Why the Increase in Heroin Use?

• Heroin use has increased in recent years among men and women, most age groups, and all income levels. In particular, heroin use has more than doubled in the past decade among young adults aged 18-25.

• Among new heroin users, approximately three out of four report having misused prescription drugs prior to using heroin.

• Past misuse of prescription opioids is the strongest risk factor for initiating heroin use.

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

• Increased availability; relatively low price, compared to prescription opioids; and the high purity of heroin in the United States also are identified as possible factors in the increasing rate of heroin use. *Source:* https://go.usa.gov/x5MZK

Recognizing Heroin/Fentanyl/ Acetyl-Fentanyl/Opioid Overdoses

• Since heroin users do not know the actual strength of the drug or its true contents, they are at a high risk for overdose or death.

• Effects of a heroin overdose are slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death.

• A fentanyl overdose may result in stupor, changes in pupil size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death.



Fentanyl (clandestinely produced)

To report a possible violation of controlled substances laws and regulations, go to:

www.DEA.gov/ops/submit.php

or contact your local DEA office.

For further information about drugs and drug abuse, please visit:



GetSmartAboutDrugs.com For parents, caregivers, and educators JustThinkTwice.com For teens campusdrugprevention.gov For college students dea.gov

Distributed by the Elks Drug Awareness Program



Funded by a Grant from the Elks National Foundation, Inc.





What You Should Know About FENTANYL &HEROIN

Fentanyl, Acetyl-Fentanyl And Other Fentanyl Analogues



For the Public

Rev. 05/18

Heroin

Heroin is a highly addictive illegal opioid drug that can lead to an overdose, respiratory depression (reduced ability to breathe), coma, or death. Heroin is typically injected but also may be ingested by either snorting or smoking. The risk of overdose and death increases when heroin is mixed with fentanyl, acetyl fentanyl, or another fentanyl analogue.

As heroin use has increased, so have heroin-related overdose deaths. Heroinrelated overdose deaths have more than **quadrupled** since 2010. From 2014 to 2015, heroin overdose death rates increased by 20.6 percent, with nearly 13,000 people dying in 2015. *Source*: https://go.usa.gov/x5MZK

What Is Fentanyl?

Fentanyl is a Schedule II narcotic used as an analgesic and anesthetic and is typically prescribed to treat severe or chronic pain. It is the most potent opioid available for use in medical treatment – 50 to 100 times more potent than morphine and 50 times stronger than heroin. Its euphoric effects are indistinguishable from morphine or heroin.

WARNING: Ingestion of very small doses of fentanyl can be fatal. Fentanyl can be absorbed through the skin and accidental inhalation of airborne powder also may occur.

Illicit Uses of Fentanyl

Fentanyl is abused for its intense euphoric effects. Fentanyl can serve as a substitute for heroin in opioid dependent individuals; however, fentanyl is a very dangerous substitute because it is much more potent.

The United States has seen an increase in clandestinely manufactured fentanyl that is mixed with heroin or being sold as a heroin substitute. Multi-kilogram quantities of clandestinely manufactured fentanyl at the wholesale level as well as packaged for retail distribution—in a similar fashion as heroinhave been seized.

Although less common, fentanyl also can be diverted via pharmacy theft, fraudulent prescriptions, and illicit distribution by patients, physicians, and pharmacists. Theft also has been identified at nursing homes and other long-term care facilities.

Examples of the fentanyl surge across the United States

The American Association of Poison Control Centers (AAPCC) reports that, in 2014, there were more than 1,400 calls to poison control centers nationwide reporting fentanyl exposure.

Fentanyl exposures reported to the AAPCC initially spiked in 2011, when they increased from 300 in 2010 to 1,724 in 2011, and have remained steadily high.

In 2015, there was a marked surge in the availability of illicit fentanyl pressed into counterfeit prescription opioids, such as oxycodone.

Between April 2015 and September 2015, New Jersey law enforcement officers seized 386 suspected oxycodone 30mg tablets. Chemical analysis indicated all the pills were either fentanyl or acetyl fentanyl.

In 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 oxycodone 30mg tablets; however, laboratory analysis indicated the pills contained fentanyl. *Source*: https://go.usa.gov/x5MZK

Acetyl Fentanyl

Acetyl fentanyl is a potent opioid analgesic and has been linked to a number of overdose deaths in the United States. Acetyl fentanyl and fentanyl are closely related in chemical structure and activity. Acetyl fentanyl is generally not part of most illicit drug screens and may remain undetected in drug abusers. Acetyl fentanyl may serve as a substitute for heroin in opioid dependent individuals.

Control Status of Acetyl Fentanyl

Acetyl fentanyl is a Schedule I substance under the federal Controlled Substances Act.



Two milligrams of powder fentanyl, a potential lethal dose.