Psychoactive Drugs (stimulant ----------------hallucinogen ------------------ depressant)

**STIMULANTS**

Caffeine

Nicotine

Amphetamine

Ritalin/Vyvance/Adderall, Fen-Phen, Ecstacy (MDA/MDMA), Ice, Crystal-Meth, Speed…

Ecstacy is a “designer” club drug that hit the club scene in the early 80’s. When this drug became popular, it was legal to make, sell and take. It took the DEA a while to respond to this new drug, but it was given the designation of a Schedule 1 substance, which means that it has a high potential for addiction and has no therapeutic value (unfortunate, since it seems to have great potential for use in therapy!)

In general, amphetamines work by increasing NE (norephinephrine) levels in some fashion.

Cocaine

Drug derived from Coca plant. Effects are described as a “clean high” as most people can work and maintain normal functioning in the early stages of use. This drug has the potential to kill 1 in 10 people (10% of the population lacks the enzyme necessary to metabolize this drug, and there is no way to know if your are in that 10%!). Rats when given a choice between food and cocaine, will always choose the drug...given the choice between sex and cocaine, they will always choose the drug, and when given free access, they will always dose themselves to death!

Cocaine gets it’s good feeling from two neurotransmitters: DA (dopamine) and NE (norepinephrine)...a very powerful combination.

When users stop using this drug, they are often faced with a condition of anhedonia, which involves a drastic lowering of emotional range, often experienced as depression and apathy.

**DEPRESSANTS**

Alcohol

“provokes the desire, but takes away the performance” -Shakespeare

Alcohol is an “anaphrodisiac” – the opposite of aphrodisiac

Extreme consumption can cause “alcohol myopia” or alcohol near-sightedness (aka beer goggles)

Barbiturates

These are sedatives, in pill form, highly addictive and not readily abused today because of low supply. The feelings of this drug are similar to alcohol, but in pill form. Barbiturates when mixed with alcohol
have a “synergistic effect” as do many drugs when combined. In other words, the combined effects are greater than the sum of the individual effects. For example, if you took 2 barbiturates (let say that this feels similar to having had 4 shots of alcohol), then you wash them down with a shot of liquor (which feels like 1 shot of alcohol), your expectation would be that the combination would feel like 5 shots of liquor, but due to the synergistic effect, it may feel more like 15 shots! (dangerous!)

Other depressants: Valium/Xanax, DXM/Robitussin, Vicodin/Darvocet, Opium/Heroin

HALLUCINOGENS

Marijuana (located somewhere between hallucinogen and depressant)

A plant that can be smoked, steeped into a tea and drank, can be cooked into food and eaten (like brownies)

Effects: Relaxed feeling, euphoria, time distortion, hallucinations and increased hunger (munchies)

Is it harmful? Most information is correlational, but there seems to be a relation between regular use and lung problems, lower sperm count, disrupted menstrual cycles and a somewhat suppressed immune system.

Although a Schedule 1 substance, marijuana has been shown to be very useful in increasing and restoring appetite in Stage 4 Cancer patients undergoing chemotherapy and those being treated for AIDS.

LSD (Lysergic Acid Diethylamide)

First created by Albert Hoffman while working at Sandoz Pharmaceuticals, but made popular by Harvard Psychologist, Timothy Leary who coined the phrase “Turn on, Tune in and Drop out”

Effects: euphoria and VIVID hallucinations (visual, auditory and tactile the most common)

Works by mimicking 5-HT2 (a specific type of serotonin), Common dosage around 1/6mg (.15mg)

When using any sort of hallucinogen, it is important to abide by the 3 S’s:

**Set** (as in mindset)- the user must be in a good state of mind in order for the experience to be a positive and safer one.

**Setting** (environment) – the user must be in an environment that is safe and that feels safe

**Sitter** (as in babysitter) – the user should have someone present who is not using at the time, but preferably someone who has used the substance before (so they can understand what you may be experiencing while acting as a go-between between your hallucinatory world and the real world)

Possible issues with use:

Possible flashbacks
Total distortion of reality
Can’t be sure if it’s really LSD, or some other substance!