

Stimulants

Psychology 470

Introduction to Chemical Additions

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Overview

- Are substances that increase neuronal and behavioral activity when given
- · Have many effects
 - · Increase mood and motor activity
 - Increase alertness
 - · Decrease appetite
 - · Decrease need for sleep
 - At high levels can cause seizures and hallucinations
 - Some types cause paranoia

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Many substances contain stimulants

- · Analgesics
- Stay alert products
- · Some decongestants
- Herbal stimulants
 - Ephedrine

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Pharmacokinetics

- Can be taken orally, through inhalation, injection
- Distributed through the bloodstream
- · Target organs are usually neurons
- Can also influence other structures and cause immediate or delayed problems
 - · Heart tissue (cardiac arrest)
 - Deviated Septum
 - · Teeth problems

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Pharmacodynamics

- · Generally, most stimulants
 - Increase neurotransmitter release
 - · Block reuptake
 - Can also shut down inhibitory neurotransmitters via other processes

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Some Stimulants

- · Amphetamines and Methamphetamine
- Cocaine
- Xanthenes
 - Coffee
 - Tea
 - Chocolate
- Nicotine
- · Ephedrine
- Ritalin

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Amphetamines

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Overview

- · Used therapeutically for many disorders
- Used to reduce fatigue and enhance performance
- · Widespread abuse began in 1940's
 - · Students and truck drivers
- · Were used as appetite suppressants
- Problem
 - · Rapid tolerance
 - Strong physical and psychological dependence (CC and neg. reinforcement)

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Pharmacokinetics

- Usually taken orally or via injection (medical usage)
- · Travels to sites via the bloodstream
- · Metabolized by the Liver
- · Byproducts are secreted through urine
- Urine tests good for about 48 hours
- · Hair samples good until cut

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Pharmacodynamics

- Impacts the NS, cardiac tissue, and other structures.
- Causes the release dopamine and norepinephrine from presynaptic elements
- Blocks the reabsorption of NT
 - Remains on the binding sites longer
 - · Get stimulation

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Result

- Motor stimulation
 - Move faster, talk faster, etc
 - Get to much, performance decreases
- Increased BP but decreased HR
- · Increased alertness and concentration
- · Increases memory
 - · Good for studying
- Loss of appetite
- · May also get arousal and increased mood
- Often develop a feeling of power
 - Can be reinforcing when performance increases

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High Doses

- · Can get repetitive acts
- · Often develops paranoia
 - Important for trust in counseling settings
- May develop aggression/violence
- Can get delusions and other types of psychotic behavior
 - Often is difficult to detect the difference between amphetamine psychotic behavior and other psychotic behavior
- Physical problems
 - · Cardiac, NS, liver, and oral.

Other problems

- · Infections from neglected health care
 - · Poor eating habits
- · Deterioration in life
 - Social, personal, job areas
- Cognitive problems (often irreversible)
 - Academic performance decreases
 - Mental functioning decreases
 - · Other problems result
- Withdrawal
 - · Lethargy, depression, feeling down

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Methamphetamine

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Overview

- · Is very powerful
- · Is highly addictive
- · Is a synthetic amphetamine
- · Lots of different names
- Terms referring to meth:
 - · Crank, Crystal, Speed, Ice, Glass, Lines

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Some slang

- Eight ball: Eight ounce package of crank
- Rig or works: Material used to inject meth.
- Crankster: Someone who uses or manufactures meth.
- Mule: A person who obtains ephedrine, pseudoephedrine and moves drugs.
- Spun: Person overdosed on meth. And experiencing psychotic confusion.

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Users

- Past White males, blue collar workers, urban areas
- Today Everyone and it is everywhere
- 4.7 million Americans have tried meth.
- 4.8% of high school seniors have tried meth.
 - 1.9 percent within the past year.

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Pharmacokinetics

- Oral Euphoria within 15 to 20 minutes
- Injection
 - Intense rush 15-45 seconds
 - · Also get arousal before taking
- Inhalation (smoking)
 - Intense rush 7-15 seconds
- Inhalation (snorted)
 - ullet Euphoria within 3 to 5 minutes

Psyc 470 - Introduction to Chemical Addictions Some Effects • Euphoria Hallucinations • Increased heart rate • Depression and blood pressure Lung and kidney Increased alertness disorders Convulsions · Brain damage Irritability and Decreased appetite confusion Hallucinations, Malnutrition paranoia • Hyperthermia Aggression • Insomnia Strokes

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Brain Damaged By Meth

• Damages post synaptic elements of dopamine neurons

• Kills other brain cells

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When you are on Methamphetamine

It changes your impression of "Normal"
Being on meth. Feels normal
Not on meth. Feels weird.

Increases your risk for BBPs
You do not care what happens
Now Viagra and Meth.

Stop using, get depression, fatigue, intense craving

Hard to kick.

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ICE

Is a freebase form of methamphetamine
Is very potent
Smoking allows for immediate absorption
High is intense and lasts a long time
11 hour half-life
Chronic use causes lots of problems
Psychiatric
Cardiovascular
Endocrine changes
Neuromuscular changes

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Cocaine

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Background

Comes from the leaves of Erythroxylan coca

Used in South America for religious, social, euphoriant, and medicinal purposes

Alkaloid purified from the leaves in 1860 – What we commonly know as Cocaine.

One of the first local anesthetics used for surgery

Still used today

Usages

- Incorporated into numerous medicines and beverages
 - · Coca-Cola
- Harrison Narcotic Act banned use in 1914
- Recreational use increased in late 1960's
 - · Jet setters
- · Crack use spread in the late 1980's

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Forms of Cocaine

- · Leaves contain about 0.5-1.0% cocaine
- Leaves are soaked in kerosene and gasoline and mashed
- Cocaine extracted paste (50-60% pure)
- · Cocaine Hydrochloride
 - · Paste is treated to oxidize and purify the paste
 - Forms water soluble cocaine hydrochloride powder
 - Close to 100% pure
 - · Can be injected, snorted, ingested
- · Cannot be smoked

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Crack (Freebase)

- · Similar to the coca paste.
- Is made by reversing the oxidation process
- · Cannot be inhaled or injected
- Forms a vapor when heated and smoked
- · Is much cheaper

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Pharmacokinetics

- · Can be absorbed from all areas
- · Oral, lungs, stomach
- Half-life 30-90 min.
- Metabolized by enzymes in both plasma and liver
- · Slowly removed from brain
- · Positive urine tests for 12 hours
- · Hair samples until cut

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Injection and smoking

- IV injection
 - Rapid increase
- Smoking (crack)
 - · Onset in seconds
 - Peaks in 5 minutes
 - · Lasts about 30 minutes

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Pharmacodynamics

- Distribution by the circulatory system
- Penetrates brain rapidly
- Works on Dopamine neurons
 - Blocks reabsorption of dopamine
 - Dopamine stays in the synapse longer
 - · Get more action potentials
 - Feel good

Psyc 470 - Introduction to Chemical Addictions Some Effects Immediate euphoria (60-90 min.) · Enhanced self-consciousness Forceful boastfulness · Increased alertness Motor hyperactivity Shifts of blood flow from internal organs to muscles Thoughts race, Rapid speech Sleep delayed Appetite suppressed A depressive state follows use Anxiety and sleep deprivation Hypervigilance Paranoia 31

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Medical Complications

Many cardiovascular effects
Heart attacks
Irregular heart rhythm
Respiratory failure
Seizures

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Xanthenes

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Many Types

• Xanthenes
• Theophylline (Tea)
• Theobromine (Chocolate)
• Caffeine (Coffee and colas)

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Theophylline

• Found in Tea
• Has very little in it when made so it has minimal effects
• Primarily used for breathing problems in asthmatics
• Relaxes and open bronchial trees

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Theobromine

• Found in Chocolate
• Has far less potency than caffeine

CAFFEINE

- Most commonly consumed psychoactive drug in the world
- Average intake per person per day is between 80 to 400 milligrams
- Consumption of caffeine is not considered drug abuse
- · No regulation on sale or use

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Found in Lots of Products

Item

Coffee (5 oz) 100mg Tea (5oz) 50mg Cocoa (5oz) 5mg 25mg Chocolate (1oz) Chocolate milk (1oz) 5mg Cola drink (12oz) >100mg OTC stimulants >100mg OTC analgesics (aspirin) < 65mg OTC cold remedies 30mg

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EFFECTS

- · Enhanced mental alertness
 - · Good for sustained intellectual effort
- Increased energy
- · A sense of well-being
- · Reduced fatigue
- · Sleep onset is delayed

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Chronic use

- · Habituation and tolerance
- · Withdrawal
 - Headaches
 - Drowsiness
 - Fatigue
 - Depression

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Pharmacokinetics

- Blood levels are reached in 30-45 minutes
- Peak levels about 2 hours
- · 3.5 to 5 hours half life
- · Distributed through body water

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Pharmacokinetics

- Metabolized in the liver into three metabolites
 - Theophylline
 - · Used in bronchial relaxation
 - Paraxanthine
 - Theobromine
 - Theophylline and Paraxanthine act similar to caffeine
- · About 10% is excreted unchanged

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Mechanism of Action

- Major site of action
 - · Adenosine receptors
 - Most potent at adenosine A_1 and A_{2A}
- Blocks the adenosine receptor (shuts down excitatory neurons)
- Block the receptor, more firing by other neurons

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NI COTINE

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NICOTINE

- Primary active ingredient in tobacco
- One of the three most widely used psychoactive drugs
 - Caffeine
 - Alcohol
- Has few or no therapeutic applications
- Important because of widespread use and toxicity
- Tobacco is good as a plant herbicide

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Background Information

- Responsible for the deaths of 1100 Americans every day
- Each day
 - 6000 American teenagers try their first cigarette
 - 3000 children become regular smokers
 - 1000 of these will die from smoking related disease
 - 9 in 10 smokers become addicted before age 21
- Girls become addicted faster than boys
 - Have a harder time quitting as well

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Smoking Diseases

- Each Year
 - 4,000 Americans die from lung cancer caused by second-hand smoke
 - 37,000 die per year from heart disease caused by second-hand smoke

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Effects

- · Nicotine exerts powerful effects on
 - Brain
 - Spinal cord
 - Peripheral nervous system
 - Heart
 - · Various other body structures

Effects

- Stimulates the vomit center in the brain stem and sensory receptors in the stomach
 - Develops nausea in early stages of smoking
 - Tolerance develops rapidly
- · Reduces weight gain
 - · Suppresses appetite

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Effects

- In the CNS nicotine increases
 - · Psychomotor activity
 - · Cognitive functioning
 - Sensorimotor performance
 - Attention
 - Memory consolidation

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Withdrawal Symptoms

- · Intense nicotine craving
- Irritability
- Anxiety
- Anger
- Difficulty concentrating
- Restlessness
- · Impatience
- Increased appetite
- Weight gain
- Insomnia

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Pharmacokinetics

- · Easily absorbed by
 - Lungs
 - Buccal and nasal mucosa
 - Skin
 - Gastrointestinal tract
- · Is distributed throughout the body
 - No barriers to nicotine distribution
 - Rapid brain penetration
 - · Crosses placental barrier
 - · Appears in all bodily fluids
- The liver metabolizes 80% to 90% of Nicotine
- Metabolites are removed by the kidney

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Methylphenidate (Ritalin)

- Is a non-amphetamine stimulant
- Half life = 2 4 hours
- Time release half-life = 3 8 hours
 - Doesn't work well for ADHD
- · Is erratically absorbed
 - Blood levels are unpredictable

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Medical Uses

- · Attention Deficit Disorder
- Narcolepsy

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Effects

Increased Alertness
Excitation
Euphoria
Increased HR & BP
Insomnia
Loss of appetite

Pharmacokinetics

Oral

Used for kids and adults (ADHD)

Not much euphoria

Injection

Rapid euphoria

Get a surge of Dopamine

High potential for abuse

Used within youth groups

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Distribution and Elimination

• Distributed to the brain and other structures via the blood stream

• Metabolized by the liver

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Brain Effects

• Shuts down the frontal lobe
• Gives greater focus
• Why used for ADHD
• Stimulates other brain areas
• LC
• NA
• Others

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Side Effects

• Apathy
• Depression
• Disorientation
• Irritability

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Neuron Effects

• Blocks reuptake of Dopamine
• Similar to Cocaine
• Slightly increases the release of Dopamine
• Like other amphetamines

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Dose levels

Low

Minimal effects

High

Get a rush

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Conclusions

Lots of stimulants
Impact lots of societal areas
Are now causing lots of problems
Believe you are doing great
You do until you develop tolerance
Then causes problems.