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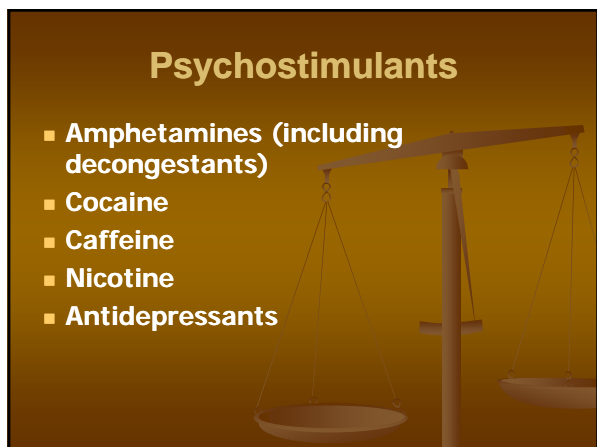
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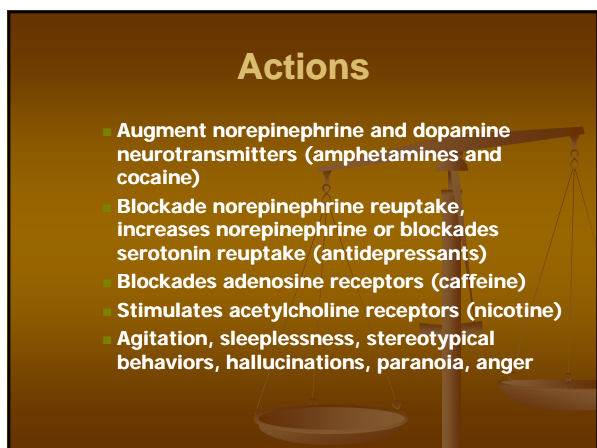
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## narcotics

- painkillers, hypotension, discoordination, (opioid receptors-endorphin receptors and GABA mu receptors-cause polarization of conductor agents and so GABA stops inhibiting dopamine)
- opiates and synthetic opiates (which can also have side effects like paranoiac response, opiates inhibit sexual response and birth process as well as cause constipation)

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## methadone

- causes the same basic symptoms but to a lesser degree unless used in high doses.
- Is a partial antagonist to other opiates, particularly to true opiates
- Long duration (can be taken 3 times per week)
- Is highly addictive, causes more pronounced physical clumsiness with less dose, has more side effects including potential minimal liver damage
- Potentiates strongly with sedatives and alcohol
- Used in the U.S. because political pressure disallows use of other opiate substances

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## Naltrexone (naloxone), Trexan, Narcan

- Full antagonist to opiates (and partial to full of sedative hypnotics as well)
- Duration is one full day.
- Can cause moderate to severe depression (easily treatable with antidepressant medications)

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## hallucinogens

- true hallucinogens (illusionary drugs)
- marijuana
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- act on acetylcholine either by blocking receptors or by augmentation.
- Psilocybin acts on serotonin and acts as an alternative form when binds with receptors.
- 3 phases, somatic, sensory, and psychic

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- marijuana works on anandamide (mood memory movement pain receptors)
- works in hippocampus and thalamus in the cerebrum
- antagonist of other drugs
- Side effects include spatial distortions in some, temporary loss of memory, triggers hunger center in brain, in some causes clumsiness, slowed reaction time, not due to physical slowdown like alcohol but rather to inattention.
- For most causes a mild euphoria, feelings of well being, for some increased focus on singular tasks, increased pain tolerance, decrease in symptoms of nausea and vertigo.

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