



OASAS
Improving Lives.

NEW YORK STATE
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery

Howard A. Zucker, M.D., J.D.
Acting Commissioner

Arlene González-Sánchez
Commissioner

ORDER FORM FOR HEROIN AND PRESCRIPTION MEDICATION MISUSE FACT SHEETS

The New York State Department of Health (DOH) and the New York State Office of Alcoholism & Substance Abuse Services (OASAS) have developed educational publications on heroin and prescription opioids. These materials are available free of charge to NYS residents and organizations. The fact sheets are designed for parents, educators, health care professionals and others to raise awareness and provide important information about the dangers of opioids and heroin.

Materials sent to addresses within New York State are provided free of charge. Orders outside of New York State will be charged a fee for shipping and handling. Bulk orders cannot be shipped to Post Office Boxes.

To place an order, please complete the attached form and send your request to:

PUBLICATIONS
NYS Department of Health Distribution Center
21 Simmons Lane
Menands, NY 12204
Fax: (518) 465-0432

TITLE	LANGUAGE	PUBLICATION #	CIRCLE QUANTITY					
Is your Medicine Cabinet Safe?	English	1004	1	10	25	50	100	200
	Spanish	1005	1	10	25	50	100	200
	Russian	12001	1	10	25	50	100	200
Important Information for Parents	English	1037	1	10	25	50	100	200
	Spanish	1038	1	10	25	50	100	200
	Russian	12002	1	10	25	50	100	200
Prescription Safety	English	1047	1	10	25	50	100	200
	Spanish	1048	1	10	25	50	100	200
	Russian	12003	1	10	25	50	100	200
Facts on Heroin and Prescription Opioids	English	1067	1	10	25	50	100	200
	Spanish	1068	1	10	25	50	100	200
	Russian	12004	1	10	25	50	100	200
Students Should Know The Facts	English	1072	1	10	25	50	100	200
	Spanish	1073	1	10	25	50	100	200
	Russian	12005	1	10	25	50	100	200
Medicine Cabinet Inventory Card	English	1022	1	10	25	50	100	200
	Spanish	12006	1	10	25	50	100	200
	Russian	12007	1	10	25	50	100	200
Combat Heroin Poster	English	12000	1	10	25	50		

NAME	DATE	/	/
EMAIL ADDRESS			
ORGANIZATION			
STREET ADDRESS			
CITY, STATE, ZIP CODE			
TELEPHONE NUMBER	()	
FAX NUMBER	()	

