

# Stimulant Use Disorders: From Neurobiology to Public Health

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### **Financial Disclosure**

Michael Baumann, PhD

• No relevant disclosures

### **General Outline**

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



### **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



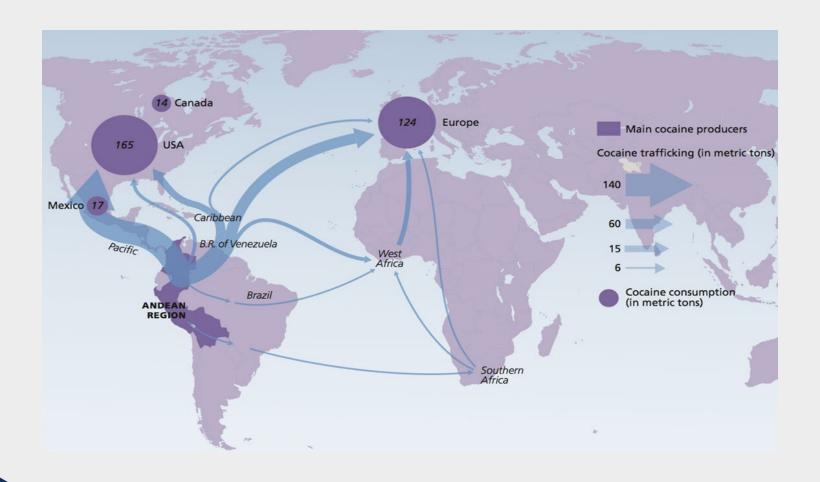
### Cocaine





# Cocaine is a Plant Based Alkaloid

### Andean Cocaine is Trafficked on a Global Scale

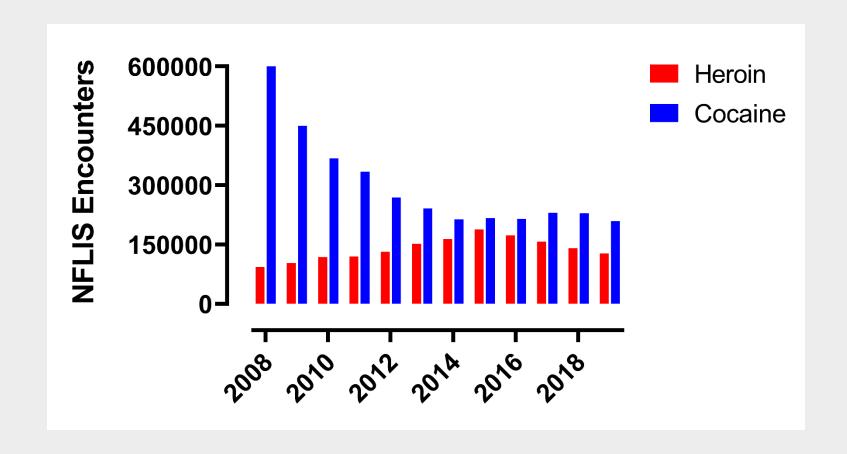








### Cocaine Confiscation Remains Relatively Stable





### Formulations and Methods of Use

- Cocaine Free Base (i.e., Crack)
  - Smoking of free base "rock" using pipes

- Cocaine HCl
  - Intravenous injection of solutions using needle and syringe
  - Intranasal snorting of powder



### 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



### 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



#### 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
- 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



### 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)

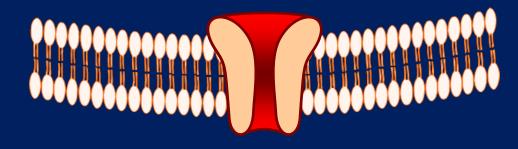
- Other sites
  - Sodium channels



## DATs Mediate DA Uptake

- DATs are membrane proteins responsible for uptake of released dopamine (DA)
- Drugs that disrupt DAT function increase synaptic DA
- Increases in DA are rewarding

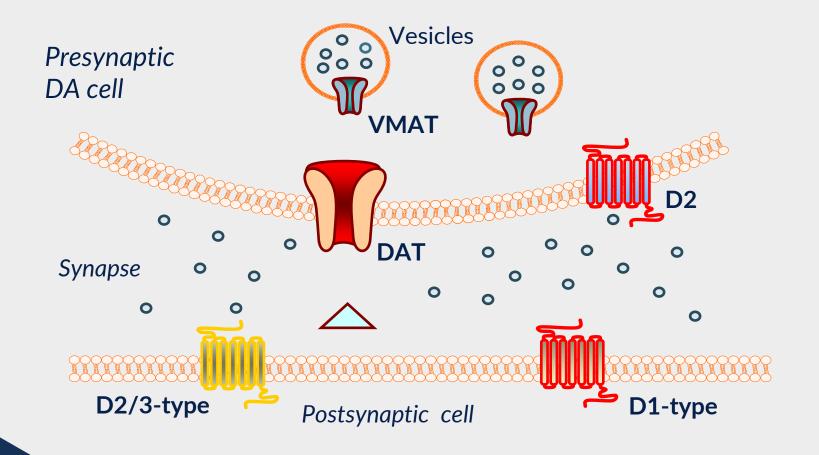
cytoplasm



**DAT** 

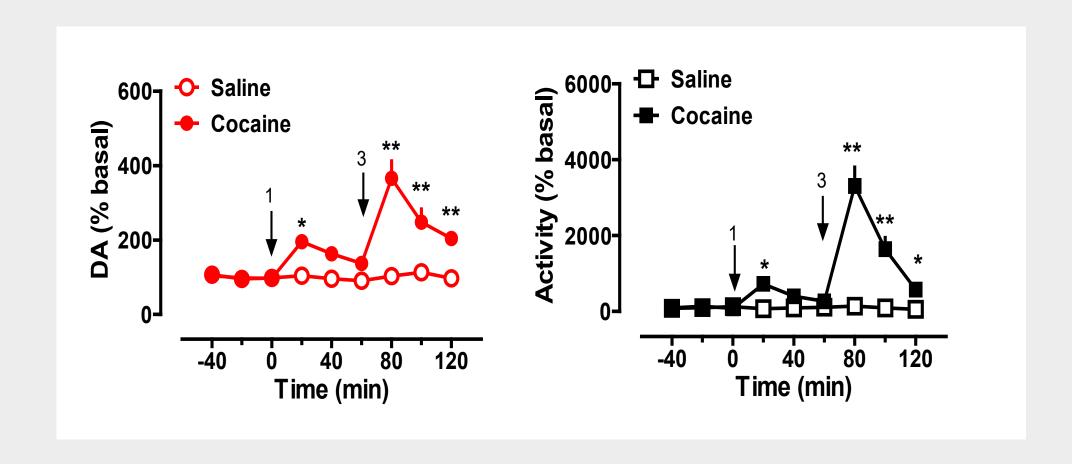
synapse

# Cocaine is a DAT Blocker (DA Uptake Inhibitor)



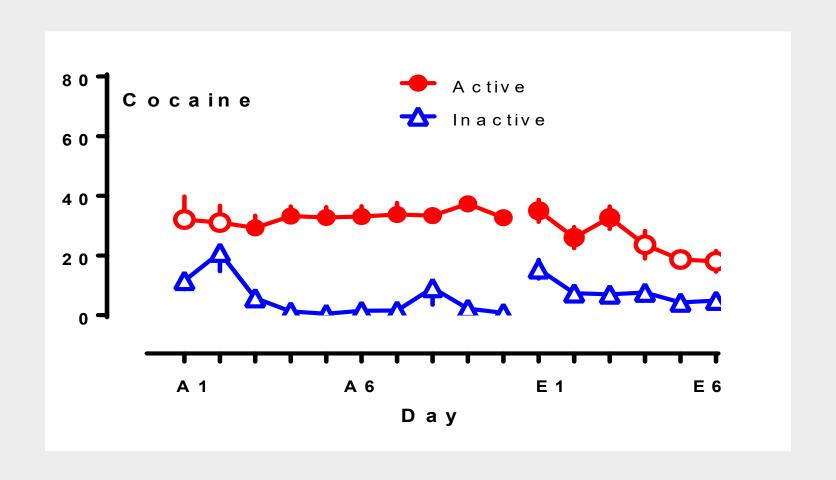


### Extracellular DA in Rat Nucleus Accumbens





## Rats Will Readily Learn to Self-Administer Cocaine





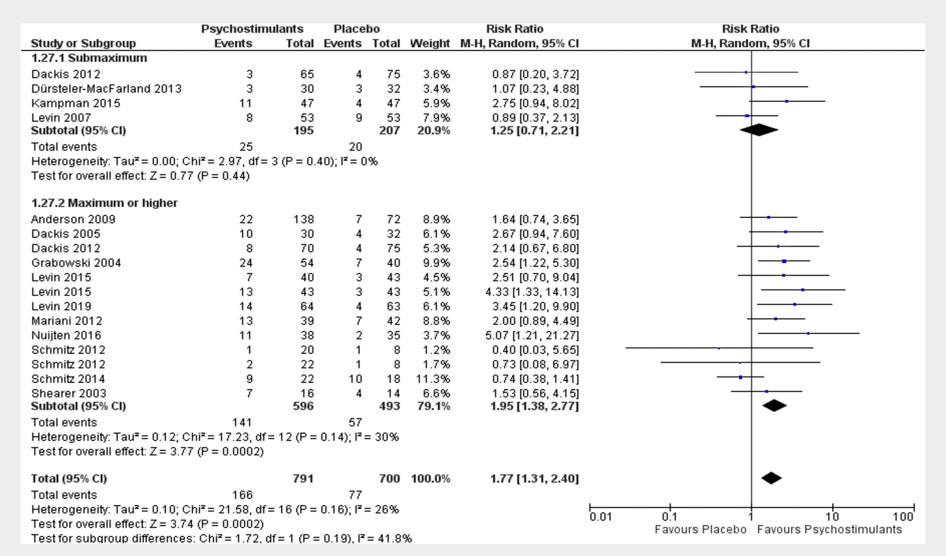
### Treatment for Cocaine Dependence

- Pharmacotherapy
  - No FDA-approved medication for cocaine dependence

- Psychologically-Based Therapies
  - Cognitive Behavioral Therapy
  - Contingency Management
  - Group & Community Therapies



### Stimulant Meds- Some Success



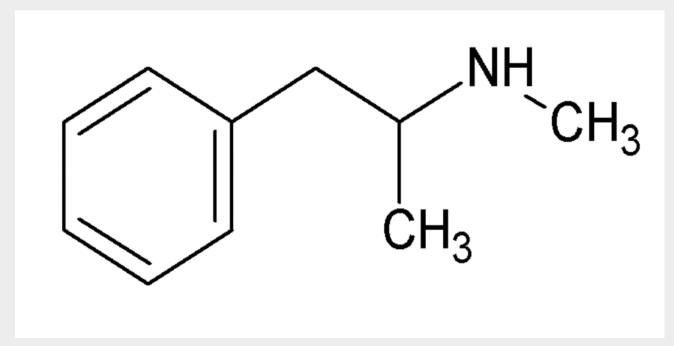


### Methamphetamine

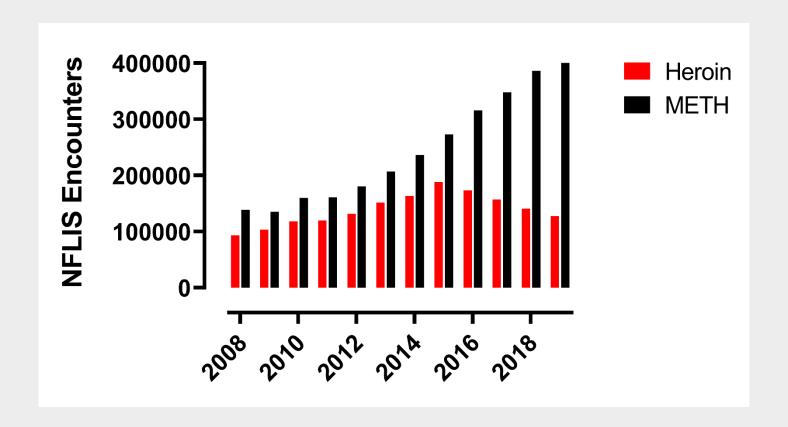


## Methamphetamine is a Synthetic Amphetamine Analog





### METH Confiscation is Increasing Dramatically in Recent Years





## Most METH is Now Trafficked by Mexican Cartels





#### Formulations and Methods of Use

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



#### 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



#### Adverse Effects

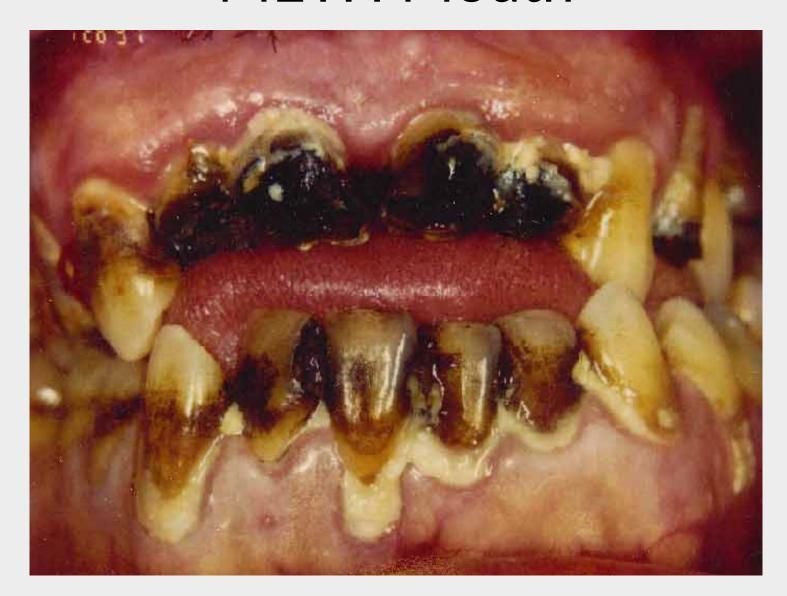
- Psychosis
- Arrhythmias, Palpitations, Heart Attack
- Hypertension, Stroke
- Hyperthermia, Rhabdomyolysis
- Multisystem Organ Failure







### "METH Mouth"





### Sensitization- Enhanced Effects

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



### Withdrawal Effects

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

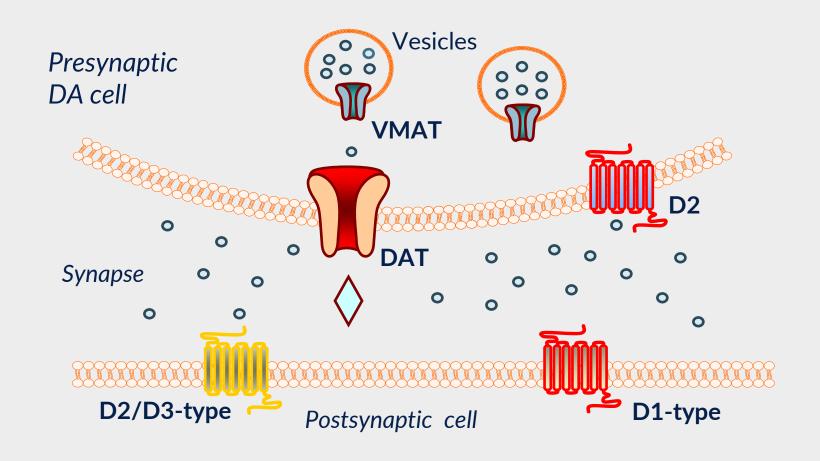


#### Molecular Sites of Action

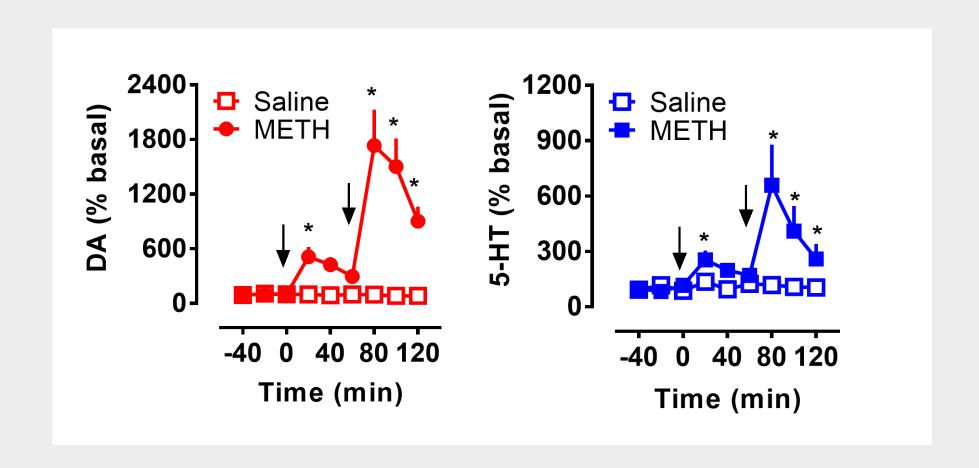
- SLC6 Monoamine Transporters
  - Dopamine transporter (DAT)
  - Norepinephrine transporter (NET)
  - 5-HT transporter (SERT)
- Other sites
  - Vesicular Monoamine Transporter 2 (VMAT2)
  - Trace amine-associated receptors (TAAR1)



## METH is a DAT substrate (DA releaser)



### METH Increases Extracellular DA More Than 5-HT



## Cocaine vs Methamphetamine

#### COCAINE

Inhibits DAT-mediated reuptake of synaptic dopamine

#### **METH**

Inhibits DAT-mediated reuptake of synaptic dopamine

Evokes DAT-mediated release of dopamine



## Cocaine vs Methamphetamine

#### COCAINE

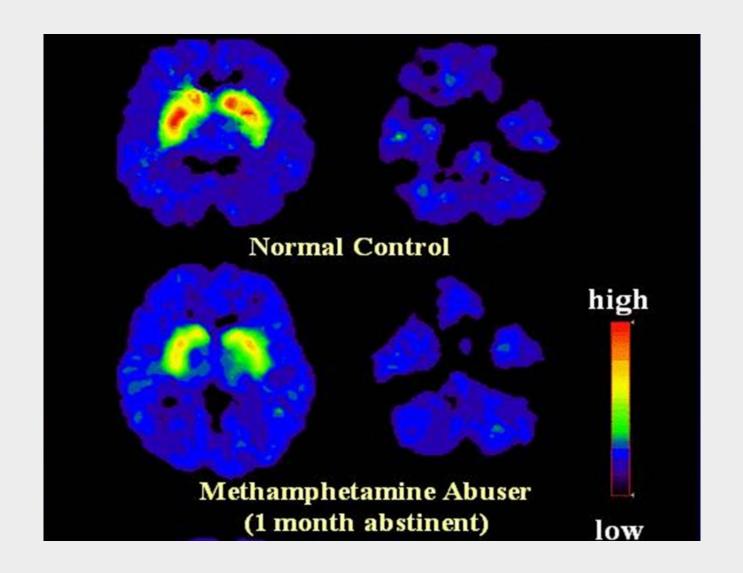
- Rapidly metabolized
- Effects last 1-2 hours
- Withdrawal lasts 1-2 days

#### **METH**

- Slowly metabolized
- Effects last 10-20 hours
- Withdrawal lasts many days



#### METH decreases DAT sites in brain





## Role of METH in Gay Subculture

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

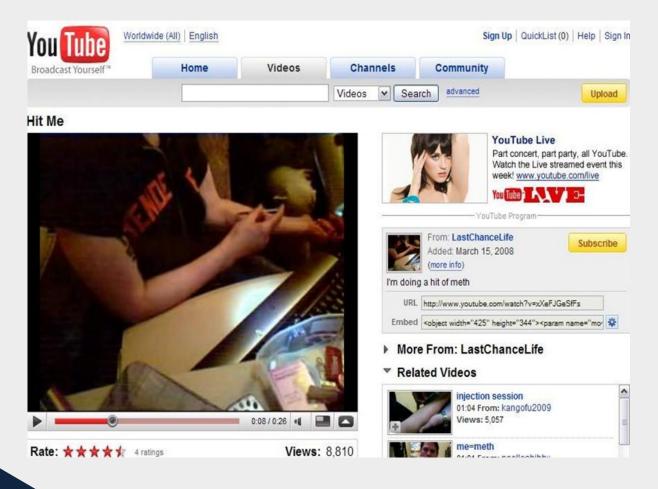


### METH, Sex, and the Internet

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



## Internet Websites Foster Risky Behaviors







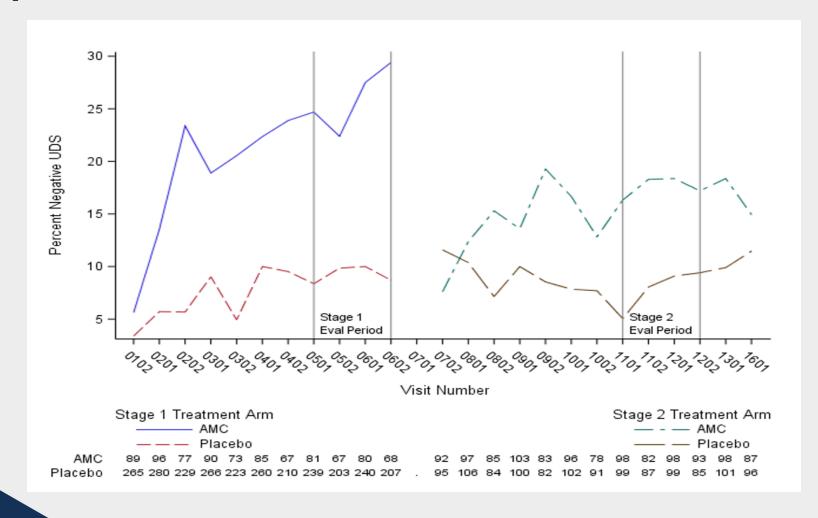
### Treatment for METH Dependence

- Pharmacotherapy
  - No FDA-approved medication for METH dependence

- Psychologically-Based Therapies
  - Cognitive Behavioral Therapy
  - Group and Community Therapies
  - Twelve Step Programs



## Bupropion + Naltrexone Reduce METH Use



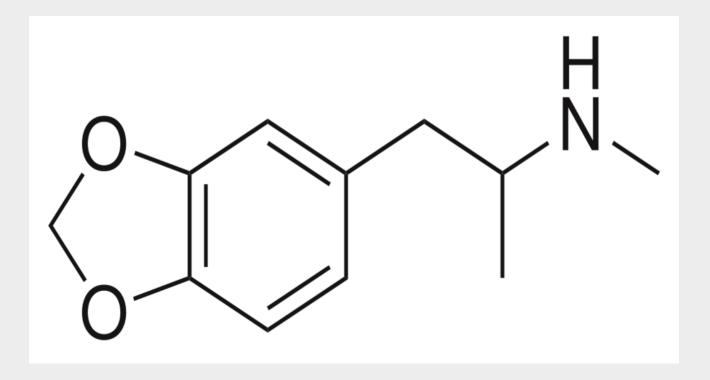


## Ecstasy



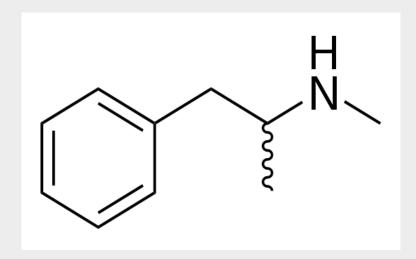
## Ecstasy (MDMA) is a Synthetic Club Drug





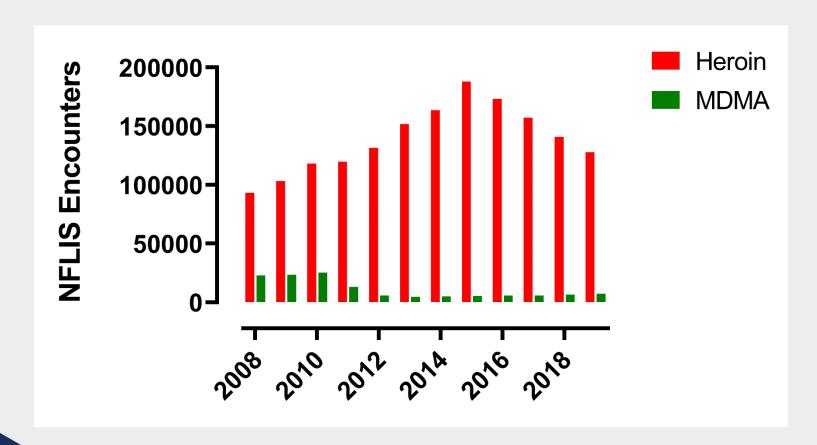
### MDMA is a Ring-Substituted Amphetamine Analog

#### Methamphetamine



3,4-Methylenedioxy Methamphetamine (MDMA)

## Confiscation of MDMA Remains Low Compared to Other Drugs





#### 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

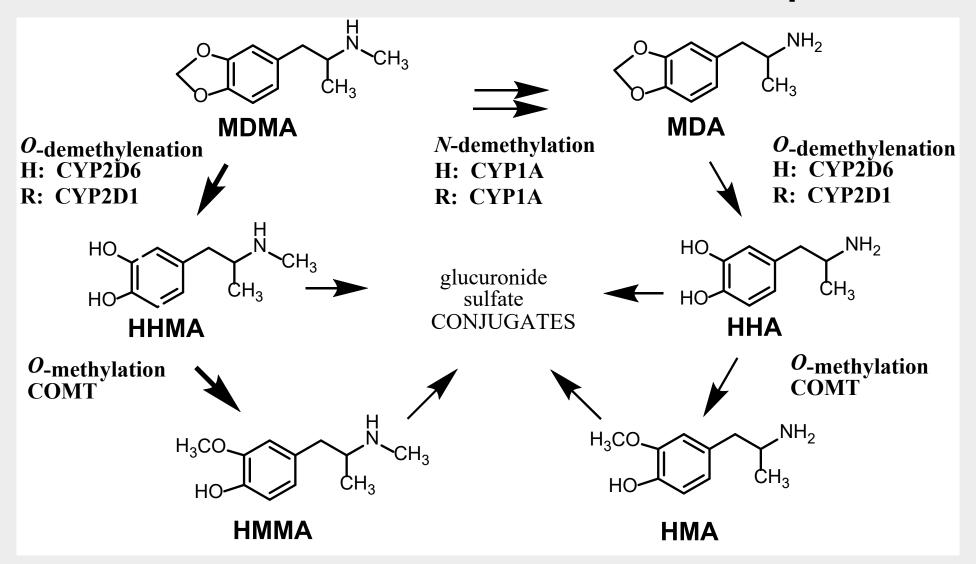


#### Pharmacokinetics And Metabolism

- 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



## MDMA Metabolism is Complex



#### **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



#### 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



#### Withdrawal

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



#### Molecular Sites of Action

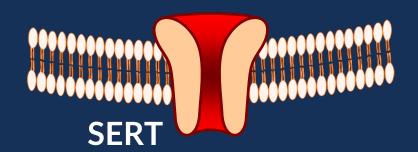
- SLC6 Monoamine Transporters
  - 5-HT transporter (SERT)
  - Dopamine transporter (DAT)
  - Norepinephrine transporter (NET)
- Other sites
  - Vesicular Monoamine Transporter 2 (VMAT2)
  - 5-HT2A receptors



## SERTs Mediate 5-HT Uptake

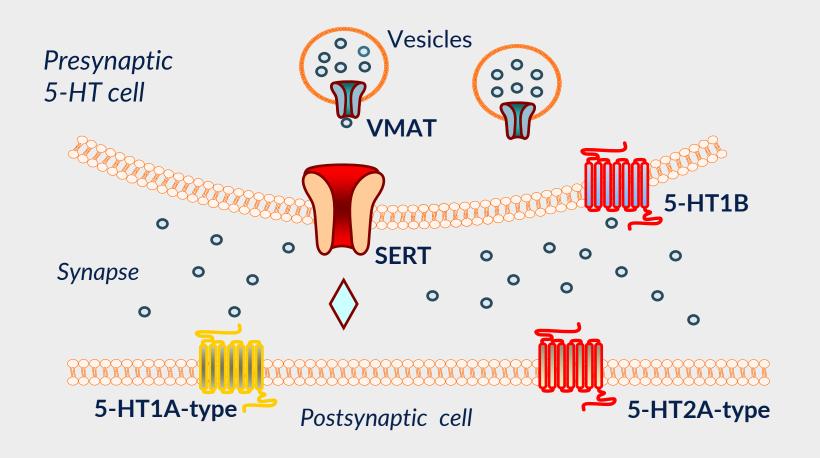
- SERTs are membrane proteins responsible for uptake of released 5-HT
- Drugs that disrupt SERT function increase synaptic 5-HT
- Increases in 5-HT are not rewarding (e.g., SSRIs)

cytoplasm

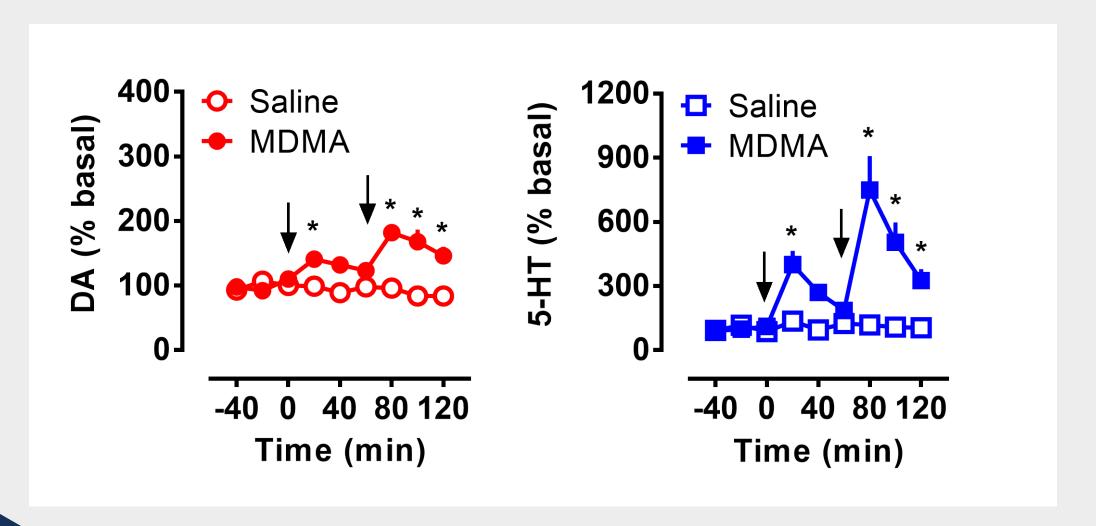


synapse

# MDMA is a SERT substrate ♦ (5-HT releaser)



## MDMA Increases Extracellular 5-HT more than DA





#### **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?



## **Bath Salts**



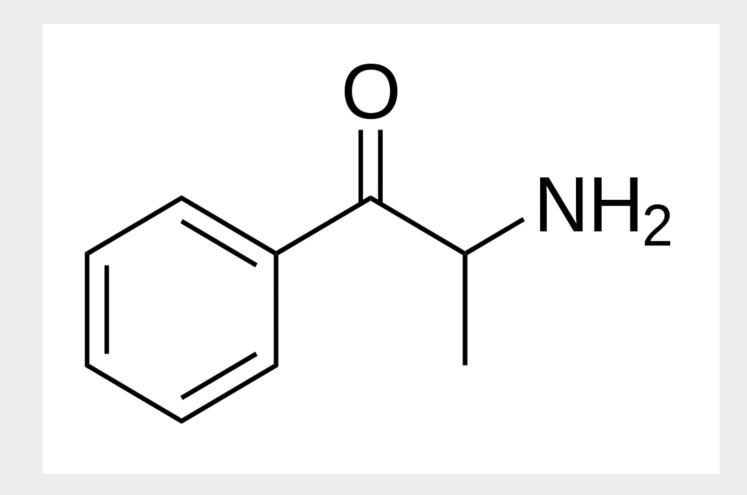
### Cathinone is a Plant-Based Alkaloid



### Khat Plant Catha edulis



## Cathinone is **B**-Keto Amphetamine



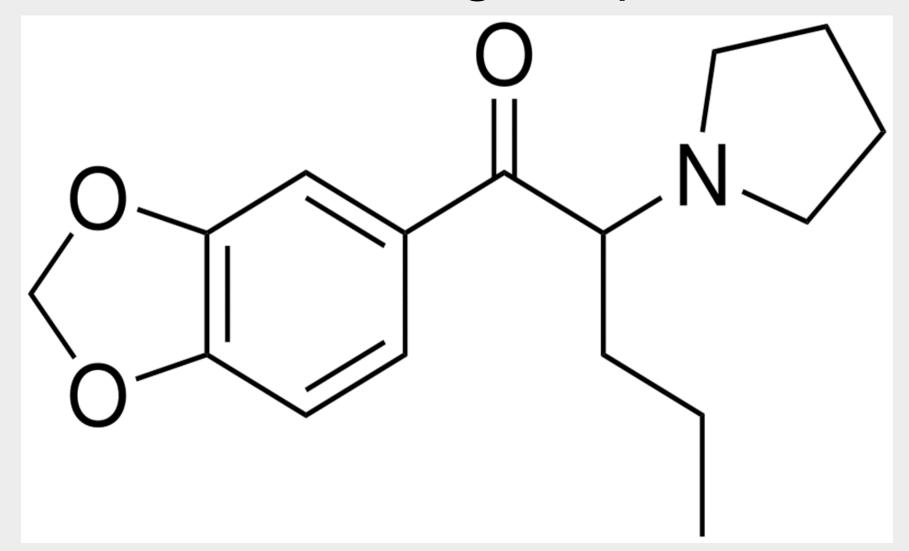


## "Bath Salts" Products Contain Synthetic Cathinones



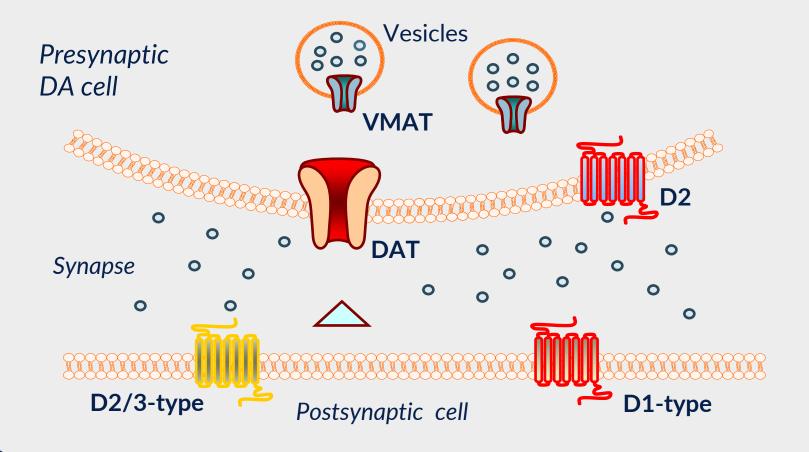


## MDPV is an Analog of Pyrovalerone



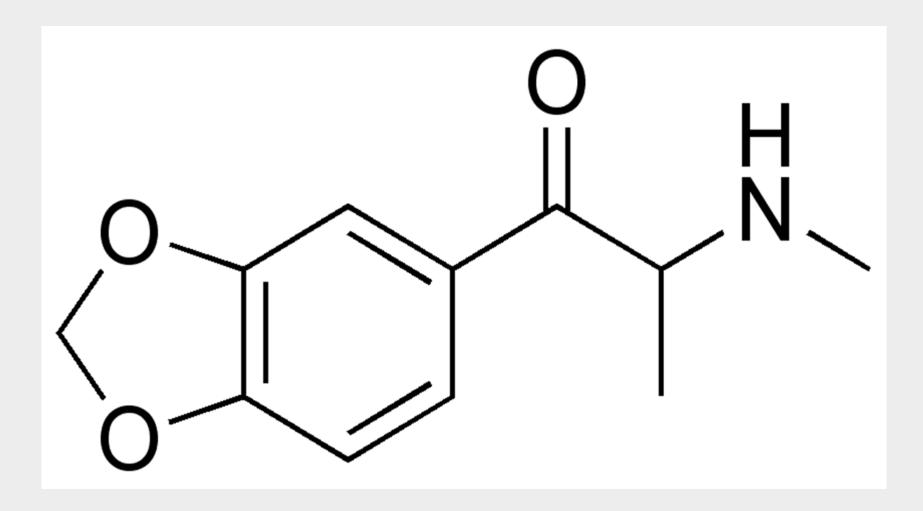


## MDPV is a DAT Blocker (DA Uptake Inhibitor)





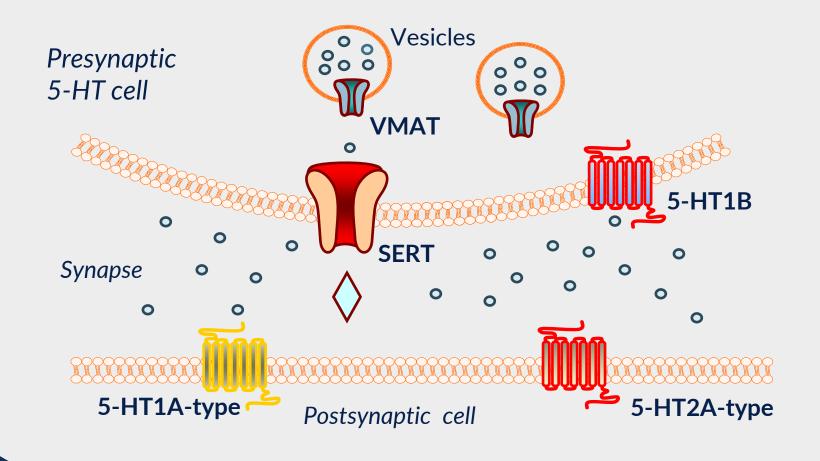
## Methylone is b-Keto MDMA







## Methylone is a SERT substrate (5-HT releaser)





## Methylone Analogs are now Appearing as Counterfeit MDMA



## Summary



## **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.

## 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?



## Thank You





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