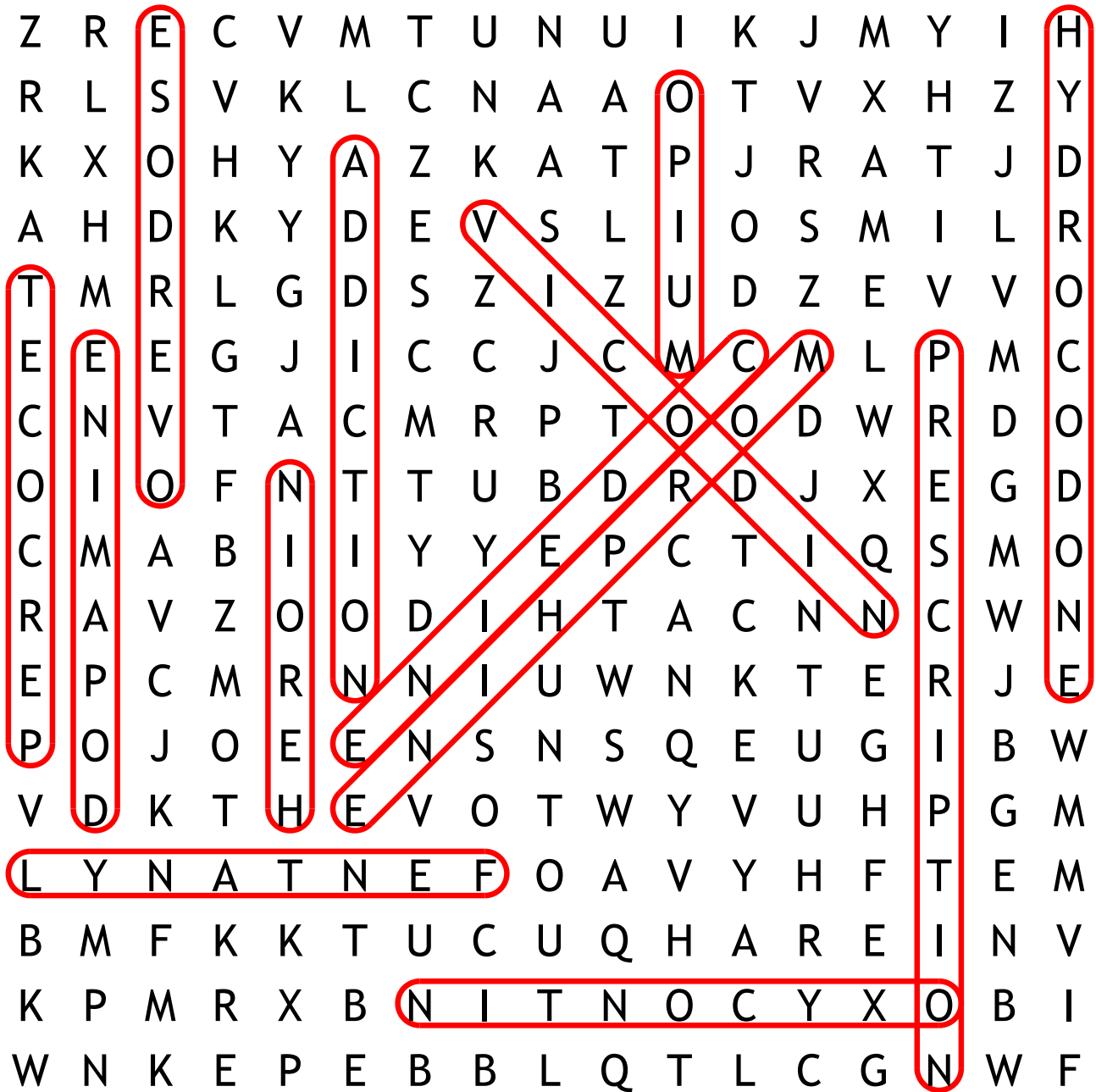


Name: _____

Date: _____

Opioids



prescription

hydrocodone

oxycontin

addiction

dopamine

fentanyl

morphine

overdose

percocet

codeine

vicodin

heroin

opium