



VFC Shield Members,

In an effort to support Governor Youngkin's Executive Order #26 – Fentanyl Eradication Strategy, VFC Shield will release four mailings dedicated to raising awareness and providing resources to combat the fentanyl crisis affecting the nation.

[Week 1 - Fentanyl Eradication Strategy](#)

[Week 2 - Virginia Fentanyl Outlook/Trends](#)

Week 3 - Fentanyl Awareness/Prevention (Current Week)

[Week 4 - Fentanyl Recovery/Treatment](#)

Fentanyl Awareness and Prevention



Real prescription pills look and feel nearly identical to counterfeit ones that contain fentanyl. If it doesn't come from your doctor, you can't be sure it hasn't been tampered with or laced.

What are opioids?

The term “opioid” refers to an entire class of drug that originally derived from poppy plants.

“Opioids” include:

- prescription medications that can be legally prescribed but also have potential for abuse; and
- illegally produced substances that have no accepted medical use.

What are prescription opioids?

Pharmaceutically produced opioids are prescription medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus. Medications that fall within this class include fentanyl, hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), codeine, and related drugs.

- **Fentanyl** is a synthetic (meaning human-made versus found in nature) opioid pain reliever that can come in the form of patches, lozenges, or injection, all of which are used legally in hospital settings or as directed by a doctor to treat severe pain.
- **Hydrocodone** products are the most commonly prescribed for a variety of painful conditions, including dental and injury-related pain.
- **Morphine** is often used before and after surgical procedures to alleviate severe pain.
- **Codeine** is often prescribed for mild pain or other conditions such as coughs.

Prescription opioid drugs have valid medical uses, but they also have a high propensity for misuse/abuse and can be **extremely addictive**.

Additional Information on Fentanyl

Nationwide, drugs like fentanyl accounted for 77% of teen overdose deaths in 2021. According to the Journal of the American Medical Association, the overdose mortality rate among U.S. adolescents aged 14 to 18 years old rose by 94% between 2019 and 2020. (<https://www.usnews.com/news/health-news/articles/2022-04-12/teen-overdose-deaths-have-soared-but-drug-use-hasnt>).

The Drug Enforcement Administration reported that 6 out of 10 pills containing fentanyl hold a potentially lethal dose. Over 10 million pills were seized in the first 3 months of 2022, while 300,000 were seized in 2018.

How is the use of heroin and fentanyl related to the misuse of prescription opioids?

The use of painkillers (which can be prescribed and then lead to abuse) and heroin/fentanyl (purchased on the street) have similar effects on the body, producing

the same “high.”

Why is it a big deal to use opioids that do not come from a doctor?

The following facts highlight why it is a “big deal” to use and abuse opioids:

- Opioids are highly addictive drugs: Tolerance to opioids develops quickly with regular use so more heroin, fentanyl, etc. is needed to produce the same high. These substances can be injected, snorted/sniffed, or smoked and enter the brain very quickly.
- There is no “cookie cutter” or easily identified user – anyone can become addicted.
- Addiction is painful, powerful, extremely dangerous, and often fatal, and can last a lifetime.
- **Health risks** to using illicit opioids include fatal overdose, high risk of infections such as HIV/AIDS, collapsed veins, infection of the heart lining and valves, and liver disease.
- **Toxic ingredients** are usually mixed with heroin or fentanyl and can cause additional health problems.
- When an addict stops using, **physical withdrawal** symptoms can start in just a few hours. Symptoms include restlessness, insomnia, diarrhea, vomiting, cold flashes with goose bumps, and muscle and bone pain. **Major withdrawal** symptoms peak between 48 and 72 hours after the last dose and can last up to a week. Sudden withdrawal by heavy users can be **fatal**.
- **Craving opioids** can persist for years after drug use stops. It can be triggered by exposure to stress or by people, places, or things associated with drug use. Withdrawal can last a lifetime.

Possible Health Effects

Short-term

Euphoria, warm flushing of skin; dry mouth; heavy feeling in the hands and feet; clouded thinking; alternate wakeful and drowsy states; itching; nausea; vomiting; slowed breathing and heart rate.

Long-term

Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease; pneumonia.

Other health-related issues

Pregnancy: miscarriage, low birth weight, neonatal abstinence syndrome, risk of HIV, hepatitis, and other infectious diseases from shared needles.

In combination with alcohol, dangerous slowdown of heart rate and breathing, coma, death.

Withdrawal symptoms

Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps (“cold turkey”), leg movements.

(NIH: National Institute on Drug Abuse from <https://nida.nih.gov/research-topics/commonly-used-drugs-charts>)

What is an overdose?

An overdose occurs when someone takes too much of a substance. An opioid overdose can cause serious, harmful symptoms, or even death. Opioids slow, and sometimes stops, breathing. If death is not immediate, an overdose on opioids can cause blood pressure drop, heart failure, pulmonary edema, and depressed respiration, all of which can also lead to death.

Overdose can also happen when a user takes more of an opioid than their body is used to –possibly because they were recently in rehab and their tolerance is reduced, or because the drug is stronger than they thought (since heroin and fentanyl bought on the street are illegal, no one regulates their strength, or the substances used to cut them).

Signs of an opioid overdose include slow breathing, blue lips and fingernails, cold damp skin, and shaking. **It is critical that someone who is overdosing get immediate medical attention, as the person may die if left untreated.** EMS and police personnel have access to drugs such as Narcan, which can counteract the effects of an opioid overdose. However, Narcan is not always effective.

What is the Good Samaritan Law?

Under *Code of Virginia* § 18.2-251.03, someone who seeks or obtains emergency medical attention for himself or herself or for another individual because of a drug- or alcohol-related overdose in progress may be protected from being convicted for certain possession or intoxication crimes if the person reports an overdose to a firefighter, EMS personnel, or a law enforcement officer (most commonly by calling 911 for emergency medical response).

To be eligible for this “affirmative defense,” the person reporting the overdose must identify themselves as being the one who reported the overdose.

How are opioids classified in the schedules in Virginia’s Drug Control Act?

The Virginia Drug Control Act places controlled substances into six categories called “schedules” depending upon the drug’s acceptable medical use and the drug’s abuse or dependency potential. (*Code of Virginia* §§ 54.1-3445 through 54.1-3456.1).

The Schedules are described below. Note that all Schedule I drugs (except marijuana pursuant to a valid prescription and for a limited purpose) and many Schedule II drugs are illegal to possess.

Schedule I drugs have a high potential for abuse with no accepted medical use. Drugs in this schedule include **heroin**, and LSD.

Schedule II drugs have a high potential for abuse and severe dependence, but have a currently accepted medical use. Schedule II drugs include fentanyl, PCP, cocaine, methadone, methamphetamine, and codeine.

Schedule III drugs have less potential for abuse than schedule II drugs, a potential for moderate dependency and an accepted medical use. Anabolic steroids and buprenorphine fall into this category.

Schedule IV drugs have less potential for abuse than Schedule III drugs, a limited potential for dependency, and are accepted in medical treatment. Schedule IV drugs include Valium, Xanax and other tranquilizers and sedatives.

Schedule V drugs have a low potential for abuse, limited risk for dependency and accepted medical uses. These include drugs like cough medicines with codeine.

Schedule VI includes certain substances which are not “drugs” in the conventional sense, but are nonetheless used, or abused, recreationally; these include toluene (found in many types of paint, especially spray paint) and similar inhalants such as amyl nitrite (or “poppers”), butyl nitrite, and nitrous oxide (found in many types of aerosol cans; though it is pharmacologically active, it is considered an inhalant). Many state and local governments enforce age limits on the sale of products containing these substances.

What types of drug crimes are covered under Virginia law?

There are three major crimes involving drugs in Virginia: **possession**, **distribution**, and **manufacturing**.

The crime of drug **possession** occurs when a person possesses any controlled substance without a valid prescription. (*Code of Virginia* § 18.2-250). This includes prescription opioids discussed above, heroin, and illicit fentanyl.

The crime of drug **sale or distribution** occurs when a person sells, provides, gives away, delivers, or distributes a controlled substance. (*Code of Virginia* § 18.2-255).

The crime of drug **manufacturing** occurs when a person produces a controlled substance without legal authorization or possesses chemicals used in the manufacture of a controlled substance with intent to manufacture.

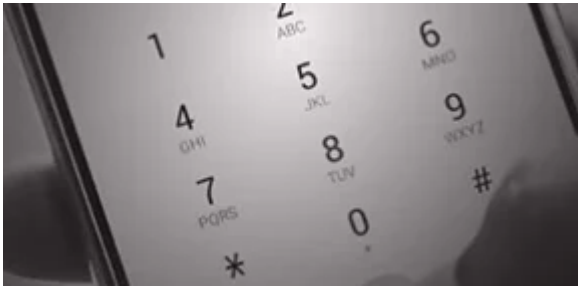
Code of Virginia § 54.1-3401 contains the following definitions:

- “Sale” includes barter, exchange, or gift, or offer therefore, and each such transaction made by any person, whether as an individual, proprietor, agent, servant, or employee.
- “Distribute” means to deliver other than by administering or dispensing a controlled substance.
- “Manufacture” means the production, preparation, propagation, conversion, or processing of any item regulated by this chapter, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container. This term does not include compounding.

What are the penalties for opioid crimes?

Crimes involving opioids fall into different **Schedule** violations, and penalties depend on whether the crime involves **possession, sale, distribution, or manufacturing**. **Heroin is an illegal drug and a Schedule I controlled substance**. As stated in the Virginia Drug Control Act, a Schedule I drug is any drug that has a high potential for abuse and no accepted medical use. In contrast, drugs listed as Schedule II through VI have some acceptable medical use and varying potential for abuse or dependency. **Fentanyl** is a Schedule II drug, as it does have valid medical uses, but it also has a high potential for abuse, and the abuse of the substance may lead to severe psychic or physical dependence. (*Code of Virginia* §§ 54.1-3445; 54.1-3446; 54.1-3447 through 54.1-3448).

-What to Do When Someone Overdoses-



1. Call 911

Dial emergency services and stay on the line. An operator will talk to you and support you until medical help arrives.



2. Use Naloxone

Insert the device into one nostril, click the plunger, and [repeat every two minutes](#). You may need to do this a number of times.



3. Start Rescue Breathing

Tilt the person's head back, pinch their nose, put your mouth on theirs to form a seal, and breathe. [Watch a quick video](#) for more on this.



4. Stay With Them Until Help Arrives

Stay near until professional help arrives. Thanks to a [Good Samaritan law](#), you won't be punished for trying to stop an overdose. [Visit our resources page](#) for more.

- Tools and Resources -

RESOURCES FOR PARENTS, TEACHERS, AND OTHER CAREGIVERS

- [Learn how to talk to your teens at: The New Drug Talk](#)

- [Parents and caregivers, get smart about fentanyl and fake pills: One Pill Can Kill VA](#)
- [An Educational Resource for Parents, Educators, and Caregivers: Get Smart About Drugs](#)
- [Share the dangers of fentanyl with our one-page flyer](#)

SCHOOL RESOURCES

- [Bring awareness about fentanyl pills to your school: Song for Charlie](#)
- [The Dangers of Fentanyl lesson plan: Virginia Foundation for Healthy Youth](#)
- [Lesson plans for grades 4-9: National Institute on Drug Abuse](#)
- [A Planning Guide For Preventing Drug Misuse Among College Students: Department of Justice](#)

YOUTH RESOURCES

- [What teens need to know about fentanyl: Song For Charlie](#)
- [Learn to deal with stress without drugs: Skills Over Pills](#)
- [Reveal the facts about teen overdose: Fentanyl Exposed](#)
- [Know The Laws Regarding Opioid Use: Virginia Rules](#)

MENTAL HEALTH RESOURCES

- [If you or someone you know is in crisis, contact the 988 Suicide and Crisis Lifeline by calling or texting 988](#)
- [Find treatment options near you: Curb The Crisis](#)
- [Find Treatment for Substance Use Disorder: Substance Abuse and Mental Health Services Administration](#)

OVERDOSE PREVENTION RESOURCES

- [Learn to save a life during an opioid overdose: Revive Training](#)
- [Learn more about comprehensive harm reduction: Virginia Department of Health](#)
- [Get Naloxone from your local Community Services Board](#)

RECOVERY RESOURCES

- [Connect with expert help by calling 211](#)
- [Find treatment options near you: Curb The Crisis](#)
- [Find recovery services in your local area: Community Services Boards in Virginia](#)
- [Find treatment by zip code: FindTreatment.gov](#)
- [Get local assistance with substance abuse screening, treatment, and recovery: One Pill Can Kill VA](#)

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