Drug & Alcohol Abuse Prevention Program and Procedures

maui.hawaii.edu/daapp
I. **Effective Date:** September 24, 2018; revised April 20, 2021.

II. **Office of Primary Responsibility:**
UH Maui College (UHMC) Office of the Chancellor

III. **UHMC Position Assigned with Oversight:**
Special Assistant to the Chancellor

IV. **Purpose:**

UHMC is committed to providing and maintaining a safe, healthy, and productive environment for students, employees, and visitors, free from hazards associated with drug and alcohol abuse in accordance with the Drug-Free Workplace Act of 1988, the Drug-Free Schools and Communities Act of 1989, and 34 CFR 86 – Drug and Alcohol Abuse Prevention. This program is also intended to ensure compliance with University of Hawai‘i Executive Policy EP 11.201, Illegal Drugs, Alcohol and Substance Abuse.

University of Hawai‘i Executive Policy EP 11.201, Illegal Drugs, Alcohol and Substance Abuse, states, in part:

The University can best achieve its mission by creating a supportive working environment in which individuals encourage one another to pursue excellence in their professional and personal lives. Students, faculty and staff share a responsibility to help one another by learning to recognize the signs and behaviors associated with substance abuse and addiction, and by encouraging those with such problems to seek appropriate help and rehabilitation. Once an individual has undergone treatment for substance abuse or addiction, the University should extend support and encouragement during the recovery phase.

The University expects lawful behavior by students, faculty and staff during their presence on University premises and at University events. Within the constraints of its mission, the University encourages cooperation with law enforcement agencies in enforcing statutes regarding the use of illegal drugs.

Substance abuse interferes with the physiological and abstract processes through which mental activity occurs and with social behaviors required for research and learning. Consequently, the University expects that students,
faculty and staff will carry out their responsibilities free of any substance abuse.

V. Goals:

Through consistent enforcement of sanctions, drug and alcohol abuse awareness and prevention training programs, counseling, campus support services, and referrals to community resources and services, UHMC will maintain a safe, healthy and productive environment for students, employees and visitors, free from hazards associated with drug and alcohol abuse in accordance with the Drug-Free Workplace Act of 1988, the Drug-Free Schools and Communities Act of 1989, 34 CFR 86 – Drug and Alcohol Abuse Prevention, and University of Hawai‘i Executive Policy EP 11.201. The target number of violations per year is ZERO, but no more than 1% of the sum of the total number of appropriated employees and the student headcount for the Fall semester.

VI. Sanctions:

Employees and students who violate University policy will be subject to disciplinary sanctions, including, but not limited to, expulsion or termination.

A. Sanctions for Students.

UH Executive Policy EP 7.208, Systemwide Student Conduct Code, establishes guidelines relating to the Systemwide Student Conduct Code, including proscriptions against the use, possession, manufacturing, or distribution, or other unauthorized use of controlled substances or paraphernalia except as expressly permitted by law. Executive Policy EP 7.208 also prohibits the use, possession, manufacturing, distribution, or being under the influence of alcoholic beverages (except as expressly permitted by UH System Policies, or state or federal law). The UHMC Student Conduct Code includes similar proscriptions\(^1\) and imposes sanctions where a student has been found “more likely than not” to have engaged in prohibited conduct.\(^2\) Sanctions that may be imposed include:

1. **Written Warning** - A notice in writing to the student that the student is violating or has violated institutional regulations and a copy of the warning letter is placed in the student’s disciplinary file.

2. **Probation** - Probation is for a designated period of time (which may include the remainder of their enrollment at UHMC) and includes the probability of more severe disciplinary sanctions if the student is found to violate any institutional regulation(s) during the probationary period. This sanction may require the student to meet with the VCSA (or his or her designee) upon request.

3. **Loss of Privileges** - Denial of specified privileges for a designated period of

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\(^{1}\) Article III.B.11, 12, UHMC Student Conduct Code (eff. March 15, 2021).

\(^{2}\) Article IV.B, UHMC Student Conduct Code (eff. March 15, 2021).
time.

4. **Restitution** - Compensation for loss, damage, or injury. This may take the form of appropriate service and/or monetary or material replacement.

5. **Discretionary Sanctions** - Work assignments, essays, service to UHMC, Community Service or other related discretionary or educational related assignments.

6. **UHMC No Contact Orders** - No unnecessary contact between the Respondent and the Complainant, witnesses, or other individuals (when appropriate).

7. **Suspension** - Separation of the student from UHMC for a definite period of time (usually 1 year or less) after which the student is eligible to return. Conditions for readmission may be specified. Suspensions may be effective immediately or deferred.

8. **Dismissal** - Separation of the student from UHMC for more than 1 year. The student may be eligible for return. Conditions for readmission, if any, may be specified. Dismissals will be effective immediately unless otherwise stated.

9. **Expulsion** - Separation of the student from UHMC permanently. Expulsions will be effective immediately, unless otherwise stated.

10. **Revocation of Admission and/or Degree** - Admission to, or a degree awarded from, UHMC may be revoked for fraud, misrepresentation, or other violation of UHMC standards in obtaining the degree, or for other serious violations committed by a student prior to graduation.

B. **Sanctions for Employees.**

The sanctions for employees in bargaining units 1 and 10 will be in accordance with the drug and alcohol testing provisions contained within the collective bargaining agreements. For all other employees, progressive discipline will be in accordance with the employee’s applicable collective bargaining agreement: possible sanctions may include disciplinary action ranging from reprimand to termination, and may include suspension without pay, disciplinary reassignment, disciplinary transfer, and demotion.
### C. Federal Sanctions:

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

**PENALTIES**

- **Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)**
  - Any amount
  - **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.

- **Flunitrazepam (Schedule IV)**
  - 1 gram
  - **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.

- **Other Schedule III drugs**
  - Any amount
  - **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 other Schedule IV 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.

### D. State of Hawai‘i Sanctions:

Under the Hawai‘i Penal Code, crimes are of three grades according to their seriousness: felonies; misdemeanors; and petty misdemeanors.

- **Class A felony:** fine not exceeding $50,000 and/or an indeterminate term of imprisonment of 20 years without possibility of suspension of sentence or probation.
- **Class B felony:** fine not exceeding $25,000 and/or imprisonment of not more than 10 years.
- **Class C felony:** fine not exceeding $10,000 and/or imprisonment of not more than 5 years.
• Misdemeanor: fine not exceeding $2,000 and/or imprisonment of not more than 1 year.
• Petty misdemeanor: fine not exceeding $1,000 and/or imprisonment of not more than 30 days.³

In addition, promoting (possessing, distributing or manufacturing) drugs (including marijuana) and intoxicating compounds can result in a Class A, B or C felony, misdemeanor or petty misdemeanor.⁴

Consuming or possessing intoxicating liquor while operating a motor vehicle or moped is subject to a fine of not more than $2,000 or imprisonment of not more than 30 days, or both.⁵

Consuming or possessing intoxicating liquor while a passenger in a motor vehicle is a petty misdemeanor.⁶

A person commits the offense of promoting intoxicating compounds if the person knowingly breathes, inhales, or drinks any compound, liquid, or chemical containing toluol, hexane, trichloroethylene, acetone, toluene, ethyl acetate, methyl ethyl ketone, trichloroethane, isopropanol, methyl isobutyl ketone, methyl cellosolve acetate, cyclohexanone, or any other substance for the purpose of inducing a condition of intoxication, stupefaction, depression, giddiness, paralysis or irrational behavior, or in any manner changing, distorting or disturbing the auditory, visual or mental processes; or sells or offers for sale, delivers or gives to any person under eighteen years of age, unless upon written order of such person’s parent or guardian, any compound liquid or chemical containing toluol, hexane, trichloroethylene, acetone, toluene, ethyl acetate, methyl ethyl ketone, trichloroethane, isopropanol, methyl isobutyl ketone, methyl cellosolve acetate, cyclohexanone, or any other substance which will induce an intoxicated condition when the seller, offeror or deliveror knows or has reason to know that such compound is intended for use to induce such condition. This offense is a misdemeanor.⁷

A person commits the offense of promoting intoxicating liquor to a person under the age of twenty-one if the person recklessly sells or offers for sale, influences the sale, serves, delivers, or gives to a person intoxicating liquor, and the person receiving the intoxicating liquor is a person under the age of twenty-one; or permits a person to possess intoxicating liquor while on property under his control, and the person possessing the intoxicating liquor is a person under the age of twenty-one. This offense is a misdemeanor.⁸

³ §§706-640,659,660,663, H.R.S.
⁴ §§712-1241-1250, H.R.S.
⁵ §§291-3.1, H.R.S.
⁶ §§291-3.2, H.R.S.
⁷ §§712-1250, H.R.S.
⁸ §§712-1250.5, H.R.S.
VII. Drug and Alcohol Testing:

Employee Random Testing - United Public Workers (UPW), Bargaining Unit 01 employees are subject to random alcohol and controlled substances testing. The tests are intended to keep the workplace free from the hazards resulting from the use of alcohol and controlled substances.
1. Employees are notified of test, time, and location. Tests are conducted during work time.
2. The employee presents a picture identification card to the test site. If the employee does not have identification, the supervisor or management will escort the employee to the test site.

Employee Reasonable Suspicion Testing - UPW, Bargaining Unit 01 and HGEA, Bargaining Unit 03 & 04 employees are subject to reasonable suspicion alcohol and controlled substance testing. This alcohol and controlled substance testing is intended to keep the workplace free from the hazards resulting from the use of alcohol and controlled substances.
1. Employees shall be subject to alcohol and controlled substance testing when a supervisor determines that reasonable suspicion exists. The supervisor shall have another witness observe the employee before directing the employee to submit to an alcohol and/or controlled substance test.

VIII. Campus Drug and Alcohol Awareness Campaign – Health Risks, Treatment and Resources:


C. Drug and Alcohol Awareness Training:
At least once a year and preferably during the Fall semester, UHMC will have a drug and/or alcohol prevention presentation open to all staff, faculty, and students. This training will be organized by the UHMC Faculty & Staff Development Coordinator in conjunction with the Office of the Vice Chancellor of Administrative Affairs. Documentation such as training materials and sign up lists will be archived for biennial review data and as evidence of the training.
D. Campus Resources:

1. **UHMC Health Center**: The UHMC Health Center promotes an alcohol and drug-free campus environment. Educational materials are available at the Campus Health Center for students and employees. In addition, testing and counseling services are available for alcohol and substance abuse.

2. **UHMC Counseling**: UHMC students dealing with drug and/or alcohol problems are encouraged to seek help through available resources. Individual counseling by UHMC counselors is also available for students who need assistance with substance and alcohol abuse issues or referral services.

3. **Employee Assistance Program**: UHMC employees dealing with drug and/or alcohol problems are encouraged to seek help through the University’s Employee Assistance Program (EAP). This program provides confidential, short-term, professional counseling services to employees who may be experiencing personal problems that are affecting job performance. Eligible employees may receive up to a maximum of three sessions of free counseling. All regular, temporary and exempt employees, casual hires, and 89-day hires are eligible for EAP services. WorkLife Hawai‘i has been contracted to provide EAP services through a voluntary program that permits employees to seek help on their own. [http://worklifehawaii.org](http://worklifehawaii.org)

4. **UHMC Wellness Program**: UHMC Wellness Hui’s mission is to transform our campus community into a better place to work and study. The Wellness Hui promotes and encourages employees and students to make small changes so they can enjoy healthy and happy lives.

5. **UHMC Team MALAMA**: Team MALAMA is an interdisciplinary group of UHMC professionals who meet on a regular basis to discuss and implement proactive strategies for supporting individual students identified by their level of need. This forum enables the campus to support individual students in a more comprehensive and holistic manner. The team works to provide a coordinated and streamlined response to students who need access to services such as counseling, mental health support, and behavioral health support. This proactive approach to identify and address safety concerns on campus is based on recommendations for best practice by the American College Counseling Association.

6. **UHMC ULifeline**: ULifeline is a confidential online resource center where college students can seek help for all types of mental stress and
depression, including alcoholism and drug addiction. ULifeline is a project of The Jed Foundation, a leading organization working to protect the emotional health of America's college students, and was developed with input from leading experts in mental health and higher education. [http://www.ulifeline.org/maui/](http://www.ulifeline.org/maui/)

7. **Alcoholics Anonymous**: The UHMC Personal Support Counselor coordinates Alcoholics Anonymous (AA) meetings on campus twice a week. This resource is available for students, employees, and members of the community.

### E. Community Resources:

<table>
<thead>
<tr>
<th>Maui</th>
<th>Phone</th>
<th>Address and website</th>
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<tbody>
<tr>
<td>Al-Anon</td>
<td>808-242-0236</td>
<td>Wailuku Location(s) <a href="http://hi.al-anon.alateen.org">http://hi.al-anon.alateen.org</a></td>
</tr>
<tr>
<td>Alchoholic Anonymous (AA)</td>
<td>808-244-9673</td>
<td>70 Central Ave, Suite 1, Wailuku, HI 96793 <a href="http://www.aamaui.org">http://www.aamaui.org</a></td>
</tr>
<tr>
<td>Aloha House, Inc.</td>
<td>808-442-6538</td>
<td>Residential Services: 808-442-6538 Residential Services: 808-242-9733</td>
</tr>
<tr>
<td>Kū Makani: The Hawai’i Resiliency Project</td>
<td>1-800-753-6879</td>
<td>200 Ike Drive, Makawao, HI 96768 <a href="http://www.aloha-house.org">http://www.aloha-house.org</a></td>
</tr>
<tr>
<td>Malama Family Recovery Center (Women &amp; Children)</td>
<td>808-877-7117</td>
<td>388 Ano Street, Kahului, HI 96732 <a href="http://www.malamafamilyrecovery.org">http://www.malamafamilyrecovery.org</a></td>
</tr>
<tr>
<td>Mental Health Kōkua</td>
<td>808-244-7405</td>
<td>105 N Market Street Suite 102, Wailuku, HI 96793 <a href="http://www.mentalhealthkokua.org">http://www.mentalhealthkokua.org</a></td>
</tr>
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<tr>
<th>Lāna‘i</th>
<th>Phone</th>
<th>Address and website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moloka‘i</td>
<td>Phone</td>
<td>Address and website</td>
</tr>
<tr>
<td>Ka Hale Pomaika'i, Inc.</td>
<td>808-558-8480</td>
<td>HC-01 Box 372 Kamehameha V. Highway, Kaunakakai, HI 96748 <a href="http://www.kahalepomaikai.org">http://www.kahalepomaikai.org</a></td>
</tr>
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IX. **Program Effectiveness:**

The UHMC Drug and Alcohol Program will be assessed based on evidence-based metrics:

1. Employee drug or alcohol-related disciplinary sanctions imposed;
2. Student drug or alcohol-related disciplinary sanctions imposed;
3. Employee random drug testing;
4. Campus Security drug or alcohol-related incidents;
5. Employee referrals for drug or alcohol counseling or treatment;
6. Student referrals for drug or alcohol counseling or treatment;
7. Employee random drug and alcohol testing results;
8. Number of students, staff, and faculty attending UHMC drug and/or alcohol-related training sessions; and
9. Number of approved campus events at which alcohol was served.

X. **Biennial Review:**

On every even numbered year (e.g., 2020, 2022), UHMC will conduct a biennial review to assess the effectiveness of its DAAPP and will implement changes to the program, as needed. Another function of this review is to ensure the College is consistently enforcing disciplinary sanctions for violations of the standards of conduct.

The DAAPP biennial review will be conducted by a committee comprised of a broad representation of campus constituents that have a stake in promoting the health and safety of the campus community. The biennial review will assess the then current UHMC DAAPP and identify strengths, weaknesses, and strategies for continuous improvement.

A. **Committee Membership**

The Biennial Review Committee shall be composed of the following members:

- Special Assistant to the Chancellor
- Vice Chancellor for Academic Affairs\(^9\)
- Vice Chancellor for Administrative Services
- Vice Chancellor for Student Affairs
- Title IX Coordinator
- Chief of Security
- Health Center Director
- Student Life Coordinator
- Human Resources Manager

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\(^9\) In the event that the position of Vice Chancellor for Academic Affairs is vacant, or in the absence of the Vice Chancellor for Academic Affairs, the Dean of Arts and Sciences and the Dean of Career and Technical Education shall serve on the Committee.
- Financial Aid Office Director
- Counseling Department Representative
- Representative of Maui Drug Court
- Representative of Aloha House, Inc.

B. Materials to Be Reviewed
The Biennial Committee shall review the following records and files:
- UHMC DAAPP;
- Previous DAAPP Biennial Review;
- DAAPP Notices to Employees in the two-year period under review;
- DAAPP Notices to Students in the two-year period under review;
- UHMC Student Conduct Code;
- UHMC General Catalog policies related to drug and alcohol use;
- UH Executive Policy EP 11.201, Illegal Drugs, Alcohol and Substance Abuse;
- UHMC website, including the Student Right to Know/Consumer Information webpage and the DAAPP webpage;
- Employee Handbook policies related to drug and alcohol use;
- Resources available to students and employees for drug and alcohol counseling, treatment, or rehabilitation;
- Provisions of applicable federal, state, and local law
- A worksheet summarizing data regarding:
  - Employee drug or alcohol-related disciplinary sanctions imposed;
  - Student drug or alcohol-related disciplinary sanctions imposed;
  - Employee random drug testing;
  - Campus Security drug or alcohol-related incidents;
  - Employee referrals for drug or alcohol counseling or treatment;
  - Student referrals for drug or alcohol counseling or treatment;
  - UHMC drug and/or alcohol-related training sessions;
  - Number of students, staff, and faculty attending UHMC drug and/or alcohol-related training sessions; and
  - Number of approved campus events at which alcohol was served.

The EDGAR Part 86 publication, “Complying with the Drug-Free Schools and Campuses Regulations” may be used as a resource guide for the biennial review.

XI. Distribution of the UH Official Notice to Employees and Students Regarding Drug-Free and Alcohol-Free Workplace Policies and the UHMC DAAPP:

The following procedure was developed to ensure UHMC is compliant with the DFSCA distribution requirement. This procedure ensures active delivery of UH Annual Notices and the DAAPP disclosure materials to every member of the campus
community. Delivery will be made to all students who enroll for academic credit and to all employees, regardless of when they are enrolled or hired, and irrespective of the duration of enrollment or employment. The distribution shall include both the UHMC DAAPP and the UH Official Notice to Employees and Students Regarding Drug-Free and Alcohol-Free Workplace Policies.

1. **Campus website**
   - [http://maui.hawaii.edu/daapp/](http://maui.hawaii.edu/daapp/)

2. **UH Broadcast Email**
   - The UH Official Notice to Employees and Students Regarding Drug-Free and Alcohol-Free Workplace Policies shall be sent annually to all current faculty, staff, and students by UH System Office on or around October 1st. In addition, the UHMC DAAPP will be sent to all faculty and staff by the UHMC Human Resource Manager and to all students by the UHMC Registrar on or around October 2nd of each year. A copy of the broadcast email will be archived for evidence of distribution.
   - The UH Official Notice and the UHMC DAAPP will be sent two additional times a year to all students by the UHMC Registrar after the census date of the spring and summer terms. A copy of the broadcast email will be archived for evidence of distribution.

3. **New employee orientation email**
   - The UH Official Notice and the UHMC DAAPP will be sent by the UHMC Human Resource Manager to all new faculty and staff on or about the date of appointment. A copy of the email will be archived for evidence of distribution.

4. **Printed copies**
   - All new employees will receive printed copies of the UH Annual Notice and the UHMC DAAPP in their new hire packets.
   - Employees may request printed copies of the UH Annual Notice or the UHMC DAAPP from the UHMC Human Resource Office by contacting (808) 984-3204 or email suetoku@hawaii.edu.
   - Students may request printed copies from the Office of the Vice Chancellor of Student Affairs by contacting (808) 984-3267 or email uhmcas@hawaii.edu

**II. Approval:**

[Signature]

Lui K. Hokoana, EdD
Chancellor

20 April 2021
Date
APPENDIX A

HEALTH RISKS OF ALCOHOL


Drinking too much – on a single occasion or over time – can take a serious toll on your health. Here’s how alcohol can affect your body:

Brain:
Alcohol interferes with the brain’s communication pathways, and can affect the way the brain looks and works. These disruptions can change mood and behavior, and make it harder to think clearly and move with coordination.

Heart:
Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including:

- Cardiomyopathy – Stretching and drooping of heart muscle
- Arrhythmias – Irregular heart beat
- Stroke
- High blood pressure

Liver:
Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including:

- Steatosis, or fatty liver
- Alcoholic hepatitis
- Fibrosis
- Cirrhosis

Pancreas:
Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion.

Cancer:
Source: National Cancer Institute -- see https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet:

Based on extensive reviews of research studies, there is a strong scientific consensus of an association between alcohol drinking and several types of cancer. In its Report on
Carcinogens, the National Toxicology Program of the US Department of Health and Human Services lists consumption of alcoholic beverages as a known human carcinogen. The research evidence indicates that the more alcohol a person drinks—particularly the more alcohol a person drinks regularly over time—the higher his or her risk of developing an alcohol-associated cancer. Based on data from 2009, an estimated 3.5 percent of all cancer deaths in the United States (about 19,500 deaths) were alcohol related.

Clear patterns have emerged between alcohol consumption and the development of the following types of cancer:

- **Head and neck cancer**: Alcohol consumption is a major risk factor for certain head and neck cancers, particularly cancers of the oral cavity (excluding the lips), pharynx (throat), and larynx (voice box). People who consume 50 or more grams of alcohol per day (approximately 3.5 or more drinks per day) have at least a two to three times greater risk of developing these cancers than nondrinkers. Moreover, the risks of these cancers are substantially higher among persons who consume this amount of alcohol and also use tobacco.

- **Esophageal cancer**: Alcohol consumption is a major risk factor for a particular type of esophageal cancer called esophageal squamous cell carcinoma. In addition, people who inherit a deficiency in an enzyme that metabolizes alcohol have been found to have substantially increased risks of alcohol-related esophageal squamous cell carcinoma.

- **Liver cancer**: Alcohol consumption is an independent risk factor for, and a primary cause of, liver cancer (hepatocellular carcinoma). (Chronic infection with hepatitis B virus and hepatitis C virus are the other major causes of liver cancer.)

- **Breast cancer**: More than 100 epidemiologic studies have looked at the association between alcohol consumption and the risk of breast cancer in women. These studies have consistently found an increased risk of breast cancer associated with increasing alcohol intake. A meta-analysis of 53 of these studies (which included a total of 58,000 women with breast cancer) showed that women who drank more than 45 grams of alcohol per day (approximately three drinks) had 1.5 times the risk of developing breast cancer as nondrinkers (a modestly increased risk). The risk of breast cancer was higher across all levels of alcohol intake: for every 10 grams of alcohol consumed per day (slightly less than one drink), researchers observed a small (7 percent) increase in the risk of breast cancer.

The Million Women Study in the United Kingdom (which included more than 28,000 women with breast cancer) provided a more recent, and slightly higher, estimate of breast cancer risk at low to moderate levels of alcohol consumption: every 10 grams of alcohol consumed per day was associated with a 12 percent increase in the risk of breast cancer.
• **Colorectal cancer:** Alcohol consumption is associated with a modestly increased risk of cancers of the colon and rectum. A meta-analysis of 57 cohort and case-control studies that examined the association between alcohol consumption and colorectal cancer risk showed that people who regularly drank 50 or more grams of alcohol per day (approximately 3.5 drinks) had 1.5 times the risk of developing colorectal cancer as nondrinkers or occasional drinkers. For every 10 grams of alcohol consumed per day, there was a small (7 percent) increase in the risk of colorectal cancer.

**Immune System:**
Drinking too much can weaken your immune system, making your body a much easier target for disease. Chronic drinkers are more liable to contract diseases like pneumonia and tuberculosis than people who do not drink too much. Drinking a lot on a single occasion slows your body’s ability to ward off infections – even up to 24 hours after getting drunk.
APPENDIX B

HEALTH RISKS OF CONTROLLED SUBSTANCES


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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.

**ADDITION**
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 2018, an estimated 31.9 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 11.7% 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.

¹Results from the 2019 National Survey on Drug Use and Health: Detailed Tables; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
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 users 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 unprecedented levels of illicit drug use in the last third of the twentieth century. Today, about 47% of young people have used an illicit drug by the time they leave high school and about 8.5% of eighth graders, 20% of tenth graders, and 24% of twelfth graders are current (within the past month) users.²

Substance use 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% 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% of those who first try an illicit drug after the age of 17.³

In the sections that follow, each of the 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.

²Monitoring the Future Survey, 2019; National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services
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.

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), Hillbilly Heroin, Lean or Purple Drank, OC, Ox, Oxy, Oxcotton, 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 user 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.
WHAT IS ITS 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 2011 through 2018, both fatal overdoses associated with abuse of clandestinely produced fentanyl and fentanyl analogues, and law enforcement encounters increased markedly. According to the Centers for Disease Control and Prevention (CDC), fentanyl analogues were involved in roughly 2,600 drug overdose deaths each year in 2011 and 2012, but from 2012 through 2018, the number of drug overdose deaths involving fentanyl and other synthetic opioid increased dramatically each year. More recently, there has been a re-emergence of trafficking, distribution, and abuse of illicitly produced fentanyl and fentanyl analogues with an associated dramatic increase in overdose fatalities, ranging from 2,666 in 2011 to 31,335 in 2018.

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 ingesting 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 56,500 in 2017, 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.
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, Southeast Asia (Thailand, Laos, and Myanmar), and Southwest Asia (Afghanistan and Pakistan)
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.

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.
Heroin liquid packets

Brown powder heroin

White powder heroin
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.
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 (Dolophine®).

What are common street names?
Common street names include:
• Amidone, Chocolate Chip Cookies, Fizzies with MDMA, 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?
Methadone 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.
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 seedpod 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:

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.
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 plant.

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.
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 other illicitly used drugs such as methamphetamine, cocaine, methcathinone, and other synthetic cathinones that are commonly sold under the guise of “bath salts.”

WHAT IS THEIR ORIGIN?
Stimulants are diverted from legitimate channels and clandestinely manufactured exclusively for the illicit market.

What are common street names?
Common street names for stimulants include:
- Bennies, Black Beauties, Cat, Coke, Crank, Crystal, Flake, Ice, Pallets, 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. Some are legally prescribed and used to treat attention-deficit hyperactivity disorder (ADHD).

WHAT IS THEIR ORIGIN?
Amphetamines were first marketed in the 1930s as Benzedrine in an over-the-counter inhaler to treat nasal congestion.

By 1937 amphetamines were available by prescription in tablet form and were 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 amphetamine and dextroamphetamine (Adderall®), dextroamphetamine (Dexedrine®), lisdexamfetamine (Vyvanse™) and methamphetamine (Desoxyn®).

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 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.

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:
• Dexamphetamine, phendimetrazine, cocaine, crack, and khat

What is their legal status in the United States?
Many 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.
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:
• Blow, 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 mucus membranes readily absorb cocaine. Cocaine users often binge on the drug until they are exhausted or run out of cocaine.

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:
- Irregular heartbeat, 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 amphetamine and 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, more effective products have been developed for these purposes, and cocaine is now rarely used medically in the United States.
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.

What are common street names?
Common street names for khat include:
- Abyssinian Tea, African Salad, Catha, Chat, Kat, and Oat

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.

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.

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.
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, Hipropon, Ice, Meth, Methlies Quick, Pocor 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.

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.

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. Some studies suggested that the use of methamphetamine may also result in serotonergic neurotoxicity.

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, 10, and 15-milligram tablets (immediate release and extended release formulations) and has very limited use in the treatment of obesity and attention deficit hyperactivity disorder (ADHD).
WHAT ARE DEPRESSANTS?
Depressants will induce 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.

What are common street names?
Common street names for depressants include:
- Barbs, Benzos, Downers, Georgia Home Boy,
- GHB, Grivous 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.

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, legally marketed, and have no accepted medical use in the United States.

Klonopin 5mg tablet
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, few 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 restraint, 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:
* Central nervous system depression, decreased respiration, increased heart rate, decreased blood pressure, decreased urine production, decreased body temperature, 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.
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 clonazepam 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. Additionally, opioid users often co-abuse benzodiazepines to enhance euphoria.

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 and relaxed mood.

What are their overdose effects?
Effects of overdose include:
- Extreme drowsiness, confusion, impaired coordination, decreased reflexes, respiratory depression, coma, and possible death. Overdose effects of concomitant use of benzodiazepines and opioids include: Profound sedation, respiratory depression, coma, and 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.
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. Xyrem® is approved as a treatment to improve daytime sleepiness and muscle weakness with narcolepsy (a disorder marked by sudden, unexplained, spontaneous fatigue, napping, or falling asleep throughout the day).

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

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 misused 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 victims vulnerable to sexual assault and other criminal acts.

GHB misuse 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 coma and 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.

GHB 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.
WHAT IS ROHPNOL?
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:

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.

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. However, it
is legally manufactured and marketed in other
countries. Penalties for possession, trafficking,
and distribution involving one gram or more are
the same as those of a Schedule I drug.
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.

What are common street names?
Common street names include:
- Acid, Blotter, Cubes, 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 saturated paper (blotter paper), 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 develop an uncommon disorder called Hallucinogen Persisting Perception Disorder (HPPD) or experience “flashbacks.” HPPD can include fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. The occurrence of HPPD is unpredictable, but may be more likely to occur during times of stress and seems to occur more frequently in younger individuals.
What is their effect on the body?
Physiological effects include elevated heart rate, increased blood pressure, dilated pupils, and often can induce nausea and vomiting.

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 or 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.
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, cathinones, 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 U.S. 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 often 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. Some unwanted physical effects include:
- Muscle tension, tremors, involuntary teeth clenching, muscle cramps, nausea, faintness, chills, sweating, and blurred vision

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.
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.

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.

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.

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. Hallucinogen Persisting Perception Disorder (HPPD) has been reported several weeks after ketamine is used and may include experiencing the negative side effects that occurred while taking the drug initially. 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:

- Involuntary 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, Rohypno®, and other depressants that are misused for their amnesiac or sedative properties to facilitate sexual assault.

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 currently has accepted medical uses for short-term sedation and anesthesia. In addition, in 2019, FDA approved the S(+) enantiomer of ketamine (esketamine) nasal spray version (Spravato®) for treatment-resistant depression that is only available at a certified doctor’s office or clinic. Ketamine has the potential for abuse, which may lead to moderate or low physical dependence or high psychological dependence.
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, Dots, Mellow Yellow, and Window Pane

What does it look like?
LSD is an odorless and colorless substance with a slightly bitter taste. LSD is available in saturated absorbent paper (e.g., blotter paper, divided into small, decorated squares, with each square representing one dose), tablets or “micro dots,” saturated sugar cubes, or in a liquid form.

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

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.” Hallucinogen Persisting Perception Disorder, which may include fragmentary recurrences of certain aspects of the drug experience or “flashbacks” have been reported days, and even months, after taking the last dose.

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.
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 indigenous peoples 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 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 are common street names?
Common street names include:
- Buttons, Cactus, Mesc, and Peyote

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 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.
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 body?
The physical effects include:
• Nausea, vomiting, muscle weakness, and lack of coordination

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 a psychotic-like episode also may occur, particularly if a user ingests a high dose.

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.
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, trenbolone, oxymetholone, methandrostenolone, nandrolone, stanozolol, boldenone, and oxandrolone are some of the anabolic steroids that are most commonly encountered by United States law enforcement.

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.

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, anabolic 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 might otherwise achieve.

In boys, anabolic 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 anabolic 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 (hGH), 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. Anabolic 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.
WHAT IS MARIJUANA?
Marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis sativa plant. Marijuana has 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 active ingredient 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, 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 psychological 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 increased blood pressure (although prolonged use may cause a decrease in 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.

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 is a synthetic version of THC in a capsule (also referred to as dronabinol, the generic or International Nonproprietary Name given to THC), prescribed for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer and to stimulate appetite in acquired immune deficiency syndrome (AIDS) patients. Marinol is a Schedule III drug under the Controlled Substances Act.

Syndros is an oral dronabinol (THC) solution that is used for the treatment of anorexia associated with weight loss in patients who have failed to respond adequately to conventional antiemetic treatments. Syndros is a Schedule II drug under the Controlled Substances Act.

Epidolex is an oral solution of cannabidiol (CBD) that has no more than 0.1% THC, used to treat two epilepsy conditions, Dravet syndrome and Lennox-Gestaut syndrome. Epidolex is a Schedule V drug under the Controlled Substances Act.
WHAT ARE MARIJUANA CONCENTRATES?
A marijuana concentrate is a highly potent concentrated form of THC (tetrahydrocannabinol) that is most similar in appearance to either honey or butter, and commonly 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 higher in THC content than high grade or top shelf marijuana, which normally measures around 20 percent THC levels.

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 flammable 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.

How is it used?
Marijuana concentrates can be mixed with various food or drink products to be consumed orally; however, smoking remains the most popular route of administration by use of water or oil pipes. A disturbing aspect of this emerging threat is the inhalation of concentrates via electronic cigarettes (also known as e-cigarettes) or vaporizers. Many marijuana concentrate users prefer the e-cigarette/vaporizer because it is smokeless, sometimes 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 inhale marijuana concentrates is commonly referred to as “dabbing” or “vaping.”

Marijuana concentrate
Image by Erik Fenderson
What is Vaping?
Vaping is the act of inhaling and exhaling an aerosol or vapor made from a liquid or dry material that is heated in an electronic powered device, called an electronic cigarette, or e-cigarette. The liquid can contain flavoring, nicotine, or marijuana concentrates. Dry herb vape devices can heat dry marijuana withoutcombusting it and without using additional liquid. Generally, the vaping device consists of a battery, a cartridge for containing the e-liquid or dry marijuana, and a heating component.

Vaping devices come in a variety of shapes and sizes, with some resembling USB flash drives, pens, or other everyday objects that are often difficult for parents and teachers to recognize.

What are common street names?
- Common street names include: E-cigs, e-hookahs, mods, vape pens, vapes, tank systems, and Juuls or Juuling (after the Juul brand of vaping devices).

What are the effects of vaping?
Vaping is not considered safe, especially for teens and young adults, since the adolescent brain is still developing and inhaling any substance through these devices may be harmful. Additionally, some devices might explode, resulting in burns and other injuries. Most vaping devices contain and release a number of potentially toxic substances including metals and volatile organic compounds from the devices and solvents used. Some of these have been linked to cell and DNA damage.

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 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, although prolonged use can produce hypotension. Plant marijuana users may also experience withdrawal and addiction problems.
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).

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, vision, 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.
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

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.

What are common street names?

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. Cannabinimimetic agents, including 15 synthetic cannabinoid compounds identified by name, two synthetic cathinone compounds (methedrone and MDPV), and nine synthetic hallucinogens known as the 2C family, were restricted by this law. In addition, methylone and ten (10) synthetic cathinones that were subject to temporary control were permanently controlled by DEA through the administrative process. Another synthetic cathinone, N-ethylbentylone, was temporarily controlled in 2018.

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.
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 psychoactive 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 hundreds of 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 to entice youth and young adults by labeling these products with exotic and extravagant names. Some of the many street names of K2/Spice synthetic marijuana are:


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. The bulk powder can also be dissolved in solution intended to be used in e-cigarette or other vaping devices.
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?
Severe adverse effects have been attributed to the abuse of synthetic cannabinoids, including agitation, anxiety, seizures, stroke, coma, and death by heart attack or organ failure. 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?
Synthetic cannabinoids are marketed as an alternative to THC, the main psychoactive constituent of marijuana, however they are much more potent and have been shown to cause side effects that are more severe than those reported from THC.

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, 43 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.
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-fluoroisobutryl 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.

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?
Many synthetic opioids are currently controlled under the Controlled Substances Act. 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. In February 2018, the DEA temporarily placed fentanyl-related substances in Schedule I of the CSA. 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.
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?
Dextromethorphan (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 to 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.

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,” “skitting,” or “daxing,” 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, euphoria, 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 three dose-dependent "plateaus":

<table>
<thead>
<tr>
<th>DOSE (MG)</th>
<th>BEHAVIORAL EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-200</td>
<td>Mild Stimulation</td>
</tr>
<tr>
<td>200-400</td>
<td>Euphoria and hallucinations</td>
</tr>
<tr>
<td>300-1500</td>
<td>Distorted visual perceptions Loss of motor coordination Out of body sensations</td>
</tr>
</tbody>
</table>

What is its effect on the body?
DXM intoxication involves:

- Over-excitability, lethargy, loss of coordination, slurred speech, sweating, hypertension, nausea, vomiting, 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 heartbeat, 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 moderate to 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.
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. Kratom leaves contain two major psychoactive ingredients (mitragynine and 7-hydroxymitragynine). These leaves are 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 the 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 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.
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 divinorum_ is native to certain areas of the Sierra Mazateca 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, paranoia, and hallucinations.

Users typically experience rapid onset of intense hallucinations that can impair judgment and disrupt sensory and cognitive functions.

Salvinorin A is the principal 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 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 divinorum_ is not controlled under the Controlled Substances Act. _Salvia divinorum_ is, however, controlled by a number of states. Since _Salvia divinorum_ 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.