

|                     |                |             |                       |                    |
|---------------------|----------------|-------------|-----------------------|--------------------|
| <b>B</b>            | <b>I</b>       | <b>N</b>    | <b>G</b>              | <b>O</b>           |
| Tylenol<br>3        | 11 hours       | HYDROCODONE | Oxymorphone           | Naloxone           |
| Cough<br>Suppresant | Rivive         | Opioids     | Adiction              | OxyContin          |
| Percodan            | Vicodin        | <b>FREE</b> | Codeine               | Marijuana          |
| Morphine            | Pain<br>Releif | Morphine    | Hydromorphone         | Opioid<br>Overdose |
| Heroin              | Codeine        | Opium       | Withdrawal<br>symtoms | Fentanyl           |

| B             | I                     | N            | G                   | O              |
|---------------|-----------------------|--------------|---------------------|----------------|
| Vicodin       | Adiction              | Oxymorphone  | Cough<br>Suppresant | Opioids        |
| HYDROCODONE   | Withdrawal<br>symtoms | Naloxone     | Codeine             | OxyContin      |
| Morphine      | Codeine               | <b>FREE</b>  | Marijuana           | 11 hours       |
| Hydromorphone | Opium                 | Tylenol<br>3 | Fentanyl            | Pain<br>Releif |
| Morphine      | Opioid<br>Overdose    | Percodan     | Rivive              | Heroin         |

| B            | I         | N           | G                     | O             |
|--------------|-----------|-------------|-----------------------|---------------|
| Codeine      | Opium     | Adiction    | Opioid<br>Overdose    | Codeine       |
| Tylenol<br>3 | Morphine  | Morphine    | Rivive                | Naloxone      |
| Percodan     | Fentanyl  | <b>FREE</b> | Pain<br>Releif        | Hydromorphone |
| Vicodin      | OxyContin | Oxymorphone | Withdrawal<br>syntoms | HYDROCODONE   |
| Marijuana    | 11 hours  | Opioids     | Cough<br>Suppresant   | Heroin        |