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# **General Outline**

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

(1)

# **Topics Covered for Each Substance**

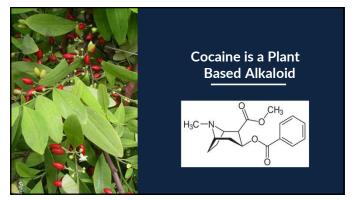
- Drug Trafficking and Confiscation
- Formulations and Methods of Use
- Pharmacokinetics and Metabolism
- Desired and Adverse Effects
- Chronic and Withdrawal Effects
- Neurobiology
- Treatments



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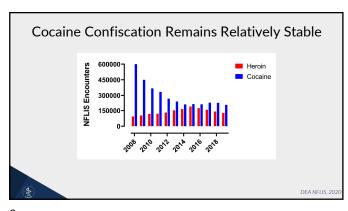
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# Formulations and Methods of Use

- 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

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# Rate Hypothesis of Drug Reward

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



### **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



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# **Tolerance- Blunted Effects**

- Acute Tachyphylaxis or "First Dose" Effect
- Cardiovascular effects blunted
- Euphoria and sexual arousal diminished
- But no longer-term tolerance
- Anorexia



# Sensitization- Enhanced Effects

- Seizures
- Psychosis
- Paranoid delusions
- Visual, auditory and tactile hallucinations
- Virtually indistinguishable from schizophrenia
- Stereotypical Behaviors



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### Withdrawal Effects

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

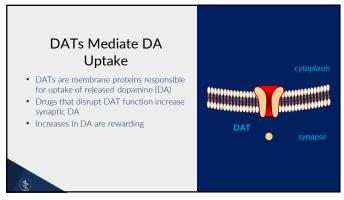


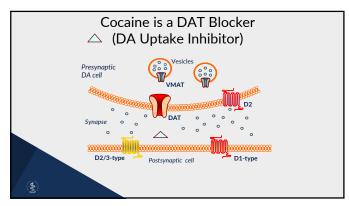
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# Molecular Sites of Action

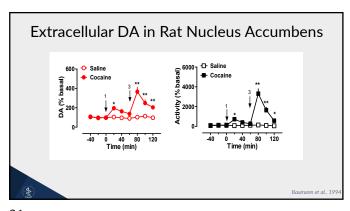
- SLC6 Monoamine Transporters
  - Dopamine transporter (DAT)
  - Norepinephrine transporter (NET)
  - 5-HT transporter (SERT)
- Other sites
  - Sodium channels

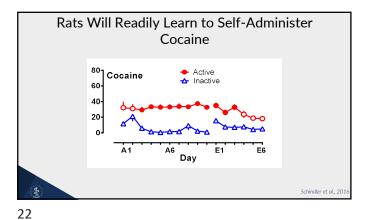






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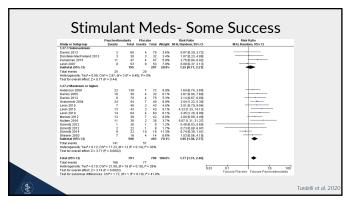


Treatment for Cocaine Dependence

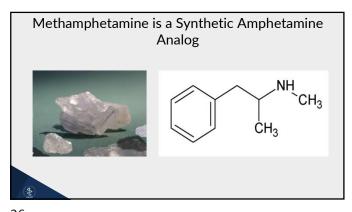
- Pharmacotherapy
- No FDA-approved medication for cocaine dependence
- Psychologically-Based Therapies
  - Cognitive Behavioral Therapy
  - Contingency Management
- Group & Community Therapies

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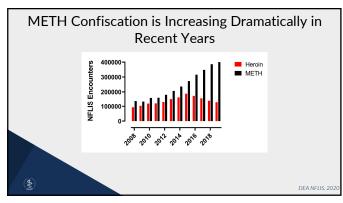
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# Most METH is Now Trafficked by Mexican Cartels DEANFLIS. 2020.

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
  - N-demethylation to form amphetamine (bioactive)
  - Hydroxylation to form inactive metabolites



# **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
- Arrhythmias, Palpitations, Heart Attack
- Hypertension, Stroke
- Hyperthermia, Rhabdomyolysis
- Multisystem Organ Failure



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# "METH Mouth"

# Sensitization- Enhanced Effects

- Seizures
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- Stereotypical Behaviors

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# Withdrawal Effects

- Anhedonia and Depressed Mood
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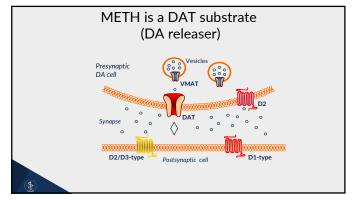


# Molecular Sites of Action

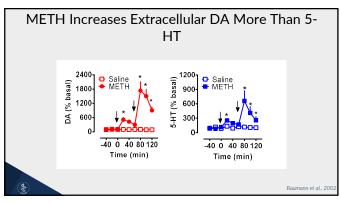
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  - Dopamine transporter (DAT)
  - Norepinephrine transporter (NET)
  - 5-HT transporter (SERT)
- Other sites
  - Vesicular Monoamine Transporter 2 (VMAT2)
- Trace amine-associated receptors (TAAR1)



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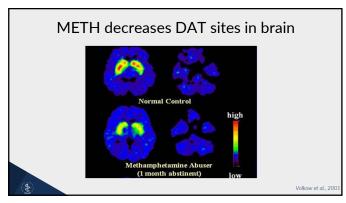


# Cocaine vs Methamphetamine COCAINE Inhibits DAT-mediated reuptake of synaptic dopamine Evokes DAT-mediated release of dopamine Evokes DAT-mediated release of dopamine

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# COCAINE • Rapidly metabolized • Effects last 1-2 hours • Withdrawal lasts 1-2 days • Withdrawal lasts many days

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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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# METH, Sex, and the Internet

- The Perfect Storm
- Sex, both virtual and real, both safe and unsafe, is only a click away
- Variable Intermittent Reinforcement

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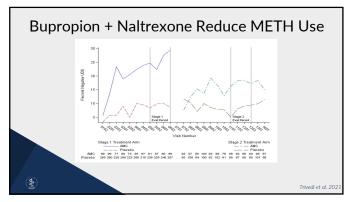
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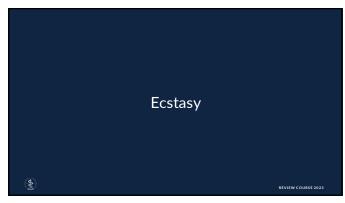
# Treatment for METH Dependence Pharmacotherapy No FDA-approved medication for METH dependence Psychologically-Based Therapies Cognitive Behavioral Therapy Group and Community Therapies Twelve Step Programs

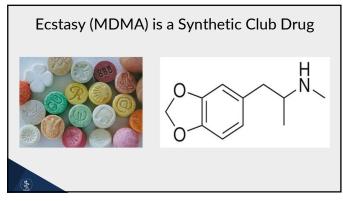
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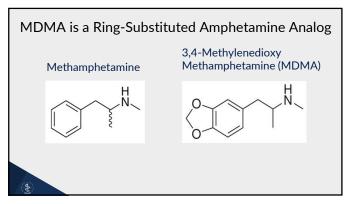
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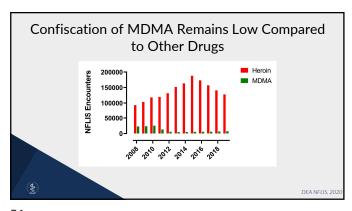


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# Formulations and Methods of Use

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



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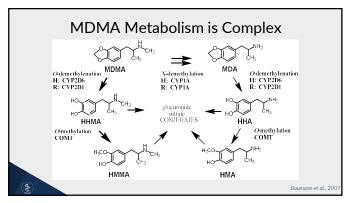
# Pharmacokinetics And Metabolism

- 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 hallucinogen
  - Enhanced mood and energy
  - Heightened or altered sensory perception
- Feelings of empathy and closeness to others
- Cardiovascular stimulation
- Appetite suppression



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# **Adverse Effects**

- Psychosis
- Sympathetic Stimulation
  - Palpitations and heart attack
  - Hypertension
- 5-HT Syndrome
  - Hyperthermia and dehydration
  - Treat with hydration, cooling, and sedation
  - Avoid b blockers, which could exacerbate hypertension



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# Withdrawal

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



# Molecular Sites of Action

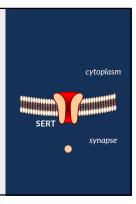
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- Other sites
  - Vesicular Monoamine Transporter 2 (VMAT2)
- 5-HT2A receptors



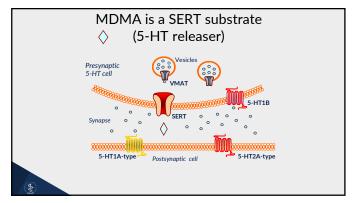
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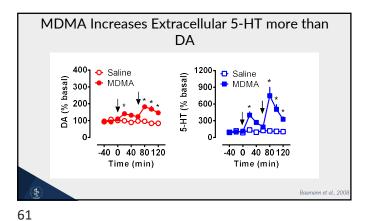
# SERTs Mediate 5-HT Uptake

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



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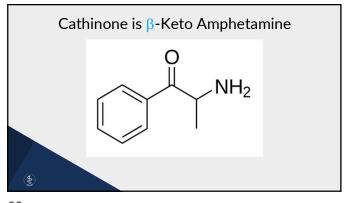
# Neurotoxic Potential MDMA acutely increases synaptic 5-HT SERT-mediated 5-HT release (i.e., reverse transport) MDMA chronically impairs 5-HT neurons Depletion of 5-HT stores Inhibition of 5-HT synthesis Loss of SERT sites in brain Neurotoxicity?

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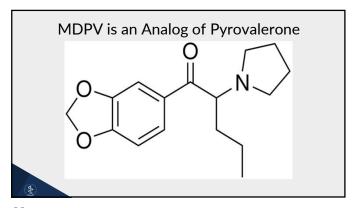




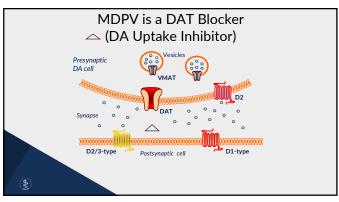


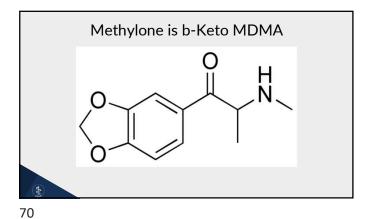


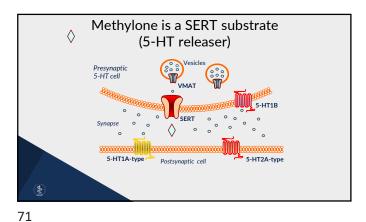


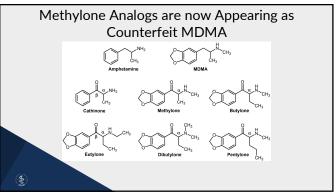


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# **Overall Summary**

- 1. Cocaine is the prototypical dopaminergic stimulant.
- 2. METH is a powerful stimulant due to its DAT-mediated dopamine release.
- 3. MDMA acts as a mild stimulant and hallucinogen 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. Clinical Challenges
- 2. No FDA-approved medications for stimulant dependence, so treatment is psychosocially-based.
- 3. No specific antidotes for stimulant intoxication, so treatment is supportive.
- 4. Stimulant-induced deaths are increasing due to fentanyl coadministration: intentional or accidental?





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