Introduction to Drug Classes

The Controlled Substances Act (CSA) regulates 5 classes of drugs. Although marijuana is classified in the CSA as a hallucinogen, a separate section is dedicated to that topic.

**Narcotics:** Also known as “opioids,” the term “narcotic” comes from the Greek word for “stupor” and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as “narcotics,” today “narcotic” refers to opium, opium derivatives, and their semi-synthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is “opioid.” Examples include the illicit drug heroin and pharmaceutical drugs like OcyContin®, Vicodin®, codeine, morphine, methadone, and fentanyl.

- **Street Names:** Smack, Horse, Mud, Brown Sugar, Junk, Black Tat, Big H, Paregoric, Dover’s Powder, MPTP (New Heroin), Hilbilly Heroin, Lean or Purple Drank, OC, Ox, Oxy, Oxycotton, Sippin Syrup.

- **What do they look like?** Tablets, capsules, skin patches, powder, chunks in varying colors (from white to shades of brown and black), liquid form for oral use and injection, syrups, suppositories, and lollipops.

- **How are they abused?** Narcotics/opioids can be swallowed, smoked, sniffed, or injected.

- **What is their effect on the mind?** Narcotic/opioid use comes with a variety of unwanted effects including drowsiness, inability to concentrate, and apathy.

- **What is their effect on the body?** Negative effects include slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing. Physical dependence is a consequence of chronic opioid use.

- **What are their overdose effects?** Overdoses of narcotics are not uncommon and can be fatal. Physical signs of narcotics/opioid overdose include: constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, extreme drowsiness, and slowed breathing.

- **Which drugs cause similar effects?** With the exception of pain relief and cough suppression, most central nervous system depressants (like barbiturates, benzodiazepines, and alcohol) have similar effects, including slowed breathing, tolerance, and dependence.

- **What is their legal status in the United States?** Narcotics/opioids are controlled substances that vary from Schedule I to Schedule V, depending on their medical usefulness, abuse potential, safety, and drug dependence profile. Schedule I narcotics, like heroin, have no medical use in the U.S. and are illegal to distribute, purchase, or use outside of medical research.

**Stimulants:** Stimulants speed up the body’s systems. This class of drugs includes: Prescription drugs such as amphetamines (Adderall® and Dextedrine®), methylphenidate (Concerta® and Ritalin®), diet aids (such as Didrex®, Bontril®, Preludin®, Fastin®, Adipex P®, Ionimin®, and Meridia®) and illicitly produced drugs such as methamphetamine, cocaine, and methcathinone. Stimulants are diverted from legitimate channels and clandestinely manufactured exclusively for the illicit market.

- **Street Names:** Bennies, Black Beauties, Cat, Coke, Crank, Crystal, Flake, Ice, Pellets, R-Ball, Skippy, Snow, Speed, Uppers, and Vitamin R.

- **What do they look like?** Pills, powder, rocks, and injectable liquids.

- **How are they abused?** Stimulants can be pills or capsules that are swallowed. Smoking, snorting, or injecting stimulants produces a sudden sensation known as a “rush” or a “flash.” Abuse is often associated with a pattern of binge use — sporadically consuming large doses of stimulants over a short period of time. Heavy users may inject themselves every few hours, continuing until they have depleted their drug supply or reached a point of delirium, psychosis, and physical exhaustion. During heavy use, all other interests become secondary to recreating the initial euphoric rush.
- **What is their effect on the mind?** When used as drugs of abuse and not under a doctor’s supervision, stimulants are frequently taken to produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for a prolonged period, and “get high”. Chronic, high-dose use is frequently associated with agitation, hostility, panic, aggression, and suicidal or homicidal tendencies. Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur. Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs. In fact, the strongest psychological dependence observed occurs with the more potent stimulants, such as amphetamine, methylphenidate, methamphetamine, cocaine and methcathinone. Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a “crash.”

- **What is their effect on the body?** Stimulants are sometimes referred to as uppers and reverse the effects of fatigue on both mental and physical tasks. Therapeutic levels of stimulants can produce exhilaration, extended wakefulness, and loss of appetite. These effects are greatly intensified when large doses of stimulants are taken. Taking too large a dose at one time or taking large doses over an extended period of time may cause dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps.

- **What are their overdose effects?** In overdose, unless there is medical intervention, high fever, convulsions, and cardiovascular collapse may precede death. Because accidental death is partially due to the effects of stimulants on the body’s cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.

- **Which drugs cause similar effects?** Some hallucinogenic substances, such as Ecstasy, have a stimulant component to their activity.

- **What is their legal status in the United States?** Many stimulants have a legitimate medical use for the treatment of conditions such as obesity, narcolepsy, and attention deficit and hyperactivity disorder. Such stimulants vary in their level of control from Schedules II to IV, depending on their potential for abuse and dependence. A number of stimulants have no medical use in the United States but have a high potential for abuse. These stimulants are controlled in Schedule I. Some prescription stimulants are not controlled, and some stimulants like tobacco and caffeine don’t require a prescription, though society’s recognition of their adverse effects has resulted in a proliferation of caffeine-free products and efforts to discourage cigarette smoking. Stimulant chemicals in over-the-counter products, such as ephedrine and pseudoephedrine can be found in allergy and cold medicine. As required by The Combat Methamphetamine Epidemic Act of 2005, a retail outlet must store these products out of reach of customers, either behind the counter or in a locked cabinet. Regulated sellers are required to maintain a written or electronic form of a logbook to record sales of these products. In order to purchase these products, customers must now show a photo identification issued by a state or federal government. They are also required to write or enter into the logbook: their name, signature, address, date, and time of sale. In addition to the above, there are daily and monthly sales limits set for customers.

**Depressants:** Depressants will put you to sleep, relieve anxiety and muscle spasms, and prevent seizures. Barbiturates are older drugs and include butalbital (Fiorina®), phenobarbital, Pentothal®, Seconal® and Nembutal®. You can rapidly develop dependence on and tolerance to barbiturates, meaning you need more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death. Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects. Some examples are Valium®, Xanax®, Halcion®, Ativan®, Klonopin® and Restoril®. Rohypnol® is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally. Ambien® and Sonata® are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. Other CNS depressants include meperidine, methaqualone (Quaalude®), and the illicit drug GHB. Generally, legitimate pharmaceutical products are diverted to the illicit market.

- **Street Names:** Barbs, Benzos, Downers, Georgia Home Boy, GHB, Grieving Bodily Harm, Liquid X, Nerve Pills, Phennies, R2, Reds, Roofies, Rophies, Tranks, and Yellows.
- **What do they look like?** Depressants come in the form of pills, syrups, and injectable liquids.

- **How are they abused?** Individuals abuse depressants to experience euphoria. Depressants are also used with other drugs to add to the other drugs’ high or to deal with their side effects. Abusers take higher doses than people taking the drugs under a doctor’s supervision for therapeutic purposes. Depressants like GHB and Rohypnol® are also misused to facilitate sexual assault.

- **What is their effect on the mind?** Depressants used therapeutically do what they are prescribed for: to put you to sleep, relieve anxiety and muscle spasms, and prevent seizures. They also: cause amnesia, leaving no memory of events that occur while under the influence, reduce your reaction time, impair mental functioning and judgment, and cause confusion. Long-term use of depressants produces psychological dependence and tolerance.

- **What is their effect on the body?** Some depressants can relax the muscles. Unwanted physical effects include: slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing. Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life threatening.

- **What are the overdose effects?** High doses of depressants or use of them with alcohol or other drugs can slow heart rate and breathing enough to cause death.

- **Which drugs cause similar effects?** Some antipsychotics, antihistamines, and antidepressants produce sedative effects. Alcohol’s effects are similar to those of depressants.

- **What is their legal status in the United States?** Most depressants are controlled substances that range from Schedule I to Schedule IV under the Controlled Substances Act, depending on their risk for abuse and whether they currently have an accepted medical use. Many of the depressants have FDA-approved medical uses. Rohypnol® is not manufactured or legally marketed in the United States.

**Hallucinogens:** Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood. Hallucinogens can be synthetically produced in illicit laboratories or are found in plants.

- **Street Names:** Acid, Blotter, Blotter Acid, Cubes, Doses, Fry, Mind Candy, Mushrooms, Shrooms, Special K, STP, X, and XTC.

- **What do they look like?** Hallucinogens come in a variety of forms. MDMA or ecstasy tablets are sold in many colors with a variety of logos to attract young abusers. LSD is sold in the form of impregnated paper (blotter acid), typically imprinted with colorful graphic designs.

- **How are they abused?** The most commonly abused hallucinogens are hallucinogenic mushrooms, LSD, and MDMA or ecstasy. Hallucinogens are typically taken orally or can be smoked.

- **What is their effect on the mind?** Sensory effects include perceptual distortions that vary with dose, setting, and mood. Psychic effects include distortions of thought associated with time and space. Time may appear to stand still, and forms and colors seem to change and take on new significance. Weeks or even months after some hallucinogens have been taken, the user may experience flashbacks — fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. The occurrence of a flashback is unpredictable, but is more likely to occur during times of stress and seems to occur more frequently in younger individuals. With time, these episodes diminish and become less intense.

- **What is their effect on the body?** Physiological effects include elevated heart rate, increased blood pressure, and dilated pupils.

- **What are the overdose effects?** Deaths exclusively from acute overdose of LSD, magic mushrooms, and mescaline are extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or
due to the person inadvertently eating poisonous plant material. A severe overdose of PCP and ketamine can result in respiratory depression, coma, convulsions, seizures, and death due to respiratory arrest.

- **What is their legal status in the United States?** Many hallucinogens are Schedule I under the Controlled Substances Act, meaning that they have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.

**Marijuana/Cannabis:** Marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis sativa plant. Marijuana contains over 480 constituents. THC (delta-9-tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect. Marijuana is grown in the United States, Canada, Mexico, South America, and Asia. It can be cultivated in both outdoor and indoor setting.

- **Street Names:** Aunt Mary, BC Bud, Blunts, Boom, Chronic, Dope, Gangster, Ganja, Grass, Hash, Herb, Hydro, Indo, Joint, Kif, Mary Jane, Mota, Pot, Reefer, Sinsemilla, Skunk, Smoke, Weed, and Yerba.

- **What does it look like?** Marijuana is a dry, shredded green/brown mix of flowers, stems, seeds, and leaves from the Cannabis sativa plant. The mixture typically is green, brown, or gray in color and may resemble tobacco.

- **How is it abused?** Marijuana is usually smoked as a cigarette (called a joint) or in a pipe or bong. It is also smoked in blunts, which are cigars that have been emptied of tobacco and refilled with marijuana, sometimes in combination with another drug. Marijuana is also mixed with foods or brewed as a tea.

- **What is its effect on the mind?** When marijuana is smoked, the THC passes from the lungs and into the bloodstream, which carries the chemical to the organs throughout the body, including the brain. In the brain, the THC connects to specific sites called cannabinoid receptors on nerve cells and influences the activity of those cells. Many of these receptors are found in the parts of the brain that influence pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement. The short-term effects of marijuana include: problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination. The effect of marijuana on perception and coordination are responsible for serious impairments in learning, associative processes, and psychomotor behavior (driving abilities). Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychic addiction or dependence. Clinical studies show that the physiological, psychological, and behavioral effects of marijuana vary among individuals and present a list of common responses to cannabinoids, as described in the scientific literature: dizziness, nausea, tachycardia, facial flushing, dry mouth and tremor initially; merriment, happiness, and even exhilaration at high doses; disinhibition, relaxation, increased sociability, and talkativeness; enhanced sensory perception, giving rise to increased appreciation of music, art, and touch; heightened imagination leading to a subjective sense of increased creativity; time distortions; illusions, delusions, and hallucinations are rare except at high doses; impaired judgment, reduced coordination, and ataxia, which can impede driving ability or lead to an increase in risk-taking behavior; emotional lability, incongruity of affect, dysphoria, disorganized thinking, inability to converse logically, agitation, paranoia, confusion, restlessness, anxiety, drowsiness, and panic attacks may occur, especially in inexperienced users or in those who have taken a large dose; increased appetite and short-term memory impairment are common. Researchers have also found an association between marijuana use and an increased risk of depression, an increased risk and earlier onset of schizophrenia, and other psychotic disorders, especially for teens that have a genetic predisposition.

- **What is its effect on the body?** Short-term physical effects from marijuana use may include: sedation, blood-shot eyes, increased heart rate, coughing from lung irritation, increased appetite, and decreased blood pressure. Like tobacco smokers, marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Because marijuana contains toxins and carcinogens, marijuana smokers increase their risk of cancer of the head, neck, lungs, and respiratory tract. Withdrawal from chronic use of high doses of marijuana causes physical signs including headache, shakiness, sweating, and stomach pains and nausea. Withdrawal symptoms also include behavioral signs such as: restlessness, irritability, sleep difficulties, and decreased appetite.

- **What are its overdose effects?** No death from overdose of marijuana has been reported.
- **Which drugs cause similar effects?** Hashish and hashish oil are drugs made from the cannabis plant that are like marijuana, only stronger. **Hashish** (hash) consists of the THC-rich resinous material of the cannabis plant, which is collected, dried, and then compressed into a variety of forms, such as balls, cakes, or cookie sheets. Pieces are then broken off, placed in pipes or mixed with tobacco and placed in pipes or cigarettes, or smoked. The main sources of hashish are the Middle East, North Africa, Pakistan, and Afghanistan. **Hashish Oil** (hash oil, liquid hash, cannabis oil) is produced by extracting the cannabinoids from the plant material with a solvent. The color and odor of the extract will vary, depending on the solvent used. A drop or two of this liquid on a cigarette is equal to a single marijuana joint. Like marijuana, hashish and hashish oil are both Schedule I drugs.

- **What is its legal status in the United States?** Marijuana is a Schedule I substance under the Controlled Substances Act, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Marinol, a synthetic version of THC, the active ingredient found in the marijuana plant, can be prescribed for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer and to stimulate appetite in AIDS patients. Marinol is a Schedule III substance under the Controlled Substances Act.

**INHALANTS:** Inhalants are invisible, volatile substances found in common household products that produce chemical vapors that are inhaled to induce psychoactive or mind altering effects. There are more than 1,000 products that are very dangerous when inhaled — things like typewriter correction fluid, air conditioning refrigerant, felt tip markers, spray paint, air freshener, butane, and even cooking spray. See products abused as inhalants at [www.inhalants.org/product.htm](http://www.inhalants.org/product.htm) (National Inhalant Prevention Coalition).

- **Street Names:** Gluey, Huff, Rush, and Whippets.

- **What do they look like?** Common household products such as glue, lighter fluid, cleaning fluids, and paint all produce chemical vapors that can be inhaled.

- **How are they abused?** Although other abused substances can be inhaled, the term “inhalants” is used to describe a variety of substances whose main common characteristic is that they are rarely, if ever, taken by any route other than inhalation. Inhalants are breathed in through the nose or the mouth in a variety of ways, such as “sniffing” or “snorting”, “bagging” (sniffing or inhaling fumes from substances sprayed or deposited inside a plastic or paper bag), “huffing” from an inhalant-soaked rag stuffed in the mouth, or inhaling from balloons filled with nitrous oxide.

- **What is their effect on the mind?** Inhalant abuse can cause damage to the parts of the brain that control thinking, moving, seeing, and hearing. Cognitive abnormalities can range from mild impairment to severe dementia.

- **What is their effect on the body?** Inhaled chemicals are rapidly absorbed through the lungs into the bloodstream and quickly distributed to the brain and other organs. Nearly all inhalants produce effects similar to anesthetics, which slow down the body’s function. Depending on the degree of abuse, the user can experience slight stimulation, feeling of less inhibition or loss of consciousness. Within minutes of inhalation, the user experiences intoxication along with other effects similar to those produced by alcohol. These effects may include slurred speech, an inability to coordinate movements, euphoria, and dizziness. After heavy use of inhalants, abusers may feel drowsy for several hours and experience a lingering headache. Additional symptoms exhibited by long-term inhalant abusers include weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, depression, and damage to the nervous system and other organs. Some of the damaging effects to the body may be at least partially reversible when inhalant abuse is stopped; however, many of the effects from prolonged abuse are irreversible. Prolonged sniffing of the highly concentrated chemicals in solvents or aerosol sprays can induce irregular and rapid heart rhythms and lead to heart failure and death within minutes. There is a common link between inhalant use and problems in school, such as failing grades, chronic absences, and general apathy. Other signs include paint or stains on body or
clothing; spots or sores around the mouth; red or runny eyes or nose; chemical breath odor; drunk, dazed, or dizzy appearance; nausea; loss of appetite; anxiety; excitability; and irritability.

- **What are their overdose effects?** Because intoxication lasts only a few minutes, abusers try to prolong the high by continuing to inhale repeatedly over the course of several hours, which is a very dangerous practice. With successive inhalations, abusers may suffer loss of consciousness and/or death. “Sudden sniffing death” can result from a single session of inhalant use by an otherwise healthy young person. Sudden sniffing death is particularly associated with the abuse of butane, propane, and chemicals in aerosols. Inhalant abuse can also cause death by asphyxiation from repeated inhalations, which lead to high concentrations of inhaled fumes displacing the available oxygen in the lungs, suffocation by blocking air from entering the lungs when inhaling fumes from a plastic bag placed over the head, and choking from swallowing vomit after inhaling substances.

- **Which drugs cause similar effects?** Most inhalants produce a rapid high that is similar to the effects of alcohol intoxication.

**DRUGS OF CONCERN:** Even though some substances are not currently controlled by the Controlled Substances Act, they pose risks to individuals who abuse them. The following are some drugs of concern: Bath Salts or Designer Cathinones (Synthetic Stimulants), DXM, Salvia Divinorum. For more information on these drugs of concern and more detailed information on the above, please see: “Drugs of Abuse”, 2011 Edition, A DEA Resource Guide at: [http://www.justice.gov/dea/pr/multimedia-library/publications/drug_of_abuse.pdf](http://www.justice.gov/dea/pr/multimedia-library/publications/drug_of_abuse.pdf)

20150513