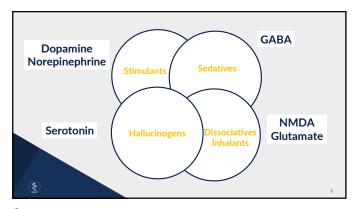


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LSD and Psilocybin are:

- A. Serotonin 5HT-2A receptor agonists
- B. Dopamine transporter reuptake inhibitors
- C. NMDA receptor antagonists
- D. Opioid mu-receptor agonists

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Definition of Hallucinogens

- Produce alterations in thought, mood, and perception
- Produce minimal autonomic side effects or craving





"Illusionogen"

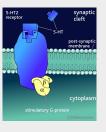


- Illusions = alteration or enhancement of existing sensory perception
- May be more accurate term
 - Reality testing is generally intact
 - Effect varies greatly with expectations and environment

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Classical Hallucinogens (Serotonergic Hallucinogens)

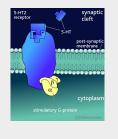
- 5HT-2A agonists or partial agonists
- Fall within the group of chemical compounds called arylalkylamines:
 - Not all arylalkylamines are hallucinogenic
- Also includes some stimulants and empathogens

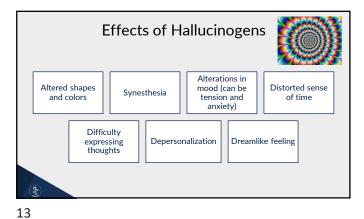


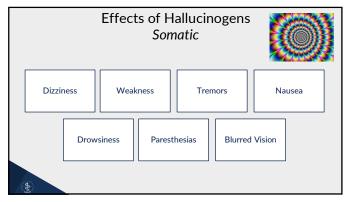
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Classical Hallucinogens (Serotonergic Hallucinogens)

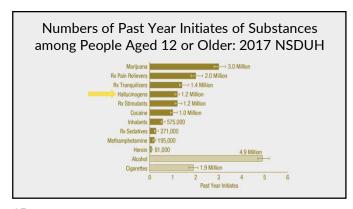
- 2 subclasses of arylalkylamines
- Indolealkylamines (serotonin analogs)
- Bind at multiple receptors (5HT-2A, 5HT-2B, 5HT-2C, 5HT-1A)
- Phenylalkylamines (norepinephrine analogs)Fairly selective for 5HT-2A







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DMT

- DMT (N,N-Dimethyltryptamine)
 - Naturally occurring (plants, toad)
 - Rapid onset (<5 min), short duration of action (30 min)
 - Inhalation (smoking) or injection (rare)
 - Can be taken orally, but requires MAOI



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Ayahuasca

- Brew containing DMT, MAOIs, and other hallucinogens
- Used ceremonially in parts of the Amazon and in some Native American religions
- Can cause significant vomiting

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Psilocybin

- Psilocybin \rightarrow psilocin
 - $\bullet\,$ Found as naturally occurring tryptamine in certain varieties of
- Detachment from reality: inability to discern fantasy from reality • Can lead to panic attacks, psychosis
- Rapid tolerance to effects
- Cross tolerance with LSD
- Duration: 4-6 hours



Psilocybin

- Reported mystical-like experiences
 - Inner peace, patience, optimism, self-confidence
- Adverse effects
 - Nausea, vomiting, anxiety
 - May interact with MAOI
- Duration: 4-6 hours



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Lysergic Acid Diethylamide (LSD)

- Water soluble, clear, white, odorless crystals
 - Thin blotter paper with dried solution of LSD
- Breath mints/sugar cubes ("dropping" acid), pressed into pills or thin gelatin squares
- Onset: 30-60 min, Peak: 2-4 hours, Duration: 8-12 hours
- Effects
 - Altered shapes and colors, heightened sense of hearing
 - Depersonalization, visual hallucinations, alterations in mood



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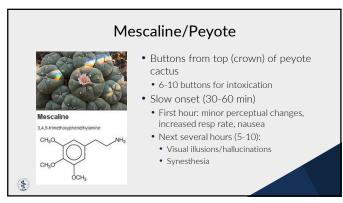
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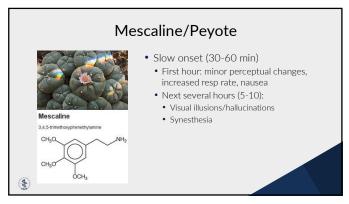
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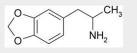


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• Results from structural modification of mescaline-like substances • Extremely potent • Used as model hallucinogen in drug discrimination studies DOM 2,5-dimethoxy-4-methylamphetamine CH₃O CH₃O CH₃

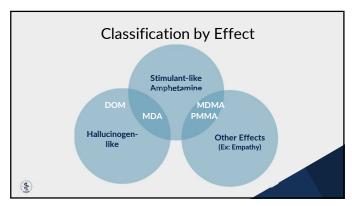
MDA

- Produces stimulant and hallucinogenic effects
- Similar to combined effects of cocaine and LSD
- Can be modified to MDMA (ecstasy)
 - Stimulant effects
 - Empathogenic
- Has been represented and sold as MDMA



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26

Salvia

- Naturally grows in the US
- Traditionally ingested by chewing / drinking juice for healing rituals
- Sometimes smoked when used as drug
- Active ingredient in Salvia is salvinorin A, a kappa opioid agonist



Salvia Effects Intense and short-lived Onset < 1 minute Duration < 30 minutes Changes in visual perception Decreased ability to interact with surroundings Increased sense of well-being (or not)

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Salvia Effects Feelings of detachment Modified perception of external reality and the self Decreased ability to interact with surroundings

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Summary: Hallucinogen Intoxication • Clear Sensorium • Intact Memory • Hyperalert • Intact reality testing • Can sometimes be reasoned with or calmed by talking • Visual Hallucinations >> Auditory

Hallucinogen Persisting Perception Disorder (HPPD) • Re-experiencing of perceptual symptoms experienced while intoxicated following cessation of use = flashbacks

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Hallucinogen Persisting Perception Disorder (HPPD)

- Unrelated to dose or number of exposures
- Usually resolves within 1-2 years of last use
- Can be triggered by other substance use



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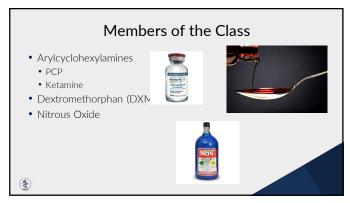


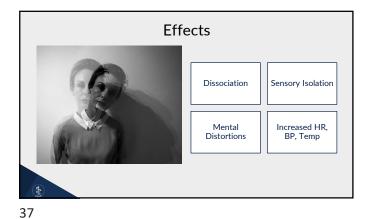
PCP and Ketamine are: A. Serotonin 5HT-2A receptor agonists B. Dopamine transporter reuptake inhibitors C. NMDA receptor antagonists D. Opioid mu-receptor agonists

34

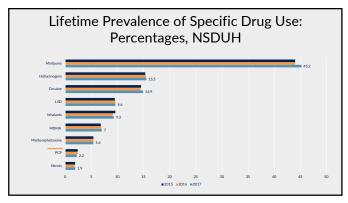
NMDA receptor antagonists Glutamate activates NMDA receptors to filter sensory stimuli Dissociatives noncompetitively block NMDA receptors → sensory overflow Visual hallucination relatively rare

35









Phencyclidine (PCP, Angel dust)

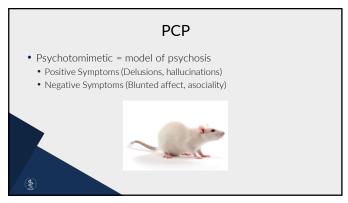
- Developed as IV anesthetic
 - No longer FDA-approved; now Schedule I
 - Associated with prolonged delirium
- Risk of seizures or death
- Available as powder, tablets, liquid, and sprayed onto plant leaves and then smoked

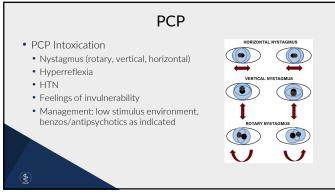


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PCP Effects • Vary widely with dose • Confusion, delirium, psychosis • Semi-coma and coma (less common) • Coma with seizures (rare)

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Ketamine (K, Special K) • FDA-approved for general anesthesia in animals and humans • Schedule III • Administered as IV or IM in medical settings • Used by inhalation, smoking, or oral administration • Less potent, shorter-acting than PCP

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Effects of Ketamine Analgesia / numbness Spacey feeling ("K-hole") Amnesia Delirium (higher doses) Pyssphoria, memory impairment, apathy, irritability

Dextromethorphan (DXM)



- OTC cough medicines
- Capsules, tablets, lozenges, syrup
- AKA "skittles"
- Anti-tussive dose: <120mg daily; recommended dose 10-20mg q4hours
- 300-1800mg produces PCP-like effects

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Effects of DXM

- Euphoria and hallucinations (increasing w/ higher dose)
- Drowsiness, blurred vision, slurred speech
- N/V, hypertension, diaphoresis





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Effects of DXM

- Significant serotonergic properties
 - \bullet $\ \uparrow$ serotonin synthesis and release
 - ↓ reuptake

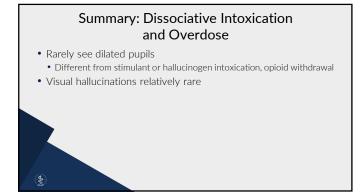


- Deaths have been reported with large doses (200x dose)
 - CNS & respiratory depression, seizure, arrhythmias

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Dissociative: Additional Information PCP included on most screening panels (high false positive rate) Need special testing (GC-MS) for ketamine, DXM Increased serum CPK & urine myoglobin

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Many abused inhalants produce an intoxication that most closely resembles which of the following?

- A. Alcohol
- B. Cocaine
- C. Cannabis
- D. LSD

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Inhalants



Breathable chemicals that can be self-administered, also known as:

- Whippets Bang
- Poppers Kick
- Huff Sniff

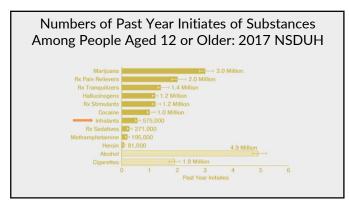
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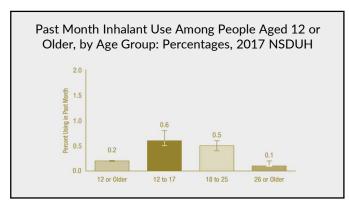
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Terminology

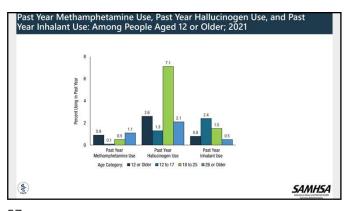
- Sniffing = inhaling from an open container
- Huffing = holding fabric soaked in substance to the nose or mouth and inhaling
- Bagging = concentrating vapors in a bag and inhaling







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Sources of Inhalants:

Possible Contents

- Amyl, butyl, cyclohexyl nitrite; butane
- Butane
- n-Hexane, tetrachloroethylene, xylene
- Benzene, toluene, xylene, (lead)
- Butane, propane
- Naphthalene, paradichlorobenzene
 Amyl, butyl, cyclohexyl nitrite
- Acetone, toluene

- Toluene, trichloroethylene, xylene
- Xylene
- Freon
- Acetone, benzene, n-Hexane,
- Butane, propane, toluene
- Nitrous oxide

\$ 59

Abuse Liability

- Number of factors increase abuse potential
 - Free or low cost
 - Readily available
 - Difficult to test for
 - Perceived as low risk
- · Inquire about inhalant use, especially when working with adolescent population
- Provide education regarding consequences of use

Inhalant Pharmacology

- Highly lipophilic
- Rapidly absorbed through the lungs
- Crosses blood-brain barrier
- Accumulates in brain, liver and fatty tissue
- Rapid onset, short duration
- Synergistic effect: alcohol, benzos



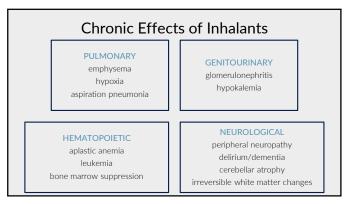
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Effects of Inhalants Acute Effects - Euphoria - Disinhibition - Dizziness / lightheadedness - Slurred speech Toxic Effects and Overdose - Respiratory depression - Arrhythmias - Asphyxia, cardiac arrest and death can occur

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Ataxia

Chronic Effects of Inhalants CARDIAC arrhythmia cardiomyopathy DERMATOLOGICAL perioral infection rash GASTROINTESTINAL hepatorenal failure MUSCULOSKELETAL Rhabdomyolysis



Treatment Considerations User may experience prolonged residual effects because chemicals are stored in fatty tissue Neurological impairment is often present Cognition should be continually re-assessed Talk therapy / group therapy may not be appropriate

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Which of the following is a side effect of anabolic steroid use?

- A. Mania
- B. ↓LDL,↑HDL
- C. Hypersomnia
- D. Weight loss

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Anabolic - Androgenic Steroids (AAS)



- Anabolic = skeletal muscle-building
- Androgenic = masculinizing
- Includes testosterone and >100 related synthetic substances

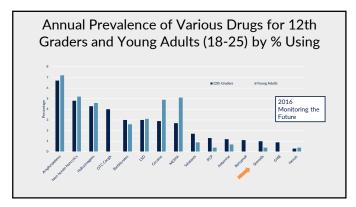
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Misuse

- Enhance performance and/or improve physical appearance
 - May be taken at 10-100x the

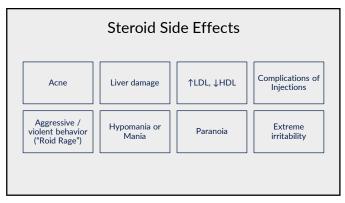






Epidemiology • 3 most common populations: • Athletes • Performance enhancement • Aesthetes • Improve physical appearance (often adolescents) • Fighting Elite • Increase aggression and/or job performance (security, law enforcement)

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Steroid Side Effects Women Men • Deepening of voice Testicular atrophy • Facial hair • Prostatic hypertrophy • Menstrual changes • Gynecomastia · Male-pattern baldness Baldness · Genital hypertrophy Infertility

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Psychiatric Side Effects

- Aggressive / violent behavior
 - "Roid Rage"
- Paranoia
- Extreme irritability
- Impaired judgment
- Delusions

- Treatment
- Remove AAS
- Hypomania or Mania (high doses) Use mood stabilizers or antipsychotics as needed
 - Generally, resolves within 1-2 weeks after cessation

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Other Associated Syndromes & Treatment

- Steroid Withdrawal-Associated Depression
- Can be responsive to SSRIs
- Comorbid SUD, especially opioid
- Body Dysmorphic Disorder / Muscle Dysmorphia
- Rarely seek treatment
- Not euphorigenic; no immediate high
- Goal is long-term reward associated with physical changes
- May be seen as socially acceptable or positive



