

OPIOIDS 101



**No Lecture - No Hype
- Just the Facts -**

HISTORY



- **PRE - 1800s**
Opiates first arrived to the US on the Mayflower.
- **1800s**
Opiates were used to treat soldiers during the Civil War, causing the first opioid addiction epidemic.
- **EARLY 1900s**
Heroin and the hyperdermic needle were invented to use for surgery. Recreational use of heroin became popular but was very addictive. This led to the invention of the synthesized opioid, Oxys, which were intended to be less addictive.
- **MID - LATE 1900s**
Opioids were made a Schedule 1 drug. Heroin became illegal to sell, and the FDA required companies to report if opium was in any product. Legal Oxys were heavily marketed by pharmaceutical companies during this time, falsely claiming they were not addictive.
- **1990s & 2000s**
The invention of a variety of synthesized opioids along with new standards for pain management led to over-prescribing, and resulted in the ongoing opioid epidemic.

VOCAB

NARCOTICS

An agent that produces a state of insensibility or narcosis

PAINKILLERS

Drugs that interfere with the signals we perceive as pain

—— Opioids are the most powerful painkiller drugs

OPIUM

Chemical compounds that are naturally found in the opium poppy plant and extracted to make drugs



OPIATES

Natural (or semi-synthetic) substances that are made directly from opium chemical compounds

VS

OPIOIDS

Synthetic (or semi-synthetic) substances that are manufactured from chemicals not found in opium chemical compounds

—— Most commonly used term for drugs made from opium or their synthetic analogues with similar affects

SCIENCE



Opioids are psychoactive substances because they alter brain function



Opioids work by blocking neurotransmitters that affect nerve excitability



Opioids block neurotransmitters by binding to our body's natural opioid receptors



Opioid receptors are located in the central nervous system, peripheral nervous system, and the gastrointestinal system



High doses of opioids can lead to these systems failing, causing respiratory depression, pupillary constriction, and decreased gastric mobility



Mixing opioids with alcohol and/or other drugs increases the risk of failure in these systems

CLASSIFICATION

NAME: medical and most common brand	SOURCE: opium or lab-made	FORMS: use of medical and street	DOSE: (MME) standard morphine
Codeine	Natural	Oral	200 mg
Diacetylmorphine (Heroin)	Semi-Synthetic	Injected, Smoked, Snorted	10 mg
Fentanyl Transdermal (Patch)	Synthetic	Absorbed, Injected, Snorted	2.5 mg
Hydrocodone (Vicodin)	Semi-Synthetic	Oral	30 mg
Hydromorphone (Dilaudid)	Semi-Synthetic	Oral, Injected	7.5 mg
Meperidine (Demerol)	Synthetic	Oral, Injected	300 mg
Morphine	Natural	Oral, Injected, Suppositories	30 mg
Oxycodone (Oxycontin, Percocet)	Semi-Synthetic	Oral, Injected, Smoked, Snorted	20 mg

*Knock-offs are not monitored and the potency of doses cannot be confirmed- e.g. street-sourced fentanyl is often laced in knock-offs and can be up to 10,000x the potency of MME



All opioids are habit-forming if taken over a long period of time. Used properly, prescription opioids ease short-term pain from surgery and injuries, manage severe pain for cancer and other chronic diseases, and suppress chronic coughs. Opioids are always dangerous to take if not prescribed by a doctor since they conflict with some health conditions and conflict with some medications, vitamins, and herbal supplements.

Street-sourced opioids (knock-offs) are never safe to take. It is also important to be aware that any street-sourced drug (e.g. cocaine, ecstasy) could potentially be laced with the highly potent opioid, fentanyl, and the user could accidentally overdose.

Opioid overdoses can sometimes be reversed if Naloxone (Narcan) is administered. Any opioid user or someone close to an opioid user should keep Naloxone on hand. Visit doseofrealitynm.com for more information and training opportunities about Naloxone.