



Drugs: The Straight Facts

NARCOTICS

Introduction

This Instructor's Guide provides information to help you get the most out of *Narcotics*, part of the five-part series *Drugs: The Straight Facts*. The contents of the guide will allow you to prepare your students before using the program and to present follow-up activities to reinforce the program's key learning points.

Strictly speaking, the term 'narcotic' refers to opium, opium derivatives, and their synthetic substitutes. This video delves into the history of narcotics such as heroin, opium, codeine, and morphine; the effects of narcotics on the body and the short- and long-term health impacts; and teenage attitudes toward narcotics. In addition, the video considers legalization and regulatory issues involving narcotics, as well as physical and psychological addiction to these potent drugs.

Drugs: The Straight Facts correlates to National and State Educational Standards, including the NCLB Act. The series includes:

- *Marijuana*
- *Alcohol*
- *Cocaine and Crack*
- *Inhalants*
- *Narcotics*

Learning Objectives

After viewing the program, students will understand:

- What narcotics and opiates are
- How narcotics and opiates affect users and abusers of these substances
- The long-term affects of using these substances
- Withdrawal from narcotics and opiates

Main Topics

Topic 1: Introduction

The program begins by clarifying what narcotics and opiates are, then presents a history of these drugs and how they became a problem in our country.

Topic 2: Opium, Opiates, and Opioids

This section defines various narcotic derivatives of the opium poppy plant, then outlines their effects, routes of administration, and duration of action.

Topic 3: Narcotics and the Brain

The effect of narcotics on the brain as they mimic neurotransmitters to produce euphoria is explained in this section.

Topic 4: Abuse and Addiction

The program's final section discusses addiction and withdrawal, and the risks involved in abusing both prescription and illicit drugs.

Fast Facts

- In the late 1800s Chinese immigrants brought opium to the U.S., where it soon created an epidemic of addiction. Scientists isolated the active ingredient in opium, and the resultant 'morphine' was then marketed both as a painkiller and as a cure — ironically — for opium and alcohol addiction.
- In trying to synthesize codeine as a less potent alternative to morphine, a new drug called heroin was accidentally created by the Bayer company. Until 1910, Bayer sold heroin as a 'non-addictive morphine substitute and cough suppressant.'

- Prior to 2000, Afghanistan produced 75% of the world's opium. But citing what they claimed were religious reasons, the Taliban banned poppy cultivation in 2000. With the fall of the Taliban, Afghanistan's opium production rose again to 90% of the world's supply in 2006. According to U.S. National Security Advisor Gen. James L. Jones, "Drug cartels with their own armies engage in regular combat with NATO forces deployed in Afghanistan." Narcotics now account for more than a third of Afghanistan's gross domestic product.
- The U.S. Drug Enforcement Administration estimates that out of the 130 to 140 tons of morphine imported into the country annually, only 15% is used as is. The rest is converted to morphine-based medicines to manage post-operative and chronic pain.
- Codeine and other pharmaceutical drugs account for 7 out of 11 of the most frequently abused drugs, according to *Monitoring the Future's* 2008 study. *Monitoring the Future* is an annual survey given to 50,000 American 8th, 10th, and 12th grade students to determine drug use trends and patterns.
- According to the U.S. Drug Enforcement Administration, heroin sold in the United States has increased in purity from an average of less than 4% in 1980 to 71% in 1998. The reasons for this huge increase include more sophisticated processing labs, and the involvement of the Colombian drug cartel. Due to the newer, stronger forms of heroin, it's easier for users to get high via smoking or snorting the drug. Without the discomfort and inconvenience of needles, more people are trying heroin who in the past would not have. If a user takes heroin that is too pure he or she may experience a fatal overdose.
- Statistics show that one-third of addicts who remain in recovery treatment for at least three months are still drug-free one year later. Two-thirds remain drug-free when they stay in treatment one year or longer. An untreated drug user costs society \$43,000 per year in social services, medical care, and crime. To keep the addict in jail costs about \$40,000 per year. To keep the person in a residential treatment setting costs an average of \$16,500 per year.
- Codeine abuse can cause stomach bleeding, kidney and liver damage, sexual dysfunction, and even hallucinations and convulsions. Withdrawal from this drug can be achieved in a few days, although it can take months to feel up to par. Even taking codeine at recommended prescription levels under medical supervision and then stopping suddenly can cause withdrawal symptoms.
- People who use morphine and heroin are at risk not just from the narcotics themselves, but due to adulterants mixed into street drugs, and from sharing needles. Some side effects include skin, lung, and brain abscesses, endocarditis (inflammation of the lining of the heart), hepatitis, and HIV/AIDS. Overdose can result in respiratory depression, cardiac arrest, coma, and death.

- OxyContin® is the trade name of oxycodone, a potent pain reliever prescribed to postsurgical patients, cancer patients, and others with severe pain. It's sometimes called 'hillbilly heroin' because abuse of the drug first became a problem in rural America but, like heroin, oxycodone is now a growing problem in all parts of the country. Overdosing on oxycodone can cause respiratory failure and death; the likelihood of fatal overdose increases when the pills are used crushed, and when ingested with alcohol.

Vocabulary Terms

addiction: Compulsive physiological and psychological need for a habit-forming substance, characterized by tolerance and by well-defined physiological symptoms upon withdrawal.

codeine: An opiate used primarily as a cough suppressant and painkiller, in the form of a syrup or tablet.

dopamine: A neurotransmitter that causes euphoric feelings.

endorphin: A naturally occurring opioid peptide. Endorphins react with the brain's opiate receptors to raise the pain threshold.

heroin: A powerful, highly addictive crystalline narcotic powder derived from morphine or codeine. Heroin, a depressant that inhibits the central nervous system, is capable of crossing the blood-brain barrier 100 times faster than morphine.

methadone: A synthetic opioid that is commonly used to treat heroin addiction.

morphine: An addictive drug derived from opium that is used as a painkiller and as a sedative.

narcotic: An addictive drug that reduces pain, alters mood and behavior, and usually induces sleep or stupor. Some people refer to all illegal drugs as 'narcotics.' Narcotics include opium, opiates, and opioids.

neurotransmitter: Chemical released by neurons to communicate with each other.

opiate: A narcotic drug derived from opium, used in medicine for inducing sleep and relieving pain. Codeine and morphine are opiates. Many opiates are derived from the opium poppy, but some are chemically made and manufactured.

opioid: Any natural or synthetic compound that acts like morphine or that binds to or influences

the brain's opioid receptors. Heroin, Demerol, OxyContin, morphine, codeine, and endorphins are all opioids.

opium: The narcotic drug obtained from the dried milky juice of the opium poppy.

over-the-counter (OTC) drug: A drug that is sold without a prescription, and legally. OTC drugs, such as cough and cold medications, are usually available on retail shelves, but sometimes must be obtained from a pharmacist.

OxyContin®: Oxycodone, a highly effective pain reliever, prescribed to postsurgical patients, cancer patients, and others with severe pain. OxyContin® is a narcotic related to codeine.

psychoactive drug: A drug that can produce mood changes and distorted perceptions by acting on the central nervous system.

Pre-Program Discussion Questions

1. Is drug abuse a modern problem — or has it been a part of past societies, too?
2. Because prescription and over-the-counter drugs are legal, are they less dangerous than illicit substances?
3. Is snorting or smoking heroin “safer” than injecting it?
4. What is the difference between addiction, dependence, and tolerance?
5. Are there any good uses for narcotics?

Post-Program Discussion Questions

1. How is opium ingested? Morphine? Heroin?
2. Besides addiction, what are some other risks associated with the use of intravenous drugs?
3. What is the difference between addiction, dependence, and tolerance?
4. How would you feel if you learned a younger brother, sister, or cousin were abusing prescription or over-the-counter drugs?
5. Are prescription drugs always safe if used in moderation?
6. After viewing this film, has your attitude about the use of narcotics changed at all?

Student Projects

- Using the Internet and the library, research and then report on the abuse of OTC drugs (cough syrup, sinus medications, etc.). Because these drugs are legal, do you feel there is little or no danger in abusing them? Include the risks and side effects of using these drugs.
- What is the difference between codeine, heroin, morphine, and opiates? Create a chart with the following headings: Name of drug; street names; what it looks like; how it is administered; short-term effects; long-term effects.
- Using the Internet and the library, research and then report on the use of methadone for heroin withdrawal. What are the benefits and the drawbacks of entering a methadone treatment program?
- Participate in a class discussion about drug use and addiction, considering the following questions:
 - Has your attitude about drug use changed at all after viewing this film?
 - How would becoming addicted to narcotics change your daily life?
 - Does the media and entertainment industry glamorize drug use in its portrayal of athletes, musicians, models, and actors who use drugs, and who may even have problems with addiction?
 - Does society encourage drug abuse by prescribing medications to help us cope with daily life (e.g., medications for depression, shyness, social anxiety, 'hyperactivity,' etc.), encouraging a 'pop a pill' attitude over lifestyle and psychological changes?
 - Would crime rates drop if some drugs were legal; or would legalizing some drugs encourage dangerous behavior?
- With other students, participate in role-playing exercises in which you find yourselves in the situations listed below. Rehearse responses to these situations that seem realistic, especially if the 'offerer' downplays the danger, tries to embarrass you via peer pressure to be cool, or is especially persistent.
 - Being offered drugs after school
 - Being offered drugs at a party
 - Being offered drugs while on a date
 - Being asked by a friend to hide or transport drugs
 - Being offered the opportunity to make some quick cash by selling drugs
- In the form of a poster, brochure, or Web page, develop a resource to help students who are having problems with drugs. This could include contact information for addiction treatment centers, Web sites, books, hotlines, and even guidance counselors and other resources in your school and community.

Assessment Questions

1. America's first drug epidemic occurred _____.
 - a) due to the cultural influence of San Francisco hippies in the 1960s
 - b) due to the cultural influence of jazz musicians of the 1940s
 - c) in the 1920s, after New York City writers popularized drug use
 - d) in the late 1800s, after waves of Chinese immigrants brought opium to the U.S.

2. One way to recognize heroin is by its color — _____.
 - a) black
 - b) brown
 - c) white
 - d) black, brown, or white

3. OxyContin® comes in the form of _____.
 - a) cough syrup
 - b) a mist which is released by an inhaler
 - c) pills
 - d) a bluish powder

4. Narcotics are _____. [*Choose all that apply.*]
 - a) opiates
 - b) technically, any illegal substance that can be used for intoxication
 - c) used pharmaceutically for pain relief and to induce sleep
 - d) all of the above

5. Prescription opiates include _____. [*Choose all that apply.*]
 - a) heroin
 - b) opium
 - c) codeine
 - d) morphine

6. Opioids are synthetic derivatives of the poppy plant, and include _____. [*Choose all that apply.*]
 - a) heroin
 - b) “hillbilly heroin”
 - c) OxyContin®
 - d) Demerol®

7. Smoking or injecting a narcotic, as opposed to ingesting or snorting it, can cause an immediate rush of euphoria that lasts for _____.
 - a) anywhere from a few hours to a few days as the effects gradually lessen
 - b) only a few minutes or seconds
 - c) approximately 30 to 45 minutes, depending on amount and the user's physiology
 - d) up to four hours

8. True or False? Narcotics work by directly affecting the brain's natural opioid system, mimicking neurotransmitters that are used for communication between brain cells.

9. Because opiates act on the brain stem, one result of opiate overdose is _____.
 - a) the user stops breathing, because of suppression of the breathing-control center of the brain
 - b) the user experiences vivid hallucinations
 - c) an increased risk of early onset Alzheimer's disease
 - d) the release of neurotransmitters that confuse the body's senses

10. True or False? Prescription drugs are carefully formulated to be safe unless they are taken with large amounts of alcohol.

Assessment Questions Answer Key

1. America's first drug epidemic occurred _____.
a) due to the cultural influence of San Francisco hippies in the 1960s
b) due to the cultural influence of jazz musicians of the 1940s
c) in the 1920s, after New York City writers popularized drug use
d) in the late 1800s, after waves of Chinese immigrants brought opium to the U.S.

A: (d) in the late 1800s, after waves of Chinese immigrants brought opium to the U.S.

2. One way to recognize heroin is by its color — _____.
a) black
b) brown
c) white
d) black, brown, or white

A: (d) black, brown, or white

3. OxyContin® comes in the form of _____.
a) cough syrup
b) a mist which is released by an inhaler
c) pills
d) a bluish powder

A: (c) pills

4. Narcotics are _____. [Choose all that apply.]
a) opiates
b) technically, any illegal substance that can be used for intoxication
c) used pharmaceutically for pain relief and to induce sleep
d) all of the above

A: (a) opiates; (c) used pharmaceutically for pain relief and to induce sleep

5. Prescription opiates include _____. [Choose all that apply.]
a) heroin
b) opium
c) codeine
d) morphine

A: (c) codeine; (d) morphine

6. Opioids are synthetic derivatives of the poppy plant, and include _____. [*Choose all that apply.*]
- a) heroin
 - b) “hillbilly heroin”
 - c) OxyContin®
 - d) Demerol®

A: These are all opioids.

7. Smoking or injecting a narcotic, as opposed to ingesting or snorting it, can cause an immediate rush of euphoria that lasts for _____.
- a) anywhere from a few hours to a few days as the effects gradually lessen
 - b) only a few minutes or seconds
 - c) approximately 30 to 45 minutes, depending on amount and the user's physiology
 - d) up to four hours

A: (b) only a few minutes or seconds

8. True or False? Narcotics work by directly affecting the brain's natural opioid system, mimicking neurotransmitters that are used for communication between brain cells.

A: True.

9. Because opiates act on the brain stem, one result of opiate overdose is _____.
- a) the user stops breathing, because of suppression of the breathing-control center of the brain
 - b) the user experiences vivid hallucinations
 - c) an increased risk of early onset Alzheimer's disease
 - d) the release of neurotransmitters that confuse the body's senses

A: (a) the user stops breathing, because of suppression of the breathing-control center of the brain

10. True or False? Prescription drugs are carefully formulated to be safe unless they are taken with large amounts of alcohol.

A: False. Prescription drug abuse is dangerous, although the drugs are especially likely to be lethal when mixed with alcohol.

Additional Resources

National Institute on Drug Abuse

The Science of Drug Abuse & Addiction

www.drugabuse.gov

Freevibe: National Youth Anti-Drug Media Campaign

www.freevibe.com

Just Think Twice

Drug Enforcement Administration: Demand Reduction/Street Smart Prevention

www.justthinkt看ice.com

NIDA for Teens

Facts, Stories, Brain Games

<http://teens.drugabuse.gov>

U.S. Department of Health and Human Services

Substance Abuse & Mental Health Services Administration

Alcohol & Drug Information

<http://ncadi.samhsa.gov>

The Partnership for a Drug-Free America

www.drugfree.org

Drug Policy Alliance Network

www.drugpolicy.org

www.streetdrugs.org

www.streetdrugs.org

Monitoring the Future: A Continuing Study of American Youth

www.monitoringthefuture.org

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The All-American Drug: Heroin in Suburbia and the Heartland (DVD/VHS)

Once confined to the inner city, heroin addiction is on the rise in suburban and rural communities. This ABC News program shows how a growing number of teens and young adults are getting hooked on heroin through gateway drugs like OxyContin. After a suburban father describes the prescription drug habit and heroin overdose that took his daughter's life, a young mother in rural Ohio explains how she began that same perilous journey and can't quit. In addition to commentary from other teens and parents, the program includes expertise from Brian Crowell, a drug enforcement agent, and Joseph Califano, chairman of the National Center on Addiction and Substance Abuse. Includes graphic scenes of heroin injection. Original ABC News broadcast titles: *Heroin in Suburbia and Heroin in the Heartland*. (18 minutes) © 2006 (# 40018)

Painkillers: Numbing the Mind (DVD/VHS)

The human body manufactures its own painkillers to ensure survival when injured. This program shows how opium and its derivatives, heroin and morphine, hijack that natural pain-numbing ability. Illustrating the brain's ability to alter its own chemistry when attacked by drugs, the program depicts the process by which brain receptors become desensitized and thus addicted. Tranquilizers — and the potentially lifelong physical dependency and psychological problems they can cause — are also studied. The findings of Brigitte Kieffer, Marc Valleur, Martine Cador, Emiliana Borelli, Alain Ehrenberg, and the Strasbourg Institute of Molecular Biology and Genetics are featured. (51 minutes) © 2005 (# 36366)

HairKutt: Breaking the Heroin Death Grip (DVD/VHS)

In this program, three well-meaning friends take their buddy Bryant "HairKutt" Johnson to a remote cabin for a week of improvised detox in the hope of helping him break his 15-year addiction to heroin. But when withdrawal turns to internal bleeding and life-threatening dehydration, they have to rush him to a hospital, where life and death hang in the balance. HairKutt survives, but becomes re-addicted immediately after returning home. These four friends, as close as family, learn the hard way that only 1 in 5 cold-turkey detoxes succeed in the short term and that it's rare for a heroin addict to kick the habit on the first attempt. An intensely human drama that unfolds slowly but very powerfully. Tell your students to forget reality TV and watch this instead, because this is the real deal—filmed live and unscripted as the story unfolded. Some content may be objectionable, and some language may be offensive. (77 minutes) © 2007 (# 37603)

Addiction: The HBO Series (DVD/VHS)

Featuring valuable case studies and expert commentary, this 14-part series offers a wide-ranging look at the science and the human face of addiction. Personal stories from drug users and their family members are combined with in-depth perspectives from leading psychologists, drug counselors, and other experts on substance abuse. Educators will find the series format — beginning with a comprehensive overview followed by 13 short documentaries — helpful for both group discussions and lectures. Contains mature themes, occasional explicit language, and some graphic injury footage. An HBO Production.

The series includes *Addiction: A Comprehensive View* | *What Is Addiction?* | *Understanding Relapse* | *The Search for Drug Treatment: A Challenging Journey* | *The Adolescent Addict* | *An Interview with Nora D. Volkow, M.D.* | *An Interview with Mark L. Willenbring, M.D.* | *An Interview with Michael L. Dennis, Ph.D.* | *An Interview with Kathleen T. Brady, M.D., Ph.D.* | *Getting an Addict into Treatment: The CRAFT Approach* | *Treating Stimulant Addiction: The CBT Approach* | *Opiate Addiction: Understanding Replacement Therapy* | *South Boston Drug Court* | *A Mother's Desperation: Resorting to the Law.* (21-87 minutes each) © 2006 (#39791)

Twelve: Young Addicts Speak from the Heart (DVD/VHS)

Kat grew up in an alcoholic home. John made drinking the center of his life at a young age. Rene's parents divorced when he was five, while Chris and Dante both seemed to have everything they wanted—but all became substance abusers. Through detailed, candid conversations, this program goes inside the childhood memories and emotional lives of recovering addicts who started their habits at, or close to, age 12. Their stories reveal unique qualities and experiences as well as patterns seen over and over again among alcoholics and drug abusers—often involving crime and social isolation. In addition to their pain and regret, the participants also discuss the most daunting challenge of all: the ongoing process of recovery. (45 minutes) © 2008 (#40034)

Teen Danger Zone: Teens at Risk (DVD/VHS)

Combining hard-hitting personal stories with cold facts, the first six segments of this chaptered program report on some of the most common drugs currently being abused by teens: OxyContin, PMA, Special K (ketamine), the methamphetamine Ice, inhalants, and, in the form of binge drinking, alcohol. The final segment focuses on hazing, a frequently outlawed form of initiation that, like substance abuse, speaks directly to the teenage desire to fit in with peers—sometimes at any cost. Recommended for high school. (46 minutes) © 2006 (# 36248)

Altered States: A History of Drug Use in America (DVD/VHS)

Whether it's caffeine, nicotine, or morphine, drugs of choice have defined our lives and history, with sometimes benevolent, sometimes tragic results. This program focuses on the history of America's drug use and abuse, from the days when the early European settlers became enamored of tobacco, through Prohibition, and up to today. The problems we see today existed in other forms and with other drugs throughout our history. The reasons for using drugs have also remained constant: to ease pain, alleviate boredom, or to expand our consciousness. The program traces the patterns of American drug use and abuse and documents the cultural, social, and political movements that impacted, or were impacted by, the use of drugs. (58 minutes) © 1993 (#5863)

Drugs: A Destructive Force (Eight 17" x 22" posters)

How can substance abuse educators combat the allure of cocaine, LSD, tobacco, and other killers? By communicating the downside of drugs in no uncertain terms. This eight-poster series speaks directly to young people about the alarming risks and all-too-frequent tragedies linked with drug abuse. In addition to several types of dangerous substances — including prescription and over-the-counter medication — the deadly pitfalls of drunk driving are also examined. A Cambridge Educational Product. The set includes: *Cocaine* | *Alcohol* | *Marijuana* | *Smoking* | *Prescription/OTC Drugs* | *Hallucinogens* | *Inhalants* | *Drunk Driving*. © 2007 (# 37035)



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