Drug class:	S	Specific drugs:	Mechanism:	Major effects:	Side effects:	Any medical use:	
Drug class.	Subgroup:			Major effects.	Side effects.	Any medical use.	
	Benzodiazepines	Diazepam (Valium), clonazepam (Klonopin), lorazepam (Ativan), temazepam (Restoril), flunitrazepam (Rohypnol), triazolam (Halcion), alprazolam (Xanax)	Agonist at benzodiazepine site on the GABA-A receptor	Calm, relaxed muscles, sleepy	Drowsiness, falls, impaired coordination, impaired memory, dizziness	Anxiety, insomnia, epilepsy, many other diseases	
	Benzodiazepine agonists	Zolpidem (Ambien), eszopiclone (Lunesta), zopiclone, zaleplon (Sonata)	Same as above	Mainly just sleepy, sometimes hallucinations and sleep-like states	Same as benzodiazepines	Insomnia	
	Barbiturates	Phenobarbital, pentobarbital, thiopental (sodium pentothal, sodium amytal), secobarbital	Agonist at barbiturate site on the GABA-A receptor	Calm, euphoric, sleepy	Same as benzodiazepines, plus breathing suppressed, terrible withdrawal, death	Epilepsy, other diseases in the past and more rarely today	
Sedatives		Alcohol	Opens BK potassium channels (hyperpolarizing neurons), closes SK potassium channels in reward center of brain (causing DA release), probably other effects	Calm, euphoric, loss of inhibitions (facilitates socializing, talking, singing, sex), relaxed	Same as benzodiazepines, plus nausea, vomiting, breathing suppressed, terrible withdrawal (including psychosis and seizures), brain damage, various diseases, death	Alcohol withdrawal	
	Gammahydroxybuty	rrate (GHB), GBL, 1,4-butanediol	Agonist at GHB receptor (may desensitize it or inhibit GABA), agonist at GABA-B receptor	Euphoric, energetic, sleepy, calm (mix of stimulant and sedative effects)	Same as benzodiazepines, plus nausea, vomiting, breathing suppressed, psychosis, seizures, death	Narcolepsy (improves cataplexy, not simply a sleep aid)	

Stimulants	Amphetamines	Amphetamine (Adderall), methamphetamine (Desoxyn), methylphenidate (Ritalin), phentermine, 4-methylaminorex, phenmetrazine (Preludin), methcathinone, fenfluramine (Pondimin, Fen-Phen), dexfenfluramine (Redux), pseudoephedrine (Sudafed), ephedrine, phenylpropanolamine (old Triaminic), phenylephrine (Sudafed PE)	Increase release and inhibit reuptake of 5-HT, DA, and NE.	Euphoric, energetic, able to work, concentrate, stay awake. Reduces appetite.	Anxiety, paranoia, psychosis, high blood pressure, heart attack, stroke, brain damage when used excessively	ADHD, narcolepsy, obesity, rarely depression
		MDMA (ecstasy), MDA, MDEA	a lot more 5-HT	Euphoric, energetic, deep and unusual thoughts, perceived inspiration and novelty, enhances sex, dancing, music, art, touch and senses. Contentment. Connection to other people, strong emotions.	Same as amphetamine, plus brain damage, confusion, agitation, frequently death due to hyperthermia, heart attack, water intoxication, and other problems.	None
		Cocaine	Inhibits 5-HT, NE, and DA reuptake, blocks voltage-gated sodium channels	Same as amphetamine (above)	Same as amphetamine, plus a worse risk of heart attack	Local anesthesia and bleeding control, diagnostic tests
Narcotics	Full opioid agonists	Morphine, heroin (diacetylmorphine), hydrocodone (Vicodin), oxycodone (Percocet, Oxycontin), fentanyl, Demerol, codeine, opium, hydromorphone (Dilaudid), oxymorphone (Opana), methadone	Activate all opioid receptors completely. Reduce NE release.	Euphoric, pain relief, calm, relaxed, sleepy, appetite suppression	Nausea, constipation, vomiting, drowsiness, breathing suppressed	Pain relief, rarely depression and diarrhea
Narcotics	Partial, selective, or mixed opioid agonists	Buprenorphine (Suboxone), pentazocine, nalbuphine, tramadol (Ultram), tifluadom	Only activate certain subtypes of opioid receptors, and/or do not activate them fully, and/or block certain subtypes.	Pain relief, not quite as euphoric or relaxing as full agonists (above)	Nausea, constipation, vomiting, drowsiness	Pain relief, rarely depression, opioid addiction

Cannabis		stly tetrahydrocannabinol, some other e cannabidiol in smaller quantities	Agonist at cannabinoid receptors	Unusual thoughts and feelings, sometimes calm, happy, hungry, enhanced appreciation of art	Memory, thinking, reflexes, and coordination are impaired. May contribute to psychosis in the long term.	Might relieve nausea, vomiting, and neuropathic pain. Pills already legal, other forms under investigation.	
Psychedelics	Phenethylamines	Mescaline (peyote cactus), 2C-series drugs (2C-B, 2C-I, 2C-C, 2C-T-7), 3C-E, 4-MTA, PMA, DO-series drugs (DOC, DOB, DOI, DOM)	Partial agonist at 5-HT2 receptors (2A and possibly 2C). This receptor is mostly excitatory, but it is	Feeling of novelty, inspiration, reverence. Fast, disordered thoughts, trances. Perceptual anomalies: patterns move, colors brighter, seeing	Anxiety, insomnia, paranoia, temporary psychosis. May contribute to psychosis	None	
	Tryptamines	Psilocybin and psilocin (both in mushrooms), bufotenin (in toads), DMT (in plants), 5-MeO-DMT (in plants), 5-MeO-DiPT, DET, AMT, 4- HO-DiPT	inhibitory in certain parts of the brain dealing with perception.	sounds, smelling colors. Crazy ideas and beliefs.	in the long term, or cause "flashbacks" (HPPD). Some cause nausea, increased body temperature, tremors.	Psilocybin and LSD have been tested for the treatment of cluster headaches	
	Ergolines	Lysergic acid diethylamine (LSD), LSA (ergine, in plants)	Same as above, plus agonism at other 5-HT, DA, and NE receptors.	Same as above, plus other effects, depends of frequency of use and dose.		Other ergolines are used for many diseases but are not psychedelic.	
Dissociative anesthetics	Phencyclidine (PC	P), dextromethorphan, ketamine	NMDA (glutamate receptor) antagonists	Feeling of distance from reality and body, numbing of sensations and pain. Convincing and absorbing hallucinations.	Nausea, vomiting, coma, violence, extreme confusion, temporary psychosis. PCP causes brain damage.	Anesthesia. A related drug, memantine, is used in Alzheimer's disease, and these could be used in stroke sufferers.	
Deliriants	-	opine (in plants), diphenhydramine menhydrinate (Dramamine)	Muscarinic (ACh receptor) antagonists	Loss of memory, convincing and absorbing hallucinations.	Extreme confusion, temporary psychosis, hot, dry skin, dry mouth, huge pupils, fast heartbeat, death	Many legitimate uses	
Inhalants		luid), toluene, gasoline, glue, paint, n, halothane, sevoflurane	Unknown, probably multiple mechanisms	Calm, relaxed, euphoric, pain relief, hallucinations, strange sensations (different inhalants cause different effects from this list)	Many diseases, death, nausea, vomiting, accidental asphyxiation, falls, varies depending on particular drug	General anesthesia	

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-			Ni	itrous oxide	2		Unknown, pathways ar	•	_	oric, pain reli , unconscious	-	Similar to above			or partial thesia
		Nitr	rites	es Isoamyl nitrite, isobutyl nitrite			Stimulate I (NO neurotra) is a	"Head rush", muscle relaxation, dizziness				y low blood , fainting Heart c		onditions
		Salvinorin A (salvia divinorum)					_	gonist of the oid receptor	Convincing, absorbing hallucinations, visionary states, pain relief			headache, talk, falls,	ia, panic, inability to , sweating, g anxiety Theoretically pain reli (pentazo		elievers
		Muscimol (amanita muscaria)					GABA-A	A agonist	Vaguel	y like a hallu	cinogen	Nausea, o	ther side		research
			Nico	otine (tobace	co)		Nicotinic ac receptor	cetylcholine agonist			See Wikip	edia, PubMe	d, Google		
Other		Caffeine (coffee, tea, other plants)					Adenosing antagonist, in PDE enzym	e receptor nhibits some nes causing d cAMP	Alertness, wakefullness, energy, appetite suppression, headache relief			Insomnia, anxiety, headaches on withdrawal, diuresis		Headaches	
		Methaqualone (Quaalude, Sopor), thalidomide, meprobamate (Miltown), carisoprodol (Soma), glutethimide, chloral hydrate (knockout drops, Micky), ethchlorvynol (Placidyl), methyprylon, primidone					Various mostly re	echanisms, elated to similar to	Depending on the drug: Calm, sleepy euphoric, relaxed muscles, pain relief, nausea relief			Falls, poor coordination and memory, coma, other side effects vary from drug to drug		insomn anesthesia muscle re	lepression, ia, pain, i, epilepsy, elaxation, isea
Disclaimer:	Do not us	se drugs for f	un. Take drugs	exactly as			y doctor. Thi	-	_		an oversimp	lification, it l	nas omissions	s, and it may	have blatant
Neuro- transmitter:		ACh ylcholine	NE Norepine		DA Dopamine		НТ G		GABA GABA		Opi	pioids Car		oinoids	Histamine
Effects:	†Secreti saliva)	eart rate ons (sweat, †Memory contractions	↑Heart rate ↑ ↑Happiness circulation	↓Blood	↑Alertness ↑Happiness ↓Hunger		s †Fullness ain	excit	common atory ansmitter	↑Sleepiness ↓Anxiety ↓Alertness ↓Memory ↓Muscle	†Sleepines ↓P	s ↓Anxiety ain	†Hu	nger	↑Wakefulne ss ↑Stomach acid ↑Itchiness

tension

†Itchiness ↓Hunger

Drugs that increase or mimic:	Nicotine, muscarine, Chantix, nerve gases (VX, Sarin), Alzheimer's drugs (Aricept, Exelon), physostigmine, Tensilon, pilocarpine	Amphetamine, cocaine, SNRIs (Effexor, Cymbalta), tricyclic antidepressants, MAOIs, Wellbutrin, LSD, pseudoephedrine (Sudafed), albuterol, pyridostigmine	Amphetami ne, cocaine, Parkinson's drugs (levodopa, bromocripti ne, benztropine), MAOIs, Wellbutrin, LSD	Amphetamine, cocaine, LSD, psychedelics (mushrooms, mescaline), SSRIs (Prozac, Zoloft), tricyclic antidepressants, MAOIs, BuSpar, triptans (sumatriptan, for		Alcohol, barbiturates (phenobarb ital), benzodiaze pines (Valium), GHB, baclofen, neurosteroi ds (alphaxolon e), muscimol	Morphine, heroin, fentanyl, hydrocodone (Vicodin)	THC (marijuana, hashish), nabilone	Opiates, betahistine
Drugs that decrease or block:	BZ, atropine, scopolamine, benztropine, biperiden, curare, Botox, mecamylamine, α-bungarotoxin	Propranolol, clonidine, phentolamine, reserpine, AMPT	Antipsycho tics (Haldol), reserpine, tetrabenazi ne, AMPT	Atypical antipsychotics (Risperdal, Seroquel), Zofran, reserpine, TPH inhibitors, tryptophan- depleted drink	Namenda (for	Flumazenil, bicuculline, bemegride, Ro 15- 4513, phaclofen		Rimonabant	Benadryl, antipsychot ics, Tagamet, Zantac

Disclaimer: Do not use drugs for fun. Take drugs exactly as prescribed by a trustworthy doctor. This chart provides a rough overview, it is an oversimplification, it has omissions, and it may have blatant inaccuracies due to ongoing scientific debate or the writer's idiocy.