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General Outline

- Cocaine
- Methamphetamine
- Ecstasy
- Bath Salts and RCs
- Summary

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Topics Covered for Each Substance

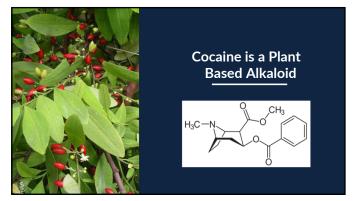
- Drug Trafficking and Epidemiology of Use
- Formulations and Methods of Use
- Pharmacokinetics and Metabolism
- Desired and Adverse Effects
- Chronic and Withdrawal Effects
- Neurobiology
- Treatments

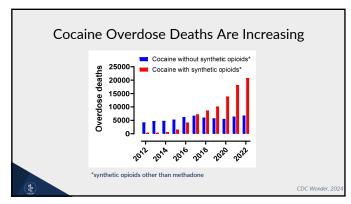


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Formulations and Methods of Use

- Cocaine Free Base (i.e., Crack)
 - Smoking of free base "rock" using pipes
- Cocaine HCI
 - Intravenous injection of solutions using needle and syringe
 - Intranasal snorting of powder

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Pharmacokinetics and Metabolism

- Pharmacokinetics
 - Smoked drug reaches brain within seconds
 - Intravenous drug reaches brain within seconds
 - Intranasal drug reaches brain within minutes
- Metabolism
- Ester hydrolysis to benzoylecgonine
- Ecgonine methyl ester



Cone, 1995

Rate Hypothesis of Drug Reward

- Smoked and Intravenous Routes
 - Faster rate, and greater amount, of drug entry into the brain
 - Enhanced subjective and rewarding effects
- Intranasal and Oral Routes
 - Slower rate, and lesser amount, of drug entry into the brain
- Reduced subjective and rewarding effects



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Desired Effects

- Enhanced Mood and Euphoria
- Increased Attention and Alertness
- Decreased Need for Sleep
- Appetite Suppression
- Sexual Arousal



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Adverse Effects

- Psychosis
- Tachycardia, Arrhythmias, Heart Attack
- Hypertension, Stroke
- Hyperthermia, Rhabdomyolysis
- Multisystem Organ Failure



Tolerance- Blunted Effects

- Acute Tachyphylaxis or "First Dose" Effect
 - Cardiovascular effects blunted within a dosing binge
 - Euphoria and sexual arousal diminished
- No longer-term tolerance



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Sensitization- Enhanced Effects

- Seizures
- Psychosis
- Paranoid delusions
- Visual and auditory hallucinations
- Indistinguishable from schizophrenia
- Stereotypical Behaviors
 - Compulsive skin picking or scratching
- Involuntary movements



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Withdrawal Effects

- Anhedonia and Depressed Mood
- Increased Appetite
- Anergia and Fatigue
- Vivid or Unpleasant Dreams
- Insomnia or Hypersomnia



Molecular Sites of Action

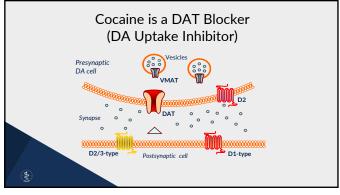
- SLC6 Monoamine Transporters
 - Dopamine transporter (DAT)
 - Norepinephrine transporter (NET)
 - 5-HT transporter (SERT)
- Other sites
 - Sodium channels

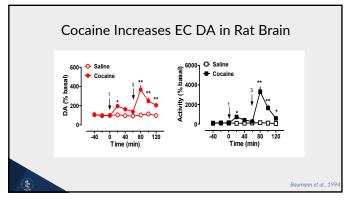


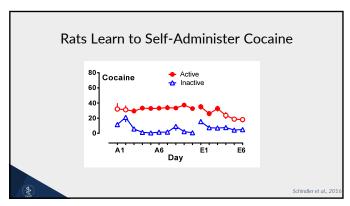
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DATs Mediate DA Uptake DATs are membrane proteins responsible for uptake of released dopamine (DA) Drugs that disrupt DAT function increase extracellular (EC) DA Increases in EC DA are rewarding DAT synapse

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Treatment for Cocaine Use Disorder (CUD) • Pharmacotherapy • No FDA-approved medication for CUD • Psychosocial Therapies • Contingency Management • Cognitive Behavioral Therapy • Group & Community Therapies

Experimental Pharmacotherapies for CUD

- Single agonist medications
 - Some positive results with stimulant medications, like mixed amphetamine salts (MAS) (*Tardelli et al.*, 2020)
- Medication combinations
 - MAS + topiramate (Levin et al., 2020)

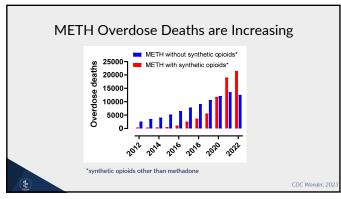


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Methamphetamine (METH) is a Synthetic Amphetamine Derivative NH CH₃ CH₃



Formulations and Methods of Use

- Methamphetamine (i.e., Ice or Crystal)
 - Smoking using pipes
- Methamphetamine HCI
 - Intravenous injection of solutions using needle and syringe
 - Intranasal snorting of crystals

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Pharmacokinetics and Metabolism

- Pharmacokinetics
 - Smoked drug reaches brain within seconds
 - Intravenous drug reaches brain within seconds
 - Intranasal drug reaches brain within minutes
- Metabolism
- \bullet N-demethylation to form amphetamine (bioactive)
- Hydroxylation to form inactive metabolites

(3)

Desired Effects

- Enhanced Mood and Euphoria
- Increased Attention and Alertness
- Decreased Need for Sleep
- Appetite Suppression
- Sexual Arousal



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Adverse Effects

- Agitation, Psychosis
- Arrhythmias, Palpitations, Heart Attack
- Hypertension, Stroke
- Hyperthermia, Rhabdomyolysis
- Multisystem Organ Failure



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METH causes adverse health consequences **Transport of the consequence of the consequenc

Chronic METH causes dental problems



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Sensitization- Enhanced Effects

- Seizures
- Psychosis
- Paranoid delusions
- Visual and auditory hallucinations
- Indistinguishable from schizophrenia
- Stereotypical Behaviors
 - Compulsive skin picking or scratching
 - Involuntary movements



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Withdrawal Effects

- Anhedonia and Depressed Mood
- Increased Appetite
- Anergia and Fatigue
- Vivid or Unpleasant Dreams
- Insomnia or Hypersomnia

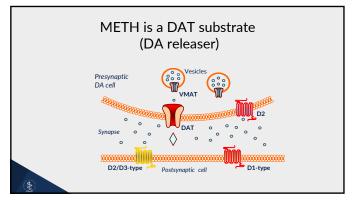


Molecular Sites of Action

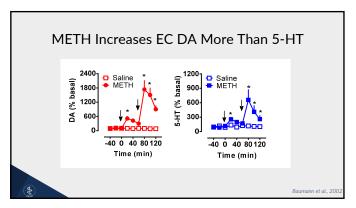
- SLC6 Monoamine Transporters
 - Dopamine transporter (DAT)
 - Norepinephrine transporter (NET)
 - 5-HT transporter (SERT)
- Other sites
 - Vesicular Monoamine Transporter 2 (VMAT2)
 - Trace amine-associated receptors (TAAR1)



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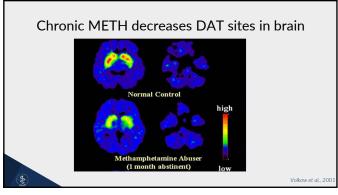


COCAINE Inhibits DAT-mediated reuptake of EC DA Evokes DAT-mediated release of IC DA by reverse transport

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Role of METH in Gay Subculture

- METH intoxication
- Decreased inhibitions and judgment
- Increased sensation seeking and sexual arousal
- Unsafe sexual practices
- HIV transmission



Lee & Rawson, 2008

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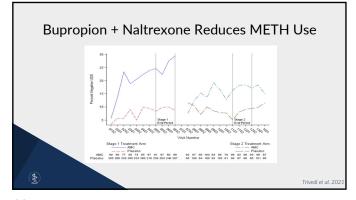
Treatment for METH Use Disorder (MUD)

- Pharmacotherapy
 - No FDA-approved medication for MUD
- Psychosocial Therapies
 - Contingency Management
 - Cognitive Behavioral Therapy
 - Group and Community Therapies

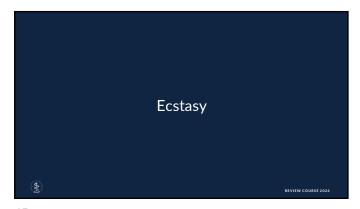


Experimental Pharmacotherapies for MUD • Single medications • Some positive results with tetracyclic antidepressants, like mirtazapine (e.g., Coffin et al., 2020) • Medication combinations • Bupropion + extended-release naltrexone (e.g., Trivedi et al., 2021)

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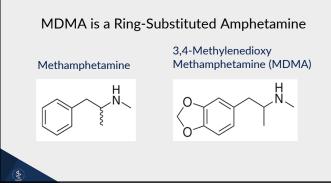


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Ecstasy (MDMA) is a Synthetic Amphetamine Derivative

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Formulations and Methods of Use

- Powders, capsules and tablets
 - Oral ingestion of tablets most common
 - $\bullet\,$ Some intranasal and intravenous use
- \bullet "Bumping" or repeated intermittent dosing
- "Stacking" or taking multiple doses at once
- Binge and crash cycling

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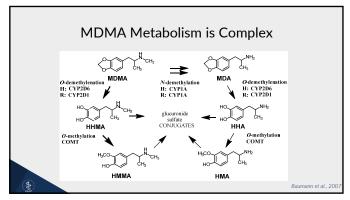
Pharmacokinetics And Metabolism

- Pharmacokinetics
 - Cmax reached within 2 h of oral ingestion
 - Non-linear drug accumulation at doses > 3 mg/kg
- Metabolism
 - N-demethylation to form MDA (bioactive)
 - O-demethylenation to form hydroxylated metabolites



de la Torre et al., 2004

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Desired Effects

- Combined effects of a stimulant and psychedelic
 - Enhanced mood and energy
 - Heightened or altered sensory perception
- Feelings of empathy and closeness to others
- Cardiovascular stimulation
- Appetite suppression



Adverse Effects

- Psychosis
- Sympathetic Stimulation
- Palpitations and heart attack
- Hypertension
- 5-HT Syndrome
- Hyperthermia and dehydration
- Treat with hydration, cooling, and sedation



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Withdrawal

- Anhedonia and depressed mood
- Lethargy and fatigue for several days
- Sleep disturbances
- No indication for treatment



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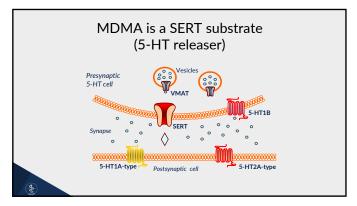
Molecular Sites of Action

- SLC6 Monoamine Transporters
 - 5-HT transporter (SERT)
 - Dopamine transporter (DAT)
 - Norepinephrine transporter (NET)
- Other sites
 - Vesicular Monoamine Transporter 2 (VMAT2)
 - 5-HT2B receptors

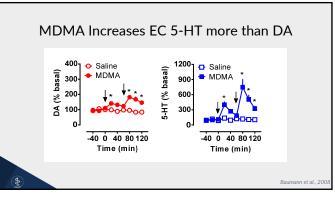


SERTs Mediate 5-HT Uptake • SERTs are membrane proteins responsible for uptake of 5-HT • Drugs that disrupt SERT function increase EC 5-HT • Increases in 5-HT are not rewarding (e.g., SSRIs) synapse

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Neurotoxic Potential

- MDMA enters 5-HT neurons via SERT
 - Drug accumulates in 5-HT neurons
- MDMA chronically impairs 5-HT neurons
 - Depletion of 5-HT stores
 - Inhibition of 5-HT synthesis
 - Loss of SERT sites in brain
- Neurotoxicity?



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MDMA for PTSD

- MDMA induces empathy and prosocial effects
- SERT-mediated 5-HT release (Oeri, 2021)
- MDMA is efficacious as an adjunct for treating PTSD
- Phase III trial (Mitchell et al., 2023)
- Increased patient-provider alliance
- Decreased PTSD symptoms

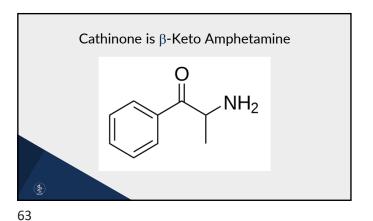


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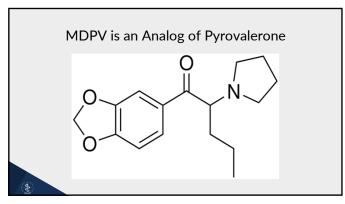




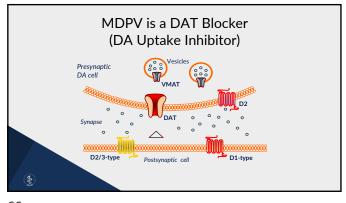
Khat Plant Catha edulis

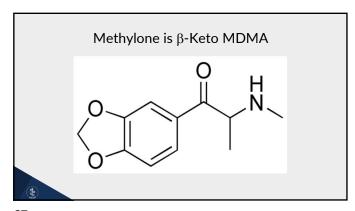


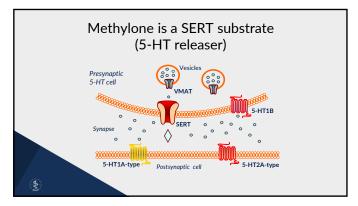




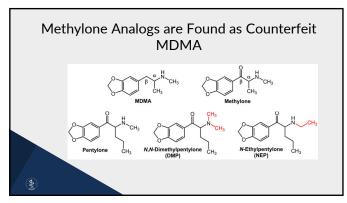
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Overall Summary

- 1. Cocaine is a prototypical DAT inhibitor.
- 2. METH is a powerful stimulant, due to its DAT-mediated dopamine releasing action.
- 3. MDMA acts as a mild stimulant and psychedelic, due to its SERT-mediated 5-HT release.
- 4. MDPV is cocaine-like while methylone is MDMA-like.

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Clinical Challenges

- 1. No FDA-approved medications for stimulant use disorders, so treatment is psychosocially-based.
- 2. No specific antidotes for stimulant intoxication, so treatment is supportive.
- 3. Stimulant-induced overdose deaths are increasing due to fentanyl co-use... intentional or accidental?





