

**COMMONLY ABUSED DRUGS**  
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Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	DEA Schedule*/ How Administered**	Intoxication Effects / Potential Health Consequences
<b>Cannabinoids</b>			
hashish	boom chronic hash, hash oil, hemp, gangster	I/swallowed, smoked	<i>euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination / cough, frequent respiratory infections; impaired memory and learning; increased heart rate, anxiety, panic attacks; tolerance, addiction</i>
marijuana	blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed	I/swallowed, smoked	
<b>Depressants</b>			
barbiturates	<i>Amytal, Nembutal, Seconal, Phenobarbital</i> : barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	II, III, V/injected, swallowed	<i>reduced anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration / fatigue; confusion; impaired coordination, memory, judgment; addiction; respiratory depression and arrest; death</i> <i>Also, for barbiturates—sedation, drowsiness / depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness, life-threatening withdrawal</i> <i>for benzodiazepines—sedation, drowsiness / dizziness</i> <i>for flunitrazepam—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects</i> <i>for GHB—drowsiness, nausea / vomiting, headache, loss of consciousness, loss of reflexes, seizures, coma, death</i> <i>for methaqualone—euphoria / depression, poor reflexes, slurred speech, coma</i>
benzodiazepines (other than flunitrazepam)	<i>Ativan, Halcion, Librium, Valium, Xanax</i> : candy, downers, sleeping pills, tranks	IV/swallowed, injected	
flunitrazepam***	<i>Rohypnol</i> : forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	IV/swallowed, snorted	
GHB***	<i>gamma-hydroxybutyrate</i> : G, Georgia home boy, grievous bodily harm, liquid ecstasy	I/swallowed	
methaqualone	<i>Quaalude, Sopor, Parest</i> : ludes, mandrex, quad, quay	I/injected, swallowed	
<b>Dissociative Anesthetics</b>			
ketamine	<i>Ketalar SV</i> : cat Valiums, K, Special K, vitamin K	III/injected, snorted, smoked	<i>increased heart rate and blood pressure, impaired motor function / memory loss; numbness; nausea / vomiting</i> <i>Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest</i> <i>for PCP and analogs—possible decrease in blood pressure and heart rate, panic, aggression, violence/ loss of appetite, depression</i>
PCP and analogs	<i>phencyclidine</i> : angel dust, boat, hog, love boat, peace pill	I, II/injected, swallowed, smoked	
<b>Hallucinogens</b>			
LSD	<i>lysergic acid diethylamide</i> : acid, blotter, boomers, cubes, microdot, yellow sunshines	I/swallowed, absorbed through mouth tissues	<i>altered states of perception and feeling; nausea; persisting perception disorder (flashbacks)</i> <i>Also, for LSD and mescaline—increased body temperature, heart rate, blood pressure; loss of appetite, sleeplessness, numbness, weakness, tremors</i> <i>for LSD—persistent mental disorders</i> <i>for psilocybin—nervousness, paranoia</i>
mescaline	buttons, cactus, mesc, peyote	I/swallowed, smoked	
psilocybin	magic mushroom, purple passion, shrooms	I/swallowed	
<b>Opioids and Morphine Derivatives</b>			
codeine	<i>Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine</i> : Captain Cody, Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup	II, III, IV, V/injected, swallowed	<i>pain relief, euphoria, drowsiness / nausea, constipation, confusion, sedation, respiratory depression and arrest, tolerance, addiction, unconsciousness, coma, death</i> <i>Also, for codeine—less analgesia, sedation, and respiratory depression than morphine</i> <i>for heroin—staggering gait</i>
fentanyl and fentanyl analogs	<i>Actiq, Duragesic, Sublimaze</i> : Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	I, II/injected, smoked, snorted	
heroin	<i>diacetylmorphine</i> : brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	I/injected, smoked, snorted	
morphine	<i>Roxanol, Duramorph</i> : M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
opium	<i>laudanum, paregoric</i> : big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
oxycodone HCL	<i>OxyContin</i> : Oxy, O.C., killer	II/swallowed, snorted, injected	
hydrocodone bitartrate, acetaminophen	<i>Vicodin</i> : vike, Watson-387	II/swallowed	

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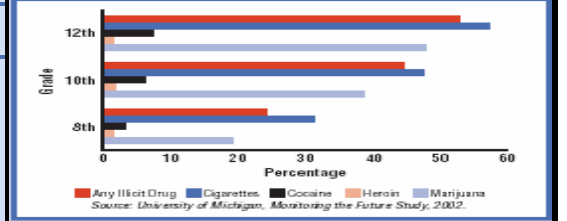
Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	DEA Schedule*/ How Administered**	<i>Intoxication Effects</i> / Potential Health Consequences
<b>Stimulants</b>			
amphetamine	<i>Biphetamine, Dexedrine</i> : bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	<i>increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness / rapid or irregular heart beat; reduced appetite, weight loss, heart failure, nervousness, insomnia</i>
cocaine	<i>Cocaine hydrochloride</i> : blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	<i>Also, for amphetamine—rapid breathing / tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance, addiction, psychosis</i>
MDMA (methyl-enedioxymethamphetamine)	Adam, clarity, ecstasy, Eve, lover's speed, peace, STP, X, XTC	I/swallowed	<i>for cocaine—increased temperature / chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition, panic attacks</i>
methamphetamine	<i>Desoxyn</i> : chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	II/injected, swallowed, smoked, snorted	<i>for MDMA—mild hallucinogenic effects, increased tactile sensitivity, empathic feelings/ impaired memory and learning, hyperthermia, cardiac toxicity, renal failure, liver toxicity</i>
Methylphenidate (safe and effective for treatment of ADHD)	<i>Ritalin</i> : JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	<i>for methamphetamine—aggression, violence, psychotic behavior / memory loss, cardiac and neurological damage; impaired memory and learning, tolerance, addiction</i>
nicotine	cigarettes, cigars, smokeless tobacco, snuff, spit tobacco, bidis, chew	not scheduled/smoked, snorted, taken in snuff and spit tobacco	<i>for nicotine—additional effects attributable to tobacco exposure: adverse pregnancy outcomes; chronic lung disease, cardiovascular disease, stroke, cancer; tolerance, addiction</i>
<b>Other Compounds</b>			
anabolic steroids	<i>Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise</i> : roids, juice	III/injected, swallowed, applied to skin	<i>no intoxication effects / hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility and aggression, acne; in adolescents, premature stoppage of growth; in males, prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females, menstrual irregularities, development of beard and other masculine characteristics</i>
inhalants	<i>Solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isoamyl, isobutyl, cyclohexyl)</i> : laughing gas, poppers, snappers, whippets	not scheduled/inhaled through nose or mouth	<i>stimulation, loss of inhibition; headache; nausea or vomiting; slurred speech, loss of motor coordination; wheezing / unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, sudden death</i>

**Principles of Drug Addiction Treatment**

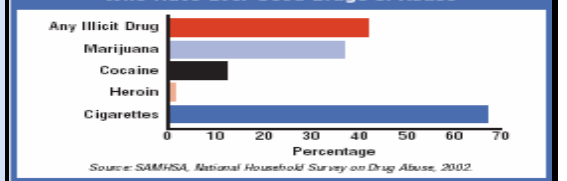
Nearly three decades of scientific research have yielded 13 fundamental principles that characterize effective drug abuse treatment. These principles are detailed in NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide*.

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|---|---|
| <ol style="list-style-type: none"> <li><b>No single treatment is appropriate for all individuals.</b> Matching treatment settings, interventions, and services to each patient's problems and needs is critical.</li> <li><b>Treatment needs to be readily available.</b> Treatment applicants can be lost if treatment is not immediately available or readily accessible.</li> <li><b>Effective treatment attends to multiple needs of the individual, not just his or her drug use.</b> Treatment must address the individual's drug use and associated medical, psychological, social, vocational, and legal problems.</li> <li><b>At different times during treatment, a patient may develop a need for medical services, family therapy, vocational rehabilitation, and social and legal services.</b></li> <li><b>Remaining in treatment for an adequate period of time is critical for treatment effectiveness.</b> The time depends on an individual's needs. For most patients, the threshold of significant improvement is reached at about 3 months in treatment. Additional treatment can produce further progress. Programs should include strategies to prevent patients from leaving treatment prematurely.</li> <li><b>Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.</b> In therapy, patients address motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships.</li> <li><b>Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.</b> Buprenorphine, methadone, and levo-alpha-acetylmethadol (LAAM) help persons addicted to opiates stabilize their lives and reduce their drug use. Naltrexone is effective for some opiate addicts and some patients with co-occurring alcohol dependence. Nicotine patches or gum, or an oral medication, such as bupropion, can help persons addicted to nicotine.</li> </ol> | <ol style="list-style-type: none"> <li><b>Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.</b></li> <li><b>Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.</b> Medical detoxification manages the acute physical symptoms of withdrawal. For some individuals it is a precursor to effective drug addiction treatment.</li> <li><b>Treatment does not need to be voluntary to be effective.</b> Sanctions or enticements in the family, employment setting, or criminal justice system can significantly increase treatment entry, retention, and success.</li> <li><b>Possible drug use during treatment must be monitored continuously.</b> Monitoring a patient's drug and alcohol use during treatment, such as through urinalysis, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that treatment can be adjusted.</li> <li><b>Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place them or others at risk of infection.</b> Counseling can help patients avoid high-risk behavior and help people who are already infected manage their illness.</li> <li><b>Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.</b> As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Participation in self-help support programs during and following treatment often helps maintain abstinence.</li> </ol> |
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**Teens Who Have Ever Used Illicit Drugs or Cigarettes**



**Percentage of U.S. Population (Aged 12 and Over) Who Have Ever Used Drugs of Abuse**



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\* Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Most Schedule V drugs are available over the counter.

\*\* Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

\*\*\* Associated with sexual assaults.

Public Domain Source for Chart: National Institute on Drug Abuse. (May 2003). Retrieved September 22<sup>nd</sup>, 2005 from the World Wide Web: <http://www.nida.nih.gov/PDF/CADChart.pdf>