



## Stimulants

### WHAT ARE STIMULANTS?

Stimulants speed up the body's systems. This class of drugs includes:

- Prescription drugs such as amphetamines [Adderall® and Dexedrine®], methylphenidate [Concerta® and Ritalin®], diet aids [such as Adipex P®, Benzphetamine, Bontril®, Fastin®, Ionomin®, Meridia®, Preludin®], and other illicitly used drugs such as methamphetamine, cocaine, methcathinone, and other synthetic cathinones that are commonly sold under the guise of "bath salts."

### WHAT IS THEIR ORIGIN?

Stimulants are diverted from legitimate channels and clandestinely manufactured exclusively for the illicit market.



*Ritalin SR 20 mg tablet*



*Crack Cocaine*

### What are common street names?

Common street names for stimulants include:

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

### What do they look like?

Stimulants come in the form of:

- Pills, powder, rocks, and injectable liquids

### How are they used?

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."

Misuse 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 not used 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 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 such physical side effects as:

- 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?**

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.