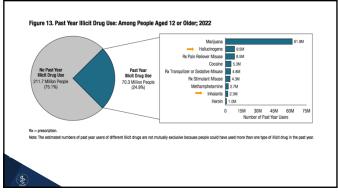
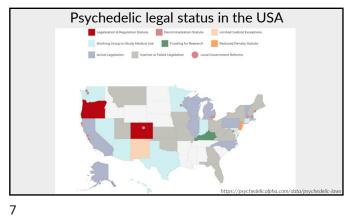
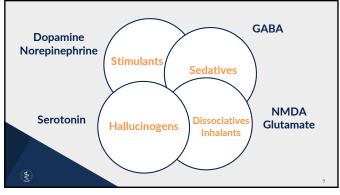


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		Tren	ds in	Ann	ıal P	reval	ence (of Us					or Gr	ides 8	8, 10,	and I	2 Comb	ined			
									(Entri	es are p	rrcentag	jes.)									
																	2021-2022	Pask year Atomicie	-2022 change Proportional	Low year-	2022 shange. Proportional
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 *	2020	2021	2022	change	change	change (%) "	change	change (%) *
Any Blot Drug'	24.8	24.9	25.9	27.3	27.6	27.1	29.62	27.2	26.8	25.3	26.5	27.1	27.7	27.3	19.9	21.7	+1.7 s	-6.0 sss	-21.8	+1.7 s	+6.7
Any Higt Drug other than Mariuana*	12.4	11.9	11.6	11.8	11.3	10.8	11.42	10.9	10.5	9.7	9.4	9.3	9.0	9.2	5.6	6.1	+0.5	-4.8 sss	-64.1	+0.5	+9.1
Any Blot Drug including Inhalants'	27.6	27.6	28.5	29.7	29.8	29.0	30.51	28.5	28.4	26.3	28.3	28.8	29.0	29.2	21.5	23.0	+1.5 s	-6.3 sss	-214	+1.5 s	+7.0
Mariuena/Hashish	21.4	21.5	22.9	24.5	25.0	24.7	25.8	24.2	23.7	22.6	23.9	24.3	25.2	24.6	17.9	19.4	+1.5 s	-10.6 sss	-35.3	+1.5 s	+8.4
Synthetic mariuana	_	_	_	_	_	8.0	8.4	4.8	4.2	3.1	2.8	2.6	2.9	2.2	1.6	2.3	+0.7 sss	-5.7 555	-71.9	+0.7 sss	+43.1
Inhalants	6.4	6.4	6.1	6.0	5.0	4.5	3.8	3.6	3.2	2.6	2.9	2.9	2.9	3.4	2.9	2.6	-0.3	-7.6 sss	-74.4	-	
Hallucinopens	3.8	3.8	3.5	3.8	3.7	3.2	3.1	2.8	2.8	2.8	2.7	2.7	2.9	3.4	2.4	2.5	+0.1	-3.5 sss	-58.3	+0.1	+5.2
LSO	1.7	1.9	1.6	1.8	1.8	1.6	1.6	1.7	1.9	2.0	2.1	2.0	2.2	2.5	1.5	1.4	-0.1	-4.9 sss	-77.7	0.0	+0.5
Hallucinogens other than LSD	3.3	3.2	3.0	3.3	3.1	2.7	2.5	2.1	1.9	1.8	1.8	1.7	1.9	2.0	1.7	2.0	+0.3	-2.1 sss	-51.3	+0.3	+16.8
Ecstasy (MCMA)*	3.0	2.9	3.0	3.8	3.7	2.5	2.80	3.4	2.4	1.8	1.7	1.5	1.6	1.3	0.8	0.9	+0.1	-2.5 sss	-74.0	+0.1	+8.0
Salva	-	-	-	3.5	3.6	2.7	2.3	1.4	1.2	1.2	0.9	0.8	0.8	0.8	0.5	0.8	+0.2 ss	-2.8 sss	-78.4	+0.2 ss	+45.1
Cocaine	3.4	2.9	2.5	2.2	2.0	1.9	1.8	1.6	1.7	1.4	1.6	1.5	1,4	1.4	0.7	0.7	+0.1	-3.7 sss	-83.4	+0.1	+10.7
Crack	1.5	1.3	1.2	1.1	1.0	0.9	0.8	0.7	0.8	0.6	0.7	0.6	0.7	0.6	0.4	0.5	+0.1	-1.9 sss	-78.9	+0.1	+21.2
Other cocaine	2.9	2.6	2.1	1.9	1.7	1.7	1.5	1.5	1.5	1.2	1.3	1.3	1.3	1.4	0.5	0.6	+0.1	-3.4 sss	-84.5	+0.1	+15.7
Heroin	0.8	0.8	0.8	0.8	0.7	0.6	0.6	0.5	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.3	+0.1 s	-1.0 sss	-77.3	+0.1	+71.5
With a needle	0.5	0.5	0.5	0.6	0.5	0.4	0.4	0.4	0.3	0.3	0.2	0.2	0.2	0.2	0.1	-	-	-	-	_	-
Without a needle	0.7	0.6	0.5	0.6	0.5	0.4	0.4	0.3	0.3	0.2	0.2	0.2	0.2	0.1	0.1	-	-	-	-	-	-
OxyContin	3.5	3.4	3.9	3.8	3.4	2.9	2.9	2.4	2.3	2.1	1.9	1.7	1.7	1.4	0.9	1.1	+0.2	-2.8 sss	-71.2	+0.2	+26.8
Voodin	6.2	6.1	6.5	5.9	5.1	4.3	3.7	3.0	2.5	1.8	1.3	1.1	1.0	0.9	0.6	1.0	+0.4	-5.6 sss	-84.9	+0.4	+60.1
Amphetamines*	6.5		5.9	6.2	5.9	5.6	7.00	6.6	6.2	5.4	5.0	5.0	4.6	4.6	2.7	3.1	+0.4	-3.5 sss	-53.8	+0.4	+14.0
Ritalin	2.8	2.6	2.5	2.2	2.1	1.7	1,7	1.5	1.4	1,1	0.8	0.8	0.9	1.0	0.5	0.8	+0.3	-3.4 515	-80.3	+0.3	+68.1
Adderall	_	-	4.3	4.5	4.1	4,4	4.4	4.1	4.5	3.9	3.5	3.5	3.1	3.3	1.7	2.9	+1.1 555	-1.6 sss	-36.2	+1.1 555	+66.0
Methamphetamine	1.4	1.3	1.3	1.3	1.2	1.0	1.0	0.8	0.6	0.5	0.5	0.5	0.5	0.7	0.2	0.3	+0.2 s	-3.8 sss	-91.5	+0.2 s	+116.5
Bath salts (synthetic stimulants)		-	-	-	-	0.9	0.9	0.8	0.7	0.8	0.5	0.7						-		-	
Tranquilizers	4.5	4.3	5.2	4.4	3.9	3.7	3.3	3.4	3.4	3.5	3.6	3.2	3.1	2.7	12	1.5	+0.3	-4.0 sss	-72.9 -40.3	+0.3	*22.0
OTC Cough/Cold Medicines Rohypnol	5.0	0.7	0.6	4.8	0.9	0.7	0.6	3.2	3.1	3.2	3.0	3.2	2.8	3.7	0.2	0.3	+0.5 s	-2.2 sss	40.3	*0.5 s	*20.1 *21.0
CHB,	0.8	0.9	0.6	0.8	0.9	0.7	0.6	0.5	0.5	0.7	0.5	0.4	0.5	1.0	0.2	0.5	*0.1	-0.0 888	-00.9	*0.1	*21.0
Ketamine ⁹	1.0	1.2	1.3	1.2	1.2	-	_	-	-	-	-	-	-	-	_	-	-	-	-	-	
Ketamine * Alcohol			48.4	47.4	45.3	44.3	42.8	40.7	29.9	20.7	26.7	20.1	35.9	28.2	20.2	32.2	+2.0 ss	-29.1 ses	-47.5	+2.0 ss	-6.6
Reen drunk	29.7		28.7	27.1	25.9	26.4	25.4	23.6	22.5	20.7	20.4	20.0	19.5	22.1	15.5	15.9	+0.3	-21.0 sss	-57.0	+0.3	+2.1
Flavored alcoholic beverages	40.8	20.1	37.8	35.9	33.7	32.5	21.3	29.4	28.8	25.3	25.9	26.1	24.6	26.5	20.0	22.8	+2.8 ss	-21.7 sss	-48.8	+2.8 ss	+13.8
Alcoholic beverages containing caffeine	-0.8	52.0	W//B	20.9	19.7	18.6	16.6	14.3	13.0	11.2	10.6	10.1	9.2	8.6	7.8	ZZ	-0.1	-12.0 sss	-60.9	*2.0 10	*13.8
Any Vacing	-			-	-2.7	-0.0	-2.0	14.0	-30	11.2	21.5	28.9	31.9	30.7	22.1	23.0	+0.9	-9.0 ses	-28.0	+1.5 s	+6.8
Veging ricotine	-	÷	-	-	÷	-	-	÷	-	-	13.9	21.6	27.3	27.1	19.2	19.7	+0.5	-7.6 sss	27.7	+5.8 sss	+41.6
Vaping mariuana	-			-		-	-		-	-	6.8	9.9	15.6	16.3	11.6	13.6	+2.0 s	-2.7 ss	:16.3	+6.8 sss	199.5
Vaping just flavoring	_	_	_	_	_	-	_	-	_	-	17.2	21.8	18.6	15.8	10.0	10.4	+0.5	-11.4 ses	-52.2	+0.5	+4.6
AAA.												-	23.8	20.6	9.1	10.4		-	-		
Dissolvable tobacco products	-	-	-	-	-	1.4	1.4	1.2	1.1	0.9	0.9	1.0	1.0	0.9	0.7	1.1	+0.4 s	-0.3	-19.5	+0.4 s	+56.9
Steroids	1.1	1.1	1.0	0.9	0.9	0.9	0.9	0.9	1.0	0.8	0.8	0.8	0.9		0.4	0.8	+0.4 sss	-1.2 sss	-58.5	+0.4 ses	+102.7





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

11

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

Hallucinogens

- Alterations in cognition, perception, and emotion
- Minimal autonomic side effects or craving



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"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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Hallucinogens

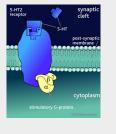
- Classical Hallucinogens:

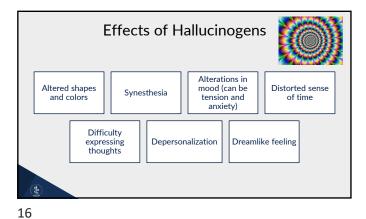
 5HT-2A agonists or partial agonists

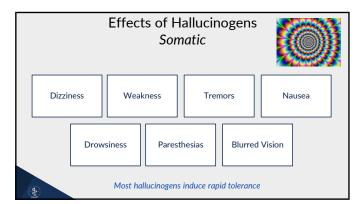
 LSD, DMT, psilocybin, mescaline

Empathogens:









Naturally occurring (plants, toad)

Inhalation (smoking) or injection (rare)
Can be taken orally, but requires MAOI
Rapid onset (<5 min), short duration of action (30 min)

In contrast to other classical hallucinogens, DMT does not induce tolerance in humans.

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Ayahuasca

- Brew containing DMT, MAOIs, and other hallucinogens
- Used ceremonially in some traditional religious ceremonies
- Can cause significant vomiting
- High dose may lead to seizure

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Psilocybin

Pro-drug: Psilocybin \rightarrow psilocin

- \bullet Found as naturally occurring tryptamine in certain varieties of mushrooms
- Inability to discern fantasy from reality • Can lead to panic attacks, psychosis
- Duration: 4-6 hours

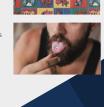


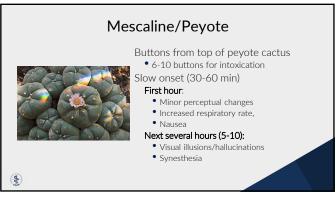
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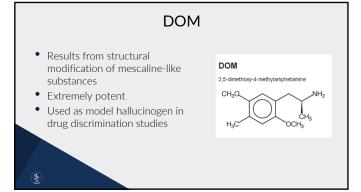
Lysergic Acid Diethylamide (LSD)

- First hallucinogen to be synthesized
- Blotter paper with dried solution of LSD
- Breath mints, sugar cubes, pressed into pills or thin gelatin squares
- Onset: 30-60 min, Peak: 2-4 hours, Duration 8-12 hours









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MDA (Sass) Powder or pill - swallowed or sniffed Produces stimulant, empathogen and hallucinogenic effects Increases release of serotonin, norepinephrine and dopamine Closely related to MDMA (Ecstazy) Is sometimes used as an adulterant and falsely sold as MDMA

Salvia

- Naturally grows in the US
- Can be ingested or smoked
- Active ingredient: salvinorin A (kappa opioid agonist)
- Changes in visual perception
- Decreased ability to interact with surroundings
- Intense and short-lived
- Onset < 1 minute, Duration < 30 minutes



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Hallucinogen Intoxication

- Anxiety, "Bad Trip"
- Usually self-limited and returns to baseline without treatment
- Treatment
- First line: Low stimulus environment, reassurance
- Second line: Benzo
- Third line: Antipsychotic



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Summary: Hallucinogen Intoxication

- Clear Sensorium
- Intact reality testing
- Intact Memory
- Visual Hallucinations >> Auditory
- Hyperalert
- Tolerance



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



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PCP and Ketamine are:

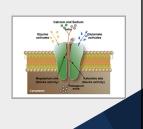
- A. Serotonin 5HT-2A receptor agonists
- B. Dopamine transporter reuptake inhibitors
- C. NMDA receptor antagonists
- D. Opioid mu-receptor agonists



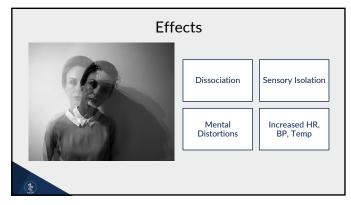
32

Definition

- NMDA receptor antagonists
- Glutamate activates NMDA receptors to filter sensory stimuli
- Dissociatives noncompetitively block NMDA receptors → sensory overflow



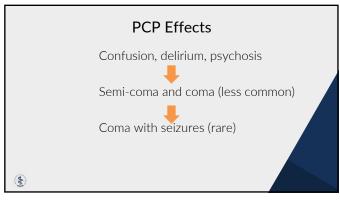
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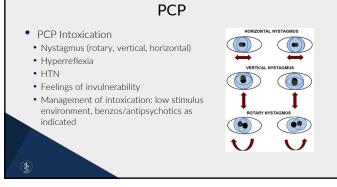




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Phencyclidine (PCP, Angel dust) Developed as IV anesthetic No longer FDA-approved Associated with prolonged delirium Risk of seizures or death Available as powder, tablets, liquid, and sprayed onto plant leaves and then smoked





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Ketamine (K, Special K) • FDA-approved for general anesthesia and treatment-resistant depression • Administered as IV, IM or as nasal spray in medical settings • Misused by inhalation, smoking, or oral administration • Less potent, shorter-acting than PCP

Effects of Ketamine

- Analgesia / numbness
- Spacey feeling ("K-hole")
- Amnesia
- Delirium (higher doses)
- Nystagmus (vertical and/or horizontal)
- Urinary complications

(\$)

40

Dextromethorphan (DXM)



- OTC cough medicines
- FDA-approved for the treatment of depression (combo drug with bupropion)
- Anti-tussive dose: <120mg daily; recommended dose 10-20mg q4hours
- 300-1800mg produces PCP-like effects

 - Euphoria and hallucinationsDrowsiness, blurred vision, slurred speech
 - N/V, hypertension, diaphoresis

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Effects of DXM

- In addition to antagonism at NMDA receptor, DXM has significant serotonergic properties
- ↑ serotonin synthesis and release
- ↓ reuptake
- Deaths have been reported with large doses (200x dose)
 - CNS & respiratory depression, seizure, arrhythmias

Therapeutic use of psychedelics

- Research mostly stopped in the 70s with war on drugs
- More recently:
- Ketamine for depression
- MDMA for the treatment for PTSD
- Research currently conducted to use of some hallucinogen and dissociative drugs for the treatment of SUD but nothing approved



43



44

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

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



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

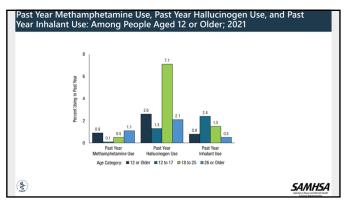
A. Alcohol
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C. Cannabis
D. LSD

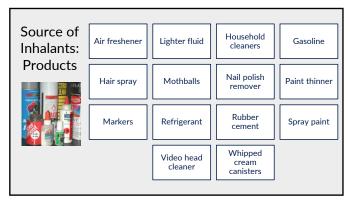
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Inhalants Breathable chemicals that can be self-administered, also known as: Whippets • Bang Poppers • Kick Huff • Sniff

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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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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

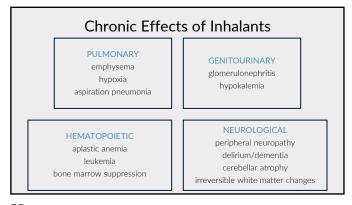


52

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

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CARDIAC arrhythmia cardiomyopathy CASTROINTESTINAL hepatorenal failure CARDIAC arrhythmia cardiomyopathy DERMATOLOGICAL perioral infection rash MUSCULOSKELETAL Rhabdomyolysis





56



Which of the following is a side effect of anabolic steroid use? A. Mania B. ↓LDL,↑HDL C. Hypersomnia D. Weight loss

58

Which of the following is a side effect of anabolic steroid use? A. Mania B. Depression C. Hypersomnia D. Weight loss

59

Anabolic - Androgenic Steroids (AAS) Anabolic = skeletal muscle-building Androgenic = masculinizing Includes testosterone and related synthetic substances Enhance performance and/or improve physical appearance May be taken at 10-100x the intended dose

Addiction Liability

- · 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
- Often missed by clinicians



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Epidemiology

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



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Terminology

Stacking: use of combinations of multiple drugs at the same time

Cycling: use of steroid combinations for weeks to months with abstinent rest periods before resumption of different steroid or combinations in order to avoid tolerance

Pyramiding: starting with a low dose and gradually increasing the dose until peak levels are achieved a number of weeks before a competition and then tapering so the individual will be drug free when tested



Medical Indications for AAS

- Hypogonadism
- Hereditary angioedema prophylaxis
- Acquired aplastic anemia and myelofibrosis treatment
- Muscle wasting secondary to starvation, weight loss following extensive surgery, chronic infections (advanced HIV), or severe trauma
- Secondary treatment of bone metastases from breast cancer in postmenopausal women
- Menopause with methyltestosterone combined with estrogen to alleviate symptoms
- Patients on dialysis to increase lean body mass
- Female-to-male gender change



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Steroid Side Effects

Women

- Deepening of voice
- Fasial hai
- Menstrual changes
- Male-pattern baldness
- Genital hypertrophy

Men

- Testicular atrophy
- Prostatic hypertrophy
- Gynecomastia
- Baldness
- Infertility

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Steroid Side Effects

Acne

Liver damage

↑LDL, ↓HDL

Complications of Injections

Tendon rupture

Cardiac complications

Sexual dysfunction

Polycythemia

Psychiatric Side Effects

- Aggressive / violent behavior
- Hypomania or Mania (high doses) Remove AAS
- Paranoia
- Extreme irritability
- Impaired judgment
- Delusions

- Treatment:
- 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



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