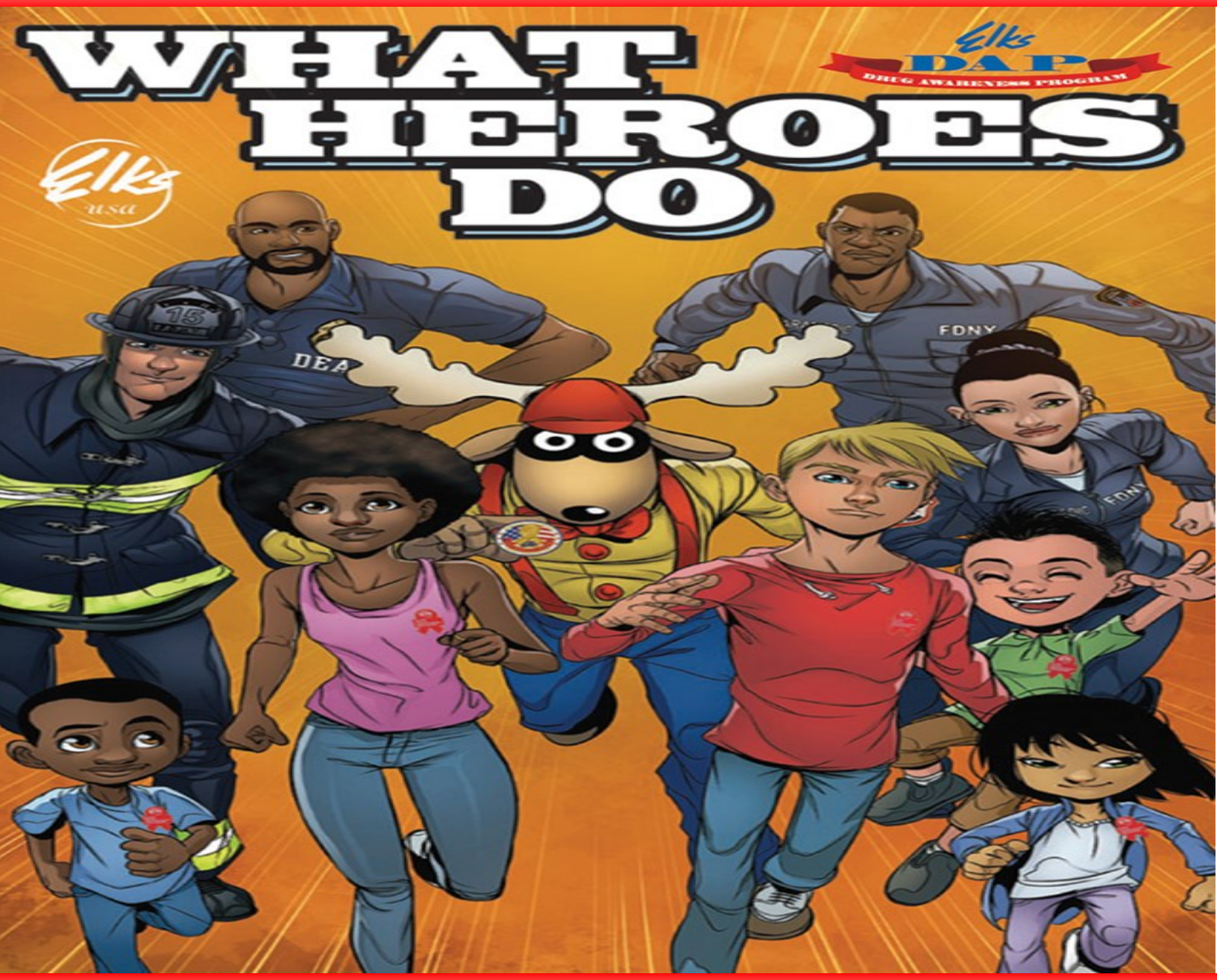
ELKS DRUG AWARENESS

Manual DAP 125



"Prevention through Education"

(Revised June 2017)

DAP 125

ELKS DRUG AWARENESS PROGRAM

TABLE OF CONTENTS

ELKS DRUG AWARENESS PROGRAM
TABLE OF CONTENTS (Continued)

ELKS DRUG AWARENESS PROGRAM

Contact Information

Kent Gade—Director
407 East 22nd Street
Atlantic, IA 50022 (712) 243-2388 *(Home Telephone)*
kentgade@gadeinsurance.com

William J Bryan—Consultant/ DAP Public Relations Director
366 Vermont Rte 313 W
Arlington, VT 05250-8941 (802) 375-6411 *(Home Telephone)*
winkbryan@comcast.net

Frank J. Burr—Asst. Director
1S.175 Highland Ave.
Lombard, Il. 60148 (312) 655-7352 *(Work Telephone)*
fjburr@speakeasy.net

Timothy F Jaeger—Asst. Director
1629 Andover Way
Petaluma, CA 94954 (707) 484-8607 (Mobile Telephone)
tim@cxoc.com

For more information on the Elks Drug Awareness Program,

Visit: www.elks.org/dap,

Phone: 773-755-4700

Email: dap@elks.org.

For contact information for your State Drug Awareness Chair, please go to: http://www.elks.org/dap/contact.cfm

Drug Awareness Web Page for Kids: www.elkskidzone.org

Drug Quiz Show Web: http://elksdrugquizshow.com

INTRODUCTION

Since 1982, the Elks have developed an effective, community-based drug-prevention program by partnering with federal agencies including the Drug Enforcement Agency, Office of National Drug Control Policy, Substance Abuse and Mental Health Services Administration, and national organizations such as Pride Youth Programs. These partnerships ensure the Elks Drug Awareness Program addresses the leading drug abuse issues facing communities today.

Elks believe the youth of today are the leaders of tomorrow. With that in mind, the Elks Drug Awareness Program reaches out to youth of all ages and backgrounds. Through the 1,994 Lodges in communities across the country, Elks work to combat youth substance abuse. Elroy the Elk, the program's mascot, reminds young kids that hugs are better than drugs, while older kids see the

affects of alcohol consumption by wearing fatal vision goggles. Every year, the Elks Drug Awareness Program hands out more than seven million pieces of anti-drug literature to parents, teachers, and kids. The brochures are primarily distributed through the program's 127 drug education trailers, which travel to community gatherings such as fairs and sporting events.

The Elks have also teamed with Marvel to produce a comic book featuring Marvel superheroes and Elroy the Elk in a battle against underage drinking. Other educational materials offered by the program include prevention tools for parents, videos, coloring books, posters, and public service announcements.

Many of the promotional materials mentioned in this manual are available at no cost by contacting your state's Drug Awareness Chair. To view contact information for the state chars, visit www.elks.org/dap/contact.cfm. For more information on the Elks Drug Awareness Program, visit www.elks.org/dap, call 773-755-4700 or email dap@elks.org.

Drug Awareness Program funding is provided by the Elks National Foundation, the charitable arm of the Benevolent and Protective Order of Elks of the USA. In 2014-15, the Elks Drug Awareness Program received $694,460 to fund its programs and initiatives.

MISSION STATEMENT

The mission of the Elks Drug Awareness Program is to promote constructive and cooperative approaches to the prevention of the use of illicit substances by the youth of the United States of America. This will be accomplished through education of students and parents, and by assisting scholastic institutions with programs and materials.

PROGRAM GOALS

Conduct conferences, workshops, and training seminars to promote an understanding of substance abuse. To provide a vision and practical skills needed to help prevent substance abuse. To develop, collect, and circulate resources on substance abuse, including curriculum, manuals, articles, and other materials.

DRUG AWARENESS RESOLUTION ADOPTED BY THE ELKS NATIONAL CONVENTION WEDNESDAY, JULY 16, 1986

Be it resolved that the Benevolent and Protective Order of Elks, its state associations and local Lodges, affirm and support the concept of "no use" messages on drugs and alcohol to the nation's youth; and our opposition to the concept of "responsible use" of illicit substances. The message to our children must be "no illicit drugs ever" and "no alcohol under the legal age." Be it further resolved, that the Benevolent and Protective Order of Elks, its state associations, and local Lodges oppose the legalization or decriminalization of the use, possession, sale, or production of psychoactive substances, including cannabis, cocaine, and heroin, for anything other than authorized research or scientific purposes.

Chair Responsibilities

LODGE CHAIR

The Lodge Chair of the Drug Awareness Program is responsible for the implementation of the state's Drug Awareness Program in his or her community. He/she must develop the methodology required for the program's unique requirements of that community.

The image portrayed by the committee will affect how the Order of Elks is portrayed.

Training sessions: The Lodge Chair will make every effort to attend all training sessions conducted within the state. The Lodge Chair is responsible for the training of all members of the DAP committee in the Lodge.

Lodge annual report: Each year, at a time determined by the State Chair, the Lodge chair will prepare a report of the accomplishments of the Lodge committee. This report will be sent to the State Chair on a schedule as determined by the State Chair.

Budget: The Lodge Chair will develop a budget for the DAP to ensure that adequate funds are available to conduct a successful program.

Coalitions: The Lodge Chair should join forces with other organizations in the community that are working to eliminate substance abuse among the youth of the community.

Training: The State Chair will develop and deliver DAP training to each Lodge and District as needed. He/she should coordinate This training with the District Chair to ensure that the latest information is available to each Lodge.

DISTRICT CHAIR

The District Chair is responsible for the implementation of the state's Drug Awareness Program in his/her District.

State training sessions: The District Chair will make every effort to attend all training sessions conducted by the State Chair. He/she will deliver the information presented at these sessions to the Lodge Chair of each Lodge in the district. The District Chair is responsible for the training of all members of the program in the district.

State program: The District Chair will develop the DAP for the district and ensure that each Lodge in the district is conducting a program in accordance with state guidelines

Coalitions: The District Chair should join forces with other organizations in the communities of his/her district that are working to eliminate substance abuse among the youth of the state. If there are no other coalitions in the area, he/she should attempt to bring together organizations interested in prevention of substance abuse.

Materials: The District Chair will monitor the use of the materials requested by Lodges of the district. He/she should follow up with the Lodge to ensure that the materials are being delivered to the youth of the District.

Communication: The District Chair should maintain contact with all Lodge Chairs during the Elks year. Copies of letters and schedules for training or special programs should be sent to the State Chair for information.

STATE CHAIR

The State Chair is Responsible for the implementation of the Elks Drug Awareness Program in his/her state. He/she will develop the methodology required for the program's unique requirements of that state. The State Chair will be responsible to the State Association President and the State Association for this program. He/she will oversee the activities of the District Chair and the implementation of a drug-free program in each Lodge in the state in accordance with Section 13.041 of the Grand Lodge Statutes.

Annual report: Following the annual training session each year, the State Chair will complete the DAP Statistical Report and be sure to include information related to their involvement with community action groups or coalitions. This report will be sent to the National Director of the program by the first of September.

Budget: The State Chair with the District Chair will develop a budget for the DAP to ensure that adequate funds are available to conduct a successful program. This budget should be submitted to the state association for inclusion in the overall budget for the state.

State Program: The State Chair will develop the DAP for the state and ensure that each Lodge in the state is conducting a program in accordance with the directions of the state guidelines. The State Chair will assemble a list of professional speakers who are willing to speak at meetings and training sessions about the dangers of substance abuse; these individuals should include doctors, lawyers, law enforcement personnel, and others who have had direct contact with abusers. This list should be shared with the members of the state committee.

Materials: The State Chair will order and monitor the use of the materials requested by members of the state committee. He/she will approve and transmit orders for materials to the appropriate location in accordance with the materials guidelines of the National Elks DAP. The State Chair's allotment of materials should be made available to supplement a Lodge's allotment for special programs that require more than the normal Lodge allotment.

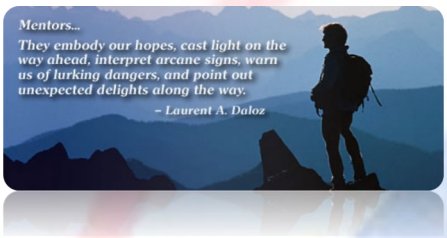
Training: The State Chair will develop and deliver DAP training to each Lodge and District as needed. He/she should coordinate this training with the National DAP Directors to ensure that the latest information is available. He/she may call upon the National Directors to assist in the development and delivery of this train-

Communication: The State Chair should maintain contact with the National Director during the year. Copies of letters and schedules for training and special programs should be sent to the National Director for information.

SPECIALTY ITEMS

In addition to the materials available through the National DAP, there are other sources of information and specialty items that may be used by your Lodge. It is important to note that these items will have to be purchased by your Lodge committee. They are not available through the National Program. The National Director has made provisions in some cases for special prices of these items to Elks Lodges. Please contact your State Drug Awareness Chair for vendor contact information.

Mentoring Program:



Mentoring is nothing new. Odysseus entrusted the education of his son 3000 years ago to a Mentor. The goal to the mentoring program is to develop a Cadre of highly experienced Drug Awareness Chairs, utilizing the strengths of the various experienced Chairs.

When setting up a mentoring program for your District and Lodge Drug Awareness Chairs, you need to keep the following goals in mind:

- ◊ Provide each new Chairperson with a Mentor
- ◊ Provide experienced Chairpersons with an opportunity to take a Leadership role in the Elks DAP by becoming a mentor
- ◊ Retain Chair-persons
- ◊ Increase opportunities for Lodges and Districts to combine efforts & materials
- ◊ New Chair-persons will become Experienced Chairpersons

The most effective characteristic of a mentor is a willingness to nurture another. If there is not an openness, a willing spirit, or a desire to help another on the part of a mentor, then the process will never get off the ground. I good Mentor need to be able to answer ***YES*** to all the following questions:

- * Are you people orientated?
- * Are you open-minded?
- * Are you flexible?
- * Are you empathetic?
- * Can you work both collaborative & cooperative?
- * Are you dependable?

Just remember you are not alone!! The National DAP Directors, other State and District Chairs are behind the DAP Mentoring Program. If you need help or support reach out to another State DAP Chair for their advice and support. If you are a District Chair reach out to your State DAP chair or other District Chairs in your State. Always, remember that the National Directors are only a call or email away. The Mentoring Program is both a product and a process that needs to be reviewed and adjusted depending on a State, District, and Lodge individual needs.

Shared Responsibility Program

The purpose of the Shared Responsibility Program is to develop a plan that will allow State and District Drug Awareness Chairs to delegate some of the program responsibilities to other members in their respective States and Districts.

A well-developed Shared Responsibility Program will help relieve some of the burden from the State and/or District Drug Awareness Chair.

It is vital to the continuing development of the Drug Awareness Program in each State that all State Chair's be just that, State Chairs not District and\or Lodge Chair's. It is also just as vital that all District Chair's be just that, District Chair's not Lodge Chairs. By not serve as multiple Drug Awareness Chair's you may concentrate on the needs of every District and\or Lodge in your State\District.

The Directors of the Drug Awareness Program are not trying to dictate to State Associations how they should run their programs. We are offering a plan to make the Drug Awareness Program even more effective in their State, Districts, and every Lodge in that State.

The Drug Awareness Program has evolved beyond the handing out of anti-drug messages to schools and at other public events. This is still a significant part of our program but we have changed. In order to do even more with our message we have gone in many different areas and the Directors believe it has become just too much for one person to administer.

The State DAP Chairs are to administer Grand Lodge and State Association Programs for their entire state. The District DAP Chairs are to administer State Association Programs for their District. In many ways this is not being done. What has happened because of the diversity of the program State and District Chairs are becoming very successful Lodge or successful District Chairs. Diversity of the program, geography and time will not allow one person to be successful. To have members of our order involved with the State and District Chairs in the planning and then dividing up the different activities between them just makes good sense.

POSSIBLE DIVISIONS OF RESPONSIBILITIES

Area I	
Red Ribbon Celebration	School Program Coordinator Poster Contest – Essay Contest
State Red Ribbon Kick-Off	Public Relations
Camarena Award	Fund Raising

Area II	
Public Service Announcements	Report Gathering
Legalization Issues	Public Relations
Training Coordinator	Fund Raising

Area III	
Trailer and Elroy Schedule and Re-Stocking	Special Projects (State Programs)
Shipping of Orders Under 1,000	Public Relations
Development of Trailer Program or Elroy Program	Fund Raising

Area IV	
Electronic Media Developer – G/L Programs on CD's	Photographer
Web Site Coordinator for D/A Program	Public Relations
Training Coordinator	Fund Raising
Coordinate D/A Programs with Hoop Shoot & Other G/L Programs	

Divisions may be divided however you like, these are just suggestions and food for thought. Those who are using this model, have more people involved and are very successful with having a true state wide Drug Awareness Program.

Sincerely,
Kent Gade, National Director

COMMITTEE GOALS AND OBJECTIVES

Planning of committee activities is important. These plans will identify the size of the budget and manpower requirements to complete the projects. The committee should have a planning session toward the end of the Lodge year. A committee with no plan will not accomplish a great deal and please note, we cannot forecast budget requirements for the year. It is extremely difficult to modify the Lodge budget once it has been accepted by the membership.

A good planning activity is to make a list of each item required for completion of the project. Next, establish a time schedule for each item.

MEETINGS AND RECORD KEEPING

Each Lodge Drug Awareness Committee should meet at least once a month. The committee should decide which day is most convenient for the members to meet. The meetings should be planned by the chair and have an agenda.

TOOLS AND MATERIALS, ORDERING SOURCES AND AVAILABILITY

Drug Awareness information is printed by the National Program and made available to all Lodges on a "no cost" basis. These materials are not free the cost of preparation, printing, and distribution is funded by the National Foundation.

Public Relations

LOCAL NEWSPAPERS AND TELEVISION STATIONS

Public relations is your greatest asset in the Drug Awareness Program. Newspapers and television will get our message to the largest possible audience with minimum effort. The first step is to establish contact with the local media. Visit the newspaper and meet the people responsible for publishing local events.

STATE ELKS ASSOCIATION PUBLICATIONS

Many state associations have developed a state newspaper or newsletter. Be sure to submit information about what your Lodge is doing in the Drug Awareness Program. This will help your program, and it may spark another Lodge to sponsor a similar activity. Check with the state association publication editor for deadlines and schedules of printing.

THE ELKS MAGAZINE

The Elks Magazine will publish pictures and short articles about events in your Lodge. Photos should depict the beneficiaries of the Elks benevolent and charitable programs. The magazine *cannot* publish photos of Drug Awareness activities that do not show youth involvement. The magazine will publish photos of high-ranking government officials but again, there must be young people in the photo if it is a Drug Awareness activity.

Do not send photos of posed groups of more than 10 people, or of only one person. Identify everyone in the photo and include titles. In writing your article, be sure to answer the reporter's five W's who, what, where, when, and why. For complete details visit www.elks.org/elksmag.

Submit all materials to:

The Elks Magazine

Editorial Department

425 W. Diversey Parkway

Chicago, IL 60614-6196

or magnews@elks.org

ENRIQUE S. CAMARENA AWARD GUIDELINES

The Elks Enrique S. Camarena Award is established by the Benevolent and Protective Order of Elks to recognize and honor law enforcement officers who have made a significant contribution in the field of drug prevention and who personify Agent Camarena's belief that one person can make a difference.

Law enforcement nominees must:

- Be an individual, not a corporation or organization.
- Be a law enforcement professional.
- Be a positive role model committed to a healthy lifestyle.
- Have made an outstanding contribution in the field of drug awareness/ prevention.
- Have gone beyond the normal responsibilities of their position.

Guidelines:

• Nominations must be submitted with Elks Nomination Form.

• Nominations should be typed in narrative form and be no more than two pages in length. It should include as many of the following as possible:

—Ways the nominee's commitment has helped youth in your state.

—Specific achievements, such as new programs developed through nominee's efforts.

—Leadership and organizational abilities of the nominee.

—Time and effort spent above and beyond the call of duty.

—Success in motivating others.

- Letters of support from the nominee's respective community and/or employer are encouraged, but not required.

Presidents Volunteer Service Awards:

The Elks Drug Awareness Program is one of a small number of organizations authorized to certify and award the Presidents Volunteer Service Awards. This award is from the President of United States of America and is awarded to individuals nominated and confirmed as having performed 4000 or more volunteer hours. For the youth PVSA there are 3 groups ages (5-10) with 75+ hours, ages (11-15) with 100+ hours and (16-25) with 250+ volunteer hours. The nominee does not need to be an Elk.

Nominations for this award are made by completing a form which can be found on the Grand Lodge website or at the end of this manual. These forms list the criteria and should be forwarded to your State Drug Awareness Chairperson. Your State Drug Awareness Chairperson will certify the application and will forward the nomination on to our Assistant National Director for final approval and preparation of the award.

The presentation of this award is a great opportunity to publicize the great works the Elks do and emphasize how we honor and reward volunteers who are making a difference in our communities.

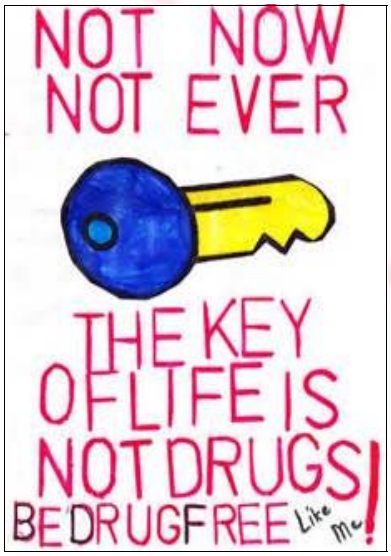
National Program Information

COLORING BOOK RULES:

Only one poster per state will be considered. Each state must choose the poster and submit it to the National Director by April 1st.

- Each winner must have a Hold Harmless Agreement Waiver submitted with the poster.
- Poster submitted must be no larger than 11 by 24 inches in size.
- New coloring books are produced only after the National Director have accumulated enough posters.
- Each entry must have the following information submitted with it:

⇒ Name: first and last
⇒ Address
⇒ City, state, & postal code
⇒ Phone number
⇒ Lodge name and number
⇒ Name of state chair submitting poster
⇒ Lodge name and number
⇒ Name of state chair submit-



ESSAY CONTEST:

- National DAP Directors will establish a new theme each year.
- All entries must be received or postmarked by April 1 each year.
- Only one submission will be accepted per state.
- Hold Harmless Agreement Waiver must be attached to the entry.
- Each entry must also show: student name, school name and location, and address.

Each entry must have the following information submitted with it:

◊ Name: first and last
◊ Address
◊ City, state, & postal code
◊ Phone number
◊ Lodge name and number
◊ Name of state chair submitting essay.
◊ Lodge name and number
◊ Name of state chair submitting Essay.

Video Contest

National DAP Directors will establish a new theme each year.

- All entries must be received or postmarked by April 1 each year.
- Only one submission will be accepted per age group per state
- Age Group 1 – 4th grade through 8th grade
- Age Group 2 – 9th grade through 12th grade
- Age Group 3—Post Graduate
- Hold Harmless Agreement Waiver must be attached to the entry.

Each entry must have the following information submitted with it:

◊ Name: first and last
◊ Address
◊ City, state, & postal code
◊ Phone number
◊ Lodge name and number
◊ Name of state chair submitting video
◊ Lodge name and number
◊ Name of state chair submitting video.

The Elks Drug Quiz Show is a game show style competition between multiple teams in a head to head tournament. Typical bracket style double elimination format is typically used. The suggested age range is middle school age youth, with high school peer advisors and adult advisors working with the teams.

Each game consists of three rounds of questions. The first round is collaborative where the team members discuss their answer prior to responding to the question. During the second round, each team member must individually answer a true/false and/or multiple choice question. The third round, known as the buzzer round, challenges the team members to quickly respond to the questions by buzzing in and correctly answering the questions. Points are awarded for correct answers during each round and the team earning the most points wins. Head to head competition continues until a final winning team is determined.

The Elks Drug Quiz Show has been adopted as part of the Elks National Drug Awareness Program. Manuals which describing the Elks Drug Quiz Show Competition Rules and Regulations, offering suggestions on how you and your school or organization can build a team of young people to participate in the competition, and the detailed study materials are available by contacting your State Drug Awareness Chairperson.

Elroy Grants

The National Drug Awareness Program will again offer grants to a limited number of State Chairpersons. This is a matching grant program, which requires the State Association to provide $1,000 of the purchase price. We have redesigned Elroy to be a mean, lean, fighting machine.

If you are interested, in applying for an Elroy Grant, please follow the Grant procedures below.

1. To apply for an Elroy Grant, please send an email to Frank Burr at: FJBURR@SPEAKEASY.NET. Requesting an Elroy Grant.
2. You will then receive an email back either authorizing your Elroy Grant or denying it based on availability and timing of the application/request.
3. If you are approved for an Elroy Grant and after you receive the email, you will then mail a check according to the instruction in the email.

Please Notes:

◊ No costumes can be shipped until the matching $1,000 check is received from the State Association.

◊ Grants are only for the ELK YEAR they are awarded in, they will not carry over to the next ELK YEAR. (April 1st – March 31st)

Trailer Grants

The National Drug Awareness Program will again be offering Drug Awareness Trailer Grants to a limited number of State Chairpersons\Associations.

If you are interested, in applying for an Trailer Grant, please follow the Grant procedures below.

1. To apply for an Trailer Grant, please send an email to Frank Burr at: FJBURR@SPEAKEASY.NET. Requesting an Trailer Grant.
2. You will then receive an email back either authorizing your Trailer Grant or denying it based on availability and timing of the application/request.
3. If you are approved for an Trailer Grant, you will receive instruction on how to mail your invoices and total trailer cost.
4. Grant checks will only be processed after the trailer is completed and upon presentation of all invoices (or copies of invoices) pertaining to the purchase. Only invoices dated after your Grant was approved and before March 15th, will be accepted.

Please Notes:

◊ Drug Awareness Trailers are not to be used for any reason other then the intended propose

◊ Once a DAP Trailer is placed into service in your State, it's use can only be terminated, or the trailer sold by first requesting permission from a National Program Director

◊ Grants are only for the ELK YEAR they are awarded in, they will not carry over to the next ELK YEAR. (April 1st – March 31st)

Social Media:

Follow the Elks Drug Awareness Program on social media: ELKS-

DAP.Also you can watch Elks Drug Awareness video's on YouTube. Just type in ELKSDAP

Literature—State Chair:

- The State Chair must approve all requests for literature.
- Literature may be shipped only in the prepackaged cartons of 250 (or 500), as specified on the order form or in the email.
- Shipment address should be to a business address when possible.
- The State Chair should have a supply of literature on hand at all times.

Literature—District Chair:

• The District Chair must order literature through the State chair.

• Please check with your State Chair for order limits.

•The District Chair should have a supply of literature on hand at all times.

Literature—Lodge Chair:

• Each Lodge chair should check literature supplies that are on hand before placing a new order.

• Each Lodge Chair may order publication by email or completing the order form and submitting it to the State Chair.

•Lodge Chairs requiring less than the minimum shipment quantities should order these amounts directly from the state or district chair.

STATE CHAIR TRAINING PROGRAMS

• The National Directors will assist state chair in presentations of state training programs.

• A National Director will come to your state site for the training program.

• A National Director will provide training programs and materials suitable for your location and program requirements.

Training programs—Who should attend?

The state chair must issue invitations & request RSVPs.

- State sponsor
- State president
- State president elect (if appropriate)
- All state officers
- District chairs
- Lodge chairs
- Volunteers (non-Elks, spouses, etc.)
- Community partners (coalitions)
- Law enforcement

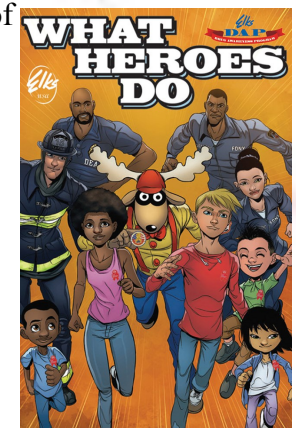
Drug Education Resources

Information is the key to prevention. You need to learn the truth about drugs and alcohol to help keep children drug and alcohol-free. By knowing where to turn to get important information, you help our nation's youth be smart and informed.

The information on the following pages will arm you with facts about a variety of substances. For more information or to download an Elks Drug Awareness Program brochure, visit the Elks Drug Awareness Program website at **www.elks.org/dap**

What Heroes Do

The Elks Drug Awareness Program teamed with the DEA and the NY Fire Department to bring you "What Heroes Do" comic book, featuring DEA Agents, The New York Fire Department, and Elroy the Elk in a battle against the abuse of pharmaceutical drugs !



"What Heroes Do" is designed to educate fourth through eighth-graders about the perils the abuse of pharmaceuticals in a classroom setting. Never Alone and Hard Choices, (our two previous comic book) also featured Elroy the Elk and Marvel's Super Heroes, in a battle against underage drinking and bullying. Annually thousands copies of these comics where sent to select elementary and middle schools in Elks communities across the nation.

Digital versions of "What Heroes Do" are available on the DAP website, http://elkskidszone.org

If you would like to request your local middle or elementary school receive a classroom kit, which includes 250 copies of the comic, 250 bookmarks and 10 teachers guides, contact your State Drug Awareness Chairperson.

Parenting is Prevention

Parenting is a joint project. Each parent must bring something to the table is raising a child, even if the parents are no longer together. Kids learn from what parents do far more than they learn from what parents say! This series will encourage and educate parents on how they can use their position of influence with their child to help their child avoid drugs, alcohol, violence, and other behavioral problems. Milton Creagh will expose the truth that drug and alcohol use is a serious issue not only for youth, but also for adults. It's a critical message every family needs to hear. It will share the startling facts and risks of substance abuse through devastatingly true stories and hopeful insights. The purpose of this series is to encourage and educate parents on how to become a more successful parent.

Drug Awareness Speaking Tour

To increase our ability to reach more youths and adults the Elks Drug Awareness Program has a Speaker Tour. If your state is selected, a speaker will visit your state for three days to speak at schools (or other youth programs), Elks activities, community partnerships and parent groups. Applications are reviewed on a first come, first served basis. Only applications made on the official form and signed by the State DAP Chair will be considered. For more information, please contact the DAP National Director.

Prescription Drug Take Back Program

Prescription drug abuse is the second most prevalent illicit drug use category. On an average two million new users misuse Prescription Drugs per year. An estimates 12 Million people use prescription painkillers non-medically in 2010. Nearly one in 10 of every 12th graders reported using Prescription Narcotics without a doctor's order in the past year (Center for Substance Abuse Research, CESAR). The most common place for kids to get Prescription drugs is from Medicine Cabinets.

To help prevent Prescription drug abuse, consider starting a Prescription Drug Take Back Program or working with Local Agencies to help promote their programs. Most pharmacies will take back unused\unwanted medications.

As a Drug Awareness Chair, you need to make the members in your State, District, and Lodges aware of this problem and how and where they should dispose of their back unused\unwanted medications. A few minutes of your time each month to write an article for a bulletin or send out an email will save a child's life or prevent a lifetime of pain and suffering for a child.

The following are a few web sites to help with the understanding about Prescription Drug Take Back Program's and were to find programs in your area.

http://takebacknetwork.com/ (Excellent resource to walk you through the entire process.

http://www.epa.gov/osw/wyl/stateprograms.htm (EPA is an excellent resource)

PSA'S

Public Service Announcements (or PSA's) are an excellent way to get the message out about the Elks Drug Awareness Program and the work Elks are doing in your State and in your Lodge. These 30 second announcements cover a variety of topics, including Substance Abuse & Sexual Assault; Substance Abuse & Suicide; Binge Drinking; Bullying; Drugs & the Workplace; Marijuana & Driving; the Dangers of Meth; Parenting; Underage Drinking and Teen Smoking. With the voice of Milton Creagh and a message about the Elks, these are "can't miss" messages which can be played on the local media outlets. As with everything the Elks Drug Awareness Program provides, these PSA's are made available to you at no cost.

Elks Kid Zone Web Site

Ever tried to navigate a website, only to be frustrated? You're not alone. Many of us ask our children or even grandchildren for help! Now imagine if a child has trouble navigating a web-site seeking information about Drug Awareness. The Elks Drug Awareness Program is solving that problem by creating a "kid-friendly" web page. Check it out at www.elkskidszone.org. You'll be greeted by Elroy the Elk and navigation is as easy as clicking your mouse. While this webpage is still in its infancy, it is the hope of the Drug Awareness Program that as this web-page grows, so will its popularity.

Life Lessons

Whether you're young or old, you're never too old to learn something! The Elks Drug Awareness Program makes this possible through a series of 3 to 5 minute videos, with a message from Milton Creagh, the National Spokesperson for the Elks. As Milton says: "We live…we learn". These messages take a look at processing the information we get from the events of everyday life; and learning a lesson from that information….good or bad. These messages are appropriate for Middle Schools; High Schools; parents; and church and civic groups. Topics include: "Changing Your Lifestyle"; "Work Ethics"; "Helping Others" and a variety of topics related to substance abuse. Best of all, these videos are at no cost to you or your Lodges from the Elks Drug Awareness Program. Check them out on www.elkskidszone.org or request a copy today from your State DAP Chair.

ENRIQUE CAMARENA AWARD NOMINATION FORM

Nominee: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Nominee's Email: _____

Nominee's Employer: _____

Employers Address: _____

City:_____ State:_____ Zip: _____

Employers Website Address: _____

Person and/or Agency Submitting Nomination:

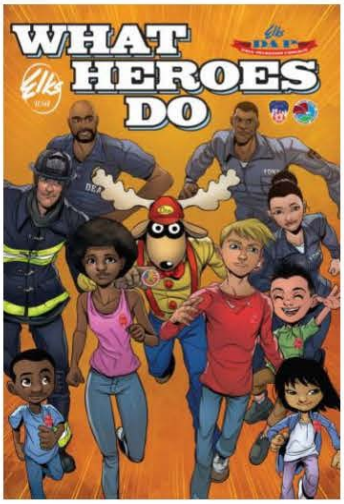
Name:_____

Addtrss:_____

City:_____ State;_____ Zip: _____

Telephone;_____ Email: _____

1) On a separate sheet(s) of paper: Write a 1 – 2 page article on the Nominee's accomplishments in Drug Education and Prevention in their community.
2) Nominations may be mailed, faxed, or emailed as shown above.



Elks National Drug Awareness Program

2017-18
What Heroes Do
Comic Book Order Form

Educate second through seventh graders in your community about the perils of when prescription drugs are abused.

The Elks National Drug Awareness Program has teamed up with the DEA, FDNY, and Sunny Day Entertainment to produce a new comic book called *"What Heroes Do"*. The characters are everyday kids who are put in a position where they have to use the tools taught to them by their parents and their dedicated school teachers.

To place an order for a school, please complete this form and return it to your State Association Drug Awareness Program Chair. Completing this form does not mean the school will automatically receive the comic book, but will put them on a list to receive them. However, without the completion of this form the school will not be eligible to receive the comic book.

For more information, visit *www.elks.org/dap*. To find the contact information for your State DAP Chair visit *www.elks.org/dap/chairmen.cfm*

Order Date:_____ State:_____

School Name:_____
Attn:_____
Address:_____
City:_____State:_____
Zip:_____Email:_____

Shipments are sent UPS or FedEx— please provide street address (No P.O. Boxes!)

School Official:_____
Signature

State DAP Chair Use Only:

State:_____

I approve this form for distribution.

_____
State DAP Chair Signature

Date:

State DAP Chair's comments on special event:

The Elks Drug Awareness Program funding is provided by a grant received from the Elks National Foundation, Inc.

ESSAY, POSTER AND VIDEO CONTEST
Parental Consent Form
-WAIVER-

My child _____ is the recipient of an Elks award through the Elks Drug Awareness Program's Poster, Essay, and/or Video Contest. I hereby give consent to the use of his/her name, photo, Video, Poster, and/or Essay in the Elks Drug Awareness Coloring Book, *The Elks Magazine*, or other Elks' publications, or websites (including all forms of media) in furthering the programs and works of charity for the Order of Elks. I further consent that the Essay/Poster/Video shall become the property of the Benevolent and Protective Order of the Elks of the United States of America.

Dated this _____ day of _____, 20_____.

_____
Parent/Guardian's Signature

_____
Witness

_____
Witness

Elks Care - Elks Share

(This document should be signed by the parent/guardian of any person under the age of 18)

Approved for use by the Elks Drug Awareness Program May, 2015

Drug Awareness Program Video Contest
Entry and Parental release form

TITLE OF ENTRY_____

RUNNING TIME: _____

Submission Format: _____

ENTRANT INFORMATION:

GRADE: _____

Contact name: _____

Address:

_____

_____

City/State: _____

Telephone: _____

Cell Phone: _____

School: _____

Your E-Mail address (very important):

_____

PARENT(S) NAME(s):

_____

_____

****Name of Individual/group to appear on certificate and credits****

YOU MUST FILL THIS IN!

_____

_____

Drug Awareness Program Video Contest
Entry and Parental release form

Please provide a brief one-paragraph synopsis (50-200 words) of the entry.

_____

_____

_____

_____

_____

_____

_____

_____

- Entry must be age and language appropriate
- Entry should be original
- Entry should contain an anti-abuse message
- Entry should be based on the theme
- Hold Harmless agreement must also be completed

YOUR REQUIRED PARENT'S SIGNATURE DENOTES ACCEPTANCE OF CONTEST RULES AND APPROVAL OF ENTRANT'S PARTICIPATION:

Parent's signature _____

ANY MINORS IN VIDEO MUST HAVE PERMISSION FROM PARENTS:

NAME OF STUDENT _____ PARENT'S SIGNATURE____

NAME OF STUDENT _____ PARENT'S SIGNATURE____

NAME OF STUDENT _____ PARENT'S SIGNATURE____

- *IF ADDITIONAL MINORS ARE FEATURED IN THE VIDEO, PLEASE MAKE COPIES OF THIS PAGE AND ATTACH WITH ENTRY FROM.*

DAP USE ONLY
State:
Date Rec'd:
Approved by:

The Elk's Drug Awareness Program Presents: Ray Lozano

Motivational/Content speaker, Author and Consultant, Ray Lozano has teamed up with the Elk's Drug Awareness Program to bring his fact filled, inspirational talks, regarding alcohol, marijuana and other drugs, to middle school and high school students. Ray also provides a common sense program for parents, teachers and educators to help youth in your Elks community.

To be considered for this incredible opportunity, please fill out all sections of this application completely. Up to 15 states will be selected to host a visit from Ray Lozano to speak to local youth, parents and Elks If your state is selected, Ray Lozano will visit your state for 1-3 days to speak at schools (or other youth programs), Elk's activities, community partnerships and parent groups. All state DAP chairs are eligible to apply.

If selected, your State Elk's Association must contribute $550, to be paid to Ray Lozano directly, to cover a small portion of related fees. In addition, the State DAP Chair is responsible for coordinating all local transportation, meals, lodging and volunteers to help with displays and distribution of materials.

Applications are reviewed on a first come, first served basis**.** Only applications made on the official form and signed by the State DAP Chair will be considered.

For more information, please contact the DAP National Director, Kent Gade, by e-mail to; *kentgade@gadeinsurance.com* or by phone at 712/778-2683.

State: _____

State DAP Chair - Primary Contact	**Secondary Contact (Optional)**
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Daytime Phone: ( ) —	Daytime Phone: ( ) —
Evening Phone: ( ) —	Evening Phone: ( ) —
Fax: ( ) —	Fax: ( ) —
Email:	Email:
Please provide the preferred dates for Ray's visit to your state?	
1) 2) 3)	
Identify the Elks community or communities Ray Lozano would visit during his visit.	

Identify the youth programs and events that Ray Lozano will speak at in your state.
How will Elks from your state be involved in this project?
How was the need for this visit determined?
How would you publicize Ray Lozano visit? Include plans for local media coverage and community leaders.
Do you anticipate other funding sources? If so, please explain.

Elks DAP
DRUG AWARENESS PROGRAM

Only applications made on this official form and signed by the State DAP Chair will be considered. By signing this application, you agree to complete the Final Report Form that will be sent to you upon approval of your application. The signature on this application confirms that the State DAP Chair understands and accepts these responsibilities.

_____

State DAP Chair Signature Date

Please send your completed, original form to:

Kent Gade, National Director
Elks Drug Awareness Program
407 East 22nd Street
Atlantic, IA 50022

The President's Volunteer Service Award
Elks Drug Awareness Program

Applicant's Name: _____
(As you wish it to appear on the Award – Please print clearly)

Lodge Name & Number submitting application: _____

Total Number of Volunteer Hours: _____
(Must meet or Exceed 4,000 hours)

Attest

I attest that the applicant nominated has completed the number of volunteer hours as noted above. (Hours are not limited to *Elk's* Charity works, but include all volunteer work done by the nominee). The nominee is an Elk ___ is not an Elk ___.

_____
(Signature of Individual Certifying Hours)

Approval

I, the undersigned State Chair, approve the above application and request that the award be sent to:

_____

_____

_____

_____
(Signature of State Chairperson)

Note: The entire cost of this award is funded by the Elks Drug Awareness Program, through the generosity of the Elks National Foundation. Completed application should be sent to:

Timothy F. Jaeger
Assistant National Director Elks Drug Awareness Program
1629 Andover Way
Petaluma, CA 94954-7453

The President's Volunteer Service Award
Youth Award Form
Elks Drug Awareness Program

Applicant's Name: _____
(As you wish it to appear on the Award – Please print clearly)

Applicant's Age _____

Lodge Name & Number submitting application: _____

Total Number of Volunteer Hours: _____
Age 5-10 (75 minimum)
Age 11-15 (100 minimum)
Age 16-25 (250 minimum)

Attest

I attest that the applicant nominated has completed the number of volunteer hours as noted above. (Hours are not limited to *Elk's* Charity works, but include all volunteer work done by the nominee). The nominee is an Elk ___ is not an Elk ___.

_____
(Signature of Individual Certifying Hours)

Approval

I, the undersigned State Chair, approve the above application and request that the award be sent to:

_____

_____

_____

_____
(Signature of State Chairperson)

Note: The entire cost of this award is funded by the Elks Drug Awareness Program, through the generosity of the Elks National Foundation. Completed application should be sent to:

Timothy F. Jaeger
Assistant National Director
Elks Drug Awareness Program
1629 Andover Way
Petaluma, CA 94954-7453

National Elks Drug Awareness Program
Tool\War Chest

Printed Material: **(All printed material is also available on-line for download. Most of the printed material is also available on-line for download in Spanish)**

- DAP110: Underage Drinking - Myths and Facts
- DAP165: Coloring Book
- DAP170: How Can I Tell If My Child Is Using Drugs?
- DAP175: Parent's Guide to Inhalants ***Available online only***
- DAP200: Tips for Teens - Tobacco
- DAP230: Bookmarks
- DAP245: Methamphetamine, It's Everyone's Problem ***Available online only***
- DAP255: Anabolic Steroids - Hidden Dangers ***Available online only***
- DAP265: Kids, Cars and Marijuana
- DAP270: Binge Drinking
- DAP275: Legalizing Marijuana
- DAP280: Elks National Drug Awareness Program
- DAP350: Prescription Drugs
- DAP360: Marijuana Facts
- DAP370: Heroin
- DAP380: Impaired Driving
- DAP385: Ecstasy & Molly
- DAP390: K2/Spice
- DAP395: DXM
- DAP400: Methamphetamine
- DAP405: Elks Drug Quiz

Comic Books:

- Never Alone

PSA's ***(on cd, YouTube, Elks DAP Web Page)***

- Alcohol and Crime
- Alcohol and Sexual Assault
- Alcohol and Suicide
- Binge Drinking
- Bullying
- Drugs and Work
- Fight the Good Fight
- Marijuana and Driving

PSA's (continued) ***(on cd, YouTube, Elks DAP Web Page)***

- Dangers of Methamphetamine
- Parenting
- Underage Drinking
- Stopping Teen Smoking

Videos:

- DAP310: Parenting is Prevention Video Series
- DAP320: Ur Choice Ur Voice DVD ***(Also on Grand Lodge Wed Site YouTube, Facebook and KidsZone)***
- Life Lessons (60+) ***(Also on Grand Lodge Wed Site, YouTube, Facebook and KidsZone)***
- On-line PSA's (15) ***(on Grand Lodge Web Site, YouTube and Facebook)***

Web Sites:

- http://www.elks.org/dap/ (Grand Lodge Web Site)
- http://elkskidszone.org/ (Elks DAP Web Site for Kids)
- http://elksdrugquizshow.com/ (Elks Drug Quiz)
- http://www.elks.org/resources/dap/downloads.cfm (Down loadable items for State Chairs)

Presentations

- Share the Responsibility Presentation
- Drug Awareness Program Evaluation Presentation
- Prescription Drug Abuse Presentation.
- DAP Chairperson Conference Prescription Drug Presentation
- Heroin Presentation

Reports

- Year to Date DAP Material Orders by State (as of 5/7/14)
- 2014/2015 yearend totals for DAP Material Orders by State
- Charitable Drill Down *(Charitable data - include the DAP program)*

Forms

- DAP Publication Order Form
- Elks Drug Awareness State Chairman's Report 2014 - 2015, (MS Word Format)
- Elks Drug Awareness State Chairman's Report 2014 - 2015, (PDF Format)
- Never Alone Comic Book Order Form
- President's Volunteer Service Award Application
- President's Volunteer Service Award Youth Application
- Enrique Camarena Award Nomination Form (updated 10/4/2013)
- Drug Awareness Poster/Essay Contest Hold Harmless Agreement
- Drug Awareness Program Video Contest Entry and Parental release form

Other

- Elks Drug Awareness Program Tool Chest
- Parenting Program Outline
- Salvia Divinorum Report

Programs:

- Drug Quiz
- Share the Responsibility
- Essay Contest
- Poster Contest
- Video Contest
- DAP Speaking Tour
- Red Ribbon
- Hands Across the Boarder
- President's Volunteer Service Award
- President's Volunteer Service YOUTH Award
- Enrique Camarena Award

Awards and Certificates:

- President's Volunteer Service Award
- President's Volunteer Service YOUTH Award
- Enrique Camarena Award
- Drug Awareness Commendation Award

Manuals:

- DAP-125

Training and Communications:

- Annual State Drug Awareness Chair training at Grand Lodge
- Email communications via Constant Contact Email Systems
- Monthly Calls to State Chairs by the DAP Directors
- Articles in the Grand Lodge News Letter
- Annual State Chair Drug Awareness Report
- Annual DAP Open Session at Grand Lodge
- DAP Calendar Of Events

Program Public Awareness Items:

- Elroy
- Drug Awareness Trailers
- Promotional items
- Basket Balls
- Soccer Balls
- Drug Awareness Pins
- Drug Awareness Coins

Associations & Partnerships:

- DEA
- SAM (Smart Approaches to Marijuana)
- Office of National Drug Control Policy
- Heritage Foundation
- SOS
- Drug Free America
- NIDA
- SAMHSA
- Camarena Foundation

The Drug Awareness program includes a variety of chances to participate – if your Lodge is already participating in all or most of these, congratulations, and WOW. If not, think about adding at least one new activity during the next year. Drug Awareness activities include:

1) Contests and Awards
   a) Poster Contest (3rd – 5th)
   b) Essay Contest (6th- 8th)
   c) Video Contest (multiple age groups)
   d) Enrique Camarena Award – (Honoring law enforcement personnel)
   e) Drug Quiz Show (middle school)
   f) President's Volunteer Service Award (youth and adult)
2) Activities and Networking opportunities
   a) Elks Speaking Tour – (middle school – adults)
   b) DEA 360 program (new States added each year)
   c) Red Ribbon Week (October 23 – 31) all ages
   d) Prescription Drug Take back days (all ages – DEA partnership)
   e) Special Programs (USA Leadership Postcards)
   f) Alex's Lemonade Stand (Elks image) (Elks Care and Elks Share)
   g) Hoop Shoot, other youth activities (venue to share literature and provide logo balls)
3) Resources
   a) Elks Kidszone.org (activities and information for all ages)
   b) Drug Quiz Show Learning Centers (classroom resource)
   c) Comic Book Program – (school use and special events with a moderator)
   d) Elroy the Elk Costumes – (grants available)
   e) Drug Awareness Trailer Program (grants available)
   f) Literature (Free within program limits)

To learn more about the variety of programs that are supported by the Drug Awareness Program, visit either the State or National websites, both have good information and are great resources. State Elks sites, WWW.ELKS.ORG/DAP, WWW.elkskidszone.org or http://elksdrugquizshow.com.

Specific links to information are listed on the back of this flyer.

Poster Contest http://www.elks.org/dap/poster.cfm

Essay Contest http://www.elks.org/dap/essay.cfm

Video Contest http://www.elks.org/dap/videoContest.cfm

Enrique Camarena Award http://www.elks.org/resources/dap/downloads/enriqueCamarenaAward.pdf

Drug Quiz Show http://elksdrugquizshow.com/signup/

President's Volunteer Service Award (Adult)
http://www.elks.org/resources/dap/downloads/presidentsVolunteerServiceAward.pdf

President's Volunteer Service Award (Youth)
http://www.elks.org/resources/dap/downloads/PVSAYouthApplication.pdf

Elks Speaking Tour http://www.elks.org/resources/dap/downloads/RayLozanoTourRequest.pdf

DEA 360 Program https://www.dea.gov/divisions/hq/2015/hq111015.shtml

Red Ribbon Week https://www.elks.org/dap/redRibbonWeek.cfm

Prescription Drug Take back days https://www.deadiversion.usdoj.gov/drug_disposal/takeback/

Special Programs Contact your State Drug Awareness Chairperson http://www.elks.org/dap/contact.cfm

Alex's Lemonade Stand https://www.alexslemonade.org/campaign/elks-supports-alsf

Hoop Shoot, other youth activities http://www.elks.org/resources/dap/news.cfm?StoryID=106182

Elks Kidszone.org http://elkskidszone.org/

Drug Quiz Show Learning Centers http://elksdrugquizshow.com/

Comic Book Program (Order Form) http://www.elks.org/resources/dap/downloads/2017-2018-What-Heroes-Do-Comic-Book-Order-Form.pdf

Digital comic http://elkskidszone.org/what-heroes-do/

Elroy the Elk and Trailer grants – Contact your State Drug Awareness Chairperson
http://www.elks.org/dap/contact.cfm

Literature - Contact your State Drug Awareness Chairperson http://www.elks.org/dap/contact.cfm

Substance Abuse

Substance abuse is the use of any substance to the extent that it causes physical, mental or emotional damage – either temporary or permanent. Abused substances can be legal or illegal. For example, individuals may abuse substances as varied as alcohol, over-the-counter medications, household chemicals, prescription drugs, marijuana or other illegal drugs.

By definition, alcoholism and drug addiction are diseases based on compulsive, obsessive and dependent behaviors that take priority over all other human needs. Alcohol and other drugs not only become more important than family, friends and career, but more important than the most basic needs for food, clothing and shelter. Substance abuse is directly related to many violent crimes. It is no surprise that alcohol and other drug abuse can devastate family life and the lives of our children in particular. Many children suffer the shattering of their self-esteem and sense of security when raised in families where alcohol and other substance abuse is present.

Adults, as well as children, abuse drugs for one reason – freedom. They are searching for freedom from insecurities, fear, rules, problems, pain, and boredom. Unfortunately, what they become are slaves – slaves to something so powerful that it cannot be controlled.

Stages of Addiction

1. The drug produces a short-term, intensely pleasant and artificial sense of well-being in the user.

2. A craving develops for the drug and the user desires to repeat the pleasant and artificial sense of well-being.

3. As drug use continues, more and more of the drug is needed to produce the desired effect – tolerance for the drug is developed.

4. The central nervous system adapts to the continuing drug use and becomes dependent on the drug for normal function. (A user can become drug dependent the first time a drug is used.)

5. Using the drug becomes more important than family, friends, and career. Even the most basic needs for food, clothing and shelter are no longer important to the user.

6. When drug use stops, the user becomes sick and has withdrawal symptoms.

What Can I Do To Help My Children Be Drug Free?

According to the White House's Office of National Drug Control Policy strategy update released February 2005, parents are the most important role models in children's lives. When a child decides whether or not to use alcohol, tobacco, and other drugs, a crucial consideration is, "What will my parents think?" Children who decide not to use alcohol or other drugs often make this decision because they have strong convictions against the use of these substances based on a "family" value system. Make your family's values clear by explaining why you choose a particular course of action and how that choice reflects your values.

State your position clearly when it comes to dangerous substances like alcohol, tobacco, and other drugs. Tell your children that you forbid them to use alcohol, tobacco, and other drugs because you love them. Make it clear that this rule holds true even at other people's houses.

Discuss the consequences of breaking the rules–what the punishment will be and how it will be carried out. Children want you to show you care enough to lay down the law and to go to the trouble of enforcing it. Let your children know how happy you are that they respect the rules of the household. Emphasize the things your children do right, instead of focusing on what's wrong.

Schedule regular parent-child rituals and family meetings. Rituals, like having meals together at least once or twice a week, playing games, going to the library or to get ice cream together once a week, can be opportunities to help the family catch up and establish better and more open communication.

Take advantage of everyday "teachable moments." When you see a group of teenagers drinking and hanging out, or an anti-drug commercial on TV talk about the negative effects of drinking alcohol or taking drugs. Ask them what they think.

- Listen to what they are saying and make eye contact.
- Find out how their day was, what happened in school or with their friends.
- Go to their events, i.e., sports games, plays, school shows.
- Play games with them.
- Know who their friends are.
- Know where your children are.
- Set clear expectations for their behavior.
- Be consistent in your training and discipline.
- Give them lots of encouragement.
- Ask them for their opinions.
- When they do well, praise them.
- Talk to them about the dangers of substance use and abuse!

Is My Child Using Drugs?

- Withdrawn, tired, and careless about personal grooming
- Hostile and uncooperative; frequently breaks curfews
- Verbally or physically abusive
- Relationships deteriorate
- New group of friends
- Lies about activities
- Grades and school attendance slip
- Reduced memory or attention span
- Loses interest in favorite activities
- Extreme weight loss or gain
- Eating and sleeping patterns change
- Rebellious, overreacts to criticism
- Cheats, steals, always needs money, or has large sums of money
- Eyes are red-rimmed and/or nose is runny but has no cold

If you think your child may be in trouble, seek professional help!!

Support Groups

Alcoholics Anonymous World Services
www.aa.org

Al-Anon Family Group Headquarters
www.al-anon-alateen.org

Toughlove International
www.toughlove.org

Narcotics Anonymous
www.wsoinc.com

Federal Resources

National Institute on Drug Abuse (NIDA) www.nida.nih.gov

Nat'l Clearinghouse for Alcohol and Drug Info www.health.org

Center for Substance Abuse Prevention
(301) 443-0365

Center for Substance Abuse Treatment
(800) 662 HELP

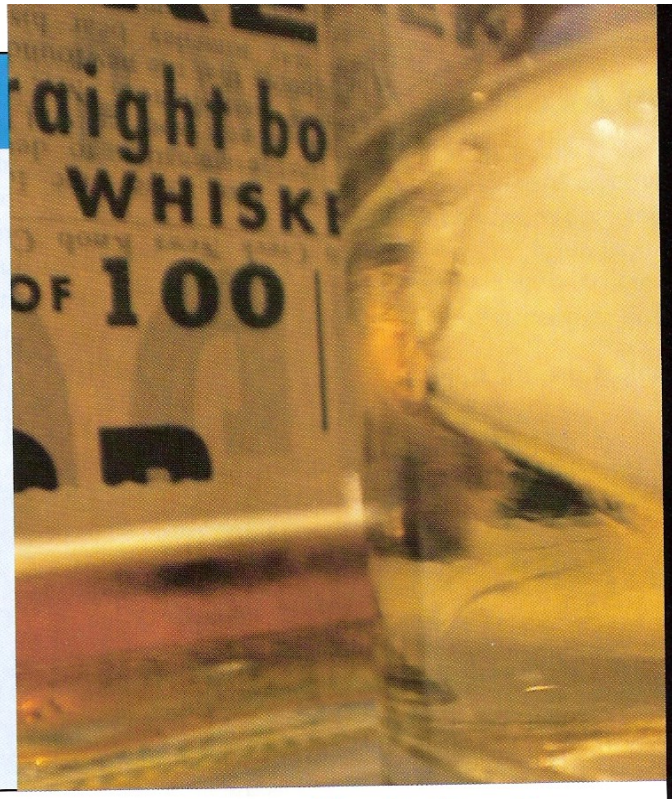
Alcohol Abuse

What is Alcohol?

The term alcohol refers to ethyl or grain alcohol. Ethanol is the active ingredient found in all alcoholic beverages. These beverages include wine, beer, liqueurs, and hard liquors such as scotch, gin, vodka, tequila, and whiskey. Each of these beverages may contain different concentrations of alcohol but the effect is the same.

Each of the following contains the same amount of alcohol and is considered to be equal to one drink:

- 12 oz. can of beer at 5% alcohol
- 5 oz. glass of wine at 12% alcohol
- 1.5 oz. of 80-proof liquor at 40% alcohol
- 12 oz. wine cooler at 5% alcohol



What Are The Effects Of Alcohol?

Alcohol is a depressant, not a stimulant as many people think. The effect of alcohol on the central nervous system is similar to other depressants. Any amount of alcohol affects your judgment and coordination.

THE DEGREE OF IMPAIRMENT DEPENDS UPON:
The amount of alcohol you consume
Your body weight
Whether or not you eat before or while drinking
The length of time you spend drinking
Your gender and age

Short-term effects of alcohol use:
- Distorted vision, hearing, and coordination
- Altered perceptions and emotions
- Impaired judgment
- Bad breath; hangovers

Long-term effects of heavy alcohol use:
- Loss of appetite
- Vitamin deficiencies
- Stomach ailments
- Skin problems
- Sexual impotence
- Liver damage
- Heart damage
- Central nervous system damage
- Memory loss

What Is Alcoholism?

Alcoholism, also known as alcohol dependence, is a disease characterized by the following four symptoms.

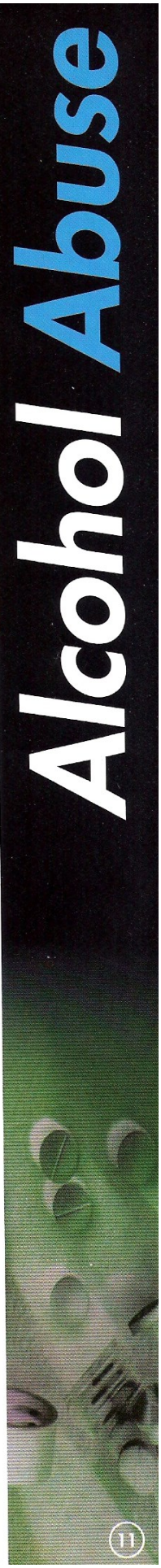
Craving – A strong need, or urge, to drink. The craving that an alcoholic feels for alcohol can be as strong as the need for food or water.

Loss of Control – Not being able to stop drinking once drinking has begun. An alcoholic will continue to drink despite serious family, health, or legal problems.

Physical Dependence – Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety after stopping drinking.

Tolerance – The need to drink greater amounts of alcohol to get "high."

Like many other diseases, alcoholism is chronic, meaning that it lasts a person's lifetime. Research shows that the risk for developing alcoholism can be inherited. However, risk is not destiny. Just because you are a child of an alcoholic doesn't mean that you will automatically become an alcoholic. Some people develop alcoholism even though no one in their family has a drinking problem.



Revised June 2017

Tobacco Use

Did You Know?

Nicotine is one of the most heavily used addictive drugs in the United States. In 2003, 29.8 percent of the U.S. population 12 and older—70.8 million people—used tobacco at least once in the month, including 3.6 million young people age 12 to 17.

What's So Dangerous About Tobacco?

Tobacco use is perhaps the most preventable cause of disease and premature death. Each year tobacco use contributes to more than 450,000 deaths in the United States. One of every six deaths in the United States is a result of tobacco use. Heart and blood vessel diseases claim about half of these lives. Yet, not all victims are smokers or smokeless tobacco users. Environmental tobacco smoke (often called second-hand smoke or passive smoke) contributes to about 40,000 deaths each year.

Tobacco leaves may be smoked in cigarettes, cigars, or pipes. Tobacco smoke contains more than 4,000 chemicals which include cancer causing toxins as well as high levels of nicotine.

Smokeless tobaccos — snuff and chewing tobacco — consist of tobacco leaves that are shredded, twisted, or powdered. Smokeless tobacco users chew or place the tobacco in the cheek between the lower lip and gum. The powdered form can be sniffed. Approximately 12 million Americans use smokeless tobacco. Of the 12 million smokeless tobacco users, about 3 million are under the age of 21. Unfortunately, smokeless tobacco is more dangerous than smoking. A study by the University of Southern California found taking one pinch of snuff was equivalent to smoking three or four cigarettes. The chances of getting oral cancer are higher when using smokeless tobacco than smoking cigarettes. Other effects are severe inflammations of gum tissue, tooth decay, and receding gums.

What Is Nicotine?

Whether someone smokes, chews, or sniffs tobacco, he or she is delivering nicotine to the brain. Nicotine is a mind-altering alkaloid. The blood carries nicotine to the heart and distributes it throughout the body. The effects of nicotine reach the brain quickly — in eight seconds. In small amounts, nicotine produces pleasurable feelings in the central nervous system and causes a person to feel alert. Larger amounts make a person feel relaxed. These feelings increase the desire to use tobacco.

Few people know that nicotine is extremely toxic. In fact, a dose as small as 30 milligrams can be deadly. Large amounts of nicotine can kill by paralyzing the muscles of the lungs. Even though nicotine is a poison, the amount usually inhaled by smokers, 1 to 2 milligrams per cigarette, is not lethal since the body quickly breaks it down.

Is Nicotine Addictive?

Nicotine is the addictive drug in tobacco leaves. Nicotine changes the way the brain works. Nicotine raises the heart rate and respiration rate, and causes more glucose, or blood sugar, to be released into the blood. This might be why smokers feel more alert after smoking a cigarette. Nicotine stimulates brain cells to release a neurotransmitter called dopamine. Dopamine stimulates the brain's pleasure and reward circuit. Normally, pleasurable feelings come from food, comfort, and the company of people you love. But tobacco use causes a flood of dopamine in the user's brain. After repeated doses of nicotine, the brain changes to adjust to too much dopamine. The brain cuts production of the neurotransmitter and reduces the number of receptors. Now, the user needs nicotine just to create normal levels of dopamine in his or her brain. Without nicotine, the user feels irritable and depressed. Other addictive drugs of abuse, including heroin and cocaine, cause the same changes in the brain.

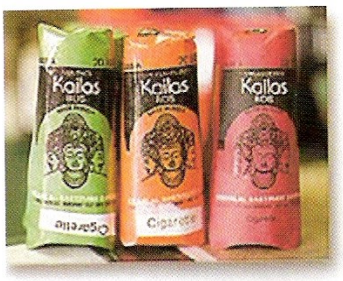
PHYSICAL WITHDRAWAL SYMPTOMS INCLUDE:
changes in body temperature, heart rate, digestion, and appetite.

PHYSIOLOGICAL WITHDRAWAL SYMPTOMS INCLUDE:
irritability, anxiety, sleep disturbances, nervousness, headaches, nausea, and cravings for tobacco lasting for weeks, months, years, or even an entire lifetime.

Other Deadly Ingredients

Tar, another ingredient in tobacco, is a sticky combination of hundreds of chemicals, including poisons and cancer-causing substances. Cigarette smoke also produces carbon monoxide, the poisonous gas that emits from the exhaust system of a car.

What Are Bidis?



Although hand-rolled cigarettes called bidis (pronounced "beedees"), are increasingly popular among teens in the United States, they are not less addictive. Research comparing a dozen brands of bidis with a brand of unfiltered cigarettes found that 11 of the 12 bidi brands had 28 percent higher nicotine concentrations than the unfiltered cigarettes.

Originally from India, bidis are popular with teens because they come in colorful packages with flavor choices such as cinnamon, orange and chocolate. Some teens think that bidis are less harmful than regular cigarettes. But bidis have even more nicotine, which may make people smoke more, causing them to be more harmful to the lungs than cigarettes.

Danger!!! Environmental Smoke

Exposure to a smoke-filled room can affect healthy non-smokers. As a result, many cities and states throughout the United States have banned smoking in public buildings, public areas in hotels restaurants, and night clubs.

Environmental smoke is hazardous to people with allergies, those with heart or lung disease, and children. Infants exposed to passive smoke have twice the ear infections, coughs, colds, pneumonia, and bronchitis as infants whose parents do not smoke.

Effects Of Tobacco Use

Tobacco use accounts for one-third of all cancers. This includes increased risks for cancer of the lungs, mouth, throat, colon, bladder, kidneys and cervix. In addition, tobacco use:

» Destroys lung tissue leading to frequent colds, bronchitis, and emphysema.

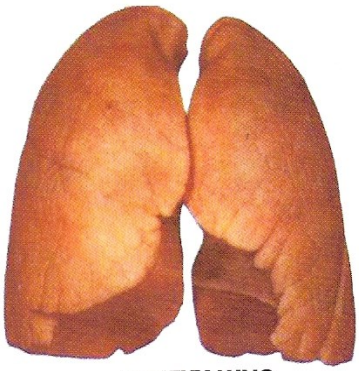
» Increases the heart rate which increases the risk of heart attacks.

» Increases the chance of gastric ulcers.

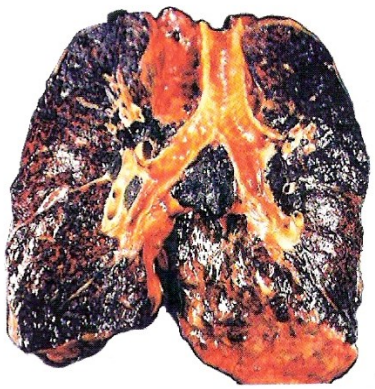
» Can initially cause diarrhea and vomiting.

» Diminishes the sense of smell and taste.

» Prematurely wrinkles the face.

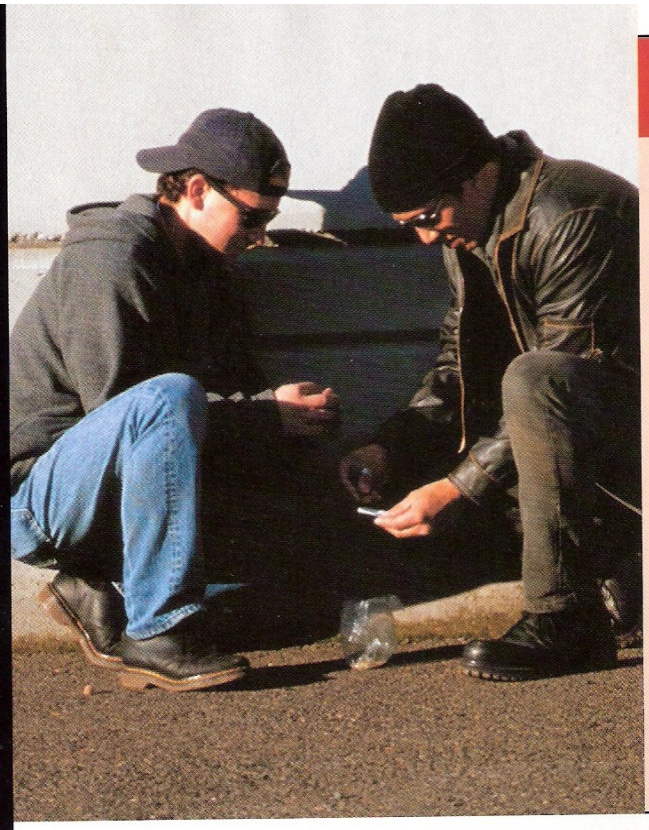


HEALTHY LUNG



SMOKER'S LUNG

Marijuana Abuse



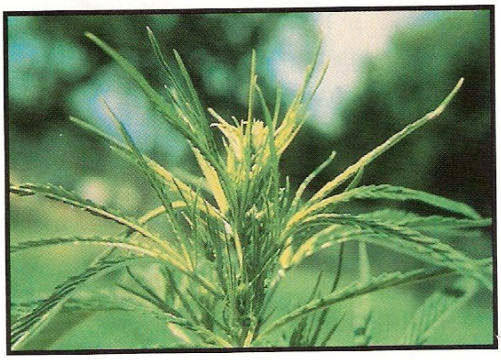
What is Marijuana?

Marijuana is a green, brown, or gray mixture of shredded leaves, stems, and flowers of the hemp plant. It grows wild in temperate and tropical climates.

Most wild marijuana is considered inferior to cultivated marijuana because of its low concentrations of Delta-9-tetrahydrocannabinol (THC).

THC is the mind-altering agent in marijuana and is concentrated in the flowering tops and upper leaves of the female plant. Cultivated marijuana contains ten times the THC of wild marijuana.

Marijuana's scientific name is Cannabis Sativa. The growing marijuana plant normally has an odd number of leaves per stem, such as five, seven, or nine, and grows up to twenty feet high. Marijuana is the most frequently used illegal drug in the United States. Nearly 95 million Americans over the age of 12 have tried marijuana at least once.



Usually smoked as a cigarette or joint, in a pipe or bong, marijuana has appeared in "blunts" in recent years. These are cigars that have been emptied of tobacco and refilled with marijuana, sometimes in combination with another drug such as crack. Some users also mix marijuana into foods or use it to brew tea. When prepared as a more concentrated, resinous form it is called hashish and, as a sticky black liquid, hash oil. Marijuana smoke has a pungent and distinctive, usually sweet-and-sour odor. Street terms for marijuana include "pot," "herb," "weed," "grass," "Scooby Dooe," "ganja," and "buddah."

The marijuana plant contains over 400 chemicals. Many of these chemicals severely affect the user's health. The main mind-altering chemical in marijuana is THC (delta-9-tetrahydrocannabinol). The potency of marijuana varies by the type and part of the plant used and whether it has been treated with other chemicals. Dealers treat marijuana with PCP, fentanyl nitrate, or embalming fluid to increase its potency. Doctored marijuana can be deadly.

ACCORDING TO SURVEYS, THERE ARE AN ESTIMATED 2.6 MILLION NEW MARIJUANA USERS IN THE UNITED STATES EVERY YEAR.

- **In 2002, over 14 million Americans used marijuana at least once in the month prior to being surveyed.**
- **12.2 percent of the 14 million used marijuana on 300 or more days in the past year.**

This translates into 3.1 million people using marijuana on a daily basis. The average age of first time marijuana use is under 14 years old.

Forty-two percent of parents who used marijuana as a teenager do not consider it a crisis when their own children use the drug. Consequently, this attitude has helped increase marijuana usage. One time usage among adults ages 18 to 25 increased from 5.1 percent in 1965 to 53.8 percent in 2002. Ironically, junior high adolescents are more influenced by their parents than

their peers. The rise in teenage marijuana use may be directly related to this casual attitude held by today's parents.

Research does not support the idea that marijuana is harmless. Studies indicated that marijuana usage leads to crime, drug dependence, and the use of other drugs. Marijuana is a gateway drug that can lead to severe health problems.

Psychological Effects

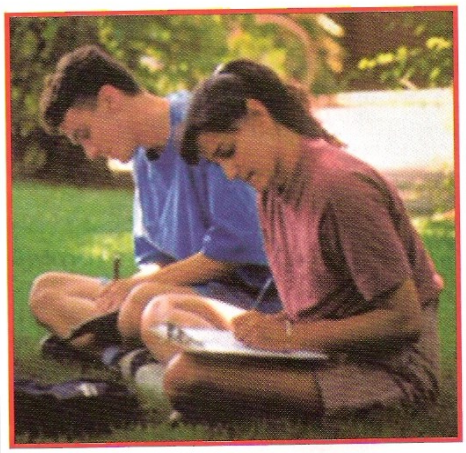
The psychoactive effects of marijuana vary widely, depending on dosage, the preparation and the type of plant used, method of use, and personality of the user. The most commonly reported side effect is a dreamy or sleepy feeling.

Long forgotten events are often recalled and thoughts occur in unrelated sequences. Perception of time is altered. Users experience visual and auditory hallucinations after taking large amounts of marijuana. Euphoria, excitement, and inner happiness—often with hilarity and laughter—are also typical side effects of marijuana use.

Some users may experience depression. While behavior is sometimes impulsive, violence or aggression is seldom induced unless the drug is mixed with another drug such as PCP. Short-term effects of marijuana use include problems with memory and learning, difficulty in thinking and problem solving, loss of coordination, and increased heart rate, anxiety, and panic attacks.

Marijuana and Learning

Depression, anxiety, and personality problems are linked with marijuana use. Since, marijuana hinders the ability to learn and retain information, the more a person uses the more they tend to fall behind in school, job, and social skills.



Marijuana users get lower grades and are less likely to graduate from high school, compared with non users. A study of 129 college students found that, for heavy users of marijuana, skills related to attention, memory, and learning were impaired even after they had not smoked marijuana for at least 24 hours. Researchers have also discovered that learned behaviors can also be damaged.

More recently, research showed that the ability of marijuana users to recall words from a list remained impaired for a week after quitting, but returned to normal within 4 weeks. Thus, some memory and learning abilities may be restored, even after long-term use.

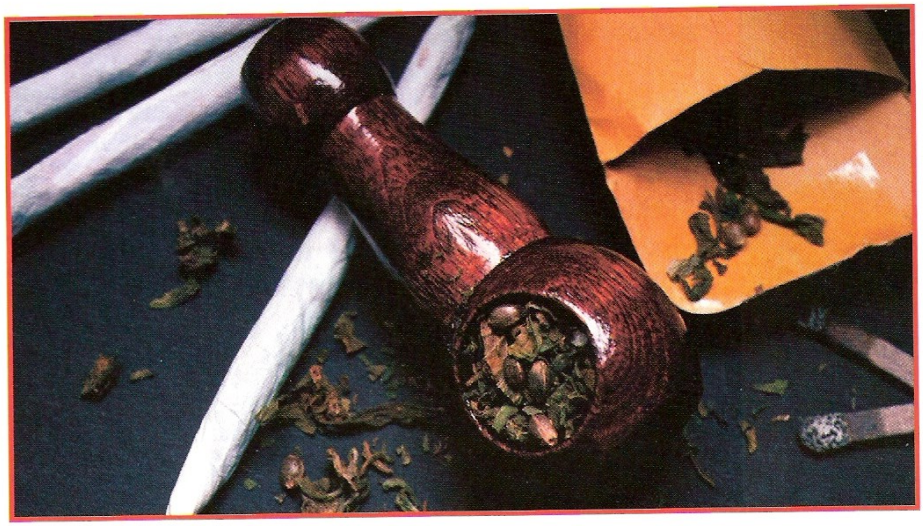
Danger Lung Cancer!

Regular marijuana smokers have the same or more health problems than tobacco smokers. A study of 450 individuals showed that people who frequently smoke marijuana but do not smoke tobacco have more health problems and miss more days of work than nonsmokers. Many of the extra sick days were for respiratory illnesses.

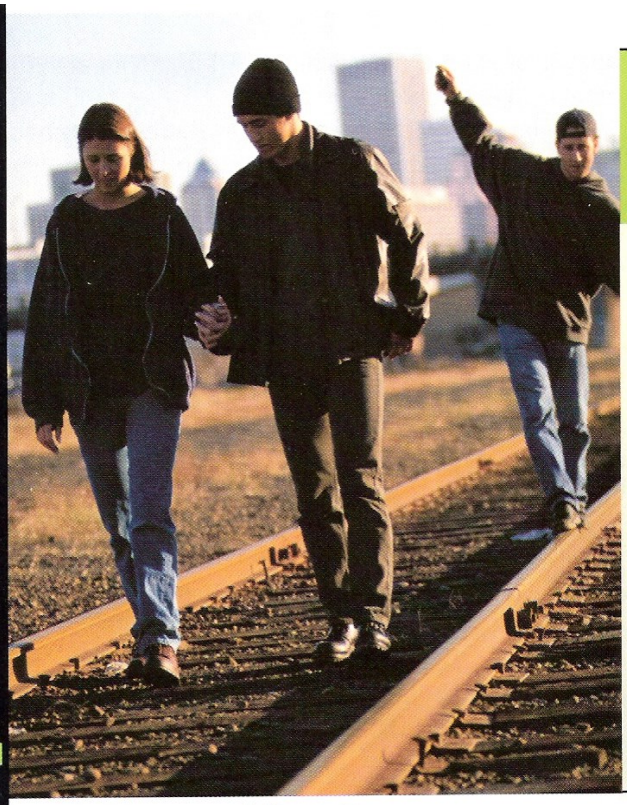
Smoking marijuana increases the chance of developing cancer of the head or neck. A study comparing 173 cancer patients and 176 healthy individuals produced strong evidence that marijuana smoking doubled or tripled the risk of cancer.

Marijuana use also promotes lung cancer and cancer in other parts of the respiratory tract. Scientists have identified more than 150 chemicals in marijuana smoke and tar. Marijuana smoke contains cancer-causing benzopyrene, which occurs 70 percent more in marijuana smoke than in tobacco smoke.

Human lung tissue exposed to continuous marijuana smoke in laboratory testing show pre-cancerous cellular change. In other tests, the tars from marijuana smoke produced tumors. Scientists have learned that exposure to marijuana smoke interferes with the work of white blood cells in the lungs. White blood cells remove bacteria and other debris from lung tissue. When exposed to marijuana smoke, these cells cannot function. The amount of tar and carbon monoxide inhaled by marijuana smokers is three to five times greater than that of tobacco smokers.



Methamphetamine



What is Methamphetamine?

Methamphetamine is a highly addictive stimulant. Although it is chemically related to amphetamine, the central nervous system effects of methamphetamine are stronger than amphetamine. Both drugs have some limited therapeutic uses, primarily in the treatment of obesity.

Methamphetamine is commonly referred to as *speed, meth, crank, glass, blue meth, chicken feed, cinnamon, crink, crystal meth, desocsins, geep, granulated orange, hot ice, ice, kaksonjae, lemon drop, ozs, peanut butter, sketch, spoosh, stove top, super ice, tick tick, trash, wash, working man's cocaine, yellow barn,* and *chalk*.

What Does Methamphetamine Look Like?

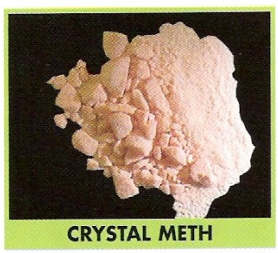
Methamphetamine is most commonly found in a powder form that easily dissolves in water. Also called "crystal meth," it is bitter tasting, with colors ranging from dingy white to reddish brown. Powder is usually injected or snorted, but can be orally ingested or smoked.

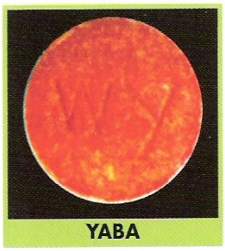
Methamphetamine can also be found in the form of clear chunky crystals, called "ice," or "glass." It is similar in appearance to rock candy, crushed ice, or broken glass. Ice is a very pure, smokable form of methamphetamine and is more addictive than powder or tablets.

A pill form of methamphetamine, commonly called "Yaba," comes in small brightly colored tablets. Thai for "crazy medicine," Yaba tablets are sometimes flavored such as grape, orange, and vanilla. Tasting like candy, the tablets are obviously marketed to a young audience, particularly at raves or parties where ecstasy (a similar looking drug) has been well established. The tablets are commonly reddish-orange or green, and fit inside the end of a drinking straw. They have a variety of logos, with "WY" being the most common.

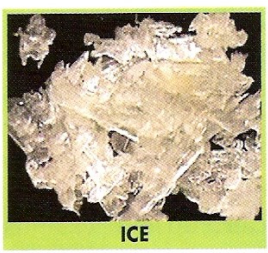
What Are The Immediate Effects?

Methamphetamine can be taken orally, injected, snorted, or smoked. Immediately after smoking or injection, the user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria—a high but not a rush. Both are believed to result from the release of high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure. Larger and more frequent doses are taken in order to achieve the desired effect.


CRYSTAL METH

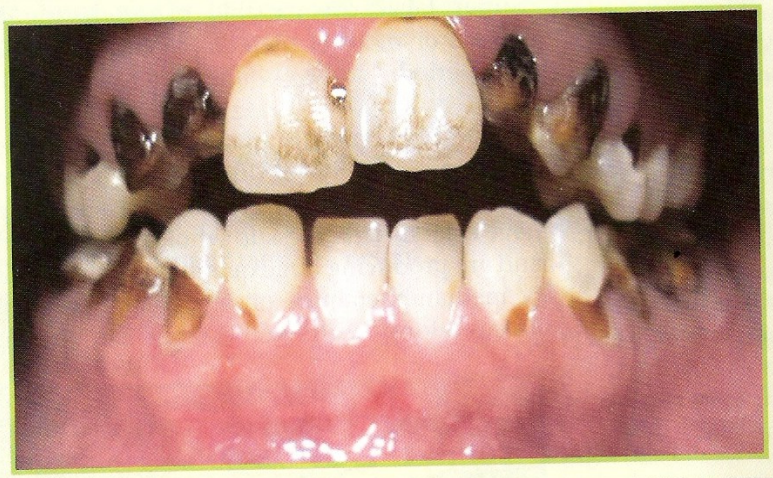

YABA


METH ROCKS


ICE

How Sexy is This?

All substance abuse is frequently marketed as enhancing sex life or making you more attractive or a better social companion. But buying meth is buying under false pretenses. Hair falls out. Teeth fall out. That's not sexy.



Meth Mouth: The growing use of highly addictive methamphetamine throughout the country is creating a prominent scar on an increasing number of users–rotting, brittle teeth that seem to crumble from their mouths. Methamphetamine can be made with a horrid mix of substances, including over-the-counter cold medicine, fertilizer, battery acid and hydrogen peroxide. Together, the chemicals reduce a user's saliva, which causes bacteria to build up a lot faster. Meth users also may neglect their teeth, or moisten their dry mouths with high-sugar drinks, and anxiety caused by the drug prompts them to grind their teeth, which speeds decay.

Skin Scabbies: Meth damages your brain and central nervous system. Users claim they feel bugs crawling under the skin. They scratch these areas to get relief causing open sores that become infected and ugly.

Health Hazards

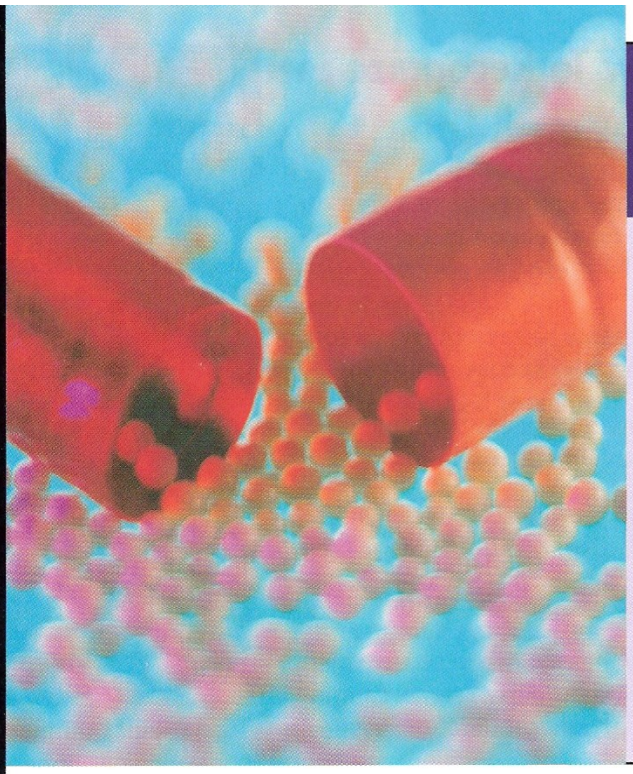
Methamphetamine releases high levels of the neurotransmitter dopamine, stimulating brain cells and enhancing mood and body movement. It also has a toxic effect, damaging brain cells containing dopamine and serotonin, another neurotransmitter. Over time, methamphetamine causes reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease, a severe movement disorder.

Chronic long-term use develops a tolerance for methamphetamine leading to dependency. To intensify the desired effects, users may take higher doses of the drug, take it more frequently, or change their method of drug intake. In some cases, abusers do not eat or sleep while indulging in a form of binging known as a "run," injecting as much as a gram of the drug every 2 to 3 hours over several days until they run out of the drug or are too disorganized to continue.

In addition to being addicted, chronic abusers exhibit symptoms that include violent behavior, anxiety, confusion, and insomnia. Psychotic symptoms such as intense paranoia, auditory hallucinations, mood disturbances, and delusions (for example, the sensation of insects creeping on the skin) are common. This paranoia and out-of-control rage, coupled with extremely violent behavior, can result in homicidal, as well as suicidal thoughts.

Methamphetamine can cause a variety of cardiovascular problems including rapid heart rate, irregular heartbeat, increased blood pressure, and irreversible damage to small blood vessels in the brain, producing strokes. Hyperthermia (elevated body temperature) and convulsions occur with methamphetamine overdoses, and if not treated, can result in death. Other effects include respiratory problems, and extreme anorexia. Its use can result in heart attack leading to sudden death. Acute lead poisoning is another risk for methamphetamine abusers.

Stimulant Abuse



What are Stimulants?

Stimulants, sometimes referred to as "uppers," reverse the effects of fatigue.

All stimulants increase alertness, cause excitement, reduce appetite, increase activity, and can promote euphoria.

One mild stimulant is caffeine. Examples of stronger stimulants are, amphetamines, methamphetamines, cocaine, and crack. (See Feature Article on Methamphetamines, p. 4-7)

What Are Amphetamines?

In the 1930's, amphetamine was marketed as Benzedrine in an over-the-counter inhaler to treat nasal congestion for asthmatics, hay fever sufferers, and people with colds. During the Depression and Prohibition, the drug was used and abused by non-asthmatics looking for a buzz. By 1937 amphetamine was available by prescription in tablet form.

Amphetamines, like other drugs, have been promoted as miracle drugs — *the perfect diet pill or the greatest relief for fatigue.* In 1967, at the height of the American Amphetamine Epidemic, physicians wrote 31 million prescriptions for diet pills. Today, the Food and Drug Administration restrictions limit the use of amphetamines to three medical conditions:

Narcolepsy — a rare disorder in which people fall asleep as many as 50 times a day if they stay in one position too long. Low doses of amphetamines help keep narcoleptic persons awake.

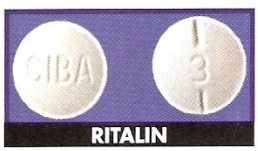
Hyperkinesia — also called Attention Deficit Hyperactivity Disorder (ADHD).

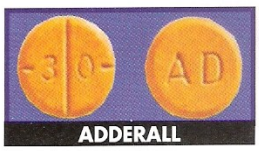
Short-term weight programs — to curb appetite.

Ritalin And Adderall

Ritalin and Adderall are prescribed for ADHD. Four out of every 100 school children have ADHD. These children have an abnormally high activity level and an extremely short attention span. They are aggressive, talkative, restless, impulsive, and lack clear direction. Oddly, Ritalin and Adderall have a calming effect on these children.

Availability of Ritalin and Adderall has promoted abuse among adolescents who crush these tablets and snort the powder to get high. Abusers have little difficulty obtaining the drugs from classmates who have been prescribed them. Ritalin and Adderall increase heart and respiratory rates, elevate blood pressure, and decrease appetite. In addition, users may experience sweating, headaches, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause rapid and irregular heartbeats, tremors, loss of coordination, and exhaustion.





What Is Ephedrine?

Ephedrine, a common substance in over-the-counter and health food products, is a synthetic version of ephedra. Found in many decongestants, antihistamine, and weight loss products, it is the main ingredient in the production of methamphetamine and many designer drugs.

Today, many individuals use large doses of ephedrine to get high. Some of the ephedrine-containing products available over-the-counter include 40 or 50 milligrams of ephedrine as well as substantial quantities of caffeine. Sometimes called "herbal ecstasy," ephedrine is touted as "safe" or "legal" MDMA. Small amounts of ephedrine stimulate and constrict blood vessels. Adverse effects of ephedrine include restlessness, muscle spasms, chills, increased heart rate and heart palpitations, dry throat and fainting. The physical effects last three to four hours, but users may feel out of touch with reality for several days.

Methcathinone Or "Cat"

Methacatinone known on the streets as "Cat," is an analogue of methamphetamine and cathinone. Clandestinely manufactured, methcathinone is almost exclusively sold in the powder form. It is most commonly snorted, but can be taken orally by mixing it with a drink, or diluted in water and injected. It has the abuse potential of methamphetamine.

KHAT

For centuries, Khat, the fresh leaves of the Catha Edulis plant, has been consumed and cultivated in East Africa and the Arabian Peninsula. Chewing Khat predates the use of coffee and is used in similar social settings. Growing over 6 feet tall, this flowering evergreen shrub's leaves are chewed to alleviate fatigue. Chewed in moderation, they also reduce appetite. Compulsive use may result in manic behavior with grandiose delusions, hallucinations, and paranoia. It contains a number of chemicals, among which are two controlled substances, cathinone and cathine.

WHAT IS COCAINE?

Cocaine is one of the strongest natural stimulants and is powerfully addictive. It is distributed on the street as a white crystalline powder and "crack," a treated version that takes the form of chips, chunks, or rocks. Cocaine can be inhaled, smoked or injected.

Cocaine is obtained from the leaves of the coca plant. The plant or bush grows naturally in Chile, Peru and Bolivia, but is also cultivated in other countries.

What Are The Effects Of Cocaine?

Due to cocaine's highly addictive quality, an individual cannot predict or control the extent to which he or she will continue to use it. The intensity of the effects of cocaine, as with most drugs depends on the dose and rate of entry to the brain. Cocaine reaches the brain in three to five minutes when snorted. When inhaled or injected the drug reaches the brain faster. Cocaine triggers the brain to release dopamine, a chemical messenger associated with pleasure and movement. Unlike the natural release of dopamine, cocaine prevents the brain from reabsorbing the dopamine. An overload of dopamine occurs and the user experiences feelings of extreme euphoria. The brain is depleted of dopamine, leading to severe depression after the cocaine has dissipated. The severe depression that follows the euphoria leaves many users wanting to regain the euphoric "high."

The euphoric effects of cocaine are similar to those of amphetamine. Immediate effects are hyper-stimulation, reduced fatigue, and mental clarity. To avoid the fatigue and depression of coming down, many users frequently repeat doses. Excessive doses of cocaine may lead to seizures and death from respiratory failure, stroke, or heart failure. In some instances, sudden death can occur the first time cocaine is used.

Narcotics Abuse

What are Narcotics?

Natural Narcotics are drugs derived from the resin of the poppy plant. The opium poppy grows in the hot dry climates of South America, Mexico, and Southeast and Southwest Asia. Sap from the seed pods of the poppy plant is collected to make raw opium.

Natural narcotics include opium, morphine, heroin and codeine. Other narcotics, such as Meperidine, are manufactured synthetically.

All of these drugs are painkillers – and all are addictive.

How Do Narcotics Work?

Narcotics, sometimes referred to as opiates, work as pain relievers because they act on the opioid receptors in the endorphin transmitters of the body. Opioid receptors are found throughout the brain, spinal cord, nervous system, and intestines. Because narcotics enhance the opioid system by stimulating the receptors, these drugs suppress pain perception.

What Is Heroin?

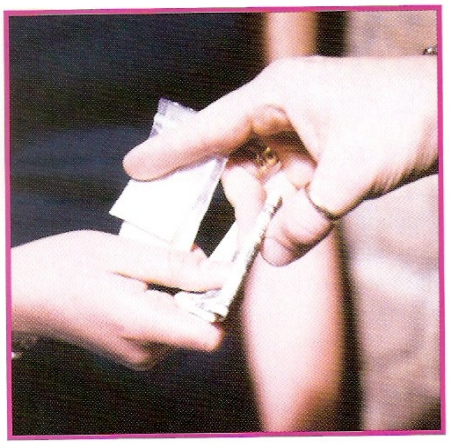
Heroin is a highly addictive drug and is considered the most abused and most rapidly acting opiate. Heroin is processed from morphine, a naturally occurring substance extracted from the seed pod of the poppy plant. Pure heroin is a white powder with a bitter taste. Street heroin's color may vary. The color indicates the amount of impurities left from the manufacturing or the presence of food coloring, cocoa, or sugar. Sometimes called "smack," "Big H," "black tar," "China white" or "Mexican brown," heroin can be sniffed or injected. Some dealers mix heroin with amphetamines, chiva, and package it in tablets. Crack addicts mix it with crack and smoke the mixture.

Effects Of Heroin

Heroin tends to relax the user. When heroin is injected, the user feels an immediate "rush." Other initial, but unpleasant effects include restlessness, nausea and vomiting. The user may go back and forth from feeling alert to very drowsy. With very large doses, the user cannot be awakened, the pupils become smaller, and the skin becomes cold, moist, and bluish in color. Breathing slows down and death may occur.

Risks Of Heroin Abuse

Like other illegal drugs, heroin affects the brain. It slows the bodily functions, including breathing and heartbeat. This can lead to instant death. The physical dangers of heroin use depend on the amount, the source, and the way it is used. Over time, heroin users may develop infections of the heart lining and valves, skin abscesses, and congested lungs. Heroin addicts normally inject the drug, which means they run the risk of infection from shared or dirty needles. Diseases commonly found among heroin addicts include blood poisoning, HIV infection, hepatitis, tetanus, liver disease, syphilis, and malaria. AIDS/HIV infection is now one of the leading causes of death among addicts.



What Is Morphine?

Morphine is the most effective drug known to man for relieving pain. Morphine, the active ingredient in most narcotic drugs, controls pain and creates a sense of euphoria. It relaxes muscles, decreases physical activity, and relieves pain and nervousness.

In limited amounts, morphine and other opiates are still used in prescription medicines. One such opiate is paregoric, which is used to treat diarrhea. Another is codeine, which is used in cough medicines. Codeine and morphine have become part of

the illegal drug trade and are widely abused.

What Is Codeine?

Codeine is the most widely used, naturally occurring narcotic in the world. However, most codeine used in the United States is produced from morphine. Codeine is medically prescribed for the relief of moderate pain and cough suppression. Compared to morphine, codeine produces less sedation and respiratory depression and is usually taken orally. Codeine can be found in tablet form, alone or in combination with aspirin or acetaminophen. It is also a primary ingredient in many cough syrups.

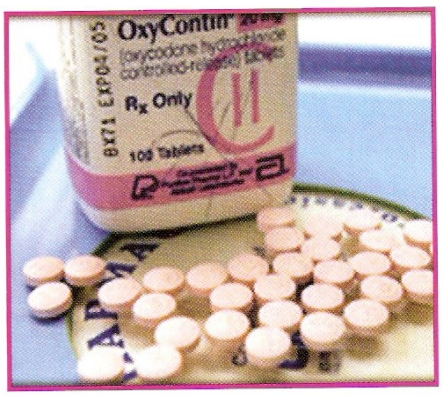
What Is Methadone?

Methadone is best known for its use in treating narcotic addiction, though it is also used in managing chronic pain. Methadone is an addictive (synthetic opiate) narcotic. Administered once a day orally, methadone usually suppress a heroin addict's craving and withdrawal for 24 hours, which is much longer than the heroin cycle. Methadone does not produce the rush or "high" associated with heroin abuse, but patients are as physically dependent on methadone as they were to heroin or other opiates, such as Oxycontin or Vicodin. Withdrawal from methadone should be supervised and can take up to a month or even longer. Methadone is frequently encountered on the illicit market and has been associated with a number of overdose deaths.

What Is Meperidine?

Meperidine (Demerol) is a synthetic narcotic that is frequently prescribed by doctors to treat pain. Meperdine produces effects similar, but not identical to morphine. Meperidine can be taken in tablet form, syrups, or injections. Meperidine is about one-tenth the strength of morphine. Tolerance to the drug develops very rapidly. Because of the increasing strength needed to mask pain, addiction to Meperidine occurs quickly.

What Is OxyContin?



OxyContin is the trade name for oxycodone hydrochloride. Other street names include, "blue," "kicker," "oxy," and "80." Oxycontin is a time-released pill form of oxycodone, a narcotic used to relieve moderate to severe pain.

OxyContin is an opioid similar to morphine and heroin. It has an increasing analgesic (pain relief) effect with increased doses. For example, the more you take, the better you feel. Other analgesics, like aspirin and acetaminophen have a limit to their effectiveness. But a medication like OxyContin can potentially provide up to four times the relief of non-opioid analgesics. This makes OxyContin an effective treatment for patients suffering from the severe pain of terminal cancer or other chronic pain syndromes.

OxyContin's availability in a time-release formula has increased the dosages of traditional oxycodone from 10 mg to 160 mg per tablet making it more attractive to abusers. Rather than swallowing the pill as indicated, abusers chew, snort, or inject the medication to avoid the time-released mechanism. This leads to an instant and intense euphoric high much like that of heroin or morphine. As with most opiates, abusers develop a tolerance to the drug requiring larger doses to achieve the desired effect — the cycle of dependency and addiction.

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.

Executive Summary

Hundreds of thousands of counterfeit prescription pills, some containing deadly amounts of fentanyls[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 fentanyls 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 fentanyls. 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

Fentanyls 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 fentanyls, increased seizures of fentanyls, and more known overdose deaths from fentanyls 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 fentanyls. Although the total quantity of fentanyls 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, fentanyls pose 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.

Fentanyls are 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 fentanyls. The counterfeit pills often closely resemble the authentic medications they were designed to mimic, and the presence of fentanyls 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 fentanyls 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 fentanyls 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).

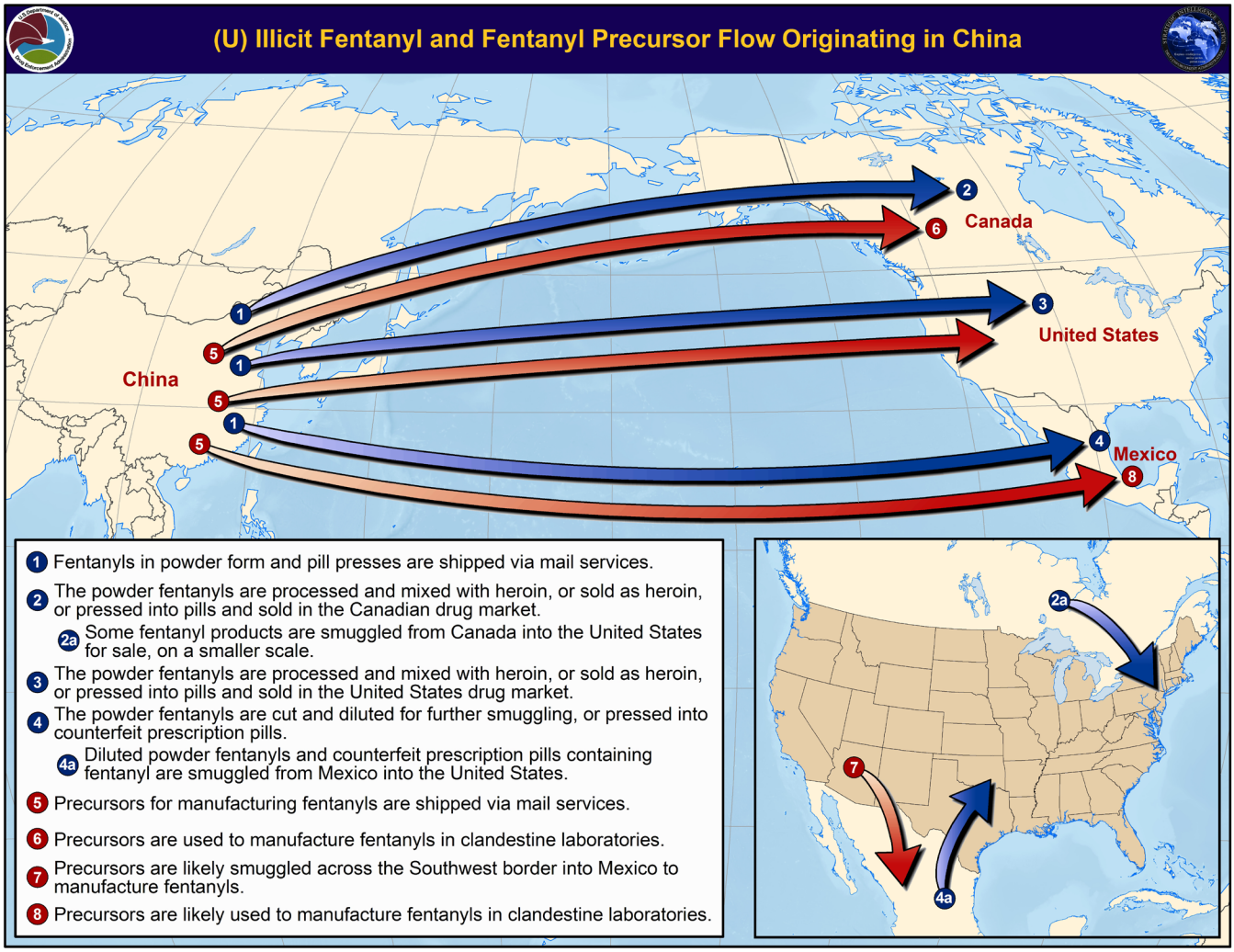
[a] When used in this publication, the term "fentanyls" includes fentanyl and related variants such as acetyl fentanyl, butyrfentanyl, and furanylfentanyl. Due to variations in the legal and scientific definitions of analogs, it may be inaccurate to call all fentanyl varieties a fentanyl analog.

- 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.

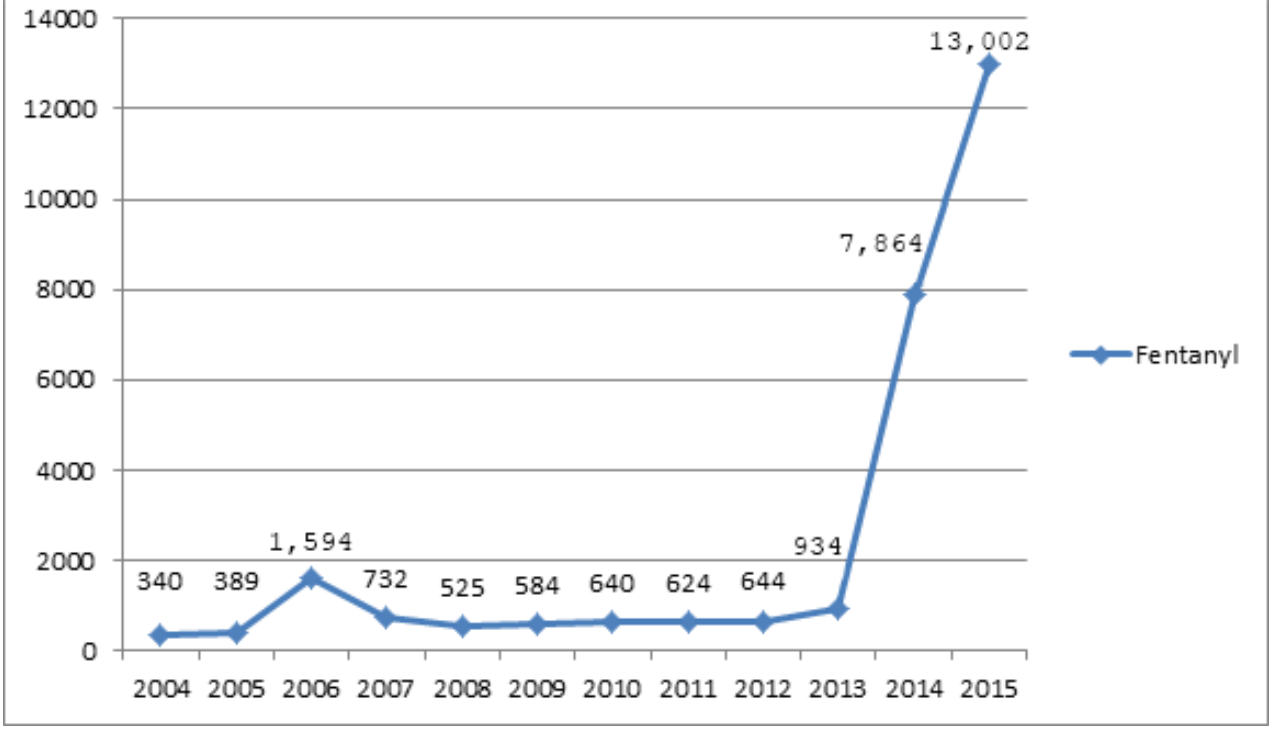
Source: Tennessee Bureau of Investigation

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.

Figure 4: Number of Fentanyl Exhibits in NFLIS, 2004-2015



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 fentanyls in counterfeit opioid medications will likely result in the emergence of fentanyls 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 Calfornia 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 fentanyls in other non-opiate drugs with exploitable user populations.

Research Chemical U-47700 in Counterfeit Oxycondone 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 fentanyls, it is likely that other synthetic opioids will be utilized if fentanyls become inaccessible, or if market preferences shift to other subtances.

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.

Fentanyls in Canada

Canada has seen a sharp increase in overdoses and deaths resulting from the use of fentanyls 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, fentanyls are mixed with or disguised as heroin and pressed into counterfeit prescription pills. Traffickers import fentanyls 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.

Fentanyls in Mexico

Mexico often serves as a transshipment point for fentanyls shipped from China. Mexican traffickers prepare the fentanyls to be mixed with heroin destined for the United States, or press the fentanyls into counterfeit prescription pills before the drugs are smuggled into the United States. In addition to purchasing fentanyls 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.

Fentanyls in China

China is the primary source of supply for fentanyls 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, fentanyls 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 fentanyls and their precursors, also manufacture legitimate chemicals for purchase by U.S. companies. This means that laboratories responsible for supplying the fentanyls 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 fentanyls and fentanyl precursor chemicals, Chinese laboratory companies also provide industrial pill presses used in tableting fentanyls 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 fentanyls 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 kikogram 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.

OPERATION PREVENTION

DEA and Discovery Education: A Three Year Education Partnership to Help Prevent Prescription Opioid Misuse and Heroin Use

Program to Run: 2016-2017, 2017-2018, and 2018-2019 School Years

GOALS:

- Students: Create authentic forums for middle and high school students to connect with experts and peers to learn the facts about drugs and lend their voices to breaking the cycle of drug abuse. Provide opportunities for students to participate in a national student challenge, interact with a self-paced e-learning module, and gain knowledge through teacher-led digital lesson plans.
- Teachers: Bring powerful real-world context to science and health classrooms across the country by equipping teachers with dynamic curricula on the science behind addiction and drugs' impact on the brain and body.
- Parents: Empower parents with the knowledge and resources to start lifesaving conversations, detect warning signs of drug abuse and addiction, and take action to help/educate young adults on the dangers of drug abuse.

PROGRAM ELEMENTS:

Self-Paced E-Learning Module

The flexible format of self-paced modules supports use by teachers in the classroom in a variety of settings (in instructor-led large group discussions, small group breakouts, or individual student use), and by parents for use at home (by homeschooling parents or during after-school hours). As students' progress through the module, they will investigate the science of addiction and the impacts of heroin and prescription opioids on the brain and body through a powerful digital learning experience. The lesson will combine video (may include video captured during Virtual Q&A shoot or existing video provided by DEA), animation, and interactive elements. Assessment is seamlessly integrated. A companion guide will be provided for educators to promote optimal usage and facilitate pre-and post-lesson discussion with students. This module's target audience is high school students, but would also be appropriate for middle school.

Digital Lesson Plans

Two instructor-led experiences for use by teachers in the classroom, by home-schooling parents, or by trained volunteers. Students are given engaging PowerPoint-based lessons introducing them to the science behind heroin and prescription opioids' physical and neurological effects. The lessons will be aligned to Next Generation Science Standards and National Health Education Standards for seamless classroom integration in middle and high school science and health classes. The lessons are designed to engage various types of learners, enhance digital literacy, and increase overall retention of the core concepts. Companion instructor guides support use by professional and non-professional educators.

Student Video Challenge

Invites students to create and post a short video for their peers, about the dangers of heroin and prescription opioid abuse. Videos will be thirty to sixty seconds in length and sharable via various social media platforms. Videos will be judged and there will be public voting for the top finalist videos. Winners will receive scholarships and other prizes.

Expert Q&A Virtual Field Trip – October 25, 2016

A dynamic virtual experience during Red Ribbon Week that allows students to go behind-the-scenes and meet a diverse group of experts related to this topic. Students in the classroom can submit their questions anonymously or via social media, both before or during the event. The event will be archived online for use throughout the year and includes a classroom companion activity.

Parent Toolkit

Knowledge and resources for parents and caregivers to begin lifesaving conversations, detect warning signs, and take action. The toolkit will include family discussion starters, information on warning signs and a guide to prevention and intervention.

New materials will be developed each school year.

OperationPrevention.com

Drug Enforcement Administration
Office of Diversion Control
Drug & Chemical Evaluation Section

FENTANYL
(Trade Names: Actiq®, Fentora™, Duragesic®)

March 2015
DEA/OD/ODE

Introduction:

Fentanyl is a potent synthetic opioid. It was introduced into medical practice as an intravenous anesthetic under the trade name of Sublimaze in the 1960s.

Licit Uses:

In 2013 and 2014, there were 6.75 million and 6.64 million fentanyl prescriptions, respectively, dispensed in the U.S. (IMS Health™). Fentanyl pharmaceutical products are currently available in the dosage forms of oral transmucosal lozenges, commonly referred to as the fentanyl "lollipops" (Actiq®), effervescent buccal tablets (Fentora™), transdermal patches (Duragesic®), and injectable formulations. Oral transmucosal lozenges and effervescent buccal tablets are used for the management of breakthrough cancer pain in patients who are already receiving opioid medication for their underlying persistent pain. Transdermal patches are used in the management of chronic pain in patients who require continuous opioid analgesia. Fentanyl citrate injections are administered intravenously, intramuscularly, spinally or epidurally for potent analgesia and anesthesia. Fentanyl is frequently used in anesthetic practice for patients undergoing heart surgery or for patients with poor heart function. Because of a concern about deaths and overdoses resulting from fentanyl transdermal patches (Duragesic® and generic version), on July 15, 2005, the Food and Drug Administration issued safety warnings and reiterated the importance of strict adherence to the guidelines for the proper use of these products.

Chemistry and Pharmacology:

Fentanyl is about 100 times more potent than morphine as an analgesic. It is a μ-opioid receptor agonist with high lipid solubility and a rapid onset and short duration of effects. Fentanyl rapidly crosses the blood-brain barrier. It is similar to other μ-opioid receptor agonists (like morphine or oxycodone) in its pharmacological effects and produces analgesia, sedation, respiratory depression, nausea, and vomiting. Fentanyl appears to produce muscle rigidity with greater frequency than other opioids. Unlike some μ-opioid receptor agonists, fentanyl does not cause histamine release and has minimal depressant effects on the heart.

Illicit Uses:

Fentanyl is abused for its intense euphoric effects. Fentanyl can serve as a direct substitute for heroin in opioid dependent individuals. However, fentanyl is a very dangerous substitute for heroin because it is much more potent than heroin and results in frequent overdoses that can lead to respiratory depression and death.

Fentanyl patches are abused by removing the gel contents from the patches and then injecting or ingesting these contents. Patches have also been frozen, cut into pieces and placed under the tongue or in the cheek cavity for drug absorption through the oral mucosa. Used patches are attractive to abusers as a large percentage of fentanyl remains in these patches even after a 3-day use. Fentanyl oral transmucosal lozenges and fentanyl injectables are also diverted and abused.

Abuse of fentanyl initially appeared in mid-1970s and has increased in recent years. There have been reports of deaths associated with abuse of fentanyl products.

According to the Drug Abuse Warning Network (DAWN), emergency department visits associated with nonmedical use of fentanyl increased from an estimated 15,947 in 2007 to an estimated 20,034 in 2011.

According to the Florida Department of Law Enforcement Medical Examiners 2013 Annual Report, fentanyl was identified in 251 deceased persons in Florida in 2012 and increased 16.3% to being identified in 292 deceased persons in 2013. Of the 292 decedents with fentanyl identified, fentanyl caused the death in 185 of those persons (63.4%), which is a 36% increase from 2012.

Illicit Distribution:

Fentanyl is diverted via pharmacy theft, fraudulent prescriptions, and illicit distribution by patients and registrants (physicians and pharmacists). Theft has also been identified at nursing homes and other long-term care facilities. According to the National Forensic Laboratory Information System (NFLIS), 668 items/exhibits were identified as fentanyl in 2012 and 942 in 2013 by federal, state and local forensic laboratories in the United States. In 2014, the number of fentanyl reports increased significantly to 3,344.

Clandestine Manufacture:

From April 2005 to March 2007, an outbreak of fentanyl overdoses and deaths occurred. The Centers for Disease Control and Prevention (CDC)/Drug Enforcement Administration (DEA) surveillance system reported 1,013 confirmed non-pharmaceutical fentanyl-related deaths. Most of these deaths occurred in Delaware, Illinois, Maryland, Michigan, Missouri, New Jersey, and Pennsylvania. Consequently, DEA immediately undertook the development of regulations to control the precursor chemicals used by the clandestine laboratories to illicitly manufacture fentanyl. In 2007, DEA published an Interim Final Rule to designate N-phenethyl-4-piperidone (NPP) – a precursor to fentanyl, as a List 1 chemical. After the control of NPP, the number of fentanyl-related deaths continually declined. DEA also completed a scheduling action of designating another chemical precursor, 4-anilino-N-phenethyl-4-piperidine (ANPP) as a schedule II immediate precursor in 2010.

Control Status:

Fentanyl is a schedule II substance under the Controlled Substances Act.

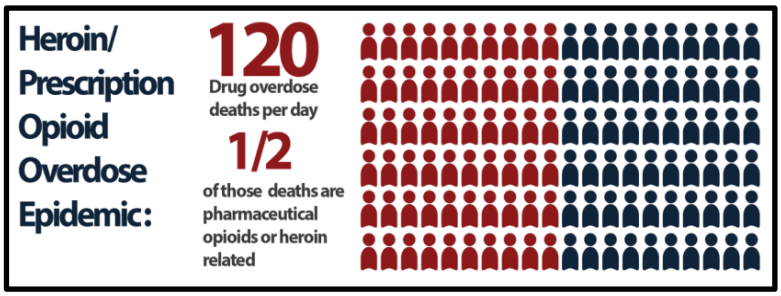
Comments and additional information are welcomed by the Drug and Chemical Evaluation Section, Fax 202-353-1263, telephone 202-307-7183, or Email ODE@usdoj.gov.

DEA 360 Strategy

Working Together to Break the Cycle of Drug Trafficking, Drug Violence, and Drug Abuse

What is DEA 360?

A comprehensive approach tackling the cycle of violence and addiction generated by the link between drug cartels, violent gangs, and the rising problem of prescription opioid and heroin abuse in U.S. cities. DEA 360 involves:



- Coordinated ***Law Enforcement*** operations targeting all levels of drug trafficking organizations and violent gangs supplying drugs to our neighborhoods
- Engaging drug manufacturers, wholesalers, practitioners, and pharmacists through ***Diversion Control*** to increase awareness of the opioid epidemic and encourage responsible prescribing practices, and use of opioid painkillers throughout the medical community
- ***Community Outreach*** and partnership with local organizations following enforcement operations, equipping and empowering communities to fight the opioid epidemic

National Partners with Local Reach:

- U.S. Attorney's Office – Western District of PA
- Boys & Girls Clubs of America
- Community Anti-Drug Coalitions of America
- DEA Educational Foundation
- DOJ – Violence Reduction Network
- The Elks Club
- HHS - Substance Abuse and Mental Health Services Administration
- Partnership for Drug-Free Kids

Goals:

- Stopping the deadly cycle of heroin and opioid pill abuse by eliminating drug trafficking organizations and gangs fueling violence on the streets and cycles of addiction in our communities
- Partnering with the medical community and others to raise awareness of the dangers of prescription opioid misuse and the link to heroin
- Strengthening community organizations best positioned to provide long-term help and support for building drug-free communities

For more information: Contact DEA Public Affairs at (202) 307-7977

DRAFT

October 2015

DEA 360 Strategy -- Community Outreach, Education & Prevention

Goal:
Have a positive impact in four pilot communities over the coming months that will serve as models for other communities that are facing similar issues of rising heroin and prescription opioid trafficking, abuse, addiction, overdose, and the violence and gang activity associated with the trafficking of these products.

Objectives:
1) Provide DEA leadership to **bring together disparate elements of local communities** following DEA drug enforcement actions.

2) Have a **long-lasting impact** through increased awareness of the costs and consequences of heroin and prescription opioid abuse.

3) **Change attitudes** to reduce demand through increased collaboration, prevention education, and treatment recovery support.

Four Key Target Audiences:

Home *(Parents/Caregivers)* – DEA and our national partners can have a lasting impact by engaging those who have significant influence on young people: their parents and caregivers. DEA can provide the facts and science behind the impact these drugs have on their families, so that parents can be better informed and able to communicate with their kids on this issue.

Educators & The Classroom – DEA and our national partners can have a lasting impact by engaging teachers and home schooling parents to provide them the facts, statistics, and science-based information tied to State SOLs, Common Core, and STEM that will allow them to increase integration of the prescription opioid and heroin prevention messages into classroom education opportunities.

After School *(Athletics, Scouts, Boys&Girls Clubs, 4H, After-School activities, etc.)* – DEA and our national partners can have a lasting impact by reaching youth during the critical after-school hours of 3 PM to 7 PM (source: DOJ/OJJDP) when parents aren't around and kids are looking for things to do. Supporting existing after-school programs with a drug education element on prescription opioids and heroin can reinforce healthy lifestyles free from drug abuse or engaging in gang activity that leads to crime and violence associated with drugs.

The Workplace – DEA and our national partners can have an impact by engaging business leaders to encourage workplace drug education programs focused on preventing lost productivity from prescription opioid and heroin abuse and encouraging employees to seek treatment for existing substance use disorders.

KEY CONSIDERATIONS: Efforts should be:

Limited (We don't have a bottomless budget)
Strategic (Targeted to the best places DEA can work within the larger field)
Impactful (Make a difference with everything we do)
Finite (Have an end-game in mind from the beginning, pass off to those best suited to manage the long-term follow up, keeping DEA at the table where we can be)

SHORT TERM STRATEGIES (First 30 Days):

* Rally DEA

- Identify and commit a DEA point person in each of the four target communities who will serve as "boots on the ground" for implementation of this plan.

- Collect, duplicate, and disseminate existing DEA-branded print materials on the heroin and prescription opioid issues to the four DEA local contact points. Provide digital versions of all of these materials as well. Identify any needs for language translations of these products for different communities within each city. Local DEA Office to start distribution to each pilot community.

- Provide initial media training (1/2 day) to two designated DEA spokespersons in each of the four communities.

- Develop logo, slogan (i.e.: Safer Communities, Safer Families), program materials, graphics, etc. to share with partners, media, and general public.

- Create general public talking points, general public PowerPoint presentation deck, media talking points, speeches, op-ed/letter to the editor, radio and TV PSA scripts, etc. that each of the four DEA offices will be using with their public outreach.

- Prepare and disseminate sanitized segments of the DEA 2015 National Drug Threat Assessment that cover each of the four pilot communities.

- Begin development of new localized resources to bring the messages of this effort to the target audiences (kids, parents, teachers, etc.) via methods and communication channels they are using today.

  - short-form videos
  - mobile-friendly micro websites
  - social media channels

- social media content (info graphics, posts, images, facts/stats)
- fact sheets
- an interactive app
- exhibit panels for local school/library/courthouse/community center

- Begin development of a "Community Alliance" in each of the four pilot cities comprised of key leaders from the fields of law enforcement, prevention, treatment, judicial system, education, business, government, civic, faith communities, media, social services, etc. to form the core of a long-term group that will cross disciplines to help DEA carry the prevention and treatment messages to the local population during the critical post-enforcement operation timeframe.

* National Partner Outreach

- Engage each of the national partners (federal and NGO) identified in this plan to secure their commitment to active involvement and specific deliverables they will be able to bring to the table.

* Media Outreach

- DEA SAC, PIO, or other designated local DEA staff do media interviews with friendly press to talk about the local problem and what DEA is doing about it. Begin to mention community partnerships, national prevention and treatment partners, and local organizations gearing up to emphasize prevention of future abuse outbreaks and treatment of people with existing substance abuse disorders.

MID-TERM STRATEGIES (60 – 180 Days):

* DEA to Host Summit

- Each DEA SAC to host a Heroin/RX Summit in the four target communities: a two-day facilitated meeting where DEA invites key community leaders to brainstorm on sustainable efforts to address all aspects of these problems in a holistic and collaborative manner within that affected community.

* Deploy Existing Materials

- Provide bulk quantities of DEA-branded existing materials to participants at the summit for distribution to their constituents across the target community.
    - Prescription for Disaster: How Teens Abuse Medicine (a.k.a. - Pill Book)
    - Drugs of Abuse, 2015 Edition
    - Drug Fact Cards (heroin, marijuana, ecstasy, spice/k2)
    - Heroin/Fentanyl brochure (in final process of formatting for copies)
    - Prescription Drug Infographic
    - Heroin Infographic
    - Office of Diversion RX materials

* Launch Micro-websites & Division Resource Pages

- Complement the existing branding and infrastructure of the DEA managed justthinktwice.com website by deploying four microsites (justthinktwicestlouis, justthinktwicepittsburgh, justthinktwicemilwaukee, and justthinktwicememphis) to provide youth-oriented information specific

to that community.
- Cross-promote these microsites in all other aspects of the program.
- Establish a community outreach page on each of the four DEA Field Division websites as a one-stop-shop for localized law enforcement, treatment, and prevention education resources in each specific community.

* Launch social media presence in each of the four pilot communities
- Establish unique social media identities for this campaign in each community.
- Tie into and leverage existing "thought leaders" within the local social media spheres of each community.
- Cross-promote these social media channels in all other aspects of the program.

* Targeted Media Buy in each community with DEA ads/PSAs

* Deploy new outreach materials as they come online.

* Deploy DEA Youth Dance Programs in schools in each of the four pilot cities (Spring 2016 Semester)

LONG TERM STRATEGIES (180 days – One Year +):

* DEA Community Outreach
- Maintain the Community Alliance that was formed at the beginning of the project via regular meetings and communication by and among members.
- Follow up on action items identified in the Summit.
- Continue to provide public outreach and education programs as financial and human resources allow.

* Additional Media Placements
- Deploy second round of new Partnership and DEA PSA's in each pilot community

* Evaluation of Effectiveness (Evidence-Based Prevention)
- Conduct surveys in the four pilot communities to gauge the on-going impact of the community outreach plan as part of the broader effectiveness of the larger Enforcement/Regulatory/Prevention 360 Strategy.
- Success to be based on increased knowledge of the issues and preventive solutions delivered by these programs as well as attitudinal changes toward heroin and prescription opioids by members of the target audiences.

* Transition to Local Leadership with National Support

NATIONAL PARTNERSHIPS:

DEA's strength lies in decades of experience working in partnership on enforcement actions with other federal, state, and local law enforcement. The same holds true for DEA's 30+ years of deploying demand

reduction programs alongside our enforcement operations. The key to the long-term success of the 360 Strategy's Community Action Support & Education element is to identify and engage key community leaders and stakeholders in the target communities, bring them into this initiative, and utilize their local experience, connections, and constituent bases to drive the messages of the program.

Department of Justice: Office of Justice Programs (OJP) and Violence Reduction Network (VRN)

About OJP:

The Office of Justice Programs (OJP) provides innovative leadership to federal, state, local, and tribal justice systems, by disseminating state-of-the art knowledge and practices across America, and providing grants for the implementation of these crime fighting strategies. Because most of the responsibility for crime control and prevention falls to law enforcement officers in states, cities, and neighborhoods, the federal government can be effective in these areas only to the extent that it can enter into partnerships with these officers.

About VRN:

The Violence Reduction Network is an innovative approach to support and enhance local violence reduction efforts. This data-driven, evidence-based initiative complements DOJ's Smart on Crime initiative through delivery of strategic, intensive training and technical assistance. Designed to enhance a site's current goals, VRN builds on efforts already under way, leverages lessons learned, and delivers a broad spectrum of resources via a strategic and holistic approach.

What They Could Do:

* Technical assistance for access to a host of existing OJP and BJA resources.
* Broad appeal to organizations with existing relationships withi9n the VRN program.
* Best practices from past VRN experiences in their existing cities.

Substance Abuse Mental Health Services Administration (SAMHSA) and Department of Health & Human Services (HHS)

About:

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SAMHSA promotes and implements prevention and early intervention strategies to reduce the impact of mental and substance use disorders in America's communities.

What They Could Do:

* CSAT to identify and facilitate all local treatment & recovery providers in each community.
* CSAT to provide educational materials on the benefit of treatment & recovery for distribution.
* CSAP to identify and help engage local prevention organizations in each community.
* CSAP to facilitate work with Drug-Free Communities Program grant in Milwaukee.
* CSAP to facilitate access to additional proven anti-drug educational materials for distribution.
* Utilization of Center for the Application of Prevention Technologies (CAPT) for training in best practices in the community and for evaluation component of the program.

Centers for Disease Control & Prevention (CDC)

About:

CDC remains committed to advancing a public health approach to preventing drug overdose death and applies its scientific expertise to help curb the epidemic in three ways: improving data quality and surveillance to monitor and respond to the epidemic; strengthening state efforts by scaling up effective public health interventions; and equipping health care providers with the data and tools needed to improve the safety of their patients

What They Could Do: (All in line with their current mission and goals on this issue)

*Epidemiological data

* Materials for health care providers

* Awareness for public health intervention in each pilot city in line

Community Anti-Drug Coalitions of America (CADCA)

About:

CADCA is the premier membership organization representing those working to make their communities safe, healthy, and drug-free. CADCA has members in every U.S. state and territory and is working in 18 countries around the world. Special programs within CADCA are supporting returning veterans and their families and training youth leaders to be effective agents of change –all through the coalition model. Since 1992, CADCA has demonstrated that when all sectors of a community come together —social change happens.

What They Could Do:

* Integrate DEA360 with local existing community coalitions for long-term sustainability of this initiative in Milwaukee and St. Louis.

* Establish new community coalitions in Pittsburgh and West Memphis.

* Facilitate the Heroin/RX Summit in each of the pilot cities using their existing Training Institute.

* Assist with outcomes measurement/evaluation through their Evaluation & Research Unit.

Partnership for Drug-Free Kids (Partnership)

About:

Founded in 1987 as an anti-drug advertising campaign and formerly known as the Partnership for a Drug-Free America, the Partnership is a nonprofit organization dedicated to reducing teen substance abuse and helping families impacted by addiction. The Partnership for Drug-Free Kids translates the science of teen drug use and addiction for families, providing parents with direct support to prevent and cope with teen drug and alcohol abuse. On their website, families can find the information they need to understand the ever-changing drug landscape, which now includes abuse of prescription drugs. In addition to support and resources for parents, Partnership reaches youth directly through teen-targeted efforts.

What They Could Do:

* Deploy existing “Mind Your Meds” PSA’s in each pilot community via their existing media networking.

* Provide access to their toll-free parents help line: (855) DRUG-FREE.
* Provide access to their existing infographics for use in presentations, on social media, etc.
* Provide access to their existing "Above the Influence" teen toolkit.
* Deploy their PACT360 program training for members of DEA's Community Alliance in each of the four pilot cities (January 2016).

DEA Educational Foundation

About:

Established in 2001, the DEA Educational Foundation educates the American public on the various costs and consequences of drugs on society through support of the educational programs and exhibits of the DEA Museum and the operation of DEA Youth Dance Program in more than 30 cities around the country.

What They Could Do:

* Deploy DEA Youth Dance Programs in multiple schools in each of the four pilot cities.

Benevolent and Protective Order of the Elks

About:

The Elks National Drug Awareness Program, established in 1982, is the largest volunteer drug awareness program in the United States. The Elks are committed to eliminating the use and abuse of illegal drugs by all members of society and believe that in order to ensure a bright future for our country, it is essential that our children be raised in a drug-free environment. The Elks possess a dedicated army of volunteers who freely give their time and talents to what they describe as "a most noble cause."

What They Could Do:

* Marshall their members in lodges in each of the four pilot cities to take the DEA materials and distribute them, with training they could serve as force multipliers to go out and give anti-drug presentations.

Boys & Girls Clubs

About:

The mission of Boys & Girls Clubs is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. A Boys & Girls Club provides: a safe place to learn and grow; ongoing relationships with caring, adult professionals; and Life-enhancing programs and character development experiences. Their community-based Delinquency and Gang Prevention/Intervention Initiative targets young people ages 6 to 18 that are at high risk for involvement or are already involved with delinquency and gangs. These youth and teens are directed to positive alternatives and learn about violence prevention.

What They Could Do:

* Provide access to their youth members for audiences in each city for public education/outreach programs.
* Identify youth leaders in each of their programs that can be part of DEA's Community Alliance and engage with our other partners in making a difference in each pilot city.

Boy Scouts & Girl Scouts of America

About: Boy Scouts -- One of the nation's largest and most prominent values-based youth development organizations. The BSA provides a program for young people that builds character, trains them in the responsibilities of participating citizenship, and develops personal fitness. For over a century, the BSA has helped build the future leaders of this country by combining educational activities and lifelong values with fun. The Boy Scouts of America believes — and, through over a century of experience, knows — that helping youth is a key to building a more conscientious, responsible, and productive society Drugs: A Deadly Game! is the drug abuse prevention awareness program of the Boy Scouts of America. It is a drug education experience designed to stimulate discussion in small groups and classroom settings and to get children talking—and learning—about the dangers of drug use and abuse.

About: Girl Scouts -- Girl Scouts builds girls of courage, confidence, and character, who make the world a better place. Gil Scouts sees itself as the preeminent leadership development organization for girls. With programs for girls from coast to coast and across the globe, Girl Scouts offers every girl a chance to do something amazing.

What They Could Do:

* Via the national organizations, access to the local Councils and Troops for presentation to their youth members the messages of this program in each of the four pilot cities.
* Engagement of youth leaders from these organizations to be active part of DEA's Community Alliance.

Others – Athletics:

National High School Coaches Association
National Alliance for Youth Sports
National Federation of State High School Associations

###

U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION

Drugs of Abuse

A DEA RESOURCE GUIDE 2017 EDITION

Drugs of Abuse

A DEA RESOURCE GUIDE

PRODUCED AND PUBLISHED BY
Drug Enforcement Administration • U.S. Department of Justice

WWW.DEA.GOV

Contents

Welcome

TO THE LATEST EDITION OF DRUGS OF ABUSE

Education plays a critical role in preventing substance abuse. *Drugs of Abuse, A DEA Resource Guide*, is designed to be a reliable resource on the most commonly abused and misused drugs in the United States. This comprehensive guide provides important information about the harms and consequences of drug use by describing a drug's effects on the body and mind, overdose potential, origin, legal status, and other key facts.

Drugs of Abuse also offers a list of additional drug education and prevention resources, including the DEA websites:

www.DEA.gov; www.JustThinkTwice.com, aimed at teenagers; www.GetSmartAboutDrugs.com, designed for parents, educators, and caregivers; and www.operationprevention.com.

I. Controlled Substances Act

CONTROLLING DRUGS OR OTHER SUBSTANCES THROUGH FORMAL SCHEDULING

The Controlled Substances Act (CSA) places all substances which were in some manner regulated under existing federal law into one of five schedules. This placement is based upon the substance's medical use, potential for abuse, and safety or dependence liability. The Act also provides a mechanism for substances to be controlled (added to or transferred between schedules) or decontrolled (removed from control). The procedure for these actions is found in Section 201 of the Act (21U.S.C. §811).

Proceedings to add, delete, or change the schedule of a drug or other substance may be initiated by the Drug Enforcement Administration (DEA), the Department of Health and Human Services (HHS), or by petition from any interested party, including:

- The manufacturer of a drug
- A medical society or association
- A pharmacy association
- A public interest group concerned with drug abuse
- A state or local government agency
- An individual citizen

When a petition is received by the DEA, the agency begins its own investigation of the drug. The DEA also may begin an investigation of a drug at any time based upon information received from law enforcement laboratories, state and local law enforcement and regulatory agencies, or other sources of information.

Once the DEA has collected the necessary data, the DEA Administrator, by authority of the Attorney General, requests from HHS a scientific and medical evaluation and recommendation as to whether the drug or other substance should be controlled or removed from control. This request is sent to the Assistant Secretary for Health of HHS.

The Assistant Secretary, by authority of the Secretary, compiles the information and transmits back to the DEA: a medical and scientific evaluation regarding the drug or other substance, a recommendation as to whether the drug should be controlled, and in what schedule it should be placed.

The medical and scientific evaluations are binding on the DEA with respect to scientific and medical matters and form a part of the scheduling decision.

Once the DEA has received the scientific and medical evaluation from HHS, the Administrator will evaluate all available data and make a final decision whether to propose that a drug or other substance should be removed or controlled and into which schedule it should be placed.

If a drug does not have a potential for abuse, it cannot be controlled. Although the term "potential for abuse" is not defined in the CSA, there is much discussion of the term in the legislative history of the Act. The following items are indicators that a drug or other substance has a potential for abuse:

(1) There is evidence that individuals are taking the drug or other substance in amounts sufficient to create a hazard to their health or to the safety of other individuals or to the community.

(2) There is significant diversion of the drug or other substance from legitimate drug channels.

(3) Individuals are taking the drug or other substance on their own initiative rather than on the basis of medical advice from a practitioner.

(4) The drug is a new drug so related in its action to a drug or other substance already listed as having a potential for abuse to make it likely that the drug will have the same potential for abuse as such drugs, thus making it reasonable to assume that there may be significant diversions from legitimate channels, significant use contrary to or without medical advice, or that it has a substantial capability of creating hazards to the

health of the user or to the safety of the community. Of course, evidence of actual abuse of a substance is indicative that a drug has a potential for abuse.

In determining into which schedule a drug or other substance should be placed, or whether a substance should be decontrolled or rescheduled, certain factors are required to be considered. These factors are listed in Section 201 (c), [21 U.S.C. § 811 (c)] of the CSA as follows:

(1) *The drug's actual or relative potential for abuse.*

(2) *Scientific evidence of the drug's pharmacological effect, if known.* The state of knowledge with respect to the effects of a specific drug is, of course, a major consideration. For example, it is vital to know whether or not a drug has a hallucinogenic effect if it is to be controlled due to that effect.

The best available knowledge of the pharmacological properties of a drug should be considered.

(3) *The state of current scientific knowledge regarding the substance.* Criteria (2) and (3) are closely related. However, (2) is primarily concerned with pharmacological effects and (3) deals with all scientific knowledge with respect to the substance.

(4) *Its history and current pattern of abuse.* To determine whether or not a drug should be controlled, it is important to know the pattern of abuse of that substance.

(5) *The scope, duration, and significance of abuse.* In evaluating existing abuse, the DEA Administrator must know not only the pattern of abuse, but also whether the abuse is widespread.

(6) *What, if any, risk there is to the public health.* If a drug creates dangers to the public health, in addition to or because of its abuse potential, then these dangers must also be considered by the Administrator.

(7) *The drug's psychic or physiological dependence liability.* There must be an assessment of the extent to which a drug is physically addictive or psychologically habit forming.

(8) *Whether the substance is an immediate precursor of a substance already controlled.* The CSA allows inclusion of immediate precursors on this basis alone into the appropriate schedule and thus safeguards against possibilities of clandestine manufacture. After considering the above listed factors, the Administrator must make specific findings concerning the drug or other substance. This will determine into which schedule the drug or other substance will be placed. These schedules are established by the CSA. They are as follows:

Schedule I

- The drug or other substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.
- Examples of Schedule I substances include heroin, gamma hydroxybutyric acid (GHB), lysergic acid diethylamide (LSD), marijuana, and methaqualone.

Schedule II

- The drug or other substance has a high potential for abuse.
- The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
- Abuse of the drug or other substance may lead to severe psychological or physical dependence.
- Examples of Schedule II substances include morphine, phencyclidine (PCP), cocaine, methadone, hydrocodone, fentanyl, and methamphetamine.

Schedule III

- The drug or other substance has less potential for abuse than the drugs or other substances in Schedules I and II.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.
- Anabolic steroids, codeine products with aspirin or Tylenol, and some barbiturates are examples of Schedule III substances.

Schedule IV

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.
- Examples of drugs included in Schedule IV are alprazolam, clonazepam, and diazepam.

Schedule V

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substances may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV.
- Cough medicines with codeine are examples of Schedule V drugs.

When the DEA Administrator has determined that a drug or other substance should be controlled, decontrolled, or rescheduled, a proposal to take action is published in the Federal Register. The proposal invites all interested persons to file comments with the DEA and may also request a hearing with the DEA. If no hearing is requested, the DEA will evaluate all comments received and publish a final order in the Federal Register, controlling the drug as proposed or with modifications based upon the written comments filed. This order will set the effective dates for imposing the various requirements of the CSA.

If a hearing is requested, the DEA will enter into discussions with the party or parties requesting a hearing in an attempt to narrow the issue for litigation. If necessary, a hearing will then be held before an Administrative Law Judge. The judge will take evidence on factual issues and hear arguments on legal questions regarding the control of the drug. Depending on the scope and complexity of the issues, the hearing may be brief or quite extensive. The Administrative Law Judge, at the close of the hearing, prepares findings of fact and conclusions of law and a recommended decision that is submitted to the DEA Administrator. The DEA Administrator will review these documents, as well as the underlying material, and prepare his/her own findings of fact and conclusions of law (which may or may not be the same as those drafted by the Administrative Law Judge). The DEA Administrator then publishes a final order in the Federal Register either scheduling the drug or other substance or declining to do so.

Once the final order is published in the Federal Register, interested parties have 30 days to appeal to a U.S. Court of Appeals to challenge the order. Findings of fact by the Administrator are deemed conclusive if supported by "substantial evidence." The order imposing controls is not stayed during the appeal, however, unless so ordered by the Court.

Emergency or Temporary Scheduling

The CSA was amended by the Comprehensive Crime Control Act of 1984. This Act included a provision which allows the DEA Administrator to place a substance, on a temporary basis, into Schedule I, when necessary, to avoid an imminent hazard to public safety.

This emergency scheduling authority permits the scheduling of a substance which is not currently controlled, is being abused, and is a risk to public health while the formal rulemaking procedures described in the CSA are being conducted. This emergency scheduling applies only to substances with no accepted medical use.

A temporary scheduling order may be issued for two years with a possible extension of up to one year if formal scheduling procedures have been initiated. The notice of intent and order are published in the Federal Register, as are the proposals and orders for formal scheduling. [21 U.S.C. § 811 (h)]

Controlled Substance analogues

Controlled substance analogues are substances that are not formally controlled substances, but may be found in illicit trafficking. They are structurally or pharmacologically similar to Schedule I or II controlled substances and have no legitimate medical use. A substance that meets the definition of a controlled substance analogue and is intended for human consumption may be treated under the CSA as if it were a controlled substance in Schedule I. [21 U.S.C. § 802(32), 21 U.S.C. § 813]

International treaty obligations

United States treaty obligations may require that a drug or other substance be controlled under the CSA, or rescheduled if existing controls are less stringent than those required by a treaty. The procedures for these scheduling actions are found in Section 201 (d) of the Act. [21 U.S.C. § 811 (d)]

The United States is a party to the Single Convention on Narcotic Drugs of 1961, which was designed to establish effective control over international and domestic traffic in narcotics, coca leaf, cocaine, and cannabis. A second treaty, the Convention on Psychotropic Substances of 1971, which entered into force in 1976 and was ratified by Congress in 1980, is designed to establish comparable control over stimulants, depressants, and hallucinogens.

REGULATION

The CSA creates a closed system of distribution for controlled substances.

The cornerstone of this system is the registration of all those authorized by DEA to handle controlled substances. All individuals and firms that are registered are required to maintain complete and accurate inventories, and records of all transactions involving controlled substances, as well as security for the storage of controlled substances.

Registration

Any person who handles or intends to handle controlled substances must obtain a registration issued by DEA. A unique number is assigned to each legitimate handler of controlled drugs such as importer, exporter, manufacturer, distributor, hospital, pharmacy, practitioner, and researcher.

This number must be made available to the supplier by the customer prior to the purchase of a controlled substance, and its validity can be verified online through the Diversion Control Division website at www.DEAdiversion.usdoj.gov. Thus, the opportunity for unauthorized transactions is greatly diminished.

Recordkeeping and Reporting

The CSA requires that complete and accurate records be kept of all quantities of controlled substances manufactured, imported, exported, received, delivered, distributed, dispensed, or otherwise disposed. Each substance must be physically inventoried every two years. Some limited exceptions to the recordkeeping requirements apply to certain categories of registrants.

From these records it is possible to trace the flow of any drug from the time it is first imported or manufactured, through the distribution level, to the pharmacy or hospital that dispensed it, and then to the actual patient who received the drug. The mere existence of this requirement is sufficient to discourage many forms of diversion. It actually serves large drug corporations as an internal check to uncover diversion, such as pilferage by employees.

There is one distinction between scheduled items for record keeping requirements. Records for Schedule I and II drugs must be kept separate from all other records maintained by the registrant. Records for Schedule III, IV, and V substances must be kept in a "readily retrievable" form, or maintained separately from all other records.

Distribution

Maintaining records is required for distribution of a controlled substance from one manufacturer to another, from manufacturer to distributor, and from distributor to dispenser. In the case of Schedule I and II drugs, the supplier must first receive a special order from the customer. This order form (DEA Form 222) is issued by DEA only to persons who are properly registered to handle Schedule I and II controlled substances.

The form is preprinted with the name and address of the customer. The drugs must be shipped to this name and address. The use of this form is a special reinforcement of the registration requirement; it ensures that only authorized individuals may obtain Schedule I and II drugs.

Controlled Substance Ordering System (CSOS) – Electronic Order Forms

Any registrant permitted to order Schedule II controlled substances may do so electronically via the DEA Controlled Substance Ordering System (CSOS). The use of electronic orders is optional; registrants may continue to issue orders on a paper DEA Form 222. CSOS allows for secure electronic transmission of controlled substance orders without the supporting paper DEA Form 222. The adoption of the CSOS standards is the only allowance for the electronic transmission of Schedule II controlled substance orders between controlled substance manufacturers, distributors, pharmacies, and other DEA authorized entities. CSOS uses Public Key Infrastructure (PKI) technology, which requires CSOS users to obtain a CSOS digital certificate for electronic ordering. The electronic orders must be signed using a digital signature issued by a Certification Authority (CA) operated by DEA.

Digital certificates can be obtained only by registrants and individuals granted power of attorney by registrants to sign orders. A registrant must appoint a CSOS coordinator who will serve as that registrant's recognized agent regarding issues pertaining to issuance of, revocation of, and changes to, digital certificates issued under that registrant's DEA registration. A CSOS digital certificate will be valid until the DEA registration under which it is issued expires or until the CSOS CA is notified that the certificate should be revoked. Certificates will be revoked if the certificate holder is no longer authorized to sign Schedule II orders for the registrant, if the information on which the certificate is based changes, or if the digital certificate used to sign electronic orders has been compromised, stolen, or lost.

One benefit of using the CSOS system is that participants who are registered in other schedules in addition to schedule II can then use this same system to also order those other controlled substances.

Another benefit of the DEA Form 222 is the special monitoring it permits. The form is issued in triplicate: the customer keeps one copy; two copies go to the supplier, who, after filling the order, keeps a copy and forwards the third copy to the nearest DEA office.

For drugs in Schedules III, IV, and V, no order form is necessary, but both the supplier and the purchaser must still maintain records of all transactions involving these controlled substances and those records must contain specific information required by DEA regulation.

The supplier in each case, however, is under an obligation to verify the authenticity of the customer. The supplier is held fully accountable for any drugs that are shipped to a purchaser who does not have a valid registration. Manufacturers must submit periodic reports of the Schedule I and II controlled substances they produce in bulk and dosage forms.

They also report the manufactured quantity and form of each narcotic substance listed in Schedule III. Distributors of controlled substances must report the quantity and form of all their transactions of controlled drugs listed in Schedules I and II, narcotics listed in Schedule III, and GHB. Both manufacturers and distributors are required to provide reports of their annual inventories of these controlled substances. This data is entered into a system called the Automated Reports and Consolidated Orders System (ARCOS). It enables the DEA to monitor the distribution of controlled substances throughout the country, and to identify retail level registrants that receive unusual quantities of controlled substances.

Dispensing to Patients

The dispensing of a controlled substance is the delivery by a practitioner of the controlled substance to the ultimate user, who may be a patient or research subject. Special control mechanisms operate here as well. Schedule I drugs are those that have no currently accepted medical use in the United States; therefore, they may be used in the United States only in research situations. They generally are supplied by only a limited number of firms to properly registered and qualified researchers. Controlled substances may be dispensed by a practitioner by direct administration, by prescription, or by dispensing.

Records must be maintained by the practitioner of all dispensing of controlled substances and of certain administrations.

The CSA does not require the practitioner to maintain copies of prescriptions unless such substances are prescribed in the course of maintenance or detoxification treatment of an individual. Certain states require the use of multiple-copy prescriptions for Schedule II and other specified controlled substances.

The determination to place drugs on prescription is within the jurisdiction of the FDA. Unlike other prescription drugs, however, controlled substances are subject to additional restrictions. Schedule II prescription orders must be written and signed by the practitioner; they may not be telephoned into the pharmacy except in an emergency. In addition, a prescription for a Schedule II drug may not be refilled. For Schedule III and IV drugs, the prescription order may be either written or oral (that is, by telephone to the pharmacy). In addition, the patient may (if authorized by the practitioner) have the prescription refilled up to five times and at any time within six months from the date the prescription was issued.

Schedule V includes some prescription drugs and many narcotic preparations, including antitussives and antidiarrheals. Even here, however, the law imposes restrictions beyond those normally required for the over-the-counter sales; for example, the patient must be at least 18 years of age, must offer some form of identification, and have his or her name entered into a special log maintained by the pharmacist as part of a special record.

Electronic Prescriptions

On March 31, 2010, DEA published in the Federal Register the Electronic Prescriptions for Controlled Substances interim final rule which became effective June 1, 2010. The rule provides practitioners with the option of writing prescriptions for controlled substances electronically and also permits pharmacies to receive, dispense, and archive these electronic prescriptions.

Persons who wish to dispense controlled substances using electronic prescriptions must select software that meets the requirements of this rule. As of June 1, 2010, only those electronic applications that comply with all of DEA's requirements as set forth in 21 C.F.R. §1311 may be used to electronically create, transmit, receive/archive controlled substances prescriptions, and dispense controlled substances based on those prescriptions.

Ryan Haight Online Pharmacy Consumer Protection Act of 2008

On October 15, 2008, the President signed into law the Ryan Haight Online Pharmacy Consumer Protection Act of 2008, often referred to as the Ryan Haight Act. This law amends the CSA by adding a series of new regulatory requirements and criminal provisions designed to combat the proliferation of so-called "rogue Internet sites" that unlawfully dispense controlled substances by means of the Internet. The Ryan Haight Act applies to all controlled substances in all schedules. An online pharmacy is a person, entity, or Internet site, whether in the United States or abroad, that knowingly or intentionally delivers, distributes, or dispenses, or offers or attempts to deliver, distribute, or dispense, a controlled substance by means of the Internet.

This law became effective April 13, 2009. As of that date, it is illegal under federal law to deliver, distribute, or dispense a controlled substance by means of the Internet unless the online pharmacy holds a modification of DEA registration authorizing it to operate as an online pharmacy.

Quotas

DEA limits the quantity of Schedule I and II controlled substances and specific List I chemicals (pseudoephedrine, ephedrine, and phenylpropanolamine) that may be produced in the United States in any given calendar year for legitimate medical, scientific and research needs, inventory, and lawful exports. By utilizing available data on sales and inventories of these controlled substances, and taking into account estimates of drug usage provided by the FDA, the DEA establishes annual aggregate production quotas for Schedule I and II controlled substances and the List I chemicals pseudoephedrine, ephedrine, and phenylpropanolamine.

The aggregate production quotas and the assessment of annual needs are allocated among the various manufacturers who are registered to manufacture the specific substance or listed chemical. DEA also allocates the amount of bulk material that may be procured by those DEA registered manufacturers that prepare the substances into dosage units.

Security

DEA registrants are required by regulation to maintain certain security for the storage and distribution of controlled substances. Manufacturers and distributors of Schedule I and II substances must store controlled substances in specially constructed vaults or highly rated safes, and maintain electronic security for all storage areas. Lesser physical security requirements apply to retail level registrants such as hospitals and pharmacies. All registrants are required to make every effort to ensure that controlled substances in their possession are not diverted into the illicit market. This requires operational as well as physical security. For example, registrants are responsible for ensuring that controlled substances are distributed only to other registrants that are authorized to receive them, or to legitimate patients.

Controlled Substance Theft or Significant Loss

Should a theft or significant loss of any controlled substance occur, a registrant must implement the following procedures within one business day of the discovery of the theft or loss.

A. Notify DEA and Local Police

The theft of controlled substances from a registrant is a criminal act and a source of diversion that requires notification to DEA.

A registrant must notify in writing the local DEA Diversion Field Office within one business day of discovery of a theft or significant loss of a controlled substance. Although not specifically required by federal law or regulations, the registrant should also notify local law enforcement and state regulatory agencies. Prompt notification to enforcement agencies will allow them to investigate the incident and prosecute those responsible for the diversion. If there is a question as to whether a theft has occurred or a loss is significant, a registrant should err on the side of caution and report it to DEA and local law enforcement authorities.

DEA must be notified directly. This requirement is not satisfied by reporting the theft or significant loss in any other manner. For example, a corporation which owns or operates multiple registered sites and wishes to channel all notifications through corporate management or any other internal department responsible for security, must still provide notice directly to DEA in writing within one business day upon discovery and keep a copy of that notice for its records. The notice must be signed by an authorized individual of the registrant.

B. Complete DEA Form 106

A registrant must also complete a DEA Form 106 (Report of Theft or Loss of Controlled Substances) which can be found online at www.DEAdiversion.usdoj.gov under the Quick Links

section. The DEA Form 106 is used to document the actual circumstances of the theft or significant loss and the quantities of controlled substances involved. A paper version of the form may also be obtained by writing to the Drug Enforcement Administration. If completing the paper version, the registrant should send the original DEA Form 106 to the local DEA Diversion Field Office and keep a copy for its records.

PENALTIES

The CSA provides penalties for unlawful manufacturing, distribution, and dispensing of controlled substances. The penalties are basically determined by the schedule of the drug or other substance, and sometimes are specified by drug name, as in the case of marijuana. As the statute has been amended since its initial passage in 1970, the penalties have been altered by Congress. The following charts are an overview of the penalties for trafficking or unlawful distribution of controlled substances. This is not inclusive of the penalties provided under the CSA.

User Accountability/Personal Use Penalties

On November 19, 1988, Congress passed the Anti-Drug Abuse Act of 1988, P. L. 100-690. Two sections of this Act represent the U.S. Government's attempt to reduce drug abuse by dealing not just with the person who sells the illegal drug, but also with the person who buys it. The first new section is titled "User Accountability," and is codified at 21 U.S.C. § 862 and various sections of Title 42, U.S.C. The second involves "personal use amounts" of illegal drugs, and is codified at 21 U.S.C. § 844a.

User Accountability

The purpose of User Accountability is to not only make the public aware of the federal government's position on drug abuse, but to describe new programs intended to decrease drug abuse by holding drug users personally responsible for their illegal activities, and imposing civil penalties on those who violate drug laws.

It is important to remember that these penalties are in addition to the criminal penalties drug users are already given, and do not replace those criminal penalties.

The new User Accountability programs call for more instruction in schools, kindergarten through senior high, to educate children on the dangers of drug abuse. These programs will include participation by students, parents, teachers, local businesses and the local, state, and federal government.

User Accountability also targets businesses interested in doing business with the federal government. This program requires those businesses to maintain a drug-free workplace, principally through educating employees on the dangers of drug abuse, and by informing employees of the penalties they face if they engage in illegal drug activity on company property. There is also a provision in the law that makes public housing projects drug-free by evicting those residents who allow their units to be used for illegal drug activity, and denies federal benefits, such as housing assistance and student loans, to individuals convicted of illegal drug activity. Depending on the offense, an individual may be prohibited from ever receiving any benefit provided by the federal government.

Personal Use Amounts

This section of the 1988 Act allows the government to punish minor drug offenders without giving the offender a criminal record if the offender is in possession of only a small amount of drugs. This law is designed to impact the "user" of illicit drugs, while simultaneously saving the government the costs of a full-blown criminal investigation. Under this section, the government has the option of imposing only a civil fine on individuals possessing only a small quantity of an illegal drug. Possession of this small quantity, identified as a "personal use amount," carries a civil fine of up to $10,000.

In determining the amount of the fine in a particular case, the drug offender's income and assets will be considered. This is accomplished through an administrative proceeding rather than a criminal trial, thus reducing the exposure of the offender to the entire criminal justice system, and reducing the costs to the offender and the government.

The value of this section is that it allows the government to punish a minor drug offender, gives the drug offender the opportunity to fully redeem himself or herself, and have all public record of the proceeding destroyed. If this was the drug offender's first offense, and the offender has paid all fines, can pass a drug test, and has not been convicted of a crime after three years, the offender can request that all proceedings be dismissed.

If the proceeding is dismissed, the drug offender can lawfully say he or she had never been prosecuted, either criminally or civilly, for a drug offense.

The law has imposed two limitations on this section's use. It may not be used if (1) the drug offender has been previously convicted of a federal or state drug offense; or (2) the offender has already been fined twice under this section.

DRUG SCHEDULING

This document is a general reference and not a comprehensive list. This list describes the basic or parent chemical and does not describe the salts, isomers and salts of isomers, esters, ethers, and derivatives which may also be controlled substances. While some positional isomers have been identified here, they are shown as examples, and the chart does not include every potential positional isomer. Cannabimimetic agents as defined under the Food and Drug Administration Safety and Innovation Act were placed into Schedule I even though they are not included in this particular list. Please visit https://go.usa.gov/59 for the most recent updates to the list.

SCHEDULE I

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
1-(1-Phenylcyclohexyl)pyrrolidine	7458	N	PCPy, PHP, rolicyclidine
1-(2-Phenylethyl)-4-phenyl-4-acetoxypiperidine	9663	Y	PEPAP, synthetic heroin
1-[1-(2-thienyl)cyclohexyl]piperidine	7470	N	tCP, tenocyclidine
1-[1-(2-thienyl)cyclohexyl]pyrrolidine	7473	N	tCPy
1-Methyl-4-phenyl-4-propionoxypiperidine	9661	Y	MPPP, synthetic heroin
2,5-dimethoxy-4-(n)-propylthiophenethylamine	7348	N	2C-t-7
2,5-dimethoxy-4-ethylamphetamine	7399	N	doEt
2,5-dimethoxyamphetamine	7396	N	dMA, 2,5-dMA
2C-C (2-(4-Chloro-2,5-dimethoxyphenyl) ethanamine	7519	N	2C-C, synthetic hallucinogen
2C-D (2-(2,5-Dimethoxy-4-methylphenyl) ethanamine	7508	N	2C-D, synthetic hallucinogen
2C-N (2-(2.5-Dimethoxy-4-nitro-phenyl) ethanamine	7521	N	2C-N
2C-E (2-(2,5-Dimethoxy-4-ethylphenyl) ethanamine	7509	N	2C-D, synthetic hallucinogen
2C-H (2-(2,5-Dimethoxyphenyl) ethanamine	7517	N	2C-H, synthetic hallucinogen
2-(4-bromo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl) ethanamine (25B-NBOMe)	7536	N	25B-NBOMe, 2C-B-NBOMe, 25B, Cimbi-36
2-(4-chloro-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl) ethanamine (25C-NBOMe)	7537	N	25C-NBOMe, 2C-C-NBOMe, 25C, Cimbi-82
2C-I (2-(4-iodo-2,5-dimethoxyphenyl) ethanamine)	7518	N	2C-I, synthetic hallucinogen
2C-P (2-(2,5-Dimethoxy-4-(n)-propylphenyl) ethanamine)	7524	N	2C-P, synthetic hallucinogen
2C-T-2 (2-(4-Ethylthio-2,5-dimethoxyphenyl) ethanamine)	7385	N	2C-T-2, synthetic hallucinogen
2C-T-4 (2-(4-Isopropylthio)-2,5-dimethoxyphenyl) ethanamine)	7532	N	2C-T-4, synthetic hallucinogen
2-(4-iodo-2,5-dimethoxyphenyl-N-(2-methoxybenzyl) ethanamine (25I-NBOMe)	7538	N	25I-NBOMe, 2C-I-NBOMe, 25I, Cimbi-5
3,4,5-trimethoxyamphetamine	7390	N	tMA
3,4-Methylenedioxyamphetamine	7400	N	MdA, Love drug
3,4-Methylenedioxymethamphetamine	7405	N	MdMA, Ecstasy, XtC
3,4-Methylenedioxy-n-ethylamphetamine	7404	N	n-ethyl MdA, MdE, MdEA
3-Fluoro-N-methylcathinone (3-FMC)	1233	N	1-3-fluorophenyl-2-(methylamino)propan-1-one) (Positional isomer: 2-FMC)
3-Methylfentanyl	9813	Y	China White, fentanyl
3-Methylthiofentanyl	9833	Y	China White, fentanyl

SCHEDULE I

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
4-Bromo-2,5-dimethoxyamphetamine	7391	N	doB, 4-bromo-dMA
4-Bromo-2,5-dimethoxyphenethylamine	7392	N	nexus, 2-CB, has been sold as Ecstasy, i.e. MdMA
4-Fluoro-N-methylcathinone (4-FMC)	1238	N	flephedrone; 1-(4-fluorophenyl)-2-(methylamino) propan-1-one) (Positional isomer: 2-FMC)
4-Methoxyamphetamine	7411	N	PMA
4-Methyl-2,5-dimethoxyamphetamine	7395	N	doM, StP
4-Methyl-alphapyrrolidinopropiophenone (4-MePPP)	7498	N	MePPP, 4-methl-a-pyrrolidinopropio-phenone, 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one)
4-Methylaminorex (cis isomer)	1590	N	U4Euh, Mcn-422
4-Methyl-N-ethylcathinone (4-MEC)	1249	N	2-(ethylamino)-1-(4-methylphenyl)propan-1-one) (Positional Isomers:3-methyle-thcathinone (3-MEC), 4-ethylmethcathinone (4-EMC), 4-meth-ylbuphedrone (4-MeMABP;4-MeBP), 3,4-dimethylmethcathinone(3,4-DMMC),N-ethylbuphedrone (NEB), N-ethyl-N-methylcathinone(EMC)
5-Methoxy-3,4-methylenedioxyamphetamine	7401	N	MMdA
5-Flouro-UR-144 and XLR11 [1-5-Fluoro-pentyl) 1H-indol-3-yl]	7011	N	5-Flouro-UR-144, XLR-11 and XLR11
(2,2,3,3-tetramethylcyclopropyl)methanone 5F-PB-22 (Quinolin-8-yl 1-(5-fluoropentyl)-1H-indol-3-carboxylate)	7225	N	5-Fluoro-PB-22; 5F-PB-22
5-Methoxy-n,n-diisopropyltryptamine	7439	N	5-Meo-diPt
5-Methoxy-N-N-dimethyltryptamine	7431	N	5-MeO-DMT (Positional Isomer: 4-Mthoxy -N, N-dimethyltryptamine (4-MeO-DMT)
AB-CHMINACA (N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide	7031	N	AB-CHMINACA
AB-FUBINACA (N-1-amino-3-methl-1-oxobutan-2-yl)-1-1-(4-fluorobenzy)-1H-indazole-3-carboxamide)	7012	N	AB-FUBINACA
AB-PINACA (N-(1-amino-3-methyl-1-oxobutan -2-yl)-1-pentyl-1H-indazole-3-carboxamide)	7023	N	AB-PINACA
Acetorphine	9319	Y	
Acetyl Fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide	9821	Y	
Acetyl-alpha-methylfentanyl	9815	Y	
Acetyldihydrocodeine	9051	Y	Acetylcodone
Acetylmethadol	9601	Y	Methadyl acetate
ADB-PINACA (N-(1-amino-3,3-dimethy-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide)	7035	N	ADB-PINACA
AH-7921 (3,4-dichloro-N-[(1-dimethylamino)cy-clohexylmethy] benzamide	9551	Y	AH-7921
Alpha-Methylfentanyl	9814	Y	China White, fentanyl

SCHEDULE I

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Alpha-Methylthiofentanyl	9832	Y	China White, fentanyl
Alpha-methyltryptamine	7432	N	AMt
alpha-pyrrolidinobutiophenone (a-PBP)	7546	N	1-phenyl-2-(pyrrolidin-1-yl)butan-1-one)
alpha-pyrrolidinopentiophenone (aPVP)	7545	N	a-pyrrolidinovalerophenone, 1-phenyl-2-
AM-694 (1-(5-Fluoropentyl)-3-(2-iodobenzoyl) indole)	7694	N	(pyrrolidin-1-yl)pentan-1-one)(Positional isomers: 4-methyl-a-pyrrolidinobutiophenone (4-MePBP), 1-phenyl-2-(piperidin-1-yl)butan -1-one) AM-694, synthetic marijuana
AM-2201 (1-(5-Fluoropentyl)-3-(1-naphthoyl) indole)	7201	N	AM-2201, synthetic marijuana
Aminorex	1585	N	has been sold as methamphetamine
Benzethidine	9606	Y	
Benzylmorphine	9052	Y	
Betacetylmethadol	9607	Y	
Beta-hydroxy-3-methylfentanyl	9831	Y	China White, fentanyl
Beta-hydroxyfentanyl	9830	Y	China White, fentanyl
Beta-hydroxythiofentanyl	9836	Y	N-[1-[2-hydroxy-2-(thiophen-2-yl) ethyl]piperidin-4-yl]-N-phenylpropionamide, N-[1-[2-hydroxy-2-(2-thienyl)ethl]-4-piperidinyl]-N-phenylpropanamide
Betameprodine	9608	Y	
Betamethadol	9609	Y	
Betaprodine	9611	Y	
Bufotenine	7433	N	Mappine, n,n-dimethylserotonin
Butylone	7541	N	bk-MBDB; 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one) (Positional isomers: ethylone (bk-MDEA: MDEC), dimethylone (bk-MDDMA; MDDMC))
Butyryl Fentanyl	9822	Y	N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide, N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide
Cathinone	1235	N	Constituent of "Khat" plant
Clonitazene	9612	Y	
Codeine methylbromide	9070	Y	
Codeine-n-oxide	9053	Y	
CP-47497 (5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl-phenol)	7297	N	CP- 47497, synthetic marijuana
CP-47497 C8-homolog (5-(1,1-Dimethyloctyl)-2-[(1R,3S)3-hydroxycyclohexyl-phenol)	7298	N	CP-47497 C8-homolog, synthetic marijuana
Cyprenorphine	9054	Y	
desomorphine	9055	Y	
dextromoramide	9613	Y	Palfium, Jetrium, narcolo
diampromide	9615	Y	
diethylthiambutene	9616	Y	

SCHEDULE I

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Allylprodine	9602	Y	
Alphacetylmethadol except levo-alphacetylmethadol	9603	Y	
Alpha-Ethyltryptamine	7249	N	ET, trip
Alphameprodine	9604	Y	
Alphamethadol	9605	Y	
Alpha-Methylfentanyl	9814	Y	China White, fentanyl
Alpha-Methylthiofentanyl	9832	Y	China White, fentanyl
Alpha-methyltryptamine	7432	N	AMt
alpha-pyrrolidinobutiophenone (a-PBP)	7546	N	1-phenyl-2-(pyrrolidin-1-yl)butan-1-one)
alpha-pyrrolidinopentiophenone (aPVP)	7545	N	a-pyrrolidinovalerophenone, 1-phenyl-2-
AM-694 (1-(5-Fluoropentyl)-3-(2-iodobenzoyl) indole)	7694	N	(pyrrolidin-1-yl)pentan-1-one)(Positional isomers: 4-methyl-a-pyrrolidinobutiophenone (4-MePBP), 1-phenyl-2-(piperidin-1-yl)butan -1-one) AM-694, synthetic marijuana
AM-2201 (1-(5-Fluoropentyl)-3-(1-naphthoyl) indole)	7201	N	AM-2201, synthetic marijuana
Aminorex	1585	N	has been sold as methamphetamine
Benzethidine	9606	Y	
Benzylmorphine	9052	Y	
Betacetylmethadol	9607	Y	
Beta-hydroxy-3-methylfentanyl	9831	Y	China White, fentanyl
Beta-hydroxyfentanyl Beta-hydroxythiofentanyl	9830 9836	Y Y	China White, fentanyl N-[1-[2-hydroxy-2-(thiophen-2-yl) ethyl]piperidin-4-yl]-N-phenylpropionamide, N-[1-[2-hydroxy-2-(2-thienyl)ethl]-4-piperidinyl]-N-phenylpropanamide
Betameprodine	9608	Y	
Betamethadol	9609	Y	
Betaprodine	9611	Y	
Bufotenine Butylone	7433 7541	N N	Mappine, n,n-dimethylserotonin bk-MBDB; 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one) (Positional isomers: ethylone (bk-MDEA: MDEC), dimethylone (bk-MDDMA; MDDMC))
Butyryl Fentanyl Cathinone	9822 1235	Y N	N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide, N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide Constituent of "Khat" plant
Clonitazene	9612	Y	
Codeine methylbromide	9070	Y	
Codeine-n-oxide	9053	Y	
CP-47497 (5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl-phenol)	7297	N	CP- 47497, synthetic marijuana
CP-47497 C8-homolog (5-(1,1-Dimethyloctyl)-2-[(1R,3S)3-hydroxycyclohexyl-phenol)	7298	N	CP-47497 C8-homolog, synthetic marijuana

SCHEDULE I

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Cyprenorphine	9054	Y	
desomorphine	9055	Y	
dextromoramide	9613	Y	Palfium, Jetrium, narcolo
diampromide	9615	Y	
diethylthiambutene	9616	Y	
diethyltryptamine	7434	N	dEt
difenoxin	9168	Y	Lyspafen
dihydromorphine	9145	Y	
dimenoxadol	9617	Y	
dimepheptanol	9618	Y	
dimethylthiambutene	9619	Y	
dimethyltryptamine	7435	N	dMt
dioxaphetyl butyrate	9621	Y	
dipipanone	9622	Y	dipipan, phenylpiperone HCl, diconal, Wellconal
drotebanol	9335	Y	Metebanyl, oxymethebanol
Ethylmethylthiambutene	9623	Y	
Etonitazene	9624	Y	
Etorphine (except HCl)	9056	Y	
Etoxeridine	9625	Y	
Fenethylline	1503	N	Captagon, amfetyline, ethyltheophyl-line amphetamine
Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide)	9834	Y	
Furethidine	9626	Y	
Gama Hydroxybutyric Acid	2010	N	GHB, gama hydroxybutyrate, sodium oxybate
Heroin	9200	Y	diacetylmorphine, diamorphine
Hydromorphinol	9301	Y	
Hydroxypethidine	9627	Y	
ibogaine	7260	N	Constituent of "tabernanthe iboga" plant
JWH-018 (known as AM-678) (1-Pentyl-3-(1-naph-thoyl) indole)	7118	N	JWH-018 and AM-678
JWH-073 (1-Butyl-3-(1-naphthoyl) indole)	7173	N	JWH-073
JWH-019 (1-Hexyl-3-(1-naphthoyl) indole	7019	N	JWH-019
JWH-200 (1-[2-(4-Morpholinyl)ethyl]-3-(1-naph-thoyl) indole)	7200	N	JWH-200
JWH-250 (1-Pentyl-3-(2-methoxyphenylacetyl) indole)	6250	N	JWH-250
JWH-081 (1-Pentyl-3-(1-(4-methoxynaphthoyl) indole)	7081	N	JWH-081
JWH-122 (1-Pentyl-3-(4-methyl-1-naphthoyl) indole)	7122	N	JWH-122
JWH-398 (1-Pentyl-3-(4-chloro-1-naphthoyl) indole)	7398	N	JWH-398
JWH-203 (1-Pentyl-3-(2-chlorophenylacetyl) indole)	7203	N	JWH-203
Ketobemidone	9628	Y	Cliradon

SCHEDULE I

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Levomoramide	9629	Y	
Levophenacylmorphan	9631	Y	
Lysergic acid diethylamide	7315	N	LSd, lysergide
MAB-CHMINACA (N-(1-amino-3,3dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide)	7032	N N	MAB-CHMINACA and ADB-CHMINACA
Marijuana Marijuana Extract	7360 7350	N	Cannabis, marijuana
MDPV (3,4-Methylenedioxypyrovalerone)	7535	N	MDPV, bath salt
Mecloqualone	2572	N	nubarene
Mephedrone (4-Methyl-N-methylcathinone)	1248	N	Mephedrone, bath salt
Mescaline	7381	N	Constituent of "Peyote" cacti
Methaqualone	2565	N	Quaalude, Parest, Somnafac, opitimil, Mandrax
Methcathinone	1237	N	n-Methylcathinone, "cat"
Methyldesorphine	9302	Y	
Methyldihydromorphine	9304	Y	
Morpheridine	9632	Y	
Morphine methylbromide	9305	Y	
Morphine methylsulfonate	9306	Y	
Morphine-n-oxide	9307	Y	
Myrophine	9308	Y	
n,n-dimethylamphetamine	1480	N	
Naphyrone	1258	N	naphthylpyrovalerone; 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one) (Positional Isomer: a-naphyrone)
n-Benzylpiperazine	7493	N	BZP, 1-benzylpiperazine
n-Ethyl-1-phenylcyclohexylamine	7455	N	PCE
n-Ethyl-3-piperidyl benzilate	7482	N	JB 323
n-Ethylamphetamine	1475	N	nEA
n-Hydroxy-3,4-methylenedioxyamphetamine	7402	N	n-hydroxy MdA
nicocodeine	9309	Y	
nicomorphine	9312	Y	Vilan
n-Methyl-3-piperidyl benzilate	7484	N	JB 336
noracymethadol	9633	Y	
norlevorphanol	9634	Y	
normethadone	9635	Y	Phenyldimazone
normorphine	9313	Y	
norpipanone	9636	Y	
Para-Fluorofentanyl	9812	Y	China White, fentanyl

SCHEDULE I

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Parahexyl	7374	N	Synhexyl,
PB-22 (Quinolin-8-yl 1-pentyl-1H-dole-3-carboxylate)	7222	N	QUPIC: PB-22
Pentedrone (a-methylaminovalerophenone)	1246	N	2-(methylamino)-1-phenylpentan-1-one)(Positional Isomers:3-methylethcathinone (3-MEC), 4-ethylmethcathinone (4-EMC), 4-methylbuphedrone (4-MeMABP;4-MeBP), 3,4-dimethylmethcathinone (3,4-DMMC), N-ethylbuphedrone (NEB),N-ethyl-N-methylinone(EMC)
Pentylone	7542	N	bk-MBDP; 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one) (Positional Isomer:dibutyllone (bk-DMBDB)
Peyote	7415	N	Cactus which contains mescaline
Phenadoxone	9637	Y	
Phenampromide	9638	Y	
Phenomorphan	9647	Y	
Phenoperidine	9641	Y	operidine, Lealgin
Pholcodine	9314	Y	Copholco, Adaphol, Codisol, Lantuss, Pholcolin
Piritramide	9642	Y	Piridolan
Proheptazine	9643	Y	
Properidine	9644	Y	
Propiram	9649	Y	Algeril
Psilocybin	7438	N	Psilocin, constituent of "Magic mushrooms"
Racemoramide	9645	Y	
SR-18 (known as RCS-8)			
(1-Cyclohexylethyl-3-(2-methoxyphenylacetyl) indole)	7008	N	SR-18 & RCS-8, synthetic marijuana
SR-19 (known as RCS-4)(1-Pentyl-3-[(4-methoxy)-benzoyl] indole	7104	N	SR-19 & RCS-4, synthetic marijuana
Tetrahydrocannabinols	7370	N	tHC, delta-8 tHC, delta-9 tHC, dronabinol and others
Thebacon	9315	Y	Acetylhydrocodone, Acedicon, thebacetyl
Thiofentanyl	9835	Y	Chine white, fentanyl
THJ-2201 [1-(5-fluoropentyl)-1H-indazol-3-yl] (naphthhalen-1-yl)methanone	7024	N	THJ-2201
Tilidine	9750	Y	tilidate, Valoron, Kitadol, Lak, tilsa
Trimeperidine	9646	Y	Promedolum
U-47700 (3,4-dichloro-N-[2-dimethylamino) cyclohexyl]-N-methylbenzamide)	9547	Y	U-47700
UR-144 (1-Pentyl-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropy)methanone	7144	N	UR-144

SCHEDULE II

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
1-Phenylcyclohexylamine	7460	N	Precusor of PCP
1-Piperidinocyclohexanecarbonitrile	8603	N	PCC, precusor of PCP
4-Anilino-N-phenethyl-4-piperidine (ANPP)	8333	N	ANPP
Alfentanil	9737	Y	Alfenta
Alphaprodine	9010	Y	Nisentil
Amobarbital	2125	N	Amytal, Tuinal
Amphetamine	1100	N	Dexedrine, Adderall, Obetrol
Anileridine	9020	Y	Leritine
Benzoylecgonine	9180	Y	Cocaine metabolite
Bezitramide	9800	Y	Burgodin
Carfentanil	9743	Y	Wildnil
Coca Leaves	9040	Y	
Cocaine	9041	N	Methyl benzoylecgonine, Crack
Codeine	9050	Y	Morphine methyl ester, methyl morphine
Dextropropoxyphene, bulk (non-dosage forms)	9273	Y	Propoxyphene
Dihydrocodeine	9120	Y	Didrate, Parzone
Dihydroetorphine	9334	Y	DHE
Diphenoxylate	9170	Y	
Diprenorphine	9058	Y	M50-50
Ecgonine	9180	Y	Cocaine precursor, in Coca leaves
Ethylmorphine	9190	Y	Dionin
Etorphine	9059	Y	M 99
Fentanyl	9801	Y	Duragesic, Oralet, Actiq, Sublimaze, Innovar
Glutethimide	2550	N	Doriden, Dorimide
Hydrocodone	9193	Y	dihydrocodeinone
Hydromorphone	9150	Y	Dilaudid, dihydromorphinone
Isomethadone	9226	Y	Isoamidone
Levo-alphacetylmethadol	9648	Y	LAAM, long acting methadone, levomethadyl acetate
Levomethorphan	9210	Y	
Levorphanol	9220	Y	Levo-Dromoran
Lisdexamfetamine	1205	N	Vyvans
Meperidine	9230	Y	Demerol, Mepergan, pethidine
Meperidine intermediate-A	9232	Y	Meperidine precursor
Meperidine intermediate-B	9233	Y	Meperidine precursor, normeperidine
Meperidine intermediate-C	9234	Y	Meperidine precursor
Metazocine	9240	Y	
Methadone	9250	Y	Dolophine, Methadose, Amidone
Methadone intermediate	9254	Y	Methadone precursor
Methamphetamine	1105	N	Desoxyn, D-desoxyephedrine, ICE, Crank, Speed
Methylphenidate	1724	N	Concerta, Ritalin, Methylin
Metopon	9260	Y	

SCHEDULE II

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Moramide-intermediate	9802	Y	
Morphine	9300	Y	MS Contin, Roxanol, Oramorph, RMS, MSIR
Nabilone	7379	N	Cesamet
Opium extracts	9610	Y	
Opium fluid extract	9620	Y	
Opium poppy	9650	Y	Papaver somniferum
Opium tincture	9630	Y	Laudanum
Opium, granulated	9640	Y	Granulated opium
Opium, powdered	9639	Y	Powdered Opium
Opium, raw	9600	Y	Raw opium, gum opium
Oripavine	9330	Y	
Oxycodone	9143	Y	OxyContin, Percocet, Endocet, Roxicodone, Roxicet
Oxymorphone	9652	Y	Numorphan
Pentobarbital	2270	N	Nembutal
Phenazocine	9715	Y	Narphen, Prinadol
Phencyclidine	7471	N	PCP, Sernylan
Phenmetrazine	1631	N	Preludin
Phenylacetone	8501	N	P2P, phenyl-2-propanone, benzyl methyl ketone
Piminodine	9730	Y	
Poppy Straw	9650	Y	Opium poppy capsules, poppy heads
Poppy Straw Concentrate	9670	Y	Concentrate of Poppy Straw, CPS
Racemethorphan	9732	Y	
Racemorphan	9733	Y	Dromoran
Remifentanil	9739	Y	Ultiva
Secobarbital	2315	N	Seconal, Tuinal
Sufentanil	9740	Y	Sufenta
Tapentadol	9780	Y	
Thebaine	9333	Y	Precursor of many narcotics
Thiafentanil	9729	Y	Thianil

SCHEDULE III

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
13Beta-ethyl-17beta-hydroxygon-4-en-3-one	4000	N	
17Alpha-methyl-3alpha,17beta-dihydroxy-5alphaandrostane	4000	N	
17Alpha-methyl-3beta,17beta-dihydroxy-5alphaandrostane	4000	N	
17Alpha-methyl-3beta,17beta-dihydroxyandrost-4-ene	4000	N	
17Alpha-methyl-4-hydroxynandrolone (17alpha-methyl-4-hydroxy-17beta-hydroxyestr-4-en-3-one)	4000	N	
17Alpha-methyl-delta1-dihydrotestosterone (17beta-hydroxy-17alpha-methyl-5alpha-androst-1-en-3-one)	4000	N	17-Alpha-methyl-1-testosterone
19-Nor-4,9(10)-androstadienedione	4000	N	
19-Nor-4-androstenedione (estr-4-en-3,17-dione) 4000 III N	4000	N	
19-Nor-5-androstenediol (3beta,17beta-dihydroxyestr-5-ene; 3alpha,17beta-dihydroxyestr-5-ene)	4000	N	
19-Nor-5-androstenedione (estr-5-en-3,17-dione)	4000	N	
1-Androstenediol (3beta,17beta-dihydroxy-5alphaandrost-1-ene; 3alpha,17beta-dihydroxy-5alphaandrost-1-ene)	4000	N	
1-Androstenedione (5alpha-androst-1-en-3,17-dione)	4000	N	
3Alpha,17beta-dihydroxy-5alpha-androstane	4000	N	
3Beta,17beta-dihydroxy-5alpha-androstane	4000	N	
4-Androstenediol (3beta,17beta-dihydroxy-androst-4-ene)	4000	N	4-AD
4-Androstenedione (androst-4-en-3,17-dione)	4000	N	
4-Dihydrotestosterone (17beta-hydroxyandrostan-3-one)	4000	N	Anabolex, Andractim, Pesomax, Stanolone
4-Hydroxy-19-nortestosterone (4,17beta-dihydroxyestr-4-en-3-one)	4000	N	
4-Hydroxytestosterone (4,17beta-dihydroxyandrost-4-en-3-one)	4000	N	
5-Androstenediol (3beta,17beta-dihydroxy-androst-5-ene)	4000	N	
5-Androstenedione (androst-5-en-3,17-dione)	4000	N	
Amobarbital & noncontrolled active ingred.	2126	N	
Amobarbital suppository dosage form	2126	N	
Anabolic steroids	4000	N	Body Building drugs
Androstanedione (5alpha-androstan-3,17-dione)	4000	N	
Aprobarbital	2100	N	Alurate
Barbituric acid derivative	2100	N	Barbiturates not specifically listed
Benzphetamine	1228	N	Didrex, Inapetyl
Bolasterone (7alpha,17alpha-dimethyl-17beta-hydroxyandrost-4-en-3-one)	4000	N	
Boldenone (17beta-hydroxyandrost-1,4-diene-3-one)	4000	N	Equipoise, Parenabol, Vebonol, dehydrotestosterone
Boldione	4000	N	
Buprenorphine	9064	Y	Buprenex, Temgesic, Subutex, Suboxone
Butabarbital (secbutabarbital)	2100	N	Butisol, Butibel
Butalbital	2100	N	Fiorinal, Butalbital with aspirin
Butobarbital (butethal)	2100	N	Soneryl (UK)

SCHEDULE III

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Calusterone (7beta,17alpha-dimethyl-17betahydroxyandrost-4-en-3-one)	4000	N	Methosarb
Chlorhexadol	2510	N	Mechloral, Mecoral, Medodorm, Chloralodol
Chlorphentermine	1645	N	Pre-Sate, Lucofen, Apsedon, Desopimon
Clortermine	1647	N	Voranil
Clostebol (4-chloro-17beta-hydroxyandrost-4-en-3-one)	4000	N	Alfa-Trofodermin, Clostene, 4-chlorotestosterone
Codeine & isoquinoline alkaloid 90 mg/du	9803	Y	Codeine with papaverine or noscapine
Codeine combination product 90 mg/du	9804	Y	Empirin,Fiorinal,Tylenol,ASA or APAP w/codeine
Dehydrochloromethyltestosterone (4-chloro-17betahydroxy-17alpha-methylandrost-1,4-dien-3-one)	4000	N	Oral-Turinabol
Delta1-dihydrotestosterone (17beta-hydroxy-5alphaandrost-1-en-3-one)	4000	N	1-Testosterone
Desoxymethyltestosterone	4000	N	
Dihydrocodeine combination product 90 mg/du	9807	Y	Synalgos-DC, Compal
Dronabinol (synthetic) in sesame oil in soft gelatin capsule as approved by FDA	7369	N	Marinol, synthetic THC in sesame oil/soft gelatin as approved by FDA
Drostanolone (17beta-hydroxy-2alpha-methyl-5alphaandrostan-3-one)	4000	N	Drolban, Masterid, Permastril
Embutramide	2020	N	Tributane
Ethylestrenol (17alpha-ethyl-17beta-hydroxyestr-4-ene)	4000	N	Maxibolin, Orabolin, Durabolin-O, Duraboral
Ethylmorphine combination product 15 mg/du	9808	Y	
Fluoxymesterone (9-fluoro-17alpha-methyl-11beta, 17beta-dihydroxyandrost-4-en-3-one)	4000	N	Anadroid-F, Halotestin, Ora-Testryl
Formebolone (2-formyl-17alpha-methyl-11alpha, 17beta-dihydroxyandrost-1,4-dien-3-one)	4000	N	Esiclene, Hubernol
Furazabol (17alpha-methyl-17betahydroxyandrostano[2,3-c]-furazan)	4000	N	Frazalon, Miotolon, Qu Zhi Shu
Gamma Hydroxybutyric Acid preparations	2012	N	Xyrem
Hydrocodone & isoquinoline alkaloid <15 mg/du	9805	Y	Dihydrocodeinone+papaverine or noscapine
Hydrocodone combination product <15 mg/du	9806	Y	Lorcet, Lortab,Vicodin, Vicoprofen,Tussionex, Norco
Ketamine	7285	N	Ketaset, Ketalar, Special K, K
Lysergic acid	7300	N	LSD precursor
Lysergic acid amide	7310	N	LSD precursor
Mestanolone (17alpha-methyl-17beta-hydroxy-5alphaandrostan-3-one)	4000	N	Assimil, Ermalone, Methybol, Tantarone
Mesterolone (1alpha-methyl-17beta-hydroxy-5alphaandrostan-3-one)	4000	N	Androviron, Proviron, Testiwop
Methandienone (17alpha-methyl-17betahydroxyandrost-1, 4-diene-3-one)	4000	N	Dianabol, Metabolina, Nerobol, Perbolin
Methandriol (17alpha-methyl-3beta, 17betadihydroxyandrost-5-ene)	4000	N	Sinesex, Stenediol, Troformone
Methasterone (2alpha,17alpha-dimethyl-5alpha-androstan-17beta-ol-3-one)	4000	N	Methasterone

SCHEDULE III

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Methenolone (1-methyl-17beta-hydroxy-5alpha-androst-1-en-3-one)	4000	N	Primobolan, Primobolan Depot, Primobolan S
Methyldienolone (17alpha-methyl-17beta-hydroxyestr-4,9(10)-dien-3-one)	4000	N	
Methyltestosterone (17alpha-methyl-17betahydroxyandrost-4-en-3-one)	4000	N	Android, Oreton, Testred, Virilon
Methyltrienolone (17alpha-methyl-17beta-hydroxyestr-4,9,11-trien-3-one)	4000	N	Metribolone
Methyprylon	2575	N	Noludar
Mibolerone (7alpha,17alpha-dimethyl-17betahydroxyestr-4-en-3-one)	4000	N	Cheque, Matenon
Morphine combination product/50 mg/100 ml or gm	9810	Y	
Nalorphine	9400	Y	Nalline
Nandrolone (17beta-hydroxyestr-4-en-3-one)	4000	N	Deca-Durabolin, Durabolin, Durabolin-50
Norbolethone (13beta,17alpha-diethyl-17betahydroxygon-4-en-3-one)	4000	N	Genabol
Norclostebol (4-chloro-17beta-hydroxyestr-4-en-3-one)	4000	N	Anabol-4-19, Lentabol
Norethandrolone (17alpha-ethyl-17beta-hydroxyestr-4-en-3-one)	4000	N	Nilevar, Pronabol, Solevar
Normethandrolone (17alpha-methyl-17betahydroxyestr-4-en-3-one)	4000	N	Lutenin, Matronal, Orgasteron
Opium combination product 25 mg/du	9809	Y	Paregoric, other combination products
Oxandrolone (17alpha-methyl-17beta-hydroxy-2-oxa-5alpha-androstan-3-one)	4000	N	Anavar, Lonavar, Oxandrin, Provitar, Vasorome
Oxymesterone (17alpha-methyl-4, 17betadihydroxyandrost-4-en-3-one)	4000	N	Anamidol, Balnimax, Oranabol, Oranabol 10
Oxymetholone (17alpha-methyl-2-hydroxymethylene-17beta-hydroxy-5alpha-androstan-3-one)	4000	N	Anadrol-50, Adroyd, Anapolon, Anasteron, Pardroyd
Pentobarbital & noncontrolled active ingred.	2271	N	FP-3
Pentobarbital suppository dosage form	2271	N	WANS
Perampanel	2261	N	Fycompa, [2-2oxo-l-phenyl-5-pyridin-2-yl-l, 2-dihydropyridin-3-yl) benzonitrile]
Phendimetrazine	1615	N	Plegine, Prelu-2, Bontril, Melfiat, Statobex
Prostanozol (17beta-hydroxy-5alpha-androstano[3,2-c]pyrazole)	4000	N	Prostanozol
Secobarbital & noncontrolled active ingred	2316	N	
Secobarbital suppository dosage form	2316	N	
Stanozolol (17alpha-methyl-17beta-hydroxy-5alpha-androst-2-eno[3,2-c]-pyrazole)	4000	N	Winstrol, Winstrol-V
Stanozolol (17alpha-methyl-17beta-hydroxy-5alphaandrost-2-eno[3,2-c]-pyrazole)	4000	N	N Winstrol, Winstrol-V
Stenbolone (17beta-hydroxy-2-methyl-5alpha-androst-1-en-3-one)	4000	N	
Stimulant compounds previously excepted	1405	N	Mediatric
Sulfondiethylmethane	2600	N	
Sulfonethylmethane	2605	N	
Sulfonmethane	2610	N	

SCHEDULE III

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Talbutal	2100	N	Lotusate
Testolactone (13-hydroxy-3-oxo-13,17-secoandrosta-1, 4-dien-17-oic acid lactone)	4000	N	Teolit, Teslac
Testosterone (17beta-hydroxyandrost-4-en-3-one)	4000	N	Android-T, Androlan, Depotest, Delatestryl
Tetrahydrogestrinone (13beta,17alpha-diethyl-17betahydroxygon-4,9,11-trien-3-one)	4000	N	THG
Thiamylal	2100	N	Surital
Thiopental	2100	N	Pentothal
Tiletamine & Zolazepam Combination Product	7295		Telazol
Trenbolone (17beta-hydroxyestr-4,9,11-trien-3-one)	4000	N	Finaplix-S, Finajet, Parabolan
Vinbarbital	2100	N	Delvinal, vinbarbitone

SCHEDULE IV

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Alfaxalone	2731	N	Alfaxan, 5a-pregnan-3a-ol-11,20-dione
Alprazolam	2882	N	Xanax
Barbital	2145	N	Veronal, Plexonal, barbitone
Bromazepam	2748	N	Lexotan, Lexatin, Lexotanil
Butorphanol	9720	N	Stadol, Stadol NS, Torbugesic, Torbutrol
Camazepam	2749	N	Albego, Limpidon, Paxor
Carisoprodol	8192	N	Soma
Cathine	1230	N	Constituent of "Khat" plant, (+)-norpseudoephedrine
Chloral betaine	2460	N	Beta Chlor
Chloral hydrate	2465	N	Noctec
Chlordiazepoxide	2744	N	Librium, Libritabs, Limbitrol, SK-Lygen
Clobazam	2751	N	Urbadan, Urbanyl
Clonazepam	2737	N	Klonopin, Clonopin
Clorazepate	2768	N	Tranxene
Clotiazepam	2752	N	Trecalmo, Rize, Clozan, Veratran
Cloxazolam	2753	N	Akton, Lubalix, Olcadil, Sepazon
Delorazepam	2754	N	
Dexfenfluramine	1670	N	Redux
Dextropropoxyphene dosage forms	9278	Y	Darvon, propoxyphene, Darvocet, Propacet
Diazepam	2765	N	Valium, Diastat
Dichloralphenazone	2467	N	Midrin, dichloralantipyrine
Diethylpropion	1610	N	Tenuate, Tepanil
Difenoxin 1 mg/25 ug AtSO4/du	9167	Y	Motofen
Eluxadoline	9725	N	VIBERZI

SCHEDULE IV

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Estazolam	2756	N	ProSom, Domnamid, Eurodin, Nuctalon
Ethchlorvynol	2540	N	Placidyl
Ethinamate	2545	N	Valmid, Valamin
Ethyl loflazepate	2758	N	
Fencamfamin	1760	N	Reactivan
Fenfluramine	1670	N	Pondimin, Ponderal
Fenproporex	1575	N	Gacilin, Solvolip
Fludiazepam	2759	N	
Flunitrazepam	2763	N	Rohypnol, Narcozep, Darkene, Roipnol
Flurazepam	2767	N	Dalmane
Fospropofol	2138	N	Lusedra
Halazepam	2762	N	Paxipam
Haloxazolam	2771	N	
Ketazolam	2772	N	Anxon, Loftran, Solatran, Contamex
Loprazolam	2773	N	
Lorazepam	2885	N	Ativan
Lorcaserin	1625	N	Belviq
Lormetazepam	2774	N	Noctamid
Mazindol	1605	N	Sanorex, Mazanor
Mebutamate	2800	N	Capla
Medazepam	2836	N	Nobrium
Mefenorex	1580	N	Anorexic, Amexate, Doracil, Pondinil
Meprobamate	2820	N	Miltown, Equanil, Deprol, Equagesic, Meprospan
Methohexital	2264	N	Brevital
Methylphenobarbital (mephobarbital)	2250	N	Mebaral, mephobarbital
Midazolam	2884	N	Versed
Modafinil	1680	N	Provigil
Nimetazepam	2837	N	Erimin
Nitrazepam	2834	N	Mogadon
Nordiazepam	2838	N	Nordazepam, Demadar, Madar
Oxazepam	2835	N	Serax, Serenid-D
Oxazolam	2839	N	Serenal, Convertal
Paraldehyde	2585	N	Paral
Pemoline	1530	N	Cylert
Pentazocine	9709	N	Talwin, Talwin NX, Talacen, Talwin Compound
Petrichloral	2591	N	Pentaerythritol chloral, Periclor
Phenobarbital	2285	N	Luminal, Donnatal, Bellergal-S
Phentermine	1640	N	Ionamin, Fastin, Adipex-P, Obe-Nix, Zantryl
Pinazepam	2883	N	Domar

SCHEDULE IV

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Pipradrol	1750	N	Detaril, Stimolag Fortis
Prazepam	2764	N	Centrax
Quazepam	2881	N	Doral
Sibutramine	1675	N	Meridia
SPA	1635	N	1-dimethylamino-1,2-diphenylethane, Lefetamine
Suvorexant	2223	N	MK-4305, [(7R)-4-(5-chloro-1,3-benzoxazol-2-yl)-7-methyl-1,4-diazepan-1-yl][5-methyl-2-(2H-1,2,3-triazol-2-yl)phenyl]methanone
Temazepam	2925	N	Restoril
Tetrazepam	2886	N	Myolastan, Musaril
Tramadol (2-[dimethylamino)methyl]-1-(3-methoxy-phenyl)cyclohexanol)	9752		Tramadol
Triazolam	2887	N	Halcion
Zaleplon	2781	N	Sonata
Zolpidem	2783	N	Ambien, Ivadal, Stilnoct, Stilnox
Zopiclone	2784	N	Lunesta

SCHEDULE V

SUBSTANCE	DEA NUMBER	NARCOTIC	OTHER NAMES
Brivaracetam	2710	N	BRV, UCB-34714, Briviact, ((2S)-2-[4R)-2-oxo-4-propyl-pyrrolidin-1-yl] butanamide)
Codeine preparations - 200 mg/100 ml or 100 gm		Y	Cosanyl,Robitussin AC, Cheracol, Cerose, Pediacof
Difenoxin preparations - 0.5 mg/25 ug AtSO4/du		Y	Motofen
Dihydrocodeine preparations 10 mg/100 ml or 100 gm		Y	Cophene-S, various others
Diphenoxylate preparations 2.5 mg/25 ug AtSO4		Y	Lomotil, Logen
Ethylmorphine preparations 100 mg/100 ml or 100 gm		Y	
Ezogabine	2779	N	Potiga
Lacosamide	2746	N	Vimpat
Opium preparations - 100 mg/100 ml or gm		Y	Parepectolin, Kapectolin PG, Kaolin Pectin P.G.
Pregabalin	2782	N	Lyrica
Pyrovalerone	1485	N	Centroton, Thymergix

FEDERAL TRAFFICKING PENALTIES

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	**First Offense:** Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than $5 million if an individual, $25 million if not an individual. **Second Offense:** Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $8 million if an individual, $50 million if not an individual.	5 kgs or more mixture	**First Offense:** Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than $10 million if an individual, $50 million if not an individual. **Second Offense:** Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual. **2 or More Prior Offenses:** Life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual.
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture		10 grams or more mixture	
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or more mixture	
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture		100 gm or more pure or 1 kg or more mixture	

		PENALTIES
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid) Flunitrazepam (Schedule IV)	Any amount 1 gram	**First Offense:** Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine $1 million if an individual, $5 million if not an individual. **Second Offense:** Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine $2 million if an individual, $10 million if not an individual.
Other Schedule III drugs	Any amount	**First Offense:** Not more than 10 years. If death or serious injury, not more that 15 yrs. Fine not more than $500,000 if an individual, $2.5 million if not an individual. **Second Offense:** Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than $1 million if an individual, $5 million if not an individual.
All other Schedule IV drugs Flunitrazepam (Schedule IV)	Any amount Other than 1 gram or more	**First Offense:** Not more than 5 yrs. Fine not more than $250,000 if an individual, $1 million if not an individual. **Second Offense:** Not more than 10 yrs. Fine not more than $500,000 if an individual, $2 million if other than an individual.
All Schedule V drugs	Any amount	**First Offense:** Not more than 1 yr. Fine not more than $100,000 if an individual, $250,000 if not an individual. **Second Offense:** Not more than 4 yrs. Fine not more than $200,000 if an individual, $500,000 if not an individual.

FEDERAL TRAFFICKING PENALTIES—MARIJUANA

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE *
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than $10 million if an individual, $50 million if other than an individual.	Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than $20 million if an individual, $75 million if other than an individual.
Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine not more than $5 million if an individual, $25 million if other than an individual.	Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than $20 million if an individual, $75million if other than an individual.
Marijuana (Schedule I)	More than 10 kgs hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine $1 million if an individual, $5 million if other than an individual.	Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine $2 million if an individual, $10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regard-less of weight) 1 to 49 marijuana plants;	Not more than 5 yrs. Fine not more than $250,000, $1 million if other than an individual.	Not more than 10 yrs. Fine $500,000 if an individual, $2 million if other than individual.
Hashish (Schedule I)	10 kg or less		
Hashish Oil (Schedule I)	1 kg or less		

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to $20 million if an individual and $75 million if other than an individual.

II. U.S. Chemical Control

The Drug Enforcement Administration (DEA) employs a multi-faceted approach to combat drug trafficking which includes enforcement, interdiction, and education. A lesser known approach which combines elements from all three of these facets is chemical control. Large quantities of chemicals are required to synthesize, extract, and purify most illicit drugs. The DEA has long recognized the need to monitor these chemicals as part of its overall drug control strategy.

During the 1980s there was a tremendous increase in the clandestine production of controlled substances, particularly methamphetamine. There was also a proliferation of clandestine laboratories producing controlled substance analogues, very potent and dangerous variations of controlled narcotics, stimulants, and hallucinogens. Furthermore, DEA learned that U.S. firms were exporting large quantities of chemicals, such as acetone, methylethylketone, and potassium permanganate to cocaine producing countries. Significant amounts of these chemicals ultimately were diverted to clandestine cocaine laboratories. It became clear that mandatory controls were needed to control the distribution of these chemicals in order to have an impact on the clandestine laboratory problem.

DEA embarked upon a broad chemical control program in 1989 that began with the Chemical Diversion and Trafficking Act (CDTA) of 1988. The CDTA regulated 12 precursor chemicals, eight essential chemicals, tableting machines, and encapsulating machines by imposing recordkeeping and import/export reporting requirements on transactions involving these products. It resulted in effectively reducing the supply of illicit methamphetamine. The number of clandestine laboratories seized in the first three years following the law's implementation reversed the trend of the previous three decades and resulted in a decline. Currently, DEA monitors 41 chemicals which are commonly used in illicit drug production.

Maintaining this success requires continuous effort to thwart traffickers' never-ending search for new methods of diversion and new precursor materials.

The foundation of the government's program to prevent chemical diversion is based on additional laws such as the Domestic Chemical Diversion Control Act of 1993 (DCDCA), the Comprehensive Methamphetamine Control Act of 1996 (MCA), the Methamphetamine Anti-Proliferation Act of 2000 (MAPA), and the Combat Methamphetamine Epidemic Act of 2005 (CMEA). This is illustrated by changes in the patterns of diversion:

- When the quantity of U.S. chemicals shipped to cocaine manufacturing areas declined, chemical suppliers from other parts of the world emerged as new sources of supply. The U.S. government then undertook an aggressive international campaign to educate and elicit the support of other nations in establishing chemical controls. Today, there is a broad level of international agreement regarding the actions that must be taken to achieve chemical control. Many nations have passed laws to prevent the diversion of chemicals.
- As a result of government controls, ephedrine and other chemicals used to manufacture methamphetamine became more difficult to divert. Traffickers then began using over-the-counter capsules and tablets that contained these ingredients. As chemicals rendered into legitimate medicines purportedly for the commercial market, these products were exempted from the CDTA requirements. The DCDCA closed this loophole and required DEA registration for all manufacturers, distributors, importers, and exporters of List I chemicals. It also established recordkeeping and reporting requirements for transactions in single-entity ephedrine products.
- When single-entity ephedrine products became regulated, drug traffickers turned to pseudoephedrine. This was addressed by the MCA which expanded regulatory control of lawfully marketed drug products containing ephedrine,

pseudoephedrine, and phenylpropanolamine (PPA)[1].

- MAPA focused on the continuing retail level diversion by constricting retail transactions of pseudoephedrine and PPA drug products. It reduced the threshold for such transactions from 24 grams to nine grams of pseudoephedrine or PPA base in a single transaction and limited package sizes to contain no more than three grams of pseudoephedrine or PPA base. The Act also increased penalties for chemical diversion and provided for restitution to the government for cleanup costs.
- The CMEA further restricted retail level transactions by redefining nonprescription products that contain ephedrine, pseudoephedrine, and PPA as "scheduled listed chemical products (SLCPs)." The Act requires all regulated sellers of SLCPs to complete a required training and self-certification process effective September 30, 2006. On this date, stores were required to keep all SLCPs behind the counter or in a locked cabinet. Consumers wishing to purchase SLCPs are required to show identification and sign a logbook for each purchase. The Act also implements daily sales limits of 3.6 grams per purchaser and purchase limits of nine grams of these products in a 30 day period to any person.

All of these federal laws (CDTA, DCDCA, MCA, MAPA, and CMEA) imposed varying degrees of reporting requirements on the chemical and pharmaceutical industries. Yet the involvement of private industry and the public should not be limited to the laws passed by Congress. The voluntary support by industry constitutes a powerful resource for protecting the health and safety of the nation. DEA encourages each firm to be vigilant and to become a partner in combating the diversion of chemicals used in illegal drug production.

It is DEA's goal to effectively regulate while maintaining a positive working relationship with the regulated community and to educate the regulated community on the various laws regarding precursor chemicals and their implementing regulations. DEA understands that it can best serve the public interest by working in voluntary cooperation with the chemical industry in developing programs designed to prevent the diversion of regulated chemicals into the illicit market.

1 Due to concerns regarding harmful side effects that phenylpropanolamine (PPA) can have, on November 6, 2000, the Food and Drug Administration invoked a voluntary withdrawal of over-the counter PPA products intended for human consumption.

Listed Chemicals regulated under the Controlled Substances Act

See 21, C.F.R. §§ 1309, 1310, and 1314 for details

March 2017

LIST I

	CONTROLLED SUBSTANCE PRODUCED																	
	Amphetamine	Cocaine	N, N-Dimethylamphetamine	Ethylamphetamine	Fentanyl & Analogues	GHB	Heroin	LSD	MDA	MDE	MDMA	Methamphetamine	Methaqulone	Methcathinone	4-Methylaminorex	Phencyclidine (PCP)	Phenyl-2-Propanone	THRESHOLDS
1. N-Acetylanthranilic Acid [2]												▲					40	40
2. Anthranilic Acid [2]												▲					30	30
3. Benzaldehyde	▲															▲	4	4
4. Benzyl Cyanide																▲	1	1
5. Ephedrine [3&7]											▲		▲				0	0
6. Ergonovine [1]							▲										0.010	0.010
7. Ergotamine [1]							▲										0.020	0.020
8. Ethylamine [1]				▲					▲								1	1
9. Gamma-Butyrolactone (GBL)						▲											0	0
10. Hydriodic Acid											■						1.7	1.7
11. Hypophosphorous Acid [1]	■										■						0	0
12. Iodine	■										■						0	0
13. Isosafrole								▲	▲	▲							4	4
14. Methylamine [1]										▲	▲						1	1
15. 3, 4-Methylenedioxyphenyl-2-Propanone								▲	▲	▲							4	4
16. N-Methylephedrine [3]			▲														1	1
17. N-Methylpseudoephedrine [3]			▲														1	1
18. N-phenethyl-4-Piperidone (NPP)					▲												0	0
19. Nitroethane	▲							▲								▲	2.5	2.5
20. Norpseudoephedrine [3]	▲													▲			2.5	2.5
21. Phenylacetic Acid [2]																▲	1	1
22. Phenylpropanolamine [3&7]	▲													▲			2.5	2.5
23. Phosphorus (red)	■										■						0	0
24. Phosphorus (white or yellow)	■										■						0	0
25. Piperidine [1]															▲		0.500	0.500
26. Piperonal (heliotropin)								▲	▲	▲							4	4
27. Propionic Anhydride					▲												0.001	0.001
28. Pseudoephedrine [3&7]											▲		▲				1	1
29. Safrole								▲	▲	▲							4	4
																	DOMESTIC	IMPORTS & EXPORTS
																	KILOGRAMS	

■ Reagent ▲ Precursor

Listed Chemicals regulated under the Controlled Substances Act

See 21, C.F.R. §§ 1309, 1310, and 1314 for details

March 2017

CONTROLLED SUBSTANCE PRODUCED

LIST II

	Amphetamine	Cocaine	N, N-Dimethylamphetamine	Ethylamphetamine	Fentanyl & Analogues	GHB	Heroin	LSD	MDA	MDE	MDMA	Methamphetamine	Methaqulone	Methcathinone	4-Methylaminorex	Phencyclidine (PCP)	Phenyl-2-Propanone	THRESHOLDS DOMESTIC	THRESHOLDS IMPORTS & EXPORTS
																		KILOGRAMS	KILOGRAMS
30. Acetic Anhydride							▲						▲				▲	1,023	1,023
31. Acetone		●					●	●	●	●	●	●						150	1,500
32. Benzyl Chloride												▲						1	4
33. Ethyl Ether	●	●			●		●	●	●	●	●	●	●	●		●	●	135.8	1,364
34. Hydrochloric Acid [5&6]	■	■	■	■	■		■	■	■	■	■	■	■	■		■		N/C	222.3
34a. Hydrogen Chloride Gas [5&6]	■	■	■	■	■		■	■	■	■	■	■	■	■		■		0	27
35. Methyl Ethyl Ketone (2-Butanone)		●					●		●	●		●						145	1.455
36. Methyl Isobutyl Ketone [4]		●					●		●	●		●						N/C	1.523
37. Potassium Permanganate		■																55	500
38. Sodium Permanganate		■																55	500
39. Sulfuric Acid [5&6]	■	■							■	■	■	■					■	N/C	347
40. Toluene		●			●								●			●	●	159	1,591

KEY

● = Solvent ■ = Reagent ▲ = Precursor

[1] and its salts
[2] and its salts and esters
[3] and its salts, optical isomers, and salts of optical isomers
[4] Exports only, to all Western Hemisphere except Canada
[5] Exports to all South American countries & Panama — Domestic for HCl gas
[6] Threshold for HCl acid and sulfuric acid is 50 gallons, the equivalent weight in kilograms is shown
[7] For pseudoephedrine, phenylpropanolamine, and ephedrine drug products, see 21 USC § 802 (45)(A) and 21 CFR Part 1314
N/C = Not Controlled

III. Introduction to Drug Classes

The Controlled Substances Act (CSA) regulates five classes of drugs:

- Narcotics
- Depressants
- Stimulants
- Hallucinogens
- Anabolic steroids

Each class has distinguishing properties, and drugs within each class often produce similar effects. However, all controlled substances, regardless of class, share a number of common features. This introduction will familiarize you with these shared features and define the terms frequently associated with these drugs.

All controlled substances have abuse potential or are immediate precursors to substances with abuse potential. With the exception of anabolic steroids, controlled substances are abused to alter mood, thought, and feeling through their actions on the central nervous system (brain and spinal cord). Some of these drugs alleviate pain, anxiety, or depression. Some induce sleep and others energize.

Though some controlled substances are therapeutically useful, the "feel good" effects of these drugs contribute to their abuse. The extent to which a substance is reliably capable of producing intensely pleasurable feelings (euphoria) increases the likelihood of that substance being abused.

DRUG ABUSE

When controlled substances are used in a manner or amount inconsistent with the legitimate medical use, it is called drug abuse. The non-sanctioned use of substances controlled in Schedules I through V of the CSA is considered drug abuse. While legal pharmaceuticals placed under control in the CSA are prescribed and used by patients for medical treatment, the use of these same pharmaceuticals outside the scope of sound medical practice is drug abuse.

DEPENDENCE

In addition to having abuse potential, most controlled substances are capable of producing dependence, either physical or psychological.

Physical Dependence

Physical dependence refers to the changes that have occurred in the body after repeated use of a drug that necessitates the continued administration of the drug to prevent a withdrawal syndrome. This withdrawal syndrome can range from mildly unpleasant to life-threatening and is dependent on a number of factors, such as:

- The drug being used
- The dose and route of administration
- Concurrent use of other drugs
- Frequency and duration of drug use
- The age, sex, health, and genetic makeup of the user

Psychological Dependence

Psychological dependence refers to the perceived "need" or "craving" for a drug. Individuals who are psychologically dependent on a particular substance often feel that they cannot function without continued use of that substance. While physical dependence disappears within days or weeks after drug use stops, psychological dependence can last much longer and is one of the primary reasons for relapse (initiation of drug use after a period of abstinence).

Contrary to common belief, physical dependence is not addiction. While individuals with a substance use disorder are usually physically dependent on the drug they are abusing, physical dependence can exist without addiction. For example,

patients who take narcotics for chronic pain management or benzodiazepines to treat anxiety are likely to be physically dependent on that medication.

ADDICTION

Addiction is defined as compulsive drug-seeking behavior where acquiring and using a drug becomes the most important activity in the user's life. This definition implies a loss of control regarding drug use, and the person with a substance use disorder will continue to use a drug despite serious medical and/or social consequences. In 2015, an estimated 27.1 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This estimate represents 10.1 percent of the population aged 12 or older. Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutics (including pain relievers, tranquilizers, stimulants, and sedatives) that were misused. [1]

Drugs within a class are often compared with each other with terms like potency and efficacy. Potency refers to the amount of a drug that must be taken to produce a certain effect, while efficacy refers to whether or not a drug is capable of producing a given effect regardless of dose. Both the strength and the ability of a substance to produce certain effects play a role in whether that drug is selected by the drug user.

It is important to keep in mind that the effects produced by any drug can vary significantly and is largely dependent on the dose and route of administration. Concurrent use of other drugs can enhance or block an effect, and substance abusers often take more than one drug to boost the desired effects or counter unwanted side effects. The risks associated with drug abuse cannot be accurately predicted because each user has his/her own unique sensitivity to a drug. There are a number of theories that attempt to explain these differences, and it is clear that a genetic component may predispose an individual to certain toxicities or even addictive behavior.

Youth are especially vulnerable to drug abuse. According to the National Institute on Drug Abuse, young Americans engaged in extraordinary levels of illicit drug use in the last third of the twentieth century. Today, about 48 percent of young people have used an illicit drug by the time they leave high school and about 7 percent of eighth graders, 16 percent of tenth graders, and 24 percent of twelfth graders are current (within the past month) users. [2]

Substance abuse in youth can result in tragic consequences with untold harm to themselves, their families, and others. The 2016 Surgeon General's Report on Alcohol, Drugs, and Health identified risk factors for youth which might lead them into substance abuse. These include being raised in a home where the parents or other relatives use drugs, living in neighborhoods and going to schools where drug use is common, and associating with peers who use substances. Nearly 70 percent of those who try an illicit drug before the age of 13 develop a substance use disorder in the next 7 years, compared with 27 percent of those who first try an illicit drug after the age of 17. [3]

In the sections that follow, each of the five classes of drugs is reviewed and various drugs within each class are profiled. Although marijuana is classified in the CSA as a hallucinogen, a separate section is dedicated to that topic. There are also a number of substances that are abused but not regulated under the CSA. Alcohol and tobacco, for example, are specifically exempt from control by the CSA. In addition, a whole group of substances called inhalants are commonly available and widely abused by children. Control of these substances under the CSA would not only impede legitimate commerce, but also would likely have little effect on the abuse of these substances by youngsters. An energetic campaign aimed at educating both adults and youth about inhalants is more likely to prevent their abuse. To that end, a section is dedicated to providing information on inhalants.

---

[1] *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration*

2 *Monitoring the Future Survey, 2016; National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services*

3 *Facing Addiction in America. The Surgeon General's Report on Alcohol, Drugs, and Health, October 2016. U.S. Department of Health and Human Services.*

IV. Narcotics

WHAT ARE NARCOTICS?

Also known as "opioids," the term "narcotic" comes from the Greek word for "stupor" and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as "narcotics," today "narcotic" refers to opium, opium derivatives, and their semi-synthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is "opioid." Examples include the illicit drug heroin and pharmaceutical drugs like OxyContin, Vicodin, codeine, morphine, methadone, and fentanyl.

WHAT IS THEIR ORIGIN?

The poppy Papaver somniferum is the source for all natural opioids, whereas synthetic opioids are made entirely in a lab and include meperidine, fentanyl, and methadone. Semi-synthetic opioids are synthesized from naturally occurring opium products, such as morphine and codeine, and include heroin, oxycodone, hydrocodone, and hydromorphone. Teens can obtain narcotics from friends, family members, medicine cabinets, pharmacies, nursing homes, hospitals, hospices, doctors, and the Internet.

OxyContin 160 mg tablet

Heroin

What are common street names?

Street names for various narcotics/opioids include:

- Smack, Horse, Mud, Brown Sugar, Junk, Black Tat, Big H, Paregoric, Dover's Powder, MPTP (New Heroin), Hilbilly Heroin, Lean or Purple Drank, OC, Ox, Oxy, Oxycotton, Sippin Syrup

What do they look like?

Narcotics/opioids come in various forms, including:

- Tablets, capsules, skin patches, powder, chunks in varying colors (from white to shades of brown and black), liquid form for oral use and injection, syrups, suppositories, and lollipops

How are they abused?

- Narcotics/opioids can be swallowed, smoked, sniffed, or injected.

What is their effect on the mind?

Besides their medical use, narcotics/opioids produce a general sense of well-being by reducing tension, anxiety, and aggression. These effects are helpful in a therapeutic setting but contribute to the drugs' abuse. Narcotic/opioid use comes with a variety of unwanted effects, including drowsiness, inability to concentrate, and apathy.

Psychological dependence

Use can create psychological dependence. Long after the physical need for the drug has passed, the addict may continue to think and talk about using drugs and feel overwhelmed coping with daily activities. Relapse is common if there are not changes to the physical environment or the behavioral motivators that prompted the abuse in the first place.

What is their effect on the body?

Narcotics/opioids are prescribed by doctors to treat pain, suppress cough, cure diarrhea, and put people to sleep. Effects depend heavily on the dose, how it's taken, and previous exposure to the drug. Negative effects include:

- Slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing

As the dose is increased, both the pain relief and the harmful effects become more pronounced. Some of these preparations are so potent that a single dose can be lethal to an inexperienced user. However, except in cases of extreme intoxication, there is no loss of motor coordination or slurred speech.

Physical dependence and withdrawal

Physical dependence is a consequence of chronic opioid use, and withdrawal takes place when drug use is discontinued. The intensity and character of the physical symptoms experienced during withdrawal are directly related to the particular drug used, the total daily dose, the interval between doses, the duration of use, and the health and personality of the user. These symptoms usually appear shortly before the time of the next scheduled dose.

Early withdrawal symptoms often include:

- Watery eyes, runny nose, yawning, and sweating

As the withdrawal worsens, symptoms can include:

- Restlessness, irritability, loss of appetite, nausea, tremors, drug craving, severe depression, vomiting, increased heart rate and blood pressure, and chills alternating with flushing and excessive sweating

However, without intervention, the withdrawal usually runs its course, and most physical symptoms disappear within days or weeks, depending on the particular drug.

What are their overdose effects?

Overdoses of narcotics are not uncommon and can be fatal. Physical signs of narcotics/opioid overdose include:

- Constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, extreme drowsiness, and slowed breathing

Which drugs cause similar effects?

With the exception of pain relief and cough suppression, most central nervous system depressants (like barbiturates, benzodiazepines, and alcohol) have similar effects, including slowed breathing, tolerance, and dependence.

What is their legal status in the United States?

Narcotics/opioids are controlled substances that vary from Schedule I to Schedule V, depending on their medical usefulness, abuse potential, safety, and drug dependence profile. Schedule I narcotics, like heroin, have no medical use in the U.S. and are illegal to distribute, purchase, or use outside of medical research.

Fentanyl

Fentanyl

WHAT IS FENTANYL?

Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic.

WHAT IS ITS ORIGIN?

Fentanyl was first developed in 1959 and introduced in the 1960s as an intravenous anesthetic. It is legally manufactured and distributed in the United States. Licit fentanyl pharmaceutical products are diverted via theft, fraudulent prescriptions, and illicit distribution by patients, physicians, and pharmacists.

From 2005 through 2007, both fatal overdoses associated with abuse of clandestinely produced fentanyl and law enforcement encounters increased markedly. According to the Centers for Disease Control and Prevention, there were 1,013 fatal overdoses recorded from April 2005 to March 2007. More recently, there has been a re-emergence of trafficking, distribution, and abuse of illicitly produced fentanyl with an associated dramatic increase in overdose fatalities.

What are common street names?

Common street names include:

Apache, China Girl, China Town, Dance Fever, Friend, Goodfellas, Great Bear, He-Man, Jackpot, King Ivory, Murder 8, and Tango & Cash.

What does it look like?

Fentanyl pharmaceutical products are currently available in the following dosage forms: oral transmucosal lozenges commonly referred to as fentanyl "lollipops" (Actiq), effervescent buccal tablets (Fentora), sublingual tablets (Abstral), sublingual sprays (Subsys), nasal sprays (Lazanda), transdermal patches (Duragesic), and injectable formulations.

Clandestinely produced fentanyl is encountered either as a powder or in counterfeit tablets and is sold alone or in combination with other drugs such as heroin or cocaine.

How is it abused?

Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Fentanyl patches are abused by removing its gel contents and then injecting or ingest-

ing these contents. Patches have also been frozen, cut into pieces, and placed under the tongue or in the cheek cavity. Illicitly produced fentanyl is sold alone or in combination with heroin and other substances and has been identified in counterfeit pills, mimicking pharmaceutical drugs such as oxycodone. According to the National Forensic Laboratory Information System, reports on fentanyl (both pharmaceutical and clandestinely produced) increased from nearly 5,400 in 2014 to over 14,600 in 2015, as reported by federal, state, and local forensic laboratories in the United States.

What is the effect on the body?

Fentanyl, similar to other commonly used opioid analgesics(e.g., morphine), produces effects such as relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.

What are the overdose effects?

Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.

Which drugs cause similar effects?

Drugs that cause similar effects include other opioids such as morphine, hydrocodone, oxycodone, hydromorphone, methadone, and heroin.

What is the legal status in the Federal Control Substances Act?

Fentanyl is a Schedule II narcotic under the United States Controlled Substances Act of 1970.

Heroin

WHAT IS HEROIN?

Heroin is a highly addictive drug and it is a rapidly acting opioid.

WHAT IS ITS ORIGIN?

Heroin is processed from morphine, a naturally occurring substance extracted from the seed pod of certain varieties of poppy plants grown in:

- Mexico, South America, Southwest Asia (Afghanistan and Pakistan), and Southeast Asia (Thailand, Laos, and Myanmar (Burma))

Heroin comes in several forms, primarily white powder from Mexico and South America; and "black tar" and brown powder from Mexico.

What are common street names?

Common street names for heroin include:

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

What does it look 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.

How is it abused?

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

What is its effect on the mind?

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

Heroin

What is its effect on the 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 person 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.

Effects of heroin use include:

- Drowsiness, respiratory depression, constricted pupils, nausea, a warm flushing of the skin, dry mouth, and heavy extremities

What are its overdose effects?

Because heroin users 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

Which drugs cause similar effects?

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

What is its 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.

Hydromorphone

WHAT IS HYDROMORPHONE?

Hydromorphone belongs to a class of drugs called "opioids," which includes morphine. It has an analgesic potency of two to eight times greater than that of morphine and has a rapid onset of action.

WHAT IS ITS ORIGIN?

Hydromorphone is legally manufactured and distributed in the United States. However, users can obtain hydromorphone from forged prescriptions, "doctor-shopping," theft from pharmacies, and from friends and acquaintances.

What are the street names?

Common street names include:

- D, Dillies, Dust, Footballs, Juice, and Smack

What does it look like?

Hydromorphone comes in:

- Tablets, capsules, oral solutions, and injectable formulations

How is it abused?

Users may abuse hydromorphone tablets by ingesting them. Injectable solutions, as well as tablets that have been crushed and dissolved in a solution may be injected as a substitute for heroin.

What is its effect on the mind?

When used as a drug of abuse, and not under a doctor's supervision, hydromorphone is taken to produce feelings of euphoria, relaxation, sedation, and reduced anxiety. It may also cause mental clouding, changes in mood, nervousness, and restlessness. It works centrally (in the brain) to reduce pain and suppress cough. Hydromorphone use is associated with both physiological and psychological dependence.

What is its effect on the body?

Hydromorphone may cause:

- Constipation, pupillary constriction, urinary retention, nausea, vomiting, respiratory depression, dizziness, impaired coordination, loss of appetite, rash, slow or rapid heartbeat, and changes in blood pressure

What are its overdose effects?

Acute overdose of hydromorphone can produce:

- Severe respiratory depression, drowsiness progressing to stupor or coma, lack of skeletal muscle tone, cold and clammy skin, constricted pupils, and reduction in blood pressure and heart rate

Severe overdose may result in death due to respiratory depression.

Which drugs cause similar effects?

Drugs that have similar effects include:

- Heroin, morphine, hydrocodone, fentanyl, and oxycodone

What is its legal status in the United States?

Hydromorphone is a Schedule II drug under the Controlled Substances Act with an accepted medical use as a pain reliever. Hydromorphone has a high potential for abuse and use may lead to severe psychological or physical dependence.

Methadone

WHAT IS METHADONE?

Methadone is a synthetic (man-made) narcotic.

WHAT IS ITS ORIGIN?

German scientists synthesized methadone during World War II because of a shortage of morphine. Methadone was introduced into the United States in 1947 as an analgesic (Dolophinel).

What are common street names?

Common street names include:

- Amidone, Chocolate Chip Cookies, Fizzies, Maria, Pastora, Salvia, Street Methadone, and Wafer

What does it look like?

Methadone is available as a tablet, oral solution, or injectable liquid. Tablets are available in 5 mg and 10 mg formulations. As of January 1, 2008, manufacturers of methadone hydrochloride tablets 40 mg (dispersible) have voluntarily agreed to restrict distribution of this formulation to only those facilities authorized for detoxification and maintenance treatment of opioid addiction, and hospitals. Manufacturers will instruct their wholesale distributors to discontinue supplying this formulation to any facility not meeting the above criteria.

How is it abused?

Methodone can be swallowed or injected.

What is its effect on the mind?

Abuse of methadone can lead to psychological dependence.

What is its effect on the body?

When an individual uses methadone, he/she may experience physical symptoms like sweating, itchy skin, or sleepiness. Individuals who abuse methadone risk becoming tolerant of and physically dependent on the drug.

When use is stopped, individuals may experience withdrawal symptoms including:

- Anxiety, muscle tremors, nausea, diarrhea, vomiting, and abdominal cramps

What are its overdose effects?

The effects of a methadone overdose are:

- Slow and shallow breathing, blue fingernails and lips, stomach spasms, clammy skin, convulsions, weak pulse, coma, and possible death

Which drugs cause similar effects?

Although chemically unlike morphine or heroin, methadone produces many of the same effects.

What is its legal status in the United States?

Methadone is a Schedule II drug under the Controlled Substances Act. While it may legally be used under a doctor's supervision, its non-medical use is illegal.

Methadone

Morphine

WHAT IS MORPHINE?

Morphine is a non-synthetic narcotic with a high potential for abuse and is derived from opium. It is used for the treatment of pain.

WHAT IS ITS ORIGIN?

In the United States, a small percentage of the morphine obtained from opium is used directly for pharmaceutical products. The remaining morphine is processed into codeine and other derivatives.

What are common street names?

Common street names include:

- Dreamer, Emsel, First Line, God's Drug, Hows, M.S., Mister Blue, Morf, Morpho, and Unkie

What does it look like?

Morphine is marketed under generic and brand name products, including:

- MS-Contin, Oramorph SR, MSIR, Roxanol, Kadian, and RMS

How is it abused?

Traditionally, morphine was almost exclusively used by injection, but the variety of pharmaceutical forms that it is marketed as today support its use by oral and other routes of administration.

Forms include:

- Oral solutions, immediate-and extended-release tablets and capsules, and injectable preparations

Those dependent on morphine prefer injection because the drug enters the bloodstream more quickly.

What is its effect on the mind?

Morphine's effects include euphoria and relief of pain. Chronic use of morphine results in tolerance and physical and psychological dependence.

What is its effect on the body?

Morphine use results in relief from physical pain, decrease in hunger, and inhibition of the cough reflex.

What are its overdose effects?

Overdose effects include:

- Cold and clammy skin, lowered blood pressure, sleepiness, slowed breathing, slow pulse rate, coma, and possible death

Which drugs cause similar effects?

Drugs causing similar effects as morphine include:

- Opium, codeine, heroin, methadone, hydrocodone, fentanyl, and oxycodone

What is its legal status in the United States?

Morphine is a Schedule II narcotic under the Controlled Substances Act.

Opium

WHAT IS OPIUM?

Opium is a highly addictive non-synthetic narcotic that is extracted from the poppy plant, Papaver somniferum. The opium poppy is the key source for many narcotics, including morphine, codeine, and heroin.

WHAT IS ITS ORIGIN?

The poppy plant, Papaver somniferum, is the source of opium. It was grown in the Mediterranean region as early as 5000 B.C., and has since been cultivated in a number of countries throughout the world. The milky fluid that seeps from its incisions in the unripe seed pod of this poppy has been scraped by hand and air-dried to produce what is known as opium.

A more modern method of harvesting for pharmaceutical use is by the industrial poppy straw process of extracting alkaloids from the mature dried plant (concentrate of poppy straw). All opium and poppy straw used for pharmaceutical products are imported into the United States from legitimate sources in regulated countries.

What are common street names?

Common street names include:

- Ah-pen-yen, Aunti, Aunti Emma, Big O, Black Pill, Chandoo, Chandu, Chinese Molasses, Chinese Tobacco, Dopium, Dover's Powder, Dream Gun, Dream Stick, Dreams, Easing Powder, Fi-do-nie, Gee, God's Medicine, Gondola, Goric, Great Tobacco, Guma, Hop/hops, Joy Plant, Midnight Oil, Mira, O, O.P., Ope, Pen Yan, Pin Gon, Pox, Skee, Toxy, Toys, When-shee, Ze, and Zero

What does it look like?

Opium can be a liquid, solid, or powder, but most poppy straw concentrate is available commercially as a fine brownish powder.

How is it abused?

Opium can be smoked, intravenously injected, or taken in pill form. Opium is also abused in combination with other drugs. For example, "Black" is a combination of marijuana, opium, and methamphetamine, and "Buddha" is potent marijuana spiked with opium.

What is its effect on the mind?

The intensity of opium's euphoric effects on the brain depends on the dose and route of administration. It works quickly when smoked because the opiate chemicals pass into the lungs, where they are quickly absorbed and then sent to the brain. An opium "high" is very similar to a heroin "high"; users experience a euphoric rush, followed by relaxation and the relief of physical pain.

What is its effect on the body?

Opium inhibits muscle movement in the bowels leading to constipation. It also can dry out the mouth and mucous membranes in the nose. Opium use leads to physical and psychological dependence, and can lead to overdose.

What are its overdose effects?

Overdose effects include:

- Slow breathing, seizures, dizziness, weakness, loss of consciousness, coma, and possible death

Which drugs cause similar effects?

Drugs that cause similar effects include:

- Morphine, codeine, heroin, methadone, hydroquinone, fentanyl, and oxycodone

What is its legal status in the United States?

Opium is a Schedule II drug under the Controlled Substances Act. Most opioids are Schedule II, III, IV, or V drugs. Some drugs that are derived from opium, such as heroin, are Schedule I drugs.

Oxycodone

WHAT IS OXYCODONE?

Oxycodone is a semi-synthetic narcotic analgesic and historically has been a popular drug of abuse among the narcotic abusing population.

WHAT IS ITS ORIGIN?

Oxycodone is synthesized from thebaine, a constituent of the poppy plants.

What are common street names?

Common street names include:

- Hillbilly Heroin, Kicker, OC, Ox, Roxy, Perc, and Oxy

What does it look like?

Oxycodone is marketed alone as OxyContin in 10, 20, 40 and 80 mg extended-release tablets and other immediate-release capsules like 5 mg OxyIR. It is also marketed in combination products with aspirin such as Percodan or acetaminophen such as Roxicet.

How is it abused?

Oxycodone is abused orally or intravenously. The tablets are crushed and sniffed or dissolved in water and injected. Others heat a tablet that has been placed on a piece of foil then inhale the vapors.

What is its effect on the mind?

Euphoria and feelings of relaxation are the most common effects of oxycodone on the brain, which explains its high potential for abuse.

What is its effect on the body?

Physiological effects of oxycodone include:

- Pain relief, sedation, respiratory depression, constipation, papillary constriction, and cough suppression. Extended or chronic use of oxycodone containing acetaminophen may cause severe liver damage

What are its overdose effects?

Overdose effects include:

- Extreme drowsiness, muscle weakness, confusion, cold and clammy skin, pinpoint pupils, shallow breathing, slow heart rate, fainting, coma, and possible death

Which drugs cause similar effects?

Drugs that cause similar effects to Oxycodone include:

- Opium, codeine, heroin, methadone, hydrocodone, fentanyl, and morphine

What is its legal status in the United States?

Oxycodone products are in Schedule II of the Controlled Substances Act.

V. Stimulants

WHAT ARE STIMULANTS?

- Stimulants speed up the body's systems. This class of drugs includes:
- Prescription drugs such as amphetamines [Adderall and dexedrine], methylphenidate [Concerta and Ritalin], diet aids [such as didrex, Bontril, Preludin, Fastin, Adipex P, ionomin, and Meridia] and illicitly produced drugs such as methamphetamine, cocaine, and methcathinone.

WHAT IS THEIR ORIGIN?

Stimulants are diverted from legitimate channels and clandestinely manufactured exclusively for the illicit market.

Ritalin SR 20mg tablet

Crack Cocaine

What are common street names?

Common street names for stimulants include:

- Bennies, Black Beauties, Cat, Coke, Crank, Crystal, Flake, Ice, Pellets, R-Ball, Skippy, Snow, Speed, Uppers, and Vitamin R

What do they look like?

Stimulants come in the form of:

- Pills, powder, rocks, and injectable liquids

How are they abused?

Stimulants can be pills or capsules that are swallowed. Smoking, snorting, or injecting stimulants produces a sudden sensation known as a "rush" or a "flash."

Abuse is often associated with a pattern of binge use — sporadically consuming large doses of stimulants over a short period of time. Heavy users may inject themselves every few hours, continuing until they have depleted their drug supply or reached a point of delirium, psychosis, and physical exhaustion. During heavy use, all other interests become secondary to recreating the initial euphoric rush.

What is their effect on the mind?

When used as drugs of abuse and not under a doctor's supervision, stimulants are frequently taken to:

- Produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for prolonged period, and "get high"

Chronic, high-dose use is frequently associated with agitation, hostility, panic, aggression, and suicidal or homicidal tendencies.

Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur.

Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs. In fact, the strongest psychological dependence observed occurs with the more potent stimulants,

such as amphetamine, methylphenidate, methamphetamine, cocaine, and methcathinone.

Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a "crash."

What is their effect on the body?

Stimulants are sometimes referred to as uppers and reverse the effects of fatigue on both mental and physical tasks. Therapeutic levels of stimulants can produce exhilaration, extended wakefulness, and loss of appetite. These effects are greatly intensified when large doses of stimulants are taken.

Taking too large a dose at one time or taking large doses over an extended period of time may cause such physical side effects as:

- Dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps.

What are their overdose effects?

In overdose, unless there is medical intervention, high fever, convulsions, and cardiovascular collapse may precede death. Because accidental death is partially due to the effects of stimulants on the body's cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.

Which drugs cause similar effects?

Some hallucinogenic substances, such as ecstasy, have a stimulant component to their activity.

What is their legal status in the United States?

A number of stimulants have no medical use in the United States but have a high potential for abuse. These stimulants are controlled in Schedule I. Some prescription stimulants are not controlled, and some stimulants like tobacco and caffeine don't require a prescription — though society's recognition of their adverse effects has resulted in a proliferation of caffeine-free products and efforts to discourage cigarette smoking.

Stimulant chemicals in over-the-counter products, such as ephedrine and pseudoephedrine, can be found in allergy and cold medicine. As required by The Combat Methamphetamine Epidemic Act of 2005, a retail outlet must store these products out of reach of customers, either behind the counter or in a locked cabinet. Regulated sellers are required to maintain a written or electronic form of a logbook to record sales of these products. In order to purchase these products, customers must now show a photo identification issued by a state or federal government. They are also required to write or enter into the logbook: their name, signature, address, date, and time of sale. In addition to the above, there are daily and monthly sales limits set for customers.

Amphetamines

WHAT ARE AMPHETAMINES?

Amphetamines are stimulants that speed up the body's system. Many are legally prescribed and used to treat attention-deficit hyperactivity disorder (ADHD).

WHAT IS THEIR ORIGIN?

Amphetamine was first marketed in the 1930s as Benzedrine in an over-the-counter inhaler to treat nasal congestion. By 1937 amphetamine was available by prescription in tablet form and was used in the treatment of the sleeping disorder narcolepsy and ADHD.

Over the years, the use and abuse of clandestinely produced amphetamines have spread. Today, clandestine laboratory production of amphetamines has mushroomed, and the abuse of the drug has increased dramatically.

What are common street names?

Common street names include:

- Bennies, Black Beauties, Crank, Ice, Speed, and Uppers

What do they look like?

Amphetamines can look like pills or powder. Common prescription amphetamines include methylphenidate (Ritalin or Ritalin SR), amphetamine and dextroamphetamine (Adderall), and dextroamphetamine (Dexedrine).

How are they abused?

Amphetamines are generally taken orally or injected. However, the addition of "ice," the slang name of crystallized methamphetamine hydrochloride, has promoted smoking as another mode of administration. Just as "crack" is smokable cocaine, "ice" is smokable methamphetamine.

What is their effect on the mind?

The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer. In contrast to cocaine, which is quickly removed from the brain and is almost completely metabolized, methamphetamine remains in the central nervous system longer, and a larger percentage of the drug remains unchanged in the body, producing prolonged stimulant effects.

Chronic abuse produces a psychosis that resembles schizophrenia and is characterized by paranoia, picking at the skin, preoccupation with one's own thoughts, and auditory and visual hallucinations. Violent and erratic behavior is frequently seen among chronic users of amphetamines and methamphetamine.

What is their effect on the body?

Physical effects of amphetamine use include:

- Increased blood pressure and pulse rates, insomnia, loss of appetite, and physical exhaustion

What are their overdose effects?

Overdose effects include:

- Agitation, increased body temperature, hallucinations, convulsions, and possible death

Which drugs cause similar effects?

Drugs that cause similar effects include:

- Dexmethylphendiate, phentermine, benzphetamine, phendimetrazine, cocaine, crack, methamphetamine, and khat

What is their legal status in the United States?

Amphetamines are Schedule II stimulants, which means that they have a high potential for abuse and a currently acceptable medical use (in FDA-approved products). Pharmaceutical products are available only through a prescription that cannot be refilled.

Cocaine

WHAT IS COCAINE?

Cocaine is an intense, euphoria-producing stimulant drug with strong addictive potential.

WHAT IS ITS ORIGIN?

Cocaine is derived from coca leaves grown in Bolivia, Peru, and Colombia. The cocaine manufacturing process takes place in remote jungle labs where the raw product undergoes a series of chemical transformations. Colombia produces about 90 percent of the cocaine powder reaching the United States. Most of the cocaine entering the United States comes through Mexico.

What are common street names?

Common street names include:

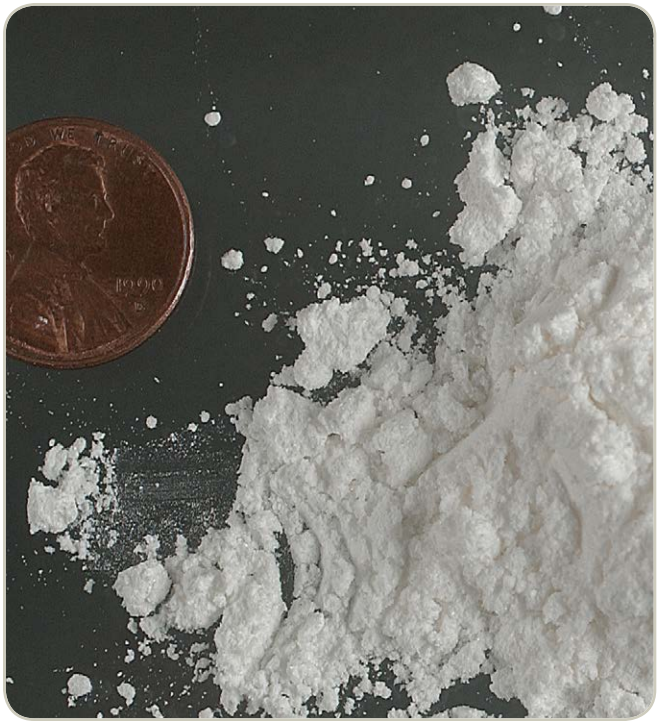
- Coca, Coke, Crack, Flake, Snow, and Soda Cot

What does it look like?

Cocaine is usually distributed as a white, crystalline powder. Cocaine is often diluted ("cut") with a variety of substances, the most common of which are sugars and local anesthetics. It is "cut" to stretch the amount of the product and increase profits for dealers. In contrast, cocaine base (crack) looks like small, irregularly shaped chunks (or "rocks") of a whitish solid.

How is it abused?

Powdered cocaine can be snorted or injected into the veins after dissolving in water. Cocaine base (crack) is smoked, either alone or on marijuana or tobacco. Cocaine is also used in combination with an opiate, like heroin, a practice known as "speedballing." Although injecting into veins or muscles, snorting, and smoking are the common ways of using cocaine, all mucous membranes readily absorb cocaine. Cocaine users typically binge on the drug until they are exhausted or run out of cocaine.



Cocaine powder

What is its effect on the mind?

The intensity of cocaine's euphoric effects depends on how quickly the drug reaches the brain, which depends on the dose and method of abuse. Following smoking or intravenous injection, cocaine reaches the brain in seconds, with a rapid buildup in levels. This results in a rapid-onset, intense euphoric effect known as a "rush."

By contrast, the euphoria caused by snorting cocaine is less intense and does not happen as quickly due to the slower build-up of the drug in the brain. Other effects include increased alertness and excitation, as well as restlessness, irritability, and anxiety.

Tolerance to cocaine's effects develops rapidly, causing users to take higher and higher doses. Taking high doses of cocaine or prolonged use, such as binging, usually causes paranoia. The crash that follows euphoria is characterized by mental and physical exhaustion, sleep, and depression lasting several days. Following the crash, users experience a craving to use cocaine again.

What is its effect on the body?

Physiological effects of cocaine include increased blood pressure and heart rate, dilated pupils, insomnia, and loss of appetite. The widespread abuse of highly pure street cocaine has led to many severe adverse health consequences such as:

- Cardiac arrhythmias, ischemic heart conditions, sudden cardiac arrest, convulsions, strokes, and death

In some users, the long-term use of inhaled cocaine has led to a unique respiratory syndrome, and chronic snorting of cocaine has led to the erosion of the upper nasal cavity.

Which drugs cause similar effects?

Other stimulants, such as methamphetamine, cause effects similar to cocaine that vary mainly in degree.

What is its legal status in the United States?

Cocaine is a Schedule II drug under the Controlled Substances Act, meaning it has a high potential for abuse and has an accepted medical use for treatment in the United States. Cocaine hydrochloride solution (4 percent and 10 percent) is used primarily as a topical local anesthetic for the upper respiratory tract. It also is used to reduce bleeding of the mucous membranes in the mouth, throat, and nasal cavities. However, better products have been developed for these purposes, and cocaine is rarely used medically in the United States.

Cocaine bricks, seized by DEA

Khat

WHAT IS KHAT?

Khat is a flowering evergreen shrub that is abused for its stimulant-like effect. Khat has two active ingredients, cathine and cathinone.

WHAT IS ITS ORIGIN?

Khat is native to East Africa and the Arabian Peninsula, where the use of it is an established cultural tradition for many social situations.

Khat plant

What are common street names?

Common street names for Khat include:

- Abyssinian Tea, African Salad, Catha, Chat, Kat, and Oat

What does it look like?

Khat is a flowering evergreen shrub. Khat that is sold and abused is usually just the leaves, twigs, and shoots of the Khat shrub.

How is it abused?

Khat is typically chewed like tobacco, then retained in the cheek and chewed intermittently to release the active drug, which produces a stimulant-like effect. Dried Khat leaves can be made into tea or a chewable paste, and Khat can also be smoked and even sprinkled on food.

What is its effect on the mind?

Khat can induce manic behavior with:

- Grandiose delusions, paranoia, nightmares, hallucinations, and hyperactivity

Chronic Khat abuse can result in violence and suicidal depression.

What is its effect on the body?

Khat causes an immediate increase in blood pressure and heart rate. Khat can also cause a brown staining of the teeth, insomnia, and gastric disorders. Chronic abuse of Khat can cause physical exhaustion.

What are its overdose effects?

The dose needed to constitute an overdose is not known, however it has been historically associated with those who are long-term chewers of the leaves. Symptoms of toxicity include:

- Delusions, loss of appetite, difficulty with breathing, and increases in both blood pressure and heart rate

Additionally, there are reports of liver damage (chemical hepatitis) and of cardiac complications, specifically myocardial infarctions. This mostly occurs among long-term chewers of khat or those who have chewed too large a dose.

Which drugs cause similar effects?

Khat's effects are similar to other stimulants, such as cocaine, amphetamine, and methamphetamine.

What is its legal status in the United States?

The chemicals found in khat are controlled under the Controlled Substances Act. Cathine is a Schedule IV stimulant, and cathinone is a Schedule I stimulant 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.

Methamphetamine

WHAT IS METHAMPHETAMINE?

Methamphetamine (meth) is a stimulant. The FDA-approved brand-name medication is Desoxyn.

WHAT IS ITS ORIGIN?

Mexican drug trafficking organizations have become the primary manufacturers and distributors of methamphetamine to cities throughout the United States, including in Hawaii. Domestic clandestine laboratory operators also produce and distribute meth but usually on a smaller scale. The methods used depend on the availability of precursor chemicals.

Currently, this domestic clandestinely produced meth is mainly made with diverted products that contain pseudoephedrine. Mexican methamphetamine is made with different precursor chemicals. The Combat Methamphetamine Epidemic Act of 2005 requires retailers of non-prescription products containing pseudoephedrine, ephedrine, or phenylpropanolamine to place these products behind the counter or in a locked cabinet. Consumers must show identification and sign a logbook for each purchase.

What are common street names?

Common street names include:

- Batu, Bikers Coffee, Black Beauties, Chalk, Chicken Feed, Crank, Crystal, Glass, Go-Fast, Hiropon, Ice, Meth, Methlies Quick, Poor Man's Cocaine, Shabu, Shards, Speed, Stove Top, Tina, Trash, Tweak, Uppers, Ventana, Vidrio, Yaba, and Yellow Bam

What does it look like?

Regular meth is a pill or powder. Crystal meth resembles glass fragments or shiny blue-white "rocks" of various sizes.

How is it abused?

Meth is swallowed, snorted, injected, or smoked. To intensify the effects, users may take higher doses of the drug, take it more frequently, or change their method of intake.

Methamphetamine in finished form

What is its effect on the mind?

Meth is a highly addictive drug with potent central nervous system (CNS) stimulant properties.

Those who smoke or inject it report a brief, intense sensation, or rush. Oral ingestion or snorting produces a long-lasting high instead of a rush, which reportedly can continue for as long as half a day. Both the rush and the high are believed to result from the release of very high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure. Long-term meth use results in many damaging effects, including addiction.

Chronic meth users can exhibit violent behavior, anxiety, confusion, insomnia, and psychotic features including paranoia, aggression, visual and auditory hallucinations, mood disturbances, and delusions — such as the sensation of insects creeping on or under the skin.

Methamphetamine in finished form

Such paranoia can result in homicidal or suicidal thoughts. Researchers have reported that as much as 50 percent of the dopamine-producing cells in the brain can be damaged after prolonged exposure to relatively low levels of meth. Researchers also have found that serotonin-containing nerve cells may be damaged even more extensively.

What is its effect on the body?

Taking even small amounts of meth can result in:

- Increased wakefulness, increased physical activity, decreased appetite, rapid breathing and heart rate, irregular heartbeat, increased blood pressure, and hyperthermia (overheating)

High doses can elevate body temperature to dangerous, sometimes lethal, levels, and cause convulsions and even cardiovascular collapse and death. Meth use may also cause extreme anorexia, memory loss, and severe dental problems.

What are its overdose effects?

High doses may result in death from stroke, heart attack, or multiple organ problems caused by overheating.

Which drugs cause similar effects?

Cocaine and potent stimulant pharmaceuticals, such as amphetamines and methylphenidate, produce similar effects.

What is its legal status in the United States?

Methamphetamine is a Schedule II stimulant under the Controlled Substances Act, which means that it has a high potential for abuse and a currently accepted medical use (in FDA-approved products). It is available only through a prescription that cannot be refilled. Today there is only one legal meth product, Desoxyn. It is currently marketed in 5-milligram tablets and has very limited use in the treatment of obesity and attention deficit hyperactivity disorder (ADHD).

VI. Depressants

WHAT ARE DEPRESSANTS?

Depressants will put you to sleep, relieve anxiety and muscle spasms, and prevent seizures.

Barbiturates are older drugs and include butalbital (Fiorina), phenobarbital, Pentothal, Seconal, and Nembutal. A person can rapidly develop dependence on and tolerance to barbiturates, meaning a person needs more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death.

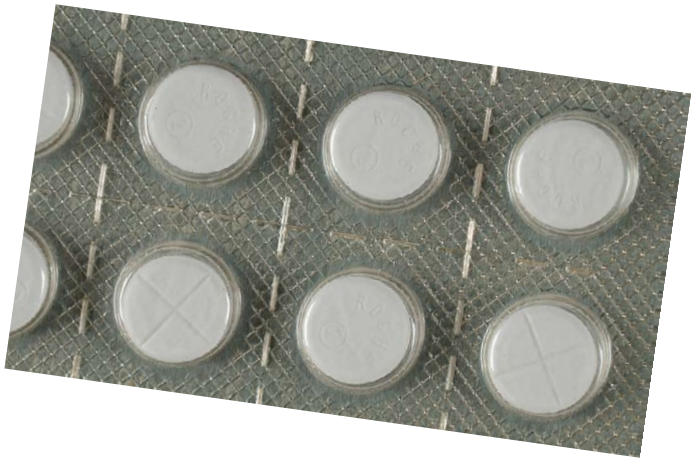
Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects including tolerance and dependence. Some examples are Valium, Xanax, Halcion, Ativan, Klonopin, and Restoril. Rohypnol is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally.

Lunesta, Ambien, and Sonata are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. Other CNS depressants include meprobamate, methaqualone (Quaalude), and the illicit drug GHB.

WHAT IS THEIR ORIGIN?

Generally, legitimate pharmaceutical products are diverted to the illicit market. Teens can obtain depressants from the family medicine cabinet, friends, family members, the Internet, doctors, and hospitals.

Klonopin 5mg tablet



Blister pack of Rohypnol tablets

What are common street names?

Common street names for depressants include:

- Barbs, Benzos, Downers, Georgia Home Boy, GHB, Grievous Bodily Harm, Liquid X, Nerve Pills, Phennies, R2, Reds, Roofies, Rophies, Tranks, and Yellows

What do they look like?

Depressants come in the form of pills, syrups, and injectable liquids.

How are they abused?

Individuals abuse depressants to experience euphoria. Depressants are also used with other drugs to add to the other drugs' high or to deal with their side effects. Users take higher doses than people taking the drugs under a doctor's supervision for therapeutic purposes. Depressants like GHB and Rohypnol are also misused to facilitate sexual assault.

What is their effect on the mind?

Depressants used therapeutically do what they are prescribed for:

- To induce sleep, relieve anxiety and muscle spasms, and prevent seizures

They also:

- Cause amnesia, leaving no memory of events that occur while under the influence, reduce reaction time, impair mental functioning and judgment, and cause confusion

Long-term use of depressants produces psychological dependence and tolerance.

What is their effect on the body?

Some depressants can relax the muscles. Unwanted physical effects include:

- Slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing

Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life threatening.

Vials containing GHB

What is their legal status in the United States?

Most depressants are controlled substances that range from Schedule I to Schedule IV under the Controlled Substances Act, depending on their risk for abuse and whether they currently have an accepted medical use. Many of the depressants have FDA-approved medical uses. Rohypnol and Quaaludes are not manufactured or legally marketed in the United States.

Barbiturates

WHAT ARE BARBITURATES?

Barbiturates are depressants that produce a wide spectrum of central nervous system depression from mild sedation to coma. They also have been used as sedatives, hypnotics, anesthetics, and anticonvulsants.

Barbiturates are classified as:

- Ultrashort, Short, Intermediate, Long-acting

WHAT IS THEIR ORIGIN?

Barbiturates were first introduced for medical use in the 1900s, and today about 12 substances are in medical use.

What are common street names?

Common street names include:

- Barbs, Block Busters, Christmas Trees, Goof Balls, Pinks, Red Devils, Reds & Blues, and Yellow Jackets

What do they look like?

Barbiturates come in a variety of multicolored pills and tablets. Users prefer the short-acting and intermediate barbiturates such as Amytal and Seconal.

How are they abused?

Barbiturates are abused by swallowing a pill or injecting a liquid form. Barbiturates are generally abused to reduce anxiety, decrease inhibitions, and treat unwanted effects of illicit drugs. Barbiturates can be extremely dangerous because overdoses can occur easily and lead to death.

What is their effect on the mind?

Barbiturates cause:

- Mild euphoria, lack of inhibition, relief of anxiety, and sleepiness

Higher doses cause:

- Impairment of memory, judgment, and coordination; irritability; and paranoid and suicidal ideation

Tolerance develops quickly and larger doses are then needed to produce the same effect, increasing the danger of an overdose.

What is their effect on the body?

Barbiturates slow down the central nervous system and cause sleepiness.

What are their overdose effects?

Effects of overdose include:

- Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, and possible death

Which drugs cause similar effects?

Drugs with similar effects include:

- Alcohol, benzodiazepines like Valium and Xanax, tranquilizers, sleeping pills, Rohypnol, and GHB

What is their legal status in the United States?

Barbiturates are Schedule II, III, and IV depressants under the Controlled Substances Act.

Benzodiazepines

WHAT ARE BENZODIAZEPINES?

Benzodiazepines are depressants that produce sedation and hypnosis, relieve anxiety and muscle spasms, and reduce seizures.

WHAT IS THEIR ORIGIN?

Benzodiazepines are only legally available through prescription. Many users maintain their drug supply by getting prescriptions from several doctors, forging prescriptions, or buying them illicitly. Alprazolam and diazepam are the two most frequently encountered benzodiazepines on the illicit market.

What are common street names?

Common street names include Benzos and Downers.

What do they look like?

The most common benzodiazepines are the prescription drugs Valium, Xanax, Halcion, Ativan, and Klonopin. Tolerance can develop, although at variable rates and to different degrees. Shorter-acting benzodiazepines used to manage insomnia include estazolam (ProSom), flurazepam (Dalmane), temazepam (Restoril), and triazolam (Halcion). Midazolam (Versed), a short-acting benzodiazepine, is utilized for sedation, anxiety, and amnesia in critical care settings and prior to anesthesia. It is available in the United States as an injectable preparation and as a syrup (primarily for pediatric patients).

Benzodiazepines with a longer duration of action are utilized to treat insomnia in patients with daytime anxiety. These benzodiazepines include alprazolam (Xanax), chlordiazepoxide (Librium), clorazepate (Tranxene), diazepam (Valium), halazepam (Paxipam), lorzepam (Ativan), oxazepam (Serax), prazepam (Centrax), and quazepam (Doral). Clonazepam (Klonopin), diazepam, and clorazepate are also used as anticonvulsants.

How are they abused?

Abuse is frequently associated with adolescents and young adults who take the drug orally or crush it up and snort it to get high. Abuse is particularly high among heroin and cocaine users.

What is their effect on the mind?

Benzodiazepines are associated with amnesia, hostility, irritability, and vivid or disturbing dreams.

What is their effect on the body?

Benzodiazepines slow down the central nervous system and may cause sleepiness.

What are their overdose effects?

Effects of overdose include:

- Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, and possible death

Which drugs cause similar effects?

Drugs that cause similar effects include:

- Alcohol, barbiturates, sleeping pills, and GHB

What is their legal status in the United States?

Benzodiazepines are controlled in Schedule IV of the Controlled Substances Act.

GHB

WHAT IS GHB?

Gamma-Hydroxybutyric acid (GHB) is another name for the generic drug sodium oxybate. Xyrem (which is sodium oxybate) is the trade name of the Food and Drug Administration (FDA)-approved prescription medication.

Analogues that are often substituted for GHB include GBL (gamma butyrolactone) and 1,4 BD (also called just "BD"), which is 1,4-butanediol. These analogues are available legally as industrial solvents used to produce polyurethane, pesticides, elastic fibers, pharmaceuticals, coatings on metal or plastic, and other products. They are also sold illicitly as supplements for bodybuilding, fat loss, reversal of baldness, improved eyesight, and to combat aging, depression, drug addiction, and insomnia.

GBL and BD are sold as "fish tank cleaner," "ink stain remover," "ink cartridge cleaner," and "nail enamel remover" for approximately $100 per bottle — much more expensive than comparable products. Attempts to identify the abuse of GHB analogues are hampered by the fact that routine toxicological screens do not detect the presence of these analogues.

WHAT IS ITS ORIGIN?

GHB is produced illegally in both domestic and foreign clandestine laboratories. The major source of GHB on the street is through clandestine synthesis by local operators. At bars or "rave" parties, GHB is typically sold in liquid form by the capful or "swig" for $5 to $25 per cap. Xyrem has the potential for diversion and abuse like any other pharmaceutical containing a controlled substance.

GHB has been encountered in nearly every region of the country.

What are common street names?

Common street names include:

- Easy Lay, G, Georgia Home Boy, GHB, Goop, Grievous Bodily Harm, Liquid Ecstasy, Liquid X, and Scoop

Vials containing GHB

What does it look like?

GHB is usually sold as a liquid or as a white powder that is dissolved in a liquid, such as water, juice, or alcohol. GHB dissolved in liquid has been packaged in small vials or small water bottles. In liquid form, GHB is clear and colorless and slightly salty in taste.

How is it abused?

GHB and its analogues are abused for their euphoric and calming effects and because some people believe they build muscles and cause weight loss.

GHB and its analogues are also misused for their ability to increase libido, suggestibility, passivity, and to cause amnesia (no memory of events while under the influence of the substance) — traits that make users vulnerable to sexual assault and other criminal acts.

GHB abuse became popular among teens and young adults at dance clubs and "raves" in the 1990s and gained notoriety as a date rape drug. GHB is taken alone or in combination with other drugs, such as alcohol (primarily), other depressants, stimulants, hallucinogens, and marijuana.

The average dose ranges from 1 to 5 grams (depending on the purity of the compound, this can be 1-2 teaspoons mixed in a beverage). However, the concentrations of these "home-brews" have varied so much that users are usually unaware of the actual dose they are drinking.

What is its effect on the mind?

GHB occurs naturally in the central nervous system in very small amounts. Use of GHB produces Central Nervous System (CNS) depressant effects including:

- Euphoria, drowsiness, decreased anxiety, confusion, and memory impairment

GHB can also produce both visual hallucinations and — paradoxically — excited and aggressive behavior. GHB greatly increases the CNS depressant effects of alcohol and other depressants.

What is its effect on the body?

GHB takes effect in 15 to 30 minutes, and the effects last 3 to 6 hours. Low doses of GHB produce nausea.

At high doses, GHB overdose can result in:

- Unconsciousness, seizures, slowed heart rate, greatly slowed breathing, lower body temperature, vomiting, nausea, coma, and death

Regular use of GHB can lead to addiction and withdrawal that includes:

- Insomnia, anxiety, tremors, increased heart rate and blood pressure, and occasional psychotic thoughts

Currently, there is no antidote available for GHB intoxication. GHB analogues are known to produce side effects such as:

- Topical irritation to the skin and eyes, nausea, vomiting, incontinence, loss of consciousness, seizures, liver damage, kidney failure, respiratory depression, and death

What are its overdose effects?

GHB overdose can cause death.

Which drugs cause similar effects?

GHB analogues are often abused in place of GHB. Both GBL and BD metabolize to GHB when taken and produce effects similar to GHB.

CNS depressants such as barbiturates and methaqualone also produce effects similar to GHB.

What is its legal status in the United States?

GHB is a Schedule I controlled substance, 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. FDA-approved GHB products are Schedule III substances under the Controlled Substances Act. In addition, GBL is a List I chemical.

It was placed on Schedule I of the Controlled Substances Act in March 2000. However, when sold as FDA-approved GHB products (such as Xyrem), it is considered Schedule III, one of several drugs that are listed in multiple schedules.

Rohypnol

WHAT IS ROHYPNOL?

Rohypnol is a trade name for flunitrazepam, a central nervous system (CNS) depressant that belongs to a class of drugs known as benzodiazepines. Flunitrazepam is also marketed as generic preparations and other trade name products outside of the United States.

Like other benzodiazepines, Rohypnol produces sedative-hypnotic, anti-anxiety, and muscle relaxant effects. This drug has never been approved for medical use in the United States by the Food and Drug Administration. Outside the United States, Rohypnol is commonly prescribed to treat insomnia. Rohypnol is also referred to as a "date rape" drug.

WHAT IS ITS ORIGIN?

Rohypnol is smuggled into the United States from other countries, such as Mexico.

What are common street names?

Common street names include:

- Circles, Forget Pill, Forget-Me-Pill, La Rocha, Lunch Money Drug, Mexican Valium, Pingus, R2, Reynolds, Roach, Roach 2, Roaches, Roachies, Roapies, Robutal, Rochas Dos, Rohypnol, Roofies, Rophies, Ropies, Roples, Row-Shay, Ruffies, and Wolfies

What does it look like?

Prior to 1997, Rohypnol was manufactured as a white tablet (0.5-2 milligrams per tablet), and when mixed in drinks, was colorless, tasteless, and odorless. In 1997, the manufacturer responded to concerns about the drug's role in sexual assaults by reformulating the drug.

Rohypnol is now manufactured as an oblong olive green tablet with a speckled blue core that when dissolved in light-colored drinks will dye the liquid blue. However, generic versions of the drug may not contain the blue dye.

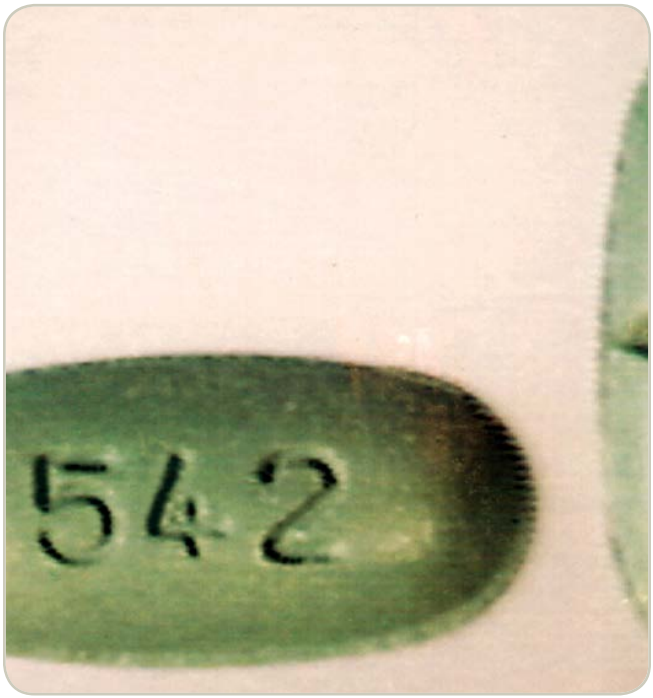
How is it abused?

The tablet can be swallowed whole, crushed and snorted, or dissolved in liquid. Adolescents may abuse Rohypnol to produce a euphoric effect often described as a "high." While high, they experience reduced inhibitions and impaired judgment.

Rohypnol is also used in combination with alcohol to produce an exaggerated intoxication.

In addition, abuse of Rohypnol may be associated with multiple-substance abuse. For example, cocaine users may use benzodiazepines such as Rohypnol to relieve the side effects (e.g., irritability and agitation) associated with cocaine binges.

Rohypnol is also misused to physically and psychologically incapacitate victims targeted for sexual assault. The drug is usually placed in the alcoholic drink of an unsuspecting victim to incapacitate them and prevent resistance to sexual assault. The drug leaves the victim unaware of what has happened to them.



Rohypnol tablets

What is its effect on the mind?

Like other benzodiazepines, Rohypnol slows down the functioning of the CNS producing:

- Drowsiness (sedation), sleep (pharmacological hypnosis), decreased anxiety, and amnesia (no memory of events while under the influence of the substance)

Rohypnol can also cause:

- Increased or decreased reaction time, impaired mental functioning and judgment, confusion, aggression, and excitability

What is its effect on the body?

Rohypnol causes muscle relaxation. Adverse physical effects include:

- Slurred speech, loss of motor coordination, weakness, headache, and respiratory depression

Rohypnol also can produce physical dependence when taken regularly over a period of time.

What are its overdose effects?

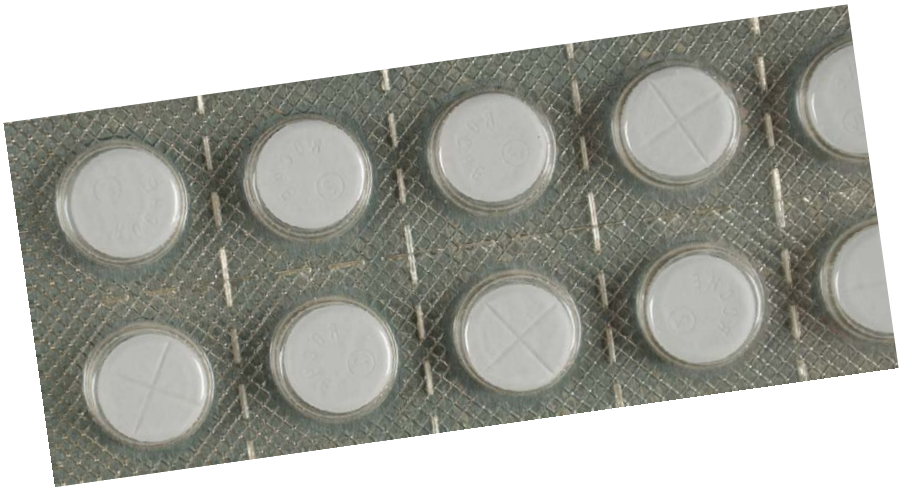
High doses of Rohypnol, particularly when combined with CNS depressant drugs such as alcohol and heroin, can cause severe sedation, unconsciousness, slow heart rate, and suppression of respiration that may be sufficient to result in death.

Which drugs cause similar effects?

Drugs that cause similar effects include GHB (gamma hydroxybutyrate) and other benzodiazepines such as alprazolam (e.g., Xanax), clonazepam (e.g., Klonopin), and diazepam (e.g., Valium).

What is its legal status in the United States?

Rohypnol is a Schedule IV substance under the Controlled Substances Act. Rohypnol is not approved for manufacture, sale, use, or importation to the United States. It is legally manufactured and marketed in many countries. Penalties for possession, trafficking, and distribution involving one gram or more are the same as those of a Schedule I drug.



Blister pack of Rohypnol tablets

VII. Hallucinogens

WHAT ARE HALLUCINOGENS?

Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood.

WHAT IS THEIR ORIGIN?

Hallucinogens can be synthetically produced in illicit laboratories or are found in plants.

MDMA/Ecstasy pills

LSD Blotter Sheet

What are common street names?

Common street names include:

- Acid, Blotter, Blotter Acid, Cubes, Doses, Fry, Mind Candy, Mushrooms, Shrooms, Special K, STP, X, and XTC

What do they look like?

Hallucinogens come in a variety of forms. MDMA or ecstasy tablets are sold in many colors with a variety of logos to attract youth. LSD is sold in the form of impregnated paper (blotter acid), typically imprinted with colorful graphic designs.

How are they abused?

The most commonly abused hallucinogens among junior and senior high school students are hallucinogenic mushrooms, LSD, and MDMA (ecstasy). Hallucinogens are typically taken orally or can be smoked.

What is their effect on the mind?

Sensory effects include perceptual distortions that vary with dose, setting, and mood. Psychic effects include distortions of thought associated with time and space. Time may appear to stand still, and forms and

LSD powder and capsules

colors seem to change and take on new significance. Weeks or even months after some hallucinogens have been taken, the user may experience flashbacks — fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. The occurrence of a flashback is unpredictable, but is more likely to occur during times of stress and seems to occur more frequently in younger individuals. With time, these episodes diminish and become less intense.

What is their effect on the body?

Physiological effects include elevated heart rate, increased blood pressure, and dilated pupils.

What are their overdose effects?

Deaths exclusively from acute overdose of LSD, magic mushrooms, and mescaline are extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material.

A severe overdose of PCP and ketamine can result in:

- Respiratory depression, coma, convulsions, seizures, and death due to respiratory arrest

What is their legal status in the United States?

Many hallucinogens are Schedule I under the Controlled Substances Act, meaning that they have 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.

Ecstasy/MDMA

WHAT IS ECSTASY/MDMA?

MDMA acts as both a stimulant and psychedelic, producing an energizing effect, distortions in time and perception, and enhanced enjoyment of tactile experiences.

Adolescents and young adults use it to reduce inhibitions and to promote:

- Euphoria, feelings of closeness, empathy, and sexuality

Although MDMA is known among users as ecstasy, researchers have determined that many ecstasy tablets contain not only MDMA but also a number of other drugs or drug combinations that can be harmful, such as:

- Methamphetamine, ketamine, cocaine, the over-the-counter cough suppressant dextromethorphan (DXM), the diet drug ephedrine, and caffeine

In addition, other drugs similar to MDMA, such as MDA or PMA, are often sold as ecstasy, which can lead to overdose and death when the user takes additional doses to obtain the desired effect.

WHAT IS ITS ORIGIN?

MDMA is a synthetic chemical made in labs. Seized MDMA in the U.S. is primarily manufactured in, and smuggled across our borders from, clandestine laboratories in Canada and, to a lesser extent, the Netherlands. A small number of MDMA clandestine laboratories have also been identified operating in the U.S.

What are common street names?

Common street names include:

- Adam, Beans, Clarity, Disco Biscuit, E, Ecstasy, Eve, Go, Hug Drug, Lover's Speed, MDMA, Peace, STP, X, and XTC

What does it look like?

MDMA is mainly distributed in tablet form. MDMA tablets are sold with logos, creating brand names for users to seek out. The colorful pills are often hidden among colorful candies. MDMA is also distributed in capsules, powder, and liquid forms.

How is it abused?

MDMA use mainly involves swallowing tablets (50-150 mg), which are sometimes crushed and snorted, occasionally smoked but rarely injected. MDMA is also available as a powder.

MDMA users usually take MDMA by "stacking" (taking three or more tablets at once) or by "piggy-backing" (taking a series of tablets over a short period of time). One trend among young adults is "candy flipping," which is the co-abuse of MDMA and LSD.

MDMA is considered a "party drug." As with many other drugs of abuse, MDMA is rarely used alone. It is common for users to mix MDMA with other substances, such as alcohol and marijuana.

What is its effect on the mind?

MDMA mainly affects brain cells that use the chemical serotonin to communicate with each other. Serotonin helps to regulate mood, aggression, sexual activity, sleep, and sensitivity to pain. Clinical studies suggest that MDMA may increase the risk of long-term, perhaps permanent, problems with memory and learning.

MDMA causes changes in perception, including euphoria and increased sensitivity to touch, energy, sensual and sexual arousal, need to be touched, and need for stimulation.

Some unwanted psychological effects include:

- Confusion, anxiety, depression, paranoia, sleep problems, and drug craving

All these effects usually occur within 30 to 45 minutes of swallowing the drug and usually last 4 to 6 hours, but they may occur or last weeks after ingestion.

What is its effect on the body? Users of MDMA experience many of the same effects and face many of the same risks as users of other stimulants such as cocaine and amphetamines. These include increased motor activity, alertness, heart rate, and blood pressure.

MDMA/Ecstasy pills

Some unwanted physical effects include:

- Muscle tension, tremors, involuntary teeth clenching, muscle cramps, nausea, faintness, chills, sweating, and blurred vision

High doses of MDMA can interfere with the ability to regulate body temperature, resulting in a sharp increase in body temperature (hyperthermia), leading to liver, kidney, and cardiovascular failure.

Severe dehydration can result from the combination of the drug's effects and the crowded and hot conditions in which the drug is often taken.

Studies suggest chronic use of MDMA can produce damage to the serotonin system. It is ironic that a drug that is taken to increase pleasure may cause damage that reduces a person's ability to feel pleasure.

What are its overdose effects?

In high doses, MDMA can interfere with the body's ability to regulate temperature. On occasions, this can lead to a sharp increase in body temperature (hyperthermia), resulting in liver, kidney, and cardiovascular system failure, and death. Because MDMA can interfere with its own metabolism (that is, its breakdown within the body), potentially harmful levels can be reached by repeated drug use within short intervals.

Which drugs cause similar effects?

MDMA produces both amphetamine-like stimulation and mild mescaline-like hallucinations.

What is its legal status in the United States?

MDMA is a Schedule I drug under the Controlled Substances Act, meaning 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.

Ketamine

WHAT IS KETAMINE?

Ketamine is a dissociative anesthetic that has some hallucinogenic effects. It distorts perceptions of sight and sound and makes the user feel disconnected and not in control. It is an injectable, short-acting anesthetic for use in humans and animals. It is referred to as a "dissociative anesthetic" because it makes patients feel detached from their pain and environment.

Ketamine can induce a state of sedation (feeling calm and relaxed), immobility, relief from pain, and amnesia (no memory of events while under the influence of the drug). It is abused for its ability to produce dissociative sensations and hallucinations. Ketamine has also been used to facilitate sexual assault.

WHAT IS ITS ORIGIN?

Ketamine is produced commercially in a number of countries, including the United States. Most of the ketamine illegally distributed in the United States is diverted or stolen from legitimate sources, particularly veterinary clinics, or smuggled into the United States from Mexico.

Distribution of ketamine typically occurs among friends and acquaintances, most often at raves, nightclubs, and at private parties; street sales of ketamine are rare.

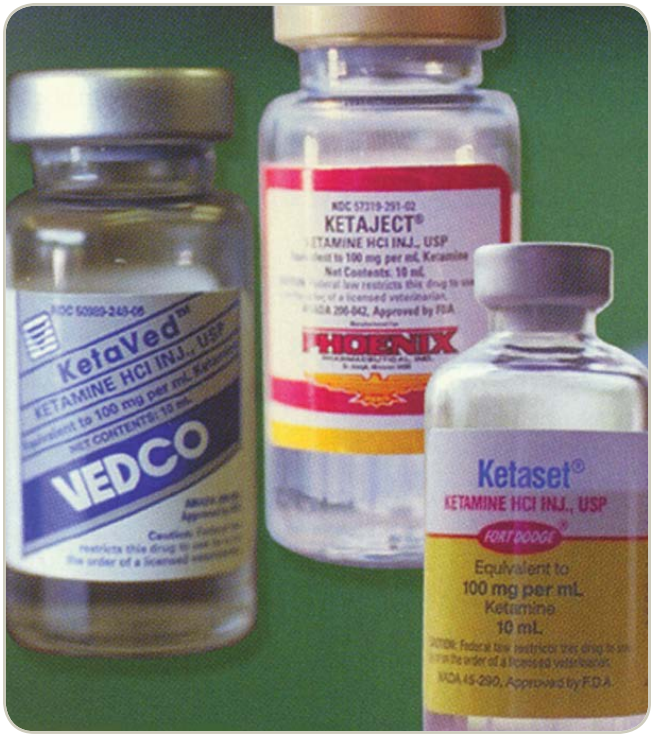
What are common street names?

Common street names include:

- Cat Tranquilizer, Cat Valium, Jet K, Kit Kat, Purple, Special K, Special La Coke, Super Acid, Super K, and Vitamin K

What does it look like?

Ketamine comes in a clear liquid and a white or off-white powder. Powdered ketamine (100 milligrams to 200 milligrams) typically is packaged in small glass vials, small plastic bags, and capsules as well as paper, glassine, or aluminum foil folds.



Vials containing liquid ketamine

How is it abused?

Ketamine, along with the other "club drugs," has become popular among teens and young adults at dance clubs and "raves." Ketamine is manufactured commercially as a powder or liquid. Powdered ketamine is also formed from pharmaceutical ketamine by evaporating the liquid using hot plates, warming trays, or microwave ovens, a process that results in the formation of crystals, which are then ground into powder.

Powdered ketamine is cut into lines known as bumps and snorted, or it is smoked, typically in marijuana or tobacco cigarettes. Liquid ketamine is injected or mixed into drinks. Ketamine is found by itself or often in combination with MDMA, amphetamine, methamphetamine, or cocaine.

What is its effect on the mind?

Ketamine produces hallucinations. It distorts perceptions of sight and sound and makes the user feel disconnected and not in control. A "Special K" trip is touted as better than that of LSD or PCP because its hallucinatory effects are relatively short in duration, lasting approximately 30 to 60 minutes as opposed to several hours.

Slang for experiences related to Ketamine or effects of ketamine include:

- "K-land" (refers to a mellow & colorful experience)
- "K-hole" (refers to the out-of-body, near death experience)
- "Baby food" (users sink in to blissful, infantile inertia)
- "God" (users are convinced that they have met their maker)

The onset of effects is rapid and often occurs within a few minutes of taking the drug, though taking it orally results in a slightly slower onset of effects. Flashbacks have been reported several weeks after ketamine is used. Ketamine may also cause agitation, depression, cognitive difficulties, unconsciousness, and amnesia.

What is its effect on the body?

A couple of minutes after taking the drug, the user may experience an increase in heart rate and blood pressure that gradually decreases over the next 10 to 20 minutes. Ketamine can make users unresponsive to stimuli. When in this state, users experience:

- Involuntarily rapid eye movement, dilated pupils, salivation, tear secretions, and stiffening of the muscles

This drug can also cause nausea.

What are its overdose effects?

An overdose can cause unconsciousness and dangerously slowed breathing.

Which drugs cause similar effects?

Other hallucinogenic drugs such as LSD, PCP, and mescaline can cause hallucinations. There are also several drugs such as GHB, Rohypnol, and other depressants that are misused for their amnesiac or sedative properties to facilitate sexual assault.

Ketamine in various forms

What is its legal status in the United States?

Since the 1970s, ketamine has been marketed in the United States as an injectable, short-acting anesthetic for use in humans and animals. In 1999, ketamine including its salts, isomers and salts of isomers, became a Schedule III non-narcotic substance under the Controlled Substances Act. It has a currently accepted medical use but some potential for abuse, which may lead to moderate or low physical dependence or high psychological dependence.

LSD

WHAT IS LSD?

LSD is a potent hallucinogen that has a high potential for abuse and currently has no accepted medical use in treatment in the United States.

WHAT IS ITS ORIGIN?

LSD is produced in clandestine laboratories in the United States.

What are common street names?

Common names for LSD include:

- Acid, Blotter Acid, Dots, Mellow Yellow, and Window Pane

What does it look like?

LSD is sold on the street in tablets, capsules, and occasionally in liquid form. It is an odorless and colorless substance with a slightly bitter taste. LSD is often added to absorbent paper, such as blotter paper, and divided into small decorated squares, with each square representing one dose.

How is it abused?

LSD is abused orally.

What is its effect on the mind?

During the first hour after ingestion, users may experience visual changes with extreme changes in mood. While hallucinating, the user may suffer impaired depth and time perception accompanied by distorted perception of the shape and size of objects, movements, colors, sound, touch, and the user's own body image.

The ability to make sound judgments and see common dangers is impaired, making the user susceptible to personal injury. It is possible for users to suffer acute anxiety and depression after an LSD "trip" and flashbacks have been reported days, and even months, after taking the last dose.

LSD powder

What is its effect on the body?

The physical effects include:

- Dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors

What are its overdose effects?

Longer, more intense "trip" episodes, psychosis, and possible death

Which drugs cause similar effects?

LSD's effects are similar to other hallucinogens, such as PCP, mescaline, and peyote.

What is its legal status in the United States?

LSD is a Schedule I substance under the Controlled Substances Act. Schedule I substances have 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.

Peyote & Mescaline

WHAT ARE PEYOTE AND MESCALINE?

Peyote is a small, spineless cactus. The active ingredient in peyote is the hallucinogen mescaline.

WHAT IS ITS ORIGIN?

From earliest recorded time, peyote has been used by natives in northern Mexico and the southwestern United States as a part of their religious rites. Mescaline can be extracted from peyote or produced synthetically.

What are common street names?

Common street names include:

- Buttons, Cactus, Mesc, and Peyoto

What does it look like?

The top of the peyote cactus is referred to as the "crown" and consists of disc-shaped buttons that are cut off.

How is it abused?

The fresh or dried buttons are chewed or soaked in water to produce an intoxicating liquid. Peyote buttons may also be ground into a powder that can be placed inside gelatin capsules to be swallowed, or smoked with a leaf material such as cannabis or tobacco.

What is its effect on the mind?

Abuse of peyote and mescaline will cause varying degrees of:

- Illusions, hallucinations, altered perception of space and time, and altered body image

Users may also experience euphoria, which is sometimes followed by feelings of anxiety.

What is its effect on the body?

Following the consumption of peyote and mescaline, users may experience:

- Intense nausea, vomiting, dilation of the pupils, increased heart rate, increased blood pressure, a rise in body temperature that causes heavy perspiration, headaches, muscle weakness, and impaired motor coordination

Which drugs cause similar effects?

Other hallucinogens like LSD, psilocybin (mushrooms), and PCP

What is its legal status in the United States?

Peyote and mescaline are Schedule I substances under the Controlled Substances Act, meaning that they have 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.

Peyote cactus

Psilocybin

WHAT IS PSILOCYBIN?

Psilocybin is a chemical obtained from certain types of fresh or dried mushrooms.

WHAT IS ITS ORIGIN?

Psilocybin mushrooms are found in Mexico, Central America, and the United States.

What are common street names?

Common street names include:

- Magic Mushrooms, Mushrooms, and Shrooms

What does it look like?

Mushrooms containing psilocybin are available fresh or dried and have long, slender stems topped by caps with dark gills on the underside. Fresh mushrooms have white or whitish-gray stems; the caps are dark brown around the edges and light brown or white in the center. Dried mushrooms are usually rusty brown with isolated areas of off-white.

How is it abused?

Psilocybin mushrooms are ingested orally. They may also be brewed as a tea or added to other foods to mask their bitter flavor.

What is its effect on the mind?

The psychological consequences of psilocybin use include hallucinations and an inability to discern fantasy from reality. Panic reactions and psychosis also may occur, particularly if a user ingests a large dose.

Psilocybin mushrooms

What is its effect on the body?

The physical effects include:

- Nausea, vomiting, muscle weakness, and lack of coordination

What are its overdose effects?

Effects of overdose include:

- Longer, more intense "trip" episodes, psychosis, and possible death

Abuse of psilocybin mushrooms could also lead to poisoning if one of the many varieties of poisonous mushrooms is incorrectly identified as a psilocybin mushroom.

Which drugs cause similar effects?

Psilocybin effects are similar to other hallucinogens, such as mescaline and peyote.

What is its legal status in the United States?

Psilocybin 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.

VIII. Marijuana/Cannabis

WHAT IS MARIJUANA?

Marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis sativa plant. Marijuana contains over 480 constituents. THC (delta-9-tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect.

WHAT IS ITS ORIGIN?

Marijuana is grown in the United States, Canada, Mexico, South America, Caribbean, and Asia. It can be cultivated in both outdoor and indoor settings.

What are common street names?

Common street names include:

- Aunt Mary, BC Bud, Blunts, Boom, Chronic, Dope, Gangster, Ganja, Grass, Hash, Herb, Hydro, Indo, Joint, Kif, Mary Jane, Mota, Pot, Reefer, Sinsemilla, Skunk, Smoke, Weed, and Yerba

What does it look like?

Marijuana is a dry, shredded green/brown mix of flowers, stems, seeds, and leaves from the Cannabis sativa plant. The mixture typically is green, brown, or gray in color and may resemble tobacco.

How is it abused?

Marijuana is usually smoked as a cigarette (called a joint) or in a pipe or bong. It is also smoked in blunts, which are cigars that have been emptied of tobacco and refilled with marijuana, sometimes in combination with another drug. Marijuana is also mixed with foods or brewed as a tea.

What is its effect on the mind?

When marijuana is smoked, the THC passes from the lungs and into the bloodstream, which carries the chemical to the organs throughout the body, including the brain. In the brain, the THC connects to specific sites called cannabinoid receptors on nerve cells and influences the activity of those cells.

Many of these receptors are found in the parts of the brain that influence:

- Pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement

The short-term effects of marijuana include:

- Problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination

The effect of marijuana on perception and coordination are responsible for serious impairments in learning, associative processes, and psychomotor behavior (driving abilities). Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychic addiction or dependence.

Clinical studies show that the physiological, psychological, and behavioral effects of marijuana vary among individuals and present a list of common responses to cannabinoids, as described in the scientific literature:

- Dizziness, nausea, tachycardia, facial flushing, dry mouth, and tremor initially
- Merriment, happiness, and even exhilaration at high doses
- Disinhibition, relaxation, increased sociability, and talkativeness
- Enhanced sensory perception, giving rise to increased appreciation of music, art, and touch

- Heightened imagination leading to a subjective sense of increased creativity
- Time distortions
- Illusions, delusions, and hallucinations are rare except at high doses
- Impaired judgment, reduced coordination, and ataxia, which can impede driving ability or lead to an increase in risk-taking behavior
- Emotional lability, incongruity of affect, dysphoria, disorganized thinking, inability to converse logically, agitation, paranoia, confusion, restlessness, anxiety, drowsiness, and panic attacks may occur, especially in inexperienced users or in those who have taken a large dose
- Increased appetite and short-term memory impairment are common

What is its effect on the body?

Short-term physical effects from marijuana use may include:

- Sedation, bloodshot eyes, increased heart rate, coughing from lung irritation, increased appetite, and decreased blood pressure

Marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Withdrawal from chronic use of high doses of marijuana causes physical signs including headache, shakiness, sweating, and stomach pains and nausea.

Withdrawal symptoms also include behavioral signs such as:

- Restlessness, irritability, sleep difficulties, and decreased appetite

What are its overdose effects?

No deaths from overdose of marijuana have been reported.

Which drugs cause similar effects?

Hashish and hashish oil are drugs made from the cannabis plant that are like marijuana, only stronger.

Hashish (hash) consists of the THC-rich resinous material of the cannabis plant, which is collected, dried, and then compressed into a variety of forms, such as balls, cakes, or cookie like sheets. Pieces are then broken off, placed in pipes or mixed with tobacco and placed in pipes or cigarettes, and smoked.

Leaf of marijuana plant

The main sources of hashish are the Middle East, North Africa, Pakistan, and Afghanistan.

Hashish Oil (hash oil, liquid hash, cannabis oil) is produced by extracting the cannabinoids from the plant material with a solvent. The color and odor of the extract will vary, depending on the solvent used. A drop or two of this liquid on a cigarette is equal to a single marijuana joint. Like marijuana, hashish and hashish oil are both Schedule I drugs.

What is its legal status in the United States?

Marijuana 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.

Although some states within the United States have allowed the use of marijuana for medicinal purpose, it is the U.S. Food and Drug Administration that has the federal authority to approve drugs for medicinal use in the U.S. To date, the FDA has not approved a marketing application for any marijuana product for any clinical indication. Consistent therewith, the FDA and DEA have concluded that marijuana has no federally approved medical use for treatment in the U.S. and thus it remains as a Schedule I controlled substance under federal law.

Marinol, a synthetic version of THC, the active ingredient found in the marijuana plant, can be prescribed for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer and to stimulate appetite in AIDS patients. Marinol is a Schedule III substance under the Controlled Substances Act.

Marijuana Concentrates

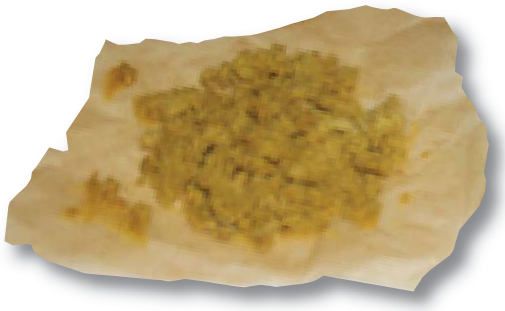
Also Known As: THC Extractions

WHAT ARE MARIJUANA CONCENTRATES?

A marijuana concentrate is a highly potent THC concentrated mass that is most similar in appearance to either honey or butter, which is why it is referred to or known on the street as "honey oil" or "budder."

WHAT IS ITS ORIGIN?

Marijuana concentrates contain extraordinarily high THC levels that could range from 40 to 80 percent. This form of marijuana can be up to four times stronger in THC content than high grade or top shelf marijuana, which normally measures around 20 percent THC levels.



Marijuana concentrate

Many methods are utilized to convert or "manufacture" marijuana into marijuana concentrates. One method is the butane extraction process. This process is particularly dangerous because it uses highly flammable butane to extract the THC from the cannabis plant. Given the extremely volatile nature of butane, this process has resulted in violent explosions. THC extraction labs are being reported nationwide, particularly in the western states and in states where local and state marijuana laws are more relaxed.

What are common street names?

Common street names include:

- 710 (the word "OIL" flipped and spelled backwards), wax, ear wax, honey oil, budder, butane hash oil, butane honey oil (BHO), shatter, dabs (dabbing), black glass, and errl.

What does it look like?

Marijuana concentrates are similar in appearance to honey or butter and are either brown or gold in color.

Marijuana concentrate

How is it abused?

One form of abuse occurs orally by infusing marijuana concentrates in various food or drink products; however, smoking remains the most popular form of ingestion by use of water or oil pipes. A disturbing aspect of this emerging threat is the ingestion of concentrates via electronic cigarettes (also known as e-cigarettes) or vaporizers. Many users of marijuana concentrates prefer the e-cigarette/vaporizer because it's smokeless, odorless, and easy to hide or conceal. The user takes a small amount of marijuana concentrate, referred to as a "dab," then heats the substance using the e-cigarette/vaporizer producing vapors that ensures an instant "high" effect upon the user. Using an e-cigarette/vaporizer to ingest marijuana concentrates is commonly referred to as "dabbing" or "vaping."

What are the Effects of Using Marijuana Concentrates?

Being a highly concentrated form of marijuana, the effects upon the user may be more psychologically and physically intense than plant marijuana use. To date, long term effects of marijuana concentrate use are not yet fully known; but, the effects of plant marijuana use are known. These effects include paranoia, anxiety, panic attacks, and hallucinations. Additionally, the use of plant marijuana increases one's heart rate and blood pressure. Plant marijuana users may also experience withdrawal and addiction problems.

IX. Steroids

WHAT ARE STEROIDS?

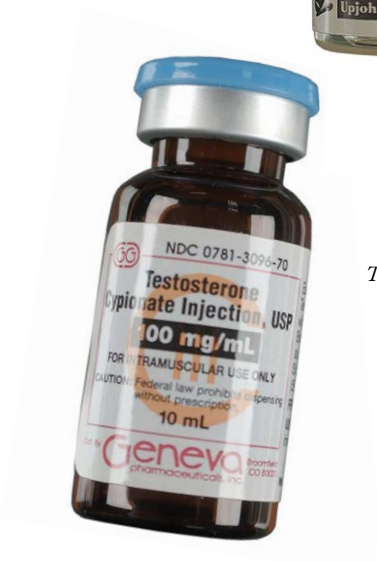
Anabolic steroids are synthetically produced variants of the naturally occurring male hormone testosterone that are abused in an attempt to promote muscle growth, enhance athletic or other physical performance, and improve physical appearance.

Testosterone, nandrolone, stanozolol, methandienone, and boldenone are some of the most frequently abused anabolic steroids.

WHAT IS THEIR ORIGIN?

Most illicit steroids are smuggled into the U.S. from abroad. Steroids are also illegally diverted from legitimate sources (theft or inappropriate prescribing). The Internet is the most widely used means of buying and selling anabolic steroids. Steroids are also bought and sold at gyms, bodybuilding competitions, and schools from teammates, coaches, and trainers.

Depo-Testosterone



Testosternone Cypionate Injection, USB

What are common street names?

Common street names include:

- Arnolds, Juice, Pumpers, Roids, Stackers, and Weight Gainers

What do they look like?

Steroids are available in:

- Tablets and capsules, sublingual-tablets, liquid drops, gels, creams, transdermal patches, subdermal implant pellets, and water-based and oil-based injectable solutions

The appearance of these products varies depending on the type and manufacturer.

How are they abused?

Steroids are ingested orally, injected intramuscularly, or applied to the skin. The doses abused are often 10 to 100 times higher than the approved therapeutic and medical treatment dosages. Users typically take two or more anabolic steroids at the same time in a cyclic manner, believing that this will improve their effectiveness and minimize the adverse effects.

What is their effect on the mind?

Case studies and scientific research indicate that high doses of anabolic steroids may cause mood and behavioral effects.

In some individuals, steroid use can cause dramatic mood swings, increased feelings of hostility, impaired judgment, and increased levels of aggression (often referred to as "roid rage").

When users stop taking steroids, they may experience depression that may be severe enough to lead one to commit suicide. Anabolic steroid use may also cause psychological dependence and addiction.

What is their effect on the body?

A wide range of adverse effects is associated with the use or abuse of anabolic steroids. These effects depend on several factors including:

- Age, sex, the anabolic steroid used, amount used, and duration of use

In adolescents, anabolic steroid use can stunt the ultimate height that an individual achieves.

In boys, steroid use can cause early sexual development, acne, and stunted growth.

In adolescent girls and women, anabolic steroid use can induce permanent physical changes, such as deepening of the voice, increased facial and body hair growth, menstrual irregularities, male pattern baldness, and lengthening of the clitoris.

In men, anabolic steroid use can cause shrinkage of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer.

In both men and women, anabolic steroid use can cause high cholesterol levels, which may increase the risk of coronary artery disease, strokes, and heart attacks. Anabolic steroid use can also cause acne and fluid retention. Oral preparations of anabolic steroids, in particular, can damage the liver.

Users who inject steroids run the risk of contracting various infections due to non-sterile injection techniques, sharing of contaminated needles, and the use of steroid preparations manufactured in non-sterile environments. All these factors put users at risk for contracting viral infections such as HIV/AIDS or hepatitis B or C, and bacterial infections at the sight of injection.

Users may also develop endocarditis, a bacterial infection that causes a potentially fatal inflammation of the heart lining.

What are their overdose effects?

Anabolic steroids are not associated with overdoses. The adverse effects a user would experience develop from the use of steroids over time.

Which drugs cause similar effects?

There are several substances that produce effects similar to those of anabolic steroids. These include human growth hormone (hHG), clenbuterol, gonadotropins, and erythropoietin.

What is their legal status in the United States?

Anabolic steroids are Schedule III substances under the Controlled Substances Act. Only a small number of anabolic steroids are approved for either human or veterinary use. Steroids may be prescribed by a licensed physician for the treatment of testosterone deficiency, delayed puberty, low red blood cell count, breast cancer, and tissue wasting resulting from AIDS.

X. Inhalants

WHAT ARE INHALANTS?

Inhalants are invisible, volatile substances found in common household products that produce chemical vapors that are inhaled to induce psychoactive or mind altering effects.

WHAT IS THEIR ORIGIN?

There are more than 1,000 products that are very dangerous when inhaled — things like typewriter correction fluid, air conditioning refrigerant, felt tip markers, spray paint, air freshener, butane, and even cooking spray. See products abused as inhalants at www.inhalants.org/product.htm (National Inhalant Prevention Coalition).

Highlighter markers

Paint thinner

What are common street names?

Common street names include:

- Gluey, Huff, Rush, and Whippets

What do they look like?

Common household products such as glue, lighter fluid, cleaning fluids, and paint all produce chemical vapors that can be inhaled.

How are they abused?

Although other abused substances can be inhaled, the term "inhalants" is used to describe a variety of substances whose main common characteristic is that they are rarely, if ever, taken by any route other than inhalation.

Inhalants are breathed in through the nose or the mouth in a variety of ways, such as:

- "Sniffing" or "snorting"
- "Bagging" — sniffing or inhaling fumes from substances sprayed or deposited inside a plastic or paper bag
- "Huffing" from an inhalant-soaked rag stuffed in the mouth, or inhaling from balloons filled with nitrous oxide

Inhalants are often among the first drugs that young children use. About 1 in 5 kids report having used inhalants by the eighth grade. Inhalants are also one of the few substances abused more by younger children than by older ones.

What is their effect on the mind?

Inhalant abuse can cause damage to the parts of the brain that control thinking, moving, seeing, and hearing. Cognitive abnormalities can range from mild impairment to severe dementia.

What is their effect on the body?

Inhaled chemicals are rapidly absorbed through the lungs into the bloodstream and quickly distributed to the brain and other organs. Nearly all inhalants produce effects similar to anesthetics, which slow down the body's function. Depending on the degree of abuse, the user can experience slight stimulation, feeling of less inhibition, or loss of consciousness.

Within minutes of inhalation, the user experiences intoxication along with other effects similar to those produced by alcohol. These effects may include slurred speech, an inability to coordinate movements, euphoria, and dizziness. After heavy use of inhalants, users may feel drowsy for several hours and experience a lingering headache.

Additional symptoms exhibited by long-term inhalant users include:

- Weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, depression, and damage to the nervous system and other organs

Some of the damaging effects to the body may be at least partially reversible when inhalant abuse is stopped; however, many of the effects from prolonged abuse are irreversible.

Prolonged sniffing of the highly concentrated chemicals in solvents or aerosol sprays can induce irregular and rapid heart rhythms and lead to heart failure and death within minutes. There is a common link between inhalant use and problems in school — failing grades, chronic absences, and general apathy.

Other signs include:

- Paint or stains on body or clothing; spots or sores around the mouth; red or runny eyes or nose; chemical breath odor; drunk, dazed, or dizzy appearance; nausea; loss of appetite; anxiety; excitability; and irritability

What are their overdose effects?

Because intoxication lasts only a few minutes, users try to prolong the high by continuing to inhale repeatedly over the course of several hours, which is a very dangerous practice. With successive inhalations, users may suffer loss of consciousness and/or death.

"Sudden sniffing death" can result from a single session of inhalant use by an otherwise healthy young person. Sudden sniffing death is particularly associated with the abuse of butane, propane, and chemicals in aerosols.

Inhalant abuse can also cause death by asphyxiation from repeated inhalations, which lead to high concentrations of inhaled fumes displacing the available oxygen in the lungs, suffocation by blocking air from entering the lungs when inhaling fumes from a plastic bag placed over the head, and choking from swallowing vomit after inhaling substances.

Which drugs cause similar effects?

Most inhalants produce a rapid high that is similar to the effects of alcohol intoxication.

What is their legal status in the United States?

The common household products that are misused as inhalants are legally available for their intended and legitimate uses. Many state legislatures have attempted to deter youth who buy legal products to get high by placing restriction on the sale of these products to minors.

Even though some substances are not currently controlled by the Controlled Substances Act, they pose risks to individuals who abuse them. The following section describes these drugs of concern and their associated risks.

XI. Drugs of Concern

Even though some substances are not currently controlled by the Controlled Substances Act, they pose risks to individuals who abuse them. The following section describes these drugs of concern and their associated risks.

DXM

WHAT IS DXM?

DXM is a cough suppressor found in more than 120 over-the-counter (OTC) cold medications, either alone or in combination with other drugs such as analgesics (e.g., acetaminophen), antihistamines (e.g., chlorpheniramine), decongestants (e.g., pseudoephedrine), and/or expectorants (e.g., guaifenesin). The typical adult dose for cough is 15 or 30 mg taken three to four times daily. The cough-suppressing effects of DXM persist for 5 to 6 hours after ingestion. When taken as directed, side effects are rarely observed.

WHAT IS ITS ORIGIN?

DXM users can obtain the drug at almost any pharmacy or supermarket, seeking out the products with the highest concentration of the drug from among all the OTC cough and cold remedies that contain it. DXM products and powder can also be purchased on the Internet.

DXM powder

What are common street names?

Common street names include:

- CCC, Dex, DXM, Poor Man's PCP, Robo, Rojo, Skittles, Triple C, and Velvet

What does it look like?

DXM can come in the form of:

- Cough syrup, tablets, capsules, or powder

How is it abused?

DXM is abused in high doses to experience euphoria and visual and auditory hallucinations. Users take various amounts depending on their body weight and the effect they are attempting to achieve. Some users ingest 250 to 1,500 milligrams in a single dosage, far more than the recommended therapeutic dosages described above.

Illicit use of DXM is referred to on the street as "Robo-tripping," "skittling," or "dexing." The first two terms are derived from the products that are most commonly abused, Robitussin and Coricidin HBP. DXM abuse has traditionally involved drinking large volumes of the OTC liquid cough preparations. More recently, however, abuse of tablet and gel capsule preparations has increased.

These newer, high-dose DXM products have particular appeal for users. They are much easier to consume, eliminate the need to drink large volumes of unpleasant-tasting syrup, and are easily portable and concealed, allowing an abuser to continue to abuse DXM throughout the day, whether at school or work.

DXM powder, sold over the Internet, is also a source of DXM for abuse. (The powdered form of DXM poses additional risks to the user due to the uncertainty of composition and dose.)

DXM is also distributed in illicitly manufactured tablets containing

only DXM or mixed with other drugs such as pseudoephedrine and/or methamphetamine.

DXM is abused by individuals of all ages, but its abuse by teenagers and young adults is of particular concern. This abuse is fueled by DXM's OTC availability and extensive "how to" abuse information on various websites.

What is its effect on the mind?

Some of the many psychoactive effects associated with high-dose DXM include:

Confusion, inappropriate laughter, agitation, paranoia, and hallucinations

Other sensory changes, including the feeling of floating and changes in hearing and touch

Long-term abuse of DXM is associated with severe psychological dependence. Abusers of DXM describe the following four dose-dependent "plateaus":

PLATEAU	DOSE (MG)	BEHAVIORAL EFFECTS
1st	100 - 200	Mild stimulation
2nd	200 - 400	Euphoria and hallucinations
3rd	300 - 600	Distorted visual perceptions Loss of motor coordination
4th	500 - 1500	Out-of-body sensations

What is its effect on the body?

DXM intoxication involves:

Over-excitability, lethargy, loss of coordination, slurred speech, sweating, hypertension, and involuntary spasmodic movement of the eyeballs

The use of high doses of DXM in combination with alcohol or other drugs is particularly dangerous, and deaths have been reported. Approximately 5-10 percent of Caucasians are poor DXM metabolizers and at increased risk for overdoses and deaths. DXM taken with antidepressants can be life threatening.

OTC products that contain DXM often contain other ingredients such as acetaminophen, chlorpheniramine, and guaifenesin that have their own effects, such as:

- Liver damage, rapid heart rate, lack of coordination, vomiting, seizures, and coma

To circumvent the many side effects associated with these other ingredients, a simple chemical extraction procedure has been developed and published on the Internet that removes most of these other ingredients in cough syrup.

What are its overdose effects?

DXM overdose can be treated in an emergency room setting and generally does not result in severe medical consequences or death. Most DXM-related deaths are caused by ingesting the drug in combination with other drugs. DXM-related deaths also occur from impairment of the senses, which can lead to accidents.

In 2003, a 14-year-old boy in Colorado who abused DXM died when he was hit by two cars as he attempted to cross a highway. State law enforcement investigators suspect that the drug affected the boy's depth perception and caused him to misjudge the distance and speed of the oncoming vehicles.

Which drugs cause similar effects?

Depending on the dose, DXM can have effects similar to marijuana or ecstasy. In high doses its out-of-body effects are similar to those of ketamine or PCP.

What is its legal status in the United States?

DXM is a legally marketed cough suppressant that is neither a controlled substance nor a regulated chemical under the Controlled Substances Act.

Kratom

WHAT IS KRATOM?

Kratom is a tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses), and can lead to psychotic symptoms, and psychological and physiological dependence. The psychoactive ingredient is found in the leaves from the kratom tree. These leaves are subsequently crushed and then smoked, brewed with tea, or placed into gel capsules. Kratom has a long history of use in Southeast Asia, where it is commonly known as thang, kakuam, thom, ketum, and biak. In the U.S., the abuse of kratom has increased markedly in recent years.

How is it abused?

Mostly abused by oral ingestion in the form of a tablet, capsule, or extract. Kratom leaves may also be dried or powdered and ingested as a tea, or the kratom leaf may be chewed.

What are the effects?

At low doses, kratom produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses, users experience sedative effects. Kratom consumption can lead to addiction.

Several cases of psychosis resulting from use of kratom have been reported, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion.

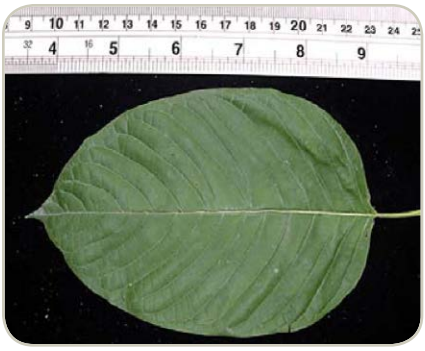
What does it do to your body?

Kratom's effects on the body include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite. Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations.

What is its legal status?

Kratom is not controlled under the Federal Controlled Substances Act; however, there may be some state regulations or prohibitions against the possession and use of kratom. The FDA has not approved Kratom for any medical use. In addition, DEA has listed kratom as a Drug and Chemical of Concern.

Kratom tree



Leaf of kratom tree

Kratom capsules

Salvia Divinorum

WHAT IS SALVIA DIVINORUM?

Salvia divinorum is a perennial herb in the mint family that is abused for its hallucinogenic effects.

WHAT IS ITS ORIGIN?

Salvia is native to certain areas of the Sierra Mazaleca region of Oaxaca, Mexico. It is one of several plants that are used by Mazatec Indians for ritual divination. Salvia divinorum plants can be grown successfully outside of this region. They can be grown indoors and outdoors, especially in humid semitropical climates.

What are common street names?

Common street names include:

- Maria Pastora, Sally-D, and Salvia

What does it look like?

The plant has spade-shaped variegated green leaves that look similar to mint. The plants themselves grow to more than three feet high, have large green leaves, hollow square stems, and white flowers with purple calyces.

How is it abused?

Salvia can be chewed, smoked, or vaporized.

What is its effect on the mind?

Psychic effects include perceptions of bright lights, vivid colors, shapes, and body movement, as well as body or object distortions. Salvia divinorum may also cause fear and panic, uncontrollable laughter, a sense of overlapping realities, and hallucinations.

Salvinorin A is believed to be the ingredient responsible for the psychoactive effects of Salvia divinorum.

What is its effect on the body?

Adverse physical effects may include:

- Loss of coordination, dizziness, and slurred speech

Which drugs cause similar effects?

When Salvia divinorum is chewed or smoked, the hallucinogenic effects elicited are similar to those induced by other Scheduled hallucinogenic substances.

What is its legal status in the United States?

Neither Salvia divinorum nor its active constituent Salvinorin A has an approved medical use in the United States. Salvia is not controlled under the Controlled Substances Act. Salvia divinorum is, however, controlled by a number of states. Since Salvia is not controlled by the CSA, some online botanical companies and drug promotional sites have advertised Salvia as a legal alternative to other plant hallucinogens like mescaline.

Leaves of the salvia divinorum plant

XII. Designer Drugs

Recently, the abuse of clandestinely synthesized drugs has re-emerged as a major worldwide problem. These drugs are illicitly produced with the intent of developing substances that differ slightly from controlled substances in their chemical structure while retaining their pharmacological effects. These substances are commonly known as designer drugs and fall under several drug categories. The following section describes these drugs of concern and their associated risks.

Bath Salts or Designer Cathinones *(Synthetic Stimulants)*

WHAT ARE "BATH SALTS?"

Synthetic stimulants often referred to as "bath salts" are from the synthetic cathinone class of drugs. Synthetic cathinones are central nervous stimulants and are designed to mimic effects similar to those produced by cocaine, methamphetamine, and MDMA (ecstasy). These substances are often marketed as "bath salts," "research chemicals," "plant food," "glass cleaner," and labeled "not for human consumption," in order to circumvent application of the Controlled Substance Analogue Enforcement Act. Marketing in this manner attempts to hide the true reason for the products' existence—the distribution of a psychoactive/stimulant substance for abuse.

WHAT IS THEIR ORIGIN?

Synthetic cathinones are manufactured in East Asia and have been distributed at wholesale levels throughout Europe, North America, Australia, and other parts of the world.

Bath salts

What are common street names?

- Bliss, Blue Silk, Cloud Nine, Drone, Energy-1, Ivory Wave, Lunar Wave, Meow Meow, Ocean Burst, Pure Ivory, Purple Wave, Red Dove, Snow Leopard, Stardust, Vanilla Sky, White Dove, White Knight, White Lightning

What does it look like?

Websites have listed products containing these synthetic stimulants as "plant food" or "bath salts," however, the powdered form is also compressed in gelatin capsules. The synthetic stimulants are sold at smoke shops, head shops, convenience stores, adult book stores, gas stations, and on Internet sites and often labeled "not for human consumption."

How are they abused?

"Bath salts" are usually ingested by sniffing/snorting. They can also be taken orally, smoked, or put into a solution and injected into veins.

What is their effect on the mind?

These synthetic substances are abused for their desired effects, such as euphoria and alertness. Other effects that have been reported from the use of these drugs include psychological effects such as confusion, acute psychosis, agitation, combativeness, aggressive, violent, and self-destructive behavior.

What is their effect on the body?

Adverse or toxic effects associated with the abuse of cathinones, including synthetic cathinones, include rapid heartbeat; hypertension; hyperthermia; prolonged dilation of the pupil of the eye; breakdown of muscle fibers that leads to release of muscle fiber contents into bloodstream; teeth grinding; sweating; headaches; palpitations; seizures; as well as paranoia, hallucinations, and delusions.

What are their overdose effects?

In addition to effects above, reports of death from individuals abusing drugs in this class indicate the seriousness of the risk users are taking when ingesting these products.

Which drugs cause similar effects?

They cause effects similar to those of other stimulants such as methamphetamine, MDMA, and cocaine.

What is their legal status in the United States?

In July 2012, the U.S. Government passed Pub.L. 112- 144, the Synthetic Drug Abuse Prevention Act (SDAPA), that classified a number of synthetic substances under Schedule I of the Controlled Substances Act. SDAPA placed these substances in the most restrictive category of controlled substances. Cannabimimetic agents, including 15 synthetic cannabinoid compounds identified by name, two synthetic cathinone compounds (mephedrone and MDPV), and nine synthetic hallucinogens known as the 2C family, are now restricted by this law. In addition, methylone was permanently controlled by DEA through the administrative process, and another 10 synthetic cathinones became subject to temporary control.

Other synthetic cathinones may be subject to prosecution under the Controlled Substance Analogue Enforcement Act which allows these dangerous substances to be treated as Schedule I controlled substances if certain criteria can be met.

K2 / Spice

WHAT IS K2?

K2 and Spice are just two of the many trade names or brands for synthetic designer drugs that are intended to mimic THC, the main active ingredient of marijuana. These designer synthetic drugs are from the synthetic cannabinoid class of drugs that are often marketed and sold under the guise of "herbal incense" or "potpourri."

Synthetic cannabinoids are not organic, but are chemical compounds created in a laboratory. Since 2009, law enforcement has encountered numerous different synthetic cannabinoids that are being sold as "legal" alternatives to marijuana. These products are being abused for their psychoactive properties and are packaged without information as to their health and safety risks.

Synthetic cannabinoids are sold as "herbal incense" and "potpourri" under names like K2 and Spice, as well as many other names, at small convenience stores, head shops, gas stations, and via the Internet from both domestic and international sources. These products are labeled "not for human consumption" in an attempt to shield the manufacturers, distributors, and retail sellers from criminal prosecution. This type of marketing is nothing more than a means to make dangerous, psychoactive substances widely available to the public.

WHAT IS ITS ORIGIN?

The vast majority of synthetic cannabinoids are manufactured in Asia without manufacturing requirements or quality control standards. The bulk products are smuggled into the United States typically as misbranded imports and have no legitimate medical or industrial use.

What are common street names?

There are numerous and various street names of synthetic cannabinoids as drug manufacturers try to appeal and entice youth and young adults by labeling these products with exotic and extravagant names. Some of the many street names of synthetic marijuana are: "Spice,""K2," Blaze, RedX Dawn, Paradise, Demon, Black Magic, Spike, Mr. Nice Guy, Ninja, Zohai, Dream, Genie, Sence, Smoke, Skunk, Serenity, Yucatan, Fire, and Crazy Clown.

K2/Spice

What does it look like?

These chemical compounds are generally found in bulk powder form, and then dissolved in solvents, such as acetone, before being applied to dry plant material to make the "herbal incense" products. After local distributors apply the drug to the dry plant material, they package it for retail distribution, again without pharmaceutical-grade chemical purity standards, as these have no accepted medical use, and ignoring any control mechanisms to prevent contamination or to ensure a consistent, uniform concentration of the powerful and dangerous drug in each package.

How is it abused?

Spraying or mixing the synthetic cannabinoids on plant material provides a vehicle for the most common route of administration - smoking (using a pipe, a water pipe, or rolling the drug-laced plant material in cigarette papers). In addition to the cannabinoids laced on plant material and sold as potpourri and incense, liquid cannabinoids have been designed to be vaporized through both disposable and reusable electronic cigarettes.

What are its overdose effects?

Overdose deaths have been attributed to the abuse of synthetic cannabinoids, including death by heart attack. Acute kidney injury requiring hospitalization and dialysis in several patients reportedly having smoked synthetic cannabinoids has also been reported by the Centers for Disease Control and Prevention.

Which drugs cause similar effects?

THC, the main psychoactive constituent of marijuana.

What is its effect on the mind?

Acute psychotic episodes, dependence, and withdrawal are associated with use of these synthetic cannabinoids. Some individuals have suffered from intense hallucinations. Other effects include severe agitation, disorganized thoughts, paranoid delusions, and violence after smoking products laced with these substances.

What is its effect on the body?

State public health and poison centers have issued warnings in response to adverse health effects associated with abuse of herbal incense products containing these synthetic cannabinoids. These adverse effects included tachycardia (elevated heart rate), elevated blood pressure, unconsciousness, tremors, seizures, vomiting, hallucinations, agitation, anxiety, pallor, numbness, and tingling. This is in addition to the numerous public health and poison centers which have similarly issued warnings regarding the abuse of these synthetic cannabinoids.

What is its legal status in the United States?

These substances have no accepted medical use in the United States and have been reported to produce adverse health effects. Currently, 26 substances are specifically listed as Schedule I substances under the Controlled Substances Act either through legislation or regulatory action. In addition there are many other synthetic cannabinoids that meet the definition for "cannabimimetic agent" under the Controlled Substances Act and thus are Schedule I substances.

There are many synthetic cannabinoid substances that are being sold as "incense," "potpourri," and other products that are not controlled substances. However, synthetic cannabinoids may be subject to prosecution under the Controlled Substance Analogue Enforcement Act which allows non-controlled drugs to be treated as Schedule I controlled substances if certain criteria can be met. The DEA has successfully investigated and prosecuted individuals trafficking and selling these dangerous substances using the Controlled Substance Analogue Enforcement Act.

K2/Spice

Synthetic Opioids

WHAT ARE SYNTHETIC OPIOIDS?

Synthetic opioids are substances that are synthesized in a laboratory and that act on the same targets in the brain as natural opioids (e.g., morphine and codeine) to produce analgesic (pain relief) effects. In contrast, natural opioids are naturally occurring substances extracted from the seed pod of certain varieties of poppy plants. Some synthetic opioids, such as fentanyl and methadone, have been approved for medical use.

Clandestinely produced synthetic opioids structurally related to the Schedule II opioid analgesic fentanyl were trafficked and abused on the West Coast in the late 1970s and 1980s. In the 1980s, DEA controlled several of these illicitly produced synthetic opioids such as alpha-methylfentanyl, 3-methylthiofentanyl, acetyl-alpha-methylfentanyl, beta-hydroxy-3-methylfentanyl, alpha-methylthiofentanyl, thiofentanyl, beta-hydroxyfentanyl, para-fluorofentanyl, and 3-methylfentanyl.

As of 2013, there has been a re-emergence in the trafficking and abuse of various clandestinely produced synthetic opioids, including several substances related to fentanyl. Some common illicitly produced synthetic opioids that are currently encountered by law enforcement include, but are not limited to, acetyl fentanyl, butyryl fentanyl, beta-hydroxythiofentanyl, furanyl fentanyl, 4-fluoroisobutyryl fentanyl, acryl fentanyl, and U-47700.

WHAT IS THEIR ORIGIN?

Synthetic opioids are believed to be synthesized abroad and then imported into the United States.

What do they look like?

Clandestinely produced synthetic opioids have been encountered in powder form and were identified on bottle caps and spoons, detected within glassine bags, on digital scales, and on sifters which demonstrates the abuse of these substances as replacements for heroin or other opioids. These drugs are also encountered as tablets, mimicking pharmaceutical opioid products. Clandestinely produced synthetic opioids are encountered as a single substance in combination with other opioids (fentanyl, heroin, U-47700) or other substances.

Clandestinely produced counterfeit oxycodone tablets that contain fentanyl.

Opioid powder U-47700.

How are they abused?

Abuse of clandestinely produced synthetic opioids parallels that of heroin and prescription opioid analgesics. Many of these illicitly produced synthetic opioids are more potent than morphine and heroin and thus have the potential to result in a fatal overdose.

What are their effects?

Some effects of clandestinely produced synthetic opioids, similar to other commonly used opioid analgesics (e.g., morphine), may include relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.

What are their overdose effects?

Overdose effects of clandestinely produced synthetic opioids are similar to other opioid analgesics. These effects may include stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.

Which drugs cause similar effects?

Some drugs that cause similar effects include other opioids such as morphine, hydrocodone, oxycodone, hydromorphone, methadone, and heroin.

What is their legal status in the United States?

Several synthetic opioids are currently controlled under the Controlled Substances Act. Recently, the DEA temporarily placed U-47700 and several other substances that are structurally related to fentanyl, such as acetyl fentanyl, butyryl fentanyl, beta-hydroxythiofentanyl, and furanyl fentanyl, in Schedule I of the Controlled Substances Act. Other synthetic opioid substances may be subject to prosecution under the Controlled Substance Analogue Enforcement Act which allows non-controlled substances to be treated as Schedule I substances if certain criteria are met. The DEA has successfully investigated and prosecuted individuals trafficking and selling these dangerous substances using the Controlled Substances Analogue Enforcement Act.

XIII. Resources

DRUG USE PREVENTION RESOURCES

Drug prevention programs are designed and implemented on many levels. The federal government has instituted a number of national drug prevention programs which reach targeted populations through public service announcements, grant programs, educational programs, and the sharing of expertise. State and local governments also have a significant number of prevention programs that are tailored to address particular problems and needs. Law enforcement and the military have brought drug prevention expertise into classrooms and communities; businesses have also contributed significantly to drug prevention through sponsored programs, drug-free policies, and corporate support for community initiatives. Other segments of society, including faith-based institutions, civic organizations, and private foundations are also active forces in drug prevention.

Below is a partial list of drug prevention agencies and programs. There are many other outstanding efforts which are ongoing across the nation; it is impossible to include them all. Some programs are aimed at particular populations or specific drugs. Within a given agency, there may be many prevention programs which are aimed at different audiences.

FEDERAL DRUG PREVENTION AGENCIES AND PROGRAMS:

Drug Enforcement Administration (DEA):

In addition to dismantling major drug trafficking organizations, DEA is committed to reducing the demand for drugs in America. DEA's Demand Reduction Program is carried out by Special Agents across the United States who work in communities to share expertise and information on drug trends, emerging problems, and the dangers of drugs.

www.dea.gov
www.JustThinkTwice.com
www.GetSmartAboutDrugs.com
www.operationprevention.com

Office of National Drug Control Policy (ONDCP):

This office reports to the President of the United States.

www.whitehousedrugpolicy.gov

Substance Abuse and Mental Health Services Administration (SAMHSA):

This organization is responsible for overseeing and administering mental health, drug prevention, and drug treatment programs around the nation. The Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT) are part of SAMHSA.

www.samhsa.gov
www.samhsa.gov/prevention
www.samhsa.gov/about-us/who-we-are/

U.S. Department of Education (ED):

ED's anti-drug program is housed in the Office of Safe and Healthy Students.

www.ed.gov

National Institute on Drug Abuse (NIDA):

NIDA conducts and disseminates the results of research about the effects of drugs on the body and the brain. NIDA is an excellent source of information on drug addiction.

www.nida.nih.gov

Other Anti-Drug Organizations:

National Association of State Alcohol and Drug Abuse Directors (NASADAD)
www.nasadad.org

Community Anti-Drug Coalitions Of America (CADCA)
www.cadca.org

National Crime Prevention Council (NCPC)
www.ncpc.org

National Families in Action (NFIA)
www.nationalfamilies.org

You can obtain free anti-drug information from:

Substance Abuse and Mental Health Services Administration
www.store.samhsa.gov

The National Center on Addiction and Substance Abuse at Columbia University (CASA)
www.casacolumbia.org

Elks Drug Awareness Program
www.elks.org/dap

Partnership for Drug-Free Kids
www.drugfree.org

American Council for Drug Education (ACDE)
www.acde.org

Drug Strategies
www.drugstrategies.org

Youth Anti-Drug Organizations:

Young Marines
www.youngmarines.com

Drug Abuse Resistance Education (DARE)
www.dare.com

Students Against Destructive Decisions (SADD)
www.sadd.org

Law Enforcement Exploring
exploring.learningforlife.org/services/career-exploring/law-enforcement/


GET THE FACTS ABOUT DRUGS
JUST THINK TWICE
A Resource for Teens
www.justthinktwice.com


GET SMART
ABOUT DRUGS
A DEA RESOURCE FOR PARENTS, EDUCATORS & CAREGIVERS
WWW.GETSMARTABOUTDRUGS.COM


Follow DEA
on Twitter
@DEAHQ


OPERATION
PREVENTION
The Science Behind
Opioid Addiction
www.operationprevention.com