Psychoactive Drug

Classifications
Psychoactive substances can be classified in a variety of ways

- Common effects
- Chemical structure
- Drug Enforcement Administration schedules
- Addiction liability (high vs low)
Per the U.S. federal government:

- **Schedule I** – high potential for abuse, no currently accepted medical use (heroin)

- **Schedule II** – high potential for abuse, some currently accepted medical use, potentially severe psychological/physical dependence (oxycodone)

- **Schedule III** – potential for abuse is less than I & II, some currently accepted medical use, moderate to low physical dependence, up to high psychological dependence (example: some anabolic steroids)
Drug Enforcement Administration
Schedules

Schedule IV: low potential for abuse compared to I-III, currently accepted medical use, low physical/psychological dependence risk compared to I-III (Xanax)

Schedule V: low potential for abuse compared to I-IV, currently accepted medical use (some cough suppressants w/ codeine)

Source: DEA, Drug Scheduling
Drug Classifications

Common Effects
Stimulants

- User has improved sense of alertness
- Enhanced energy
- Excitability
- Euphoria/improved sense of well-being/mood elevation

Physiological responses:
- Increased heart rate
- Increased blood pressure
- Flushed skin
- Perspiration
Stimulants

Excessive use:
- Irritability
- Mood swings
- Hallucinations
- Heart palpitations
- Dizziness
- Headache
- Chest pain
- Death

Example: Cocaine
Depressants

Used to induce sleep or relaxation

Physiological responses:
- Reduction of tension
- Anxiety relief
- Speech slurring
- Staggered gait
- Relaxed muscles
Depressants

Excessive use:

– Slow, shallow breathing
– Clammy skin
– Weak, rapid pulse
– Coma
– Death

Example: Alcohol
Narcotics (Opiates)

Generally used to reduce pain, dull senses, induce sleep

Narcotics are generally a derivative of opium
Narcotics

Physiological Responses:

- Pain relief
- Euphoria
- Confusion
- Drowsiness
- Respiratory depression
Narcotics

Excessive Use:
- Increased risk for STD’s with needle use
- Nausea/vomiting
- Convulsions
- Respiratory arrest
- Coma, death

Example: Heroin
Hallucinogens

- Used to change perceptions
- Used to change mood
Hallucinogens

Physiological Responses:
- Hallucinations
- Erratic behavior
- Paranoia
- Depersonalization ("I am not real")
- Impaired social/occupational functioning
- Elevations in heart rate, blood pressure
Hallucinogens

Excessive Use:
- Memory loss
- Difficulties with speech, thinking
- Depression
- Weight loss
- Medical emergencies are rare

Example: Peyote
Cannabis

Physiological Responses:

- Euphoria
- Relaxation
- Impaired memory, concentration
- Loss of coordination
- Enhancement of senses
- Appetite changes
- Lowered blood pressure
Cannabis

Excessive Use *(may be controversial)*:

– Respiratory irritation
– Fluctuating emotions
– Impaired memory
– Psychosis (schizophrenia link)

Example: Marijuana