

- Discuss the places where a person can find support if they are experiencing problems.
- Have students create a poster showing the cycle of addiction. Use a large circle to represent the ongoing cycle of any addiction and illustrate the stages of heroin addiction around the circle.
- In peer discussion groups, have students share strategies for keeping themselves drug-free.

### Suggested Internet Resources

Periodically, Internet Resources are updated on our Web site at [www.LibraryVideo.com](http://www.LibraryVideo.com)

- **[www.drugabuse.gov](http://www.drugabuse.gov)**  
This Web site has fact sheets on the health effects of drugs of abuse and further information on NIDA research.
- **[web.sfn.org/baw/pdf/brainfacts.pdf](http://web.sfn.org/baw/pdf/brainfacts.pdf)**  
The Society for Neuroscience produces this downloadable booklet on the brain and nervous system which includes information on addiction.
- **[www.monitoringthefuture.org](http://www.monitoringthefuture.org)**  
The "Monitoring the Future" Web site presents information on the trends of illegal drug use among eighth, tenth and twelfth graders from 1992 to the present.
- **[www.drugfreeamerica.org](http://www.drugfreeamerica.org)**  
The Partnership for a Drug-Free America provides drug education and intervention resources for teens and parents.
- **[freevibe.com](http://freevibe.com)**  
A teen-oriented site that provides drug information and support.

### Suggested Print Resources

- Bellenir, Karen, ed. *Drug Information for Teens: Health Tips About the Physical and Mental Effects of Abuse*. Omnigraphics, Inc. Detroit, MI; 2002.
- Burgess, Melvin. *Smack*. Avon Publishing, New York, NY; 2003.  
Winner of the Carnegie Medal and the Guardian Prize for Fiction, this novel chronicles the gradual descent of two British teens into drug addiction.
- Kuhn, Cynthia. *Buzzed: The Straight Dope About the Most Used and Abused Drugs from Alcohol to Ecstasy*. W.W. Norton & Company, New York, NY; 2003.
- Sonder, Ben. *All About Heroin*. Franklin Watts, Danbury, CT; 2002.

For help with a drug problem, call 1-800-662-HELP or go to:  
[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

---

#### TEACHER'S GUIDE

---

Paula J. Bense, M.Ed.  
Curriculum Specialist, Schlessinger Media

---

#### COMPLETE LIST OF TITLES

---

- |                             |                                      |
|-----------------------------|--------------------------------------|
| • ALCOHOL & ALCOHOLISM      | • MARIJUANA                          |
| • ALCOHOL: TEENAGE DRINKING | • METHAMPHETAMINE & OTHER STIMULANTS |
| • CLUB DRUGS                | • STEROIDS                           |
| • COCAINE & CRACK           | • TEENAGE DEPRESSION & SUICIDE       |
| • HALLUCINOGENS             | • TRANQUILIZERS & OTHER DEPRESSANTS  |
| • HEROIN & OTHER OPIATES    |                                      |
| • INHALANTS                 |                                      |

Teacher's Guides Included  
and Available Online at:



800-843-3620

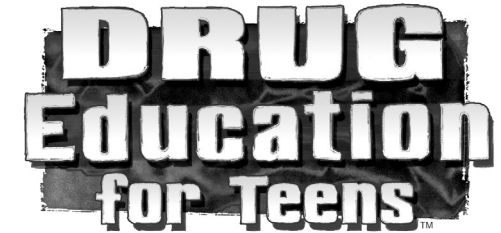


Teacher's Guide and Program Copyright 2004 by Schlessinger Media,  
a division of Library Video Company  
P.O. Box 580, Wynnewood, PA 19096 • 800-843-3620  
Executive Producer: Andrew Schlessinger

Program produced and directed by Center City Film & Video

All rights reserved.

F7006  
V7106



## HEROIN & OTHER OPIATES

### Grades 7 & up

Successful prevention education must empower teens to develop their own decision-making skills and assume responsibility for making choices that keep them healthy and safe. It is important to convey that most youths do not use drugs. In fact, smoking, drinking and other drug use has fallen among teens in recent years.

Nonetheless, drug related problems continue to devastate families and communities. Prepared with credible information, students develop an understanding of the risks involved in the use of any drug and learn that you don't have to be an addict for drugs to change your life.



## Before Viewing the Program

Engage the group with the following discussion points before viewing the program. Brainstorm a list of responses and record them on the chalkboard or flipchart. After viewing the video, refer to the list and add or revise if necessary.

- Why do people use drugs?
- What is addiction?
- Do you know of someone who is addicted to drugs? What is his or her life like?
- Is there a type of person more likely to become addicted to drugs?
- What is your image of a drug addict?
- Where can a person find support if they are experiencing problems?

## Background

The opium poppy (*Papaver somniferum*) has been cultivated for thousands of years, first in Mesopotamia and Egypt, then carried to China and India by Arab traders. The dried milky juice obtained from the seedpods of the poppy plant was first swallowed and then smoked for medicinal purposes. By the 1500s, opium had found its way to Europe and was taken by Europeans to treat a number of ailments, including toothaches and coughs.

In the early 1800s, a German scientist isolated a compound from the opium poppy and named it “morphine.” It was used successfully to relieve pain, but had many undesirable side effects and was extremely addictive. In an effort to eliminate the addictiveness of morphine, scientists changed its molecular structure and created a derivative called diacetylmorphine, or heroin. Touted as a wonder drug with no addictive properties, it was given as a “cure” to morphine addicts. Heroin is now considered too dangerous even for medical use.

Heroin can be a white or brownish powder that is either sniffed, smoked or dissolved in water and then injected. It is also called “junk,” “smack” and “horse,” and can be found as a black, sticky substance known as “black tar heroin.” Most street preparations of heroin are diluted, or “cut,” with other substances, making the purity of each dose unknown.

Heroin and other opiates belong to a class of drugs called narcotics. Many narcotics have valuable medical uses, such as numbing the senses, relieving severe pain, and inducing sleep. They can be given intravenously before surgery to relieve anxiety and pain. They are also given in liquid and tablet form. They include codeine, hydrocodone, methadone, oxycodone (known by the brand name OxyContin) and meperidine (known by the brand name Demerol). Opiates are also prescribed mixed with acetaminophen (known by the brand name Percocet) or with aspirin (known by the brand name Percodan).

## Effects of Opiates

Opiates depress the activity of the nervous system, including such reflexes as coughing, breathing and heart rate. They also cause widening of the blood vessels, which gives a feeling of warmth and reduces bowel activity, which causes constipation.

The chemical structure of opiates is very similar to that of naturally produced compounds called endorphins. Endorphins are neurotransmitters that provide pain relief by binding to special receptors found on neurons in the areas of the brain that interpret pain. When a person takes an opiate, the drug travels quickly through the blood stream to the brain. Once there, it then binds to the same opiate receptors on neurons throughout the brain and relieves pain just like endorphins.

Unfortunately, prolonged opiate use causes the brain to come to depend on the presence of the drug just to function normally. Dependency leads to tolerance — the user has to take more and more of the drug to feel its effects and may ignore other important needs to get drugs. Every day centers around getting and using drugs. School or work performance declines and family life suffers as dependence quickly leads to addiction.

The addiction to heroin is a difficult one to break, even when it is destroying the user’s health and life. Once addicted, a user must have heroin every eight to twelve hours to avoid painful physical and psychological withdrawal symptoms. Addicts often share needles, putting them at risk for contracting diseases like hepatitis and AIDS.

Treatment for heroin addiction often includes the substitution of a less-addictive opiate like methadone that theoretically can be used to wean the user off heroin and eventually off opiates altogether.

## Focus Questions

1. Where do heroin and other opiates come from?
2. Why do people use heroin and other opiates?
3. How do people use heroin and other opiates? What particular risks are associated with each method of use?
4. Where do the terms “cold turkey” and “kicking the habit” come from?
5. How does heroin “trick” the brain?
6. How does heroin use affect the users’ relationships to family, friends, and loved ones?

## Vocabulary

**dopamine** — A neurotransmitter involved in the brain’s interpretation of pleasure.

**endorphins** — Pain relief chemicals produced naturally by the brain.

*(Continued)*

**neurotransmitter** — A chemical released by a neuron at a synapse to relay information to an adjacent nerve cell.

**opiates** — Highly addictive drugs like morphine, heroin and many prescription narcotics that relieve pain and induce a calm feeling.

**opioids** — “Opiatelike” derivatives of opium. These include endorphins as well as painkillers like codeine, hydrocodone, oxycodone, oxycodone and heroin.

**physical dependence** — The process that occurs when the body has adapted to the presence of a drug and reduces its own production of neurotransmitters. When drug users develop physical dependence, withdrawal symptoms occur if use of the drug is reduced or stopped abruptly.

**poppy** — (*Papaver somniferum*) The plant from which opiates are derived.

**psychological dependence** — A craving or compulsion for repeated use of a drug despite any adverse effects that may occur.

**relapse** — To slip back into addiction.

**synapse** — The space between neurons in which neurotransmitters are released.

**tolerance** — A process involving the body’s lessening response to a drug, making it necessary for users to take higher doses of the drug to achieve the same effects once reached with lower doses.

**withdrawal** — Symptoms of illness that occur when an addict discontinues use of a drug. Withdrawal from heroin and other opiates produces anxiety, uneasiness, yawning, tears, diarrhea, abdominal cramps, goose bumps, and runny nose.

## Discussion Topics

- Describe the physical effects of opiate use.
- Discuss the psychological and social consequences of heroin use and addiction.
- Identify ways of avoiding heroin use and addiction.
- What is meant by the saying, “Once a junkie, always a junkie”?

## Follow-up Activities

- Have students search the Internet and other sources for information about pain, pain control, and the way opiates produce their analgesic effect and then prepare a brief summary report.
- In small groups, have students research and write a report on the history of opium, morphine, or heroin use. Discuss how wars have played a part in the spread of these three drugs. *(Continued)*