**Drug Types and Modes of Ingestion**

A brief introduction to ways to basic types of drugs ways to use (ingest) them

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**Introduction**

- The purpose of this lecture is to describe how drugs are taken to get high and a few of their classifications.
- Every drug known to the US or "the world" not covered here. (i.e. more exotic club drugs, inhalants, and "indigenous drugs")
- The term "addictive" will be used precisely.
  - "Addiction" means consistent physical withdrawal
  - Many drugs that are not "addictive" absolutely have a "high potential for abuse."
- It's "More than Molecules"
  - Set – the mindset of the individual user
  - Setting – the social and physical environment in which the drugs ingested.

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**Ways to Take Drugs**

- How you take ("ingest") a drug matters!
- More direct the "path" the blood stream the more intense the 'high' (and the following "low") – figures an oversimplification – but you should "get" idea.
- "less direct" modes of ingestion
  - normal or sober
- "more direct" modes of ingestion
  - normal or sober

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**Modes of Ingesting Drugs (less intense)**

- *eat or drink:* swallow them into your stomach and the drug gets to the blood just like food or drink.
  - =normal or sober
- *sniff or snort:* inhale the drug into the nasal passages and the drug seeps into the blood from the thin nasal tissues
  - =normal or sober

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**Modes of Ingesting Drugs (more intense)**

- *smoke or inhale:* burn or heat it so the drug becomes a vapor and you inhale it into your lungs. The lungs are directly connected to the blood stream because of the whole oxygen/carbon dioxide thing. (Obviously some things make vapors without being heated – paint or "laughing gas.
- *inject:* make the drug a liquid and inject it directly into the blood stream. (can also inject into the muscle which takes a bit longer to get to the blood, but this is not widely practiced injecting directly into a vein is far more common)
  - =normal or sober

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**Basic Classifications of Drugs**

- **Depressants** – body’s engine slows down (RPM’s go down)
  - i.e. alcohol, opiates like heroin or opiate pain pills (oxycontin or vicodin), or “downers” (barbiturates popular in HI in the 1970’s)
  - You would die by heart/lungs going too slow
- **stimulants** – body’s engine “goes faster” (RPM’s go up)
  - i.e. cocaine, amphetamine (“speed,” “meth” or ice)
  - You would die by heart/lungs going to fast or stroke (I’m no physiologist so I like to explain it as like “blowing” a car engine)
- **Hallucinogens** (see next slide)
Classifications of Drugs (continued)

- **Hallucinogens** – “catch all” category and many drugs are hard to classify — most of all Marijuana (or cannabis)
- Generally they distort your perceptions (how you see/feel/hear/perceive things) although all drugs do this
- Only “true” hallucinogens are LSD, peyote (etc) “magic mushrooms” (certainly other indigenous ones)
- Marijuana (or cannabis) and “club drugs” like ecstasy (MDMA or “X”), etc are often put in this category
- Not a single documented marijuana overdose death
- Club drugs and LSD are harder to say because they are often “cut” or adulterated with other substances to increase profit (“pure” vs. “speedy” LSD stories)
- Can die from overdose from some club drugs!

Conclusion

- How you take (“ingest”) a drug matters!
- Psychological mind “set” and Environmental/Cultural “setting”
- More direct the “path” the blood stream the more intense the “high” (and the following “low”) – figures an oversimplification – but you should “get” idea.
- **stimulants, Depressants, and Hallucinogens**