doses than was prescribed; taking medication not to treat pain but to experience a "high.")*
3. Why might abuse of prescription opioids lead a person to start using heroin? *(Prescription opioid pain medications and heroin are both opioids and therefore have similar effects on the body. If a person becomes addicted to prescription opioids, he or she may start taking heroin to achieve the same result.)*

Writing Prompts:

- **Grades 6–8:** What are the risks of misusing prescription opioid pain medications? Use evidence from the article to support your answer.
- **Grades 9–10:** Use evidence from the article to explain why prescription drug abuse is as dangerous to your health as illegal drug abuse.

- **Grades 11–12:** How is dependence different from addiction?

Paired Reading:

- **Grades 6–12:** "Mind Over Matter: Opioids" teens.drugabuse.gov/educators/nida-teaching-guides/mind-over-matter-teaching-guide-and-series/opioids
- **Grades 6–12:** "Straight Talk on Prescription Drugs" headsup.scholastic.com/students/straight-talk-on-prescription-drugs
- **Grades 6–12:** "Prescription Stimulants" headsup.scholastic.com/students/prescription-stimulants

Additional Sources:

- **Website:** teens.drugabuse.gov/drug-facts/opioids-and-pain-relievers
- **Videos:** headsup.scholastic.com/students/video-collection

Additional Tools for Lesson

Visit scholastic.com/headsup/opioids/tools for grade-tiered resources that support teaching this lesson and article:

- Expanded Answer Key for Critical-Thinking Questions and Work Sheet
- Tiered Adaptations of Critical-Thinking Questions
- Academic and Domain-Specific Vocabulary Lists
- Additional Writing Prompts
- Expanded Paired-Text Reading Suggestions
- Expanded Standards Charts for Grades 6–12

Resources and Support

- Teaching resources: headsup.scholastic.com/teachers and teens.drugabuse.gov

STUDENT WORK SHEET: The skills sheet on the reverse side has students analyze data regarding opioid prescriptions and overdose deaths from these medications. Critical-thinking questions help them link the data to what they learned in the article. See the "Additional Tools" document (details in gray box above) for guidelines and answers on how to evaluate student responses.

PRESCRIPTION PAIN MEDICATIONS: WHAT YOU NEED TO KNOW

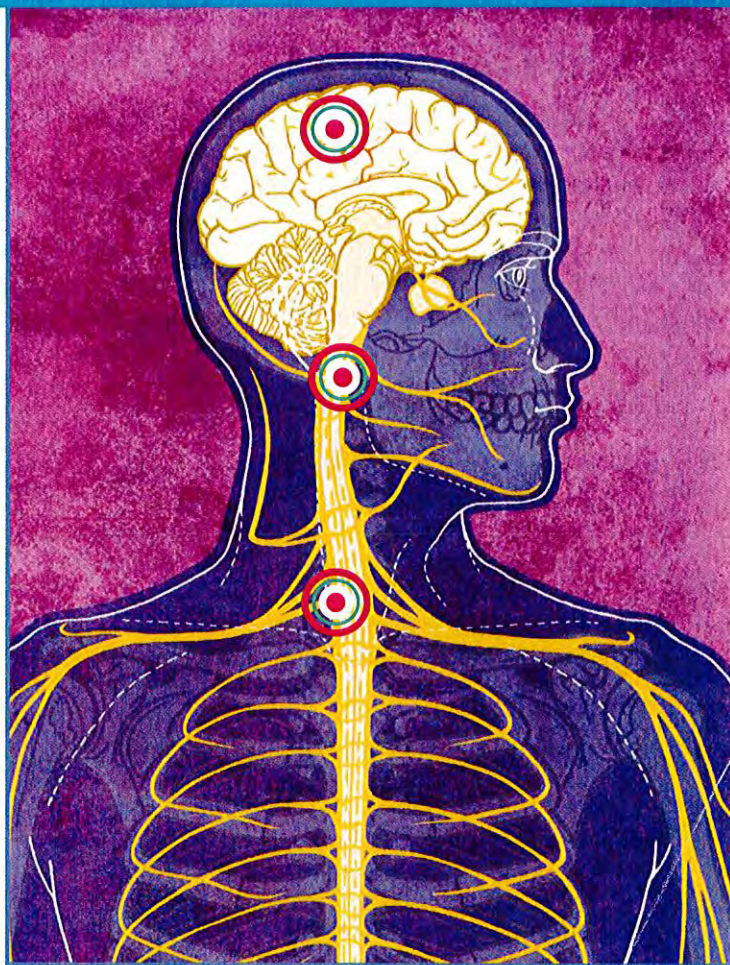
When used as directed by a doctor, powerful prescription pain medications called opioids (pronounced *OH-pee-oyds*) have helped millions of people cope with serious pain. But when used incorrectly, they can be addictive and deadly.

Some pain can be treated by over-the-counter medications such as Advil® and Tylenol®. But for pain from surgery, cancer, or serious injuries, doctors often prescribe the most powerful medications available—opioids. Opioid medications, such as Vicodin® and OxyContin®, are part of a class of drugs that resemble opioid chemicals our bodies make. In nature, opioids are found in the poppy plant, which is the source of some opioid medications as well as illegal opioids such as heroin.

Opioid medications are made to specific standards and regulated by the government for safety. But opioid medications can be powerfully addictive and can cause an overdose if not taken correctly. How is it that a medication that is so effective at relieving pain and helpful in healing can be so harmful when misused? The answer comes from how opioids work in the body.

Opioid Drugs: Master Impersonators

Opioid drugs, including medications and illegal drugs, are chemically very similar to endorphins, one of the body's natural opioids. When opioid drugs are taken, they use opioid receptors that are normally accessed by endorphins to tap into the body's systems. However, opioid drugs are more powerful than the opioids the body makes, so they trigger much stronger reactions.



Opioids and Pain

Endorphins naturally block pain by binding to opioid receptors in the spinal cord and other parts of the nervous system. Opioid drugs mimic endorphins but cause a much stronger pain-blocking signal. This is why opioid medications are prescribed for serious pain.

Opioids and Addiction

Opioid receptors are also found in the part of the brain that releases dopamine. Dopamine causes us to feel pleasure and to remember which behaviors produced this feeling. For example, endorphins released during physical activity can prompt a surge of dopamine, known as a “runner’s high.” Opioid drugs, however, cause a larger flood of dopamine to be released. The brain remembers the “high” and over time, with repeated abuse, develops an altered dopamine response. The brain begins to crave the extra intensity only an opioid drug can deliver, which can lead to addiction.

► **More Info:** Visit scholastic.com/headsup and teens.drugabuse.gov.

► **To Get Help for Drug Addiction:** Call 1-800-662-HELP.

OPIOIDS IN THE BODY

Opioid receptors are located in the brain, brain stem, spinal cord, intestines, and other organs. When endorphins, our body's naturally made opioids, are released or when opioid drugs, including medications, are taken, they bind to opioid receptors in the brain and body to regulate functions including pain, pleasure, breathing, and digestion.



BRAIN: There are opioid receptors throughout the brain, including in the cerebral cortex, cerebellum, nucleus accumbens, ventral tegmental area, substantia nigra, and hypothalamus of the brain. These areas are involved in pain perception, emotion, and reward (pleasure). The activation of the reward center is the primary reason opioids can lead to addiction.



BRAIN STEM: When opioids bind to receptors in the brain stem, breathing slows down, which creates a feeling of relaxation. This reaction to opioids is the reason an overdose can cause a person's breathing to stop.



SPINAL CORD: The opioid receptors in the spinal cord reduce pain signals from an injury, sickness, or surgery. This interference in pain perception is the intended function of prescription opioids.

Opioids and Overdose

Opioid receptors in the brain and brain stem also regulate breathing. In proper doses, opioids slow breathing and create a feeling of relaxation. But if a person takes too much, he or she can stop breathing entirely. Taking opioids with other drugs that also slow breathing, such as alcohol, increases the risk that a person will stop breathing.

In 2014, there were 28,647 drug-poisoning deaths involving prescription opioids or heroin. This number has tripled since 2002. As a result of many more people now abusing prescription

Rise in Heroin Use and Overdoses

Approximately 80 percent of current heroin users got started by first misusing prescription opioids. However, only about 4 percent of people who misuse prescription opioids will start using heroin. Still, the United States is experiencing a spike in heroin use among men and women, of all income levels and most age groups. As heroin use goes up, so does the death rate from heroin overdose, which has quadrupled in the past 10 years.

Dependence vs. Addiction

Patients taking opioid medications for a long period of time often develop a tolerance, requiring more opioids to achieve the same effect. Long-term use may also lead the body to produce fewer endorphins and opioid receptors. These changes signal a *physical dependence*, which causes people to go through withdrawal, feeling sick or depressed without opioid drugs. Physical dependence can—but doesn't always—lead to *addiction*, a disease that involves additional changes to brain circuitry. Someone who is addicted takes drugs compulsively, even when he or she experiences negative consequences. While dependence involves a person's physical body, addiction takes over his or her entire life.

opioids, overdose deaths from opioids have also spiked. In fact, they now outnumber deaths from heroin and cocaine combined.¹

How to Stay Safe

Most people who take prescription opioids do not become addicted or overdose. The risk for serious problems goes up when opioids are misused. If you are ever prescribed an opioid, take these precautions:



- You and your parents should talk about the risks with your doctor and ask about any alternative treatments.
- Take your medications exactly as prescribed. If you are still in pain while following the directions, you should go back to the doctor—not take more of your medicine.
- If you have a history of a substance use disorder or mental illness, tell your doctor, as these increase your risk for addiction.
- If you start taking prescription opioids that have not been prescribed to you, or more than your doctor prescribed, or for their pleasurable effects, tell your doctor, a parent, or another trusted adult. These are signs that you may have a substance use disorder and need professional help. The sooner you get help, the better your chances are for recovery.
- Do not give your prescription drugs to anyone else. This is dangerous and illegal.
- If you have leftover pills, ask a pharmacist or look online for programs that take back unused medications.*
- Opioids should never be combined with alcohol. Combining them increases the risk of overdose and death.



In Case of Opioid Overdose: Call 911. Naloxone is an emergency medication that can prevent opioid overdose death if given in time.

*One helpful resource: Visit fda.gov and search for the article "Disposal of Unused Medicines: What You Should Know."

ADDITIONAL TOOLS:

"Prescription Pain Medications: What You Need to Know" From *Heads Up*

Grades 6–8, 9–10, and 11–12

Dear Teacher,

The following tools are additional support to enrich the teaching of the *Heads Up* lesson plan and student article "Prescription Pain Medications: What You Need to Know."

What you'll find:

- 1A) Suggested Answers and Tiered Adaptations of Lesson Critical-Thinking Questions
- 1B) Suggested Answers for Student Work Sheet
- 2) Academic and Domain-Specific Vocabulary Lists
- 3) Additional Writing Prompts
- 4) Expanded Paired-Text Reading Suggestions
- 5) Expanded Standards Charts for Grades 6–12

For copies of the Teacher's Guide and student article, visit scholastic.com/headsup/opioids.

Note on Text Complexity: The student article "Prescription Pain Medications: What You Need to Know" was written for middle and high school students. For readers at a lower reading level, a grades 4–5 version of the article is available at scholastic.com/headsup/opioids/leveled.

1A Suggested Answers and Tiered Adaptations of Lesson Critical-Thinking Questions

scholastic.com/headsup/opioids

Have students use evidence from the text of the article "Prescription Pain Medications: What You Need to Know" when responding to the Critical-Thinking Questions. Suggested answers are provided in italics after each question.

Question 1:

- **Grades 6–8:** Explain three reactions that can happen in the body when a person takes opioids.
- **Grades 9–10:** Explain how opioid medications work in the brain. How are they different from natural endorphins in the brain? Cite evidence from the text.
- **Grades 11–12:** Explain how misusing prescription opioids could lead to addiction.

(Prescription opioids have a similar structure to endorphins, a type of chemical in the brain and body that blocks pain and contributes to feelings of pleasure and relaxation. Opioid medications act on the same receptors in the brain, brain stem, spinal cord, and other

parts of the nervous system as endorphins do. When a person takes opioid drugs (medications or illegal drugs), it activates the reward system and causes feelings of pleasure, affects signals in the brain stem that slow breathing and cause relaxation, and reduces pain by acting on receptors in the spinal cord. Opioid medications and drugs, however, have a stronger effect than endorphins; they are capable of blocking severe pain and flooding the brain's reward center with large amounts of dopamine, which puts a person at risk for addiction. If too much is taken, these drugs can cause a person to stop breathing.)

(Additional Answer Information for Grades 11–12:

Misusing prescription opioids could cause a person to develop physical dependence, so he or she experiences withdrawal symptoms if he or she stops using the opioids. This could lead to further opioid misuse and the development of habitual drug taking. If the habit of drug taking becomes strong enough, addiction can develop, and the person will continue to take drugs despite negative consequences.)

Question 2:

- **Grades 6–8:** What is the risk of misusing opioid medicines?
- **Grades 9–10:** What are three examples of prescription opioid misuse and/or abuse? Cite evidence from the article.
- **Grades 11–12:** Why do you think it's important to have programs to take back unused pills from opioid prescriptions? Support your answer with evidence from the text.

(Examples of opioid misuse are taking medication that was prescribed to anyone other than yourself, taking medication at higher doses than was prescribed, and taking medication not to treat pain but to experience a high. If a person takes too much of an opioid drug, it can lead to a deadly overdose by causing the person to stop breathing. Misusing the drugs can increase the risk of dependence and addiction.)

(Additional Answer Information for Grades 11–12:

Having unused prescriptions around makes it easier for people to misuse them either accidentally or intentionally.)

Question 3:

- **Grades 6–10:** Explain how a person could become physically dependent on an opioid drug, and how this impacts a person's body.
- **Grades 11–12:** Why might abuse of prescription opioids lead a person to start using heroin?

(If a person takes an opioid medication for a long time, his or her body can develop a tolerance to the drug, meaning he or she needs to take more of the drug to achieve the same result. Long-term use can also cause the body to produce fewer endorphins and opioid receptors. This is called physical dependence. The result is that when people go off the drug, they experience withdrawal symptoms.)

(Additional Answer Information for Grades 11–12: If a person becomes addicted to opioids, he or she may seek out any way possible to satisfy his or her cravings for the drugs. Prescription opioid pain medications and heroin are both opioids and therefore have similar effects on the body. If a person becomes addicted to prescription opioids, he or she may start taking heroin to satisfy his or her craving for opioids and avoid withdrawal.)

1B Suggested Answers for Student Work Sheet

scholastic.com/headsup/opioids/worksheet

1. Roughly how many more prescriptions for opioids were given out by pharmacies in the U.S. in 2013 compared with 1991? *(Roughly 206,000,000 in 2013, minus 75,000,000 in 1991 = 131,000,000 more prescriptions in 2013.)*
2. Approximately how many more people died from prescription opioid overdoses in 2013 than 2001? *(Roughly 16,000 in 2013, minus 5,500 in 2001 = 10,500 more deaths in 2013.)*
3. Use data from the second graph to describe how the number of prescription opioid overdose deaths has changed over time for both men and women. *(The number of opioid overdose deaths has increased in both men and women between 2001 and 2013. In the last few years, the numbers of deaths of men has dropped slightly.)*
4. What evidence suggests that the number of opioid prescriptions could be linked to the number of overdose deaths? Use evidence from the graphs and the article "Prescription Pain Medications: What You Need to Know" to explain your answer. *(The number of opioid overdose deaths has increased at the same time as the number of prescriptions of these drugs has increased. Misusing these medications increases a person's risk of overdose and addiction. If there are more prescriptions for opioids, there are a greater number of people using them, and thus a greater number at risk for misusing them and overdosing.)*

5. Many scientists are urging the medical community to improve the way prescription opioids are prescribed. That may include using other, less-powerful medications more often. Do you agree with this recommendation? What factors might scientists and doctors be considering? Use evidence from the graphs and from the article to support your answer. *(Answers will vary but may include that the number of opioid overdose deaths has increased in recent years. At the same time, the number of prescriptions of these drugs has increased. Opioids are very powerful, which makes them an important tool for treating patients' severe pain, but these drugs have a high risk for addiction. If they are used less often, there may be fewer people who become addicted to them or who have an overdose. Doctors should only prescribe them when there is no other alternative. Doctors should closely monitor people who are taking them to make sure abuse is not occurring.)*

2 Academic and Domain-Specific Vocabulary Lists

scholastic.com/headsup/opioids/article

The vocabulary words below are drawn from the "Prescription Pain Medications: What You Need to Know" student article and work sheet. This vocabulary can be previewed with students prior to reading or reinforced with students afterward. Encourage students to incorporate these words into their writing and discussion of "Prescription Pain Medications: What You Need to Know" article and work sheet.

Leveled definitions are provided for grades 6–8 and 9–12. Unless otherwise noted, all definitions below are sourced or adapted from:

- **Grades 6–8:** *Wordsmyth Children's Dictionary*
- **Grades 9–12:** *Merriam-Webster Collegiate Edition*

Suggested Methods of Learning and Reinforcement:

Students can construct understanding by drawing the words' definitions; organizing concept maps that include word parts, synonyms, antonyms, and examples; composing memory aids that explain the words or use them in a meaningful context; and employing the words to create newspaper articles, stories, or poems.

Tip: The vocabulary sheet that follows on the next page can be folded in half and reproduced for distribution to students. The blank part of the paper can be used for students to record notes or questions.

Fold here before reproducing

Vocabulary From “Prescription Pain Medications: What You Need to Know” Grades 6–8

- **activation** (*noun*): the process of causing something to turn on or work
- **addictive** (*adjective*): habit-forming, causing an irresistible need. People who suffer from drug addiction have trouble stopping their drug use even when they really want to and even after it causes terrible consequences to their health and other parts of their lives. This is because addiction is a disease that changes how the brain works.
- **brain stem** (*noun*): the lower part of the brain that connects to the spinal cord and controls some automatic functions, such as breathing
- **compulsively** (*adverb*): uncontrollably
- **dopamine** (*noun*): a chemical that helps transmit signals in the brain and is associated with feelings of pleasure
- **endorphin** (*noun*): a natural chemical in the brain that causes feelings of relaxation, pleasure, and pain relief
- **opioid** (*noun*): a chemical that produces relaxation, pleasure, and pain relief
- **overdose** (*noun, verb*): a larger amount of a drug than prescribed by a doctor; to take too much of a drug so that you become sick or die
- **perception** (*noun*): awareness through the senses
- **quadruple** (*verb*): to multiply something by four
- **receptor** (*noun*): a structure on the surface of a cell that binds to specific chemicals to send messages within the body
- **regulate** (*verb*): to control
- **substance use** (*noun*): drug or alcohol use
- **substance use disorder** (*noun*): a brain disorder that leads to the repeated use of drugs and/or alcohol despite significant harm, such as health problems, disability, and failure to meet major responsibilities in life. Addiction is a substance use disorder.

Vocabulary From “Prescription Pain Medications: What You Need to Know” Grades 9–12

- **activation** (*noun*): the process of causing something to turn on or work
- **addictive** (*adjective*): habit-forming, causing an irresistible need. People who suffer from drug addiction have trouble stopping their drug use even when they really want to and even after it causes terrible consequences to their health and other parts of their lives. This is because addiction is a disease that changes how the brain works.
- **brain stem** (*noun*): the lower part of the brain that connects to the spinal cord and controls some automatic functions, such as breathing
- **compulsively** (*adverb*): uncontrollably
- **dopamine** (*noun*): a neurotransmitter that helps relay signals in the brain and is associated with feelings of pleasure
- **endorphin** (*noun*): a natural chemical in the brain that attaches to opioid receptors and produces pain relief and pleasure
- **opioid** (*noun*): a chemical that binds to opioid receptors in the human body, causing relaxation, pleasure, and pain relief
- **overdose** (*noun, verb*): a lethal or toxic amount of a drug; to take a lethal or toxic amount of a drug
- **perception** (*noun*): awareness through the senses
- **quadruple** (*verb*): to multiply something by four
- **receptor** (*noun*): a protein on the surface of a cell that binds to specific chemicals in order to transmit messages within the body
- **regulate** (*verb*): to control or adjust so that a certain standard is maintained
- **substance use** (*noun*): drug or alcohol use
- **substance use disorder** (*noun*): a brain disorder in which long-lasting changes to brain circuits cause compulsive drug seeking and drug use, despite negative consequences such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Addiction is a substance use disorder.

3

Expanded Writing Prompts for "Prescription Pain Medications: What You Need to Know"

scholastic.com/headsup/opioids/article

To encourage and assess close reading of the student article "Prescription Pain Medications: What You Need to Know," use the following writing prompts for quick five-minute "freewrites" of a few sentences each. Instruct students to include evidence from the text in their responses.

Grades 6–8

- **[Skill: Textual Evidence]** What are the risks of misusing prescription opioid pain medications? Use evidence from the article to support your answer.
- **[Skill: Persuasive Writing]** Suppose someone you know was prescribed an opioid medication for severe pain. What advice might you give him or her?

Grades 9–10

- **[Skill: Textual Evidence/Making Inferences]** Explain why the author called opioid drugs "master impersonators."
- **[Skill: Persuasive Writing]** Use evidence from the article to explain why prescription drug abuse is as dangerous to your health as illegal drug abuse.

Grades 11–12

- **[Skill: Textual Evidence]** How is dependence different from addiction?
- **[Skill: Persuasive Writing]** Automatic refills of certain powerful drugs are not allowed. If a patient needs more of these medications, they need to be seen again by a doctor. Do you think all opioids should be regulated in this way? Support your answer with evidence from the text.

4

Expanded Paired-Text Reading Suggestions for "Prescription Pain Medications: What You Need to Know"

scholastic.com/headsup/opioids/article

Deepen student learning of "Prescription Pain Medications: What You Need to Know" with the following paired-text reading suggestions and prompts for writing and discussion.

Informational Text: "Mind Over Matter: Opioids" teens.drugabuse.gov/educators/nida-teaching-guides/mind-over-matter-teaching-guide-and-series/opioids

Writing Prompt for Grades 6–8:

- What are two facts about how opioids affect the body that are supported both by "Mind Over Matter: Opioids" and "Prescription Pain Medications: What You Need to Know"?

Writing Prompt for Grades 9–12:

- Using the information in "Mind Over Matter: Opioids" and "Prescription Pain Medications: What You Need to Know," craft a persuasive argument convincing a friend not to try opioids outside of a doctor's care.

Informational Text: "Straight Talk on Prescription Drugs" headsup.scholastic.com/students/straight-talk-on-prescription-drugs

Writing Prompt for Grades 6–8:

- Synthesize facts from both "Straight Talk on Prescription Drugs" and "Prescription Pain Medications: What You Need to Know" to explain how prescription pain medications affect how the brain works. Provide examples on how these changes could affect a person's life.

Writing Prompt for Grades 9–12:

- Synthesize what you learned in both "Straight Talk on Prescription Drugs" and "Prescription Pain Medications: What You Need to Know" to explain why it is especially important for parents to dispose of unused prescription opioid medications.

Informational Text: "Prescription Stimulants" headsup.scholastic.com/students/prescription-stimulants

Writing Prompt for Grades 6–8:

- Explain how the effect of stimulants on the body is similar to and different from that of opioid medications. Use evidence from "Prescription Stimulants" and "Prescription Pain Medications: What You Need to Know" to support your answer.

Writing Prompt for Grades 9–12:

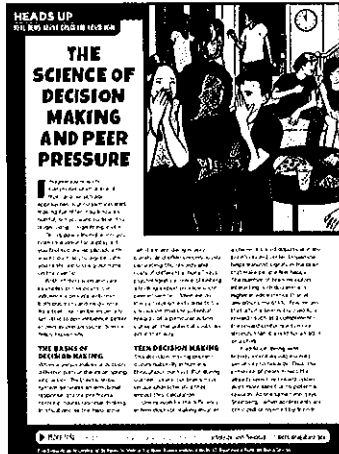
- Compare the ways "Prescription Stimulants" and "Prescription Pain Medications: What You Need to Know" explain how prescription medications can be misused. What is one fact about prescription drug abuse that you understand better by reading both texts?

5 Expanded Grades 6–12 Standards Chart

scholastic.com/headsup/opioids

The "Prescription Pain Medications: What You Need to Know" student article, lesson plan, work sheet, and Additional Tools document support higher standards by giving students opportunities to practice key literacy skills while acquiring scientific knowledge relevant to health, life skills, and current events.

Subject	Common Core State Standards for English Language Arts	Next Generation Science Standards	National Science Education Standards
<ul style="list-style-type: none"> • Science Literacy • English Language Arts • Health/Life Skills • Math (Graphs and Statistics) 	<ul style="list-style-type: none"> • RI.1 & RST.1 Cite textual evidence • RI.2 & RST.2 Central idea and details • RST.7 Integrate information from a text and graph • W.1 Write arguments • W.7 Synthesize multiple texts when writing • W.9 Draw evidence to support analysis and reflection • RST.4 Domain-specific vocabulary • RST.6 Author's purpose • RST.8 Evaluate a claim • RST.9 Compare and contrast two texts 	<ul style="list-style-type: none"> • LS1.A Structure and Function • LS1.D Information Processing 	<p>Grades 6-8</p> <ul style="list-style-type: none"> • Structure and Function in Living Systems • Regulation and behavior • Personal Health <p>Grades 9-12</p> <ul style="list-style-type: none"> • Behavior of organisms • Personal and Community Health



HEADS UP REAL NEWS ABOUT DRUGS AND YOUR BODY

The Science of Decision Making and Peer Pressure

One of the biggest challenges teens face is standing up to peer pressure. This article helps explain why by describing the science of how the developing teen brain reacts to both rewards and peers. We build on this understanding by highlighting teen risk taking when driving with passengers. Together, this article and lesson will help your students understand how their brains make decisions, the influence of their peers on those decisions, and what they can do to better navigate peer-pressure situations.



SUBJECT	COMMON CORE STATE STANDARDS	NEXT GENERATION SCIENCE STANDARDS	NATIONAL SCIENCE EDUCATION STANDARDS	NATIONAL COUNCIL FOR THE SOCIAL STUDIES
<ul style="list-style-type: none"> Science Literacy English Language Arts Health/Life Skills 	<ul style="list-style-type: none"> RI.1 Cite textual evidence RI.2 Central idea and details W.1 Write arguments 	<ul style="list-style-type: none"> LS1.A Structure and Function LS1.D Information Processing 	<ul style="list-style-type: none"> Structure and Function in Living Things Personal and Community Health 	<ul style="list-style-type: none"> Individual Development and Identity

Critical-Thinking Questions:

1. Why do teens have a stronger emotional reaction to their peers than adults or children do? Cite examples from the article. *(During adolescence, the reward center of teens' brains has more dopamine receptors and is more likely to react strongly to the positive feelings produced by being around peers. Rejection by peers causes a bigger response in the areas of teens' brains that govern negative emotions.)*
2. What are two pieces of evidence from the article that suggest that teens make riskier decisions when they are with their friends than when they are alone? *(In Steinberg's study, the teen drivers ran more yellow lights when their friends were watching than when they were alone. Teen drivers engage in riskier behavior if other teens are in the car.)*

Writing Prompts:

- **Grades 6–8:** The decision-making process in teens is strongly affected by rewards and peers. How might this impact teens in both positive and negative ways?
- **Grades 9–10:** Peer pressure can challenge teens to take beneficial risks, or it can drive them to make decisions they regret. How can teens prepare themselves to resist negative peer pressure yet remain open to positive influences?
- **Grades 11–12:** Today's teens don't interact only in person. How do you think peer interaction through social media and texting might impact teens' decision making, and what positive and negative consequences could result? Consider what you have learned about how the presence of teens can impact risky behavior.

Paired Reading:

- **Grades 6–12:** "6 Tactful Tips for Resisting Peer Pressure to Use Drugs and Alcohol," teens.drugabuse.gov/blog/category/340
- **Grades 6–12:** "Let's Talk: How Do You Avoid Peer Pressure?" teens.drugabuse.gov/blog/post/lets-talk-how-do-you-avoid-peer-pressure
- **Grades 6–12:** "Teen Brain, a Work in Progress," teens.drugabuse.gov/blog/post/teen-brain-work-progress

Additional Sources:

- **Interactive Website:** "Peer Pressure," thecoolspot.gov/pressures.aspx
- **Interactive Website:** "The Right to Resist," thecoolspot.gov/right_to_resist.aspx
- **Poster/Teaching Guide:** "Facts on Drugs: Teen Guide to Making Smart Decisions," headsup.scholastic.com/guide-smart-decisions

Additional Tools for Lesson

Visit scholastic.com/headsup/science-peer-pressure for grade-tiered resources that support teaching this lesson and article:

- Expanded Answer Key for Critical-Thinking and Work Sheet
- Tiered Adaptations of Critical-Thinking Questions
- Academic and Domain-Specific Vocabulary Lists
- Additional Writing Prompts
- Expanded Paired-Text Reading Suggestions
- Expanded Standards Charts for Grades 6–12

Resources and Support

- Teaching resources: headsup.scholastic.com/teachers and teens.drugabuse.gov

STUDENT WORK SHEET: The work sheet on the reverse side gives students an opportunity to take what they learned from the article and apply it to a real-life peer-pressure situation they might face. An answer key is included in the "Additional Tools" document.

THE SCIENCE OF DECISION MAKING AND PEER PRESSURE

Imagine you're with classmates when a friend from another school approaches. Your classmates start making fun of her. You know it's hurtful, but you want to fit in. You laugh along ... regretting it later.

Or suppose a friend wants you both to audition for a play, but you feel too shy. He pleads with you to do it, so you agree. Later, you're thrilled to see your name on the cast list.

Both of these scenarios are examples of how peers can influence a person's actions—both positively and negatively. As a teen, you can be especially sensitive to *peer influence*, better known as *peer pressure*. Science helps explain why.

THE BASICS OF DECISION MAKING

When a person makes a decision, different parts of the brain spring into action. The brain's *limbic system* generates an emotional response, and the *prefrontal cortex* produces rational thinking. In situations like the two above,

"what we are doing is very quickly, and often unconsciously, calculating the rewards and costs of different actions," says psychologist Laurence Steinberg, a leading expert on adolescent peer influence. "When we do this calculation and come to the conclusion that the potential rewards of a particular action outweigh the potential costs, we act in that way."

TEEN DECISION MAKING

This decision-making process occurs naturally in humans throughout our lives. But during our teen years, our brains have unique characteristics that impact this calculation.

One reason for the difference in teen decision making involves

a chemical called *dopamine* in the brain's reward center. Dopamine helps transmit signals in the brain that make people feel happy. The number of brain receptors interacting with dopamine is higher in adolescence than at any other time of life. This means that when a teen is exposed to a reward—such as a compliment—the reward center reacts more strongly than it would for an adult or a child.

In addition, being with friends increases adolescents' sensitivity to rewards. Thus, the presence of peers makes the already sensitive reward system *even more* sensitive to potential rewards. At the same time, says Steinberg, "when adolescents are criticized or rejected by friends,



► **More Info:** For additional facts about the brain and peer pressure, visit scholastic.com/headsup and teens.drugabuse.gov.

From Scholastic and the scientists of the National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services






there is a bigger response in parts of the brain that control negative emotions.”

Feeling rewards more strongly and responding more intensely to what peers may think means that there are biological reasons for why teens sometimes decide to do things with their friends that they would never do on their own. This can be positive, by encouraging peers to take on new challenges. But it can also lead to dangerous decisions—such as using alcohol or drugs, or getting into other high-risk situations.

DRIVING UNDER PEER PRESSURE

One way to understand how peer influence can lead teens to make poor decisions is to look at teens

TEEN DRIVERS AND RISK TAKING ¹			
Number of Teen Passengers	0	1	2 or more
Driving Risk	Normal	2.5x more likely to take risks	3x more likely to take risks

and driving. In a study conducted by Steinberg, teens and adults played a driving video game in which they would make more money the faster they arrived at the end of a road. Driving through yellow lights could speed up their time, but could also cause an accident.

Alone, teens took no more risks than adults. But when their friends were with them, teens took more risks and ran more yellow lights. They did this even though their friends weren’t allowed to talk. The presence of peers made the reward of earning more money by driving faster feel “more intense,” observed Steinberg.

Real life is not much different. Statistics show that teenage drivers are 2.5 times more likely to take risks while driving when another teen is in the car, and 3 times more likely with multiple teens in the car.¹

THE POWER OF PEER PRESSURE

So why do teens sometimes take more risks when their friends are with them? According to Steinberg, when the reward center “is activated by one kind of reward, it also makes us seek other kinds of rewards.”

For teens, friends are both a reward *and* the fuel that

encourages them to seek more rewards. “Being around peers makes people more sensitive to the potential rewards,” says Steinberg, “and less sensitive to the downsides.”

But not all risk taking is bad. As explained by Steinberg, “Risk taking is normal during adolescence.” For instance, trying a new activity when you don’t know that you’ll succeed is a type of risk that helps a person develop into an independent adult. “The solution is not to eliminate risk taking, rather it is to facilitate good risk taking.”



WHAT'S A TEEN TO DO? AN EXPERT'S ADVICE

To avoid letting peer pressure lead you to make risky choices that have negative consequences, Steinberg recommends preparing a plan before heading into peer pressure-packed situations. His advice: “Have a script in your head about what you are going to say and do. Be aware that your brain works differently in groups than when you are alone. Pause and exercise a little extra caution in those situations.”

STUDENT WORK SHEET

What Should You Say?



Peers can play a big role in how teens make decisions, in both positive and negative ways. Psychologist Laurence Steinberg says one way to make smarter decisions is to have a plan before you encounter a situation where you may feel pressured by your peers to make a poor choice. Complete the activity below to practice making a plan to help you make good decisions when facing peer pressure.



Directions:

Step 1: Read the scenario below.

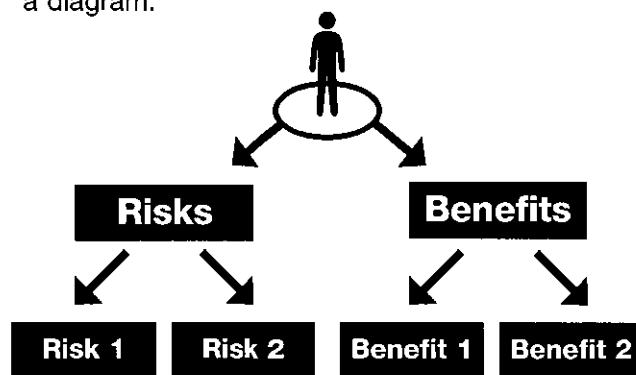
Scenario: Jesse is having a blast at a school football game. Then a friend texts and invites Jesse and his friends over to his house after the game because his parents are out of town. Jesse's friends want to go and are pressuring him to come along. Jesse knows that unsupervised parties are not okay with his parents, and they are expecting him to come home from the game. But he is struggling to make the right decision.

Step 2: Write a paragraph that explains why it may be difficult for Jesse to say no and what strategies he can use to help him stand up to peer pressure. Use facts from the article "The Science of Decision Making and Peer Pressure" to support your response.

Consider the following questions:

- What are the possible risks associated with Jesse going along with his friends?
- What are the possible benefits of him going along with his friends?
- How do the risks compare with the benefits?
- What strategies could Jesse use to help him make decisions when faced with peer pressure?

TIP: You can weigh risks and benefits using a diagram.



Step 3—Reality Check: Write a few sentences that you would actually say in a similar situation to help you stand up to peer pressure.

Drug Prevention Resources

- National Institute of Drug Abuse for Teens website provides the latest facts on how drugs affect the body and the brain. The website includes information for teens, teachers and parents www.teens/drugabuse.org
- *National Institute of Drug Abuse Shatter the Myths* answers teens' most frequently asked questions about drugs and abuse with scientific facts and engaging images. Download a copy at <https://www.drugabuse.gov/publications/drugs-shatter-myths>
- *Family Checkup: Positive Parenting Prevents Drug Abuse*, National Institute of Health. The publication presents evidence-based information developed by the Child and Family Center at the University of Oregon. It highlights parenting skills that are important in preventing the initiation and progression of drug use among youth. Download a copy at <https://www.drugabuse.gov/family-checkup>
- *Navigating the Teen Years: A Parent's Handbook for Raising Healthy Teens*, American Academy of Pediatrics. The booklet provides information and expert advice to help guide a teen to a healthy life. Download a copy at <https://safesupportivelearning.ed.gov/resources/navigating-teen-years-parents-handbook-raising-healthy-teens>
- *Keeping Your Teens Drug Free: A Family Guide*, Office of National Drug Control Policy. The booklet discusses skills parents and caregivers can use to prevent illicit drug use among teens. It describes problems caused by marijuana, alcohol and other substances, signs of drug use, and ways to enforce rules, give advice and deal with teens caught using drugs. Download a copy at www.samhsa.gov/prevention
- Drug Guide for Parents, Partnership for Drug Free Kids. Quick reference guide to the most common drugs used by teens, including what it looks like, dangers, signs of use and important facts to know. Download a copy at <http://drugfree.org/resources>.
- Orange County Drug Free Coalition Parent Resource Guide for parents of pre-teens and teens. The guide provides information on the effects of alcohol on the teen brain, risks associated with underage drinking and tips and resources for parents. Download a copy at www.drugfreecoalition.org.

Helpful Websites:

National Institute of Drug Abuse – www.drugabuse.gov

Substance Abuse & Mental Services Administration – www.samhsa.gov/prevention

Office of National Drug Control Policy – www.whitehouse.gov/ondcp

Partnership for Drug-Free Kids – www.drugfree.org

Florida Department of Children and Families – www.myflfamilies.com

Substance Abuse Services Information

Knowing where to go for substance abuse services is critical to individuals and families in need. The Heart of Florida United Way 211 Informational Assistance Helpline provides residents in Orange County with area social services and substance abuse information. 211 can be accessed by phone calling 2-1-1, sending a text message to 898-211, chat or email. The Heart of Florida United Way 211 website is 211.org. Also included in your toolkit:

- Central Florida Cares Health System Substance Abuse Services Brochure (community agencies funded by the Florida Department of Children and Families to serve the uninsured or underinsured)
- Listing of Central Florida Substance Abuse Providers (public and private agencies)
- Central Florida Cares Health System of Care Guide can be downloaded at Orange County Heroes Against Heroin Get Help webpage at www.ocflheroesagainstheroin.org

Auxiliary Aid Services

If you need special accommodations to access services, attend a Central Florida Cares Health System, Inc. (CFCHS) meeting, or participate in any CFCHS event, please inform staff of the services needed.

If you are deaf or hard-of-hearing, you are entitled to interpreter services at no cost to you. In addition, services may be accessed through Florida Relay by dialing 7-1-1 or calling toll free:

1-800-955-8770 (Voice)

1-800-955-8771 (TTY)

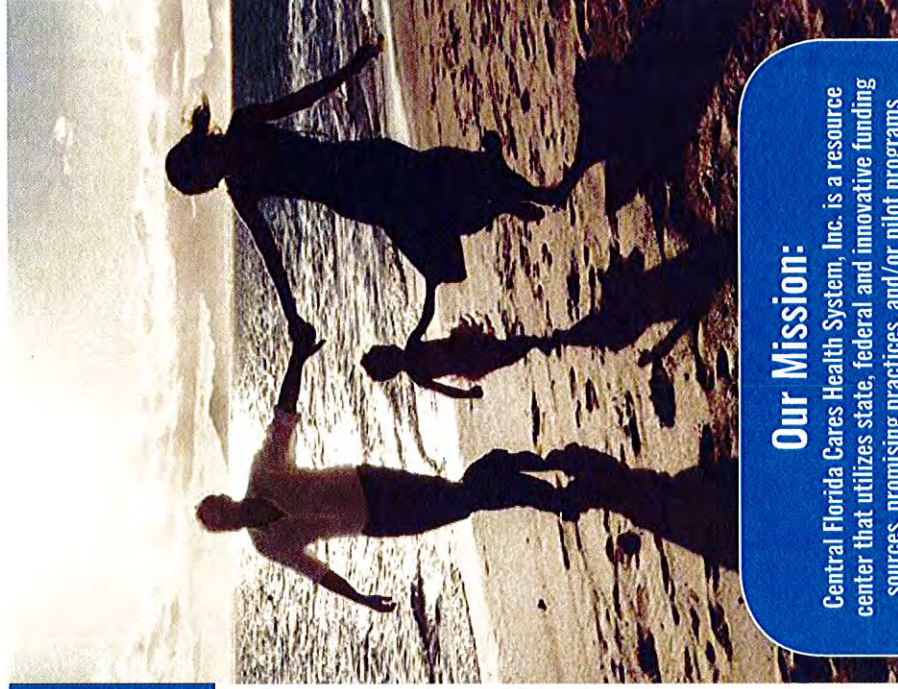
1-877-955-8773 (Spanish)

If you have limited English proficiency, you are entitled to an interpreter and to receive services and information in appropriate languages, other than English, to ensure effective communication and participation in all programs, services, and activities administered by CFCHS.

CFCHS and its network providers shall not discriminate or exclude service participation to anyone on the basis of race, color, religion, national origin, sex, sexual orientation, age, or disability.

If you feel you have been discriminated against, feel free to call us and we will provide information on how to file a complaint. You may also contact the DCF Office of Civil Rights at (407) 317-7552, 400 West Robinson St., S336K, Orlando, FL 32801 or (850) 487-1901 (TTY (850) 972-9220).

Sponsored by
Central Florida Cares Health System, Inc. and
the State of Florida, Department of Children and Families



Our Mission:

Central Florida Cares Health System, Inc. is a resource center that utilizes state, federal and innovative funding sources, promising practices, and/or pilot programs to support our providers as they address identified behavioral health needs of the community.



Central Florida Cares
Health System

PROMOTING A COMPREHENSIVE,
SEAMLESS SYSTEM OF RECOVERY
AND RESILIENCY



707 Mendham Blvd., Suite 201
Orlando, FL 32825
Phone: 407-985-3560
CentralFloridaCares.org

Central Florida Cares Health System, Inc. is the managing entity contracted by the Department of Children and Families to oversee state-funded mental health and substance abuse treatment services in Brevard, Orange, Osceola, and Seminole counties.

CentralFloridaCares.org

CENTRAL FLORIDA ORGANIZATIONS PROVIDING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Aspire Health Partners - Mental Health - Orange County	(407) 875-3700	www.aspirehealthpartners.com
Aspire Health Partners - Mental Health - Seminole County	(407) 831-2411	www.aspirehealthpartners.com
Aspire Health Partners - Substance Abuse	(407) 245-0045	www.aspirehealthpartners.com
211 Brevard	Dial 211 for Help	www.211brevard.org
Children's Home Society of Florida - Orange, Osceola, Seminole	(321) 397-3000	www.chsfl.org
Children's Home Society of Florida - Brevard	(321) 752-3170	www.chsfl.org
Circles of Care, Inc.	(321) 722-5200	www.circlesofcare.org
Community Counseling Center of Central Florida	(407) 291-8009	www.ccccf.org
Community Treatment Center, Inc.	(321) 632-5958	www.communitytreatmentcenter.org
Devereux	(800) 338-3738	www.devereux.org
Eckerd Kids	(321) 253-0032	www.eckerd.org
Florida Department of Health - Brevard County	(321) 454-7111	www.brevardchd.com
The Grove Counseling Center, Inc.	(407) 327-1765	www.thegrove.org
Gulf Coast Jewish Family & Community Services	(727) 479-1800	www.gulfcoastjewishfamilyandcommunityservices.org
Heart of Florida United Way	Dial 211 for Help	www.hfuw.org
House of Freedom	(888) 796-8040	www.houseoffreedom.com
IMPOWER	(321) 639-1224	www.impowerfl.org
Informed Families - Florida Family Partnership	(305) 856-4886	www.informedfamilies.org
Kinder Consulting & Parents Too, Inc. - Orange County	(407) 657-6692	www.kinderconsulting.org
Kinder Consulting & Parents Too, Inc. - Brevard County	(321) 433-1111	www.kinderconsulting.org
Lifestream Behavioral Center, Inc.	(353) 383-9242	www.lsbc.net
Mental Health Association	(407) 898-0110	www.mhacf.org
Mental Health Resource Center - Brevard County	(321) 504-3888	n/a
Mental Health Resource Center - Osceola County	(407) 931-3155	n/a
Orlando Health - The Healing Tree	(407) 317-7430	www.caccentral.com/the-healing-tree
Park Place Behavioral Healthcare	(407) 846-0023	www.ppbh.org
Specialized Treatment, Education & Prevention Services, Inc. (STEPS)	(407) 522-2144	www.flsteps.org
University Behavioral Center	(407) 281-7000	www.universitybehavioral.com
Wayne Densch Center	(407) 599-3900	n/a

We Will Make Sure that Services

- Focus on the person as a whole
- Are provided by experienced service professionals
- Are coordinated across the system of care
- Promote dignity and respect
- Can be accessed easily
- Represent a broad array of service options and support
- Are efficient and based on evidence-based practices
- Are coordinated in a timely manner

To Report Fraud, Waste, and Abuse

1. Contact CFCHS Compliance Officer at (407) 985-3578
2. Send an email to Compliance@cfchs.org
3. Go to CFCHS Website at: www.centralfloridacares.org and access the FWA Form under the "Resources" tab
4. You can contact the Office of the Florida Inspector General at:
1317 Winewood Blvd., Bldg. 5, Second Floor
Tallahassee, Florida 32399-0700
Phone: (850) 488-1225 Fax: (850) 488-1428

Central Florida Substance Abuse Treatment Providers

211, Heart of Florida United Way– Information and Referral Services

- Phone Number: 211
- Website: <http://www.hfuw.org/2-1-1-information-assistance-helpline>

A Stepping Stone to Success

- Phone Number: (407) 718-8850
- Website: <http://www.asteptosuccess.com>

Advanced Recovery Systems

- Phone Number: (844) 803-6237
- Website: <http://www.advancedrecoveryystems.com>

Aspire Health Partners

- Phone Number: 407-245-0045
- Website: <http://www.aspirehealthpartners.com>

Bridges of America

- Phone Number: (407) 218-4800
- Website: <http://www.bridgesofamerica.com>

CAS Counseling Services

- Phone Number: (407) 637-8095
- Website: <http://www.casforyou.com>

Central Florida Recovery Centers

- Phone Number: (407) 370-5357
- Website: <http://www.centralflrecovery.com>

Cornerstone Counseling

- Phone Number: (407) 725-6548
- Website: <http://www.ccofcf.com>

Darryl Strawberry Recovery Center

- Phone Number: (813) 908- 4199
- Website: <https://strawberrycenter.com>

Life Counseling Solutions

- Phone Number: (407) 622-1770
- Website: <http://lifecounselingsolutions.com>

MCAN, Robertson and Associates

- Phone Number: (407) 297-1185
- Website: <http://www.rapsych.com>

My Father Cares

- Phone Number: (407) 705-4550

Newbridge Recovery

- Phone Number: (407) 644-1500
- Website: <http://www.newbridgerecovery.com>

New Season Orlando Treatment Center

- Phone: 407-275-8939
- Website: <http://methadonetreatment.com>

Reflections of Recovery

- Phone Number: (800) 248- 0637
- Website: <http://www.reflectionsofrecovery.com>

Retreat Premier Addiction Treatment Centers

- Phone: 855-859-8810
- Website: <http://retreataddictioncenters.com>

Serenity Springs

- Phone Number: (386) 576-4481
- Website: <http://www.serenityspringsrecovery.com>

Sovereign Healthcare

- Phone Number: (866) 616-3277
- Website: <http://www.sovhealth.com/locations/sovereign-health-of-florida>

Specialized Treatment, Education and Prevention Services, Inc.

- Phone Number: (407) 222-2144
- Website: <http://www.flsteps.com>

Sunrise Detox

- Phone Number: (407) 857-6117
- Website: <https://sunrisedetoxorlando.com>

Teen Challenge of Central Florida

- Phone Number: (407) 330-9600
- Website: <https://teenchallenge.cc>

The N.O.W. Matters More Foundation

- Phone Number: 855-669-0237
- Website: <http://www.nowmattersmore.org>

*Referrals and access to treatment services

Turning Point of Central Florida

- Phone Number: (407) 422- 4357
- Website: <http://www.turningpointcfl.org>

Twelve Oaks Recovery

- Phone Number: (877) 875-9283
- Website: <http://www.twelveoaksrecovery.com>

UCF AOD Prevention Office

- Phone Number: (407) 823-2924
- Website: <https://shs.sdes.ucf.edu/crc>

* Services are for enrolled students at UCF only