

# THE ROLE, APPLICATION AND NECESSITY OF RESEARCH IN MEDICAL PRACTICE OF DRUGS WITH PSYCHOSTIMULATING ACTIVITY

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**Abstract:** Psychostimulant utilize clutter could be a major wellbeing issue around the world with colossal person, family-related and societal results, however there are no successful pharmacological medications accessible. In this audit, a target-based outline of pharmacological treatments toward psychostimulant enslavement will be displayed. We are going go through restorative approaches focusing on distinctive angles of psychostimulant habit with center on three major regions; 1) drugs focusing on flagging, and digestion system of the dopamine framework, 2) drugs focusing on either AMPA receptors or metabotropic glutamate receptors of the glutamate framework and 3) drugs focusing on the extreme side-effects of stopping long-term psychostimulant utilize. For each of these major modes of mediation, discoveries from pre-clinical considers in rodents to clinical trials in people will be recorded, and future points of view of the distinctive treatment procedures as well as their potential side-effects will be talked about. Pharmaceuticals balancing the dopamine framework, such as antipsychotics, DAT-inhibitors, and disulfiram, have appeared a few promising comes about. Cognitive enhancers have been found to extend angles of behavioral control, and drugs focusing on the glutamate framework such as modulators of metabotropic glutamate receptors and AMPA receptors have given curiously changes in backslide conduct. Besides, CRF-antagonists coordinated toward lightening the indications of the withdrawal arrange have been inspected with curiously coming about changes in conduct. There are promising comes about examining therapeutics for psychostimulant compulsion, but encourage preclinical work and extra human considers with a more stratified quiet determination are required to demonstrate adequate prove of viability and tolerability.

**Key words:** Psychostimulants, neuroscientific technologies, "moral deficiency," neuroscience research, cognitive enhancers, metabotropic glutamate receptors.

**Introduction.** All sentient beings have an innate drive to seek out good stimuli and avoid negative ones; this universal formula has developed to enhance adaptive fitness and survival chances. The nervous system orchestrates intricate interactions between an organism and its surroundings that determine how effective strategies are for achieving or avoiding such stimuli. In order to maximize an organism's capacity to utilize its predictable traits and adapt to unpredictable ones, neurobiology uses processes that have been honed over evolution, including homeostasis, sensory perception, associative and nonassociative learning, emotions, and decision-making. Despite the fact that various species respond differently to different stimuli, there are notable parallels between how they react to both positive and negative stimuli [1,2,3]. This widespread perception, which highlights the vital role that these stimuli play in increasing survival chances, is frequently mirrored at the neurobiological level, where various species use comparable brain structure, neurochemical, and functional solutions to address comparable issues. The most often utilized psychotropic drugs worldwide are psychostimulants. A psychotropic drug that has the ability to activate the central nervous system is referred to as a "psychostimulant." Along with heightened arousal and alertness, it also produces excitement and an uplifted attitude. It has the overall effect of accelerating messages to the brain [4,5,6]. Another negative definition of a psychostimulant is any drug that isn't a depressant or a hallucinogen. In addition to the widespread use of nicotine and caffeine, some subgroups or cultures

utilize illegal psychostimulants more frequently. Methamphetamines are utilized at raves or techno culture for the same reasons as cocaine, and 3-4-methylene-dioxymethamphetamine, also referred to as the "love pill," is used in private parties as a mood and energy enhancer. Cocaine or methamphetamine use in the workplace has been reported recently in a society that is becoming more individualistic and competitive. Some East African societies employ a particular plant called khat because of its psychostimulant qualities. Patients with obesity may be administered psychostimulants, such as sibutramine, to reduce hunger. This can be seen as the pharmaceutical component of treating the massive obesity pandemic that grew in the USA from 23% of the population in 1988–1994 to 31% in 1999–2000. The most recent illustration of the possible repercussions of such drug-promote surroundings is the surge in opioid-related deaths, which were first caused by the abuse of prescription opioid analgesics, then by heroin, and are currently being made worse by the abuse of extremely powerful synthetic opioids like fentanyl. In addition to the high background mortality rate from alcohol use (~88,000 annual deaths) (56, 310) and tobacco use (>480,000 annual deaths), the current opioid epidemic—which is estimated to have caused over 71,000 opioid overdose deaths in 2017 and is showing no signs of abating in 2018—highlights the devastating effects of drugs and addiction in our society [7-12]. Our understanding of the neurobiological basis of drug reinforcement and addiction has advanced significantly as a result of the application of neuroscientific technologies in humans and laboratory animals. Previously considered a "moral deficiency," addiction is now increasingly recognized as a chronic relapsing disorder marked by an urge to use drugs and a progressive loss of control over, and escalation in, drug intake despite repeated (failed) attempts to resist doing so. It is additionally recognized that habit rises within the setting of complex biopsychosocial intuitive between the pharmacological impacts of a medicate, person vulnerabilities (e.g., genetics/epigenetics, formative organize, existing pathology), insufficient social network, and other sociocultural variables (e.g., standardizing behaviors with respect to sedate utilize, reasonableness and accessibility of drugs, legitimate status). Inquire about on the instruments fundamental the modulatory impact of antagonistic social situations, childhood encounters, and hereditary changeability is essential for making a difference us get it why not everybody who is uncovered routinely to a sedate gets to be dependent and why some dependent people can recuperate whereas others don't [13-20].

**Neuroscience investigate** has uncovered that enslavement could be a incessant, backsliding illness of the brain activated by rehashed introduction to drugs in those who are helpless since of hereditary qualities and formative or unfavorable social exposures. As a result, the remunerate circuitas capacity to reply to remunerate and persuade activities that are not sedate related is diminished, the affectability of the enthusiastic circuits to push is improved, and the capacity to self-regulate is impeded. The result is compulsive medicate looking for and medicate taking in spite of extreme hurts and an failure to control the solid inclinations to expend the medicate, even when there's a solid crave to stopped. The changes within the brain dependable for these maladaptive behaviors can hold on for months or indeed a long time after medicate suspension but are amiable to treatment [21-25]. Treatment ought to be pointed at moving forward self-regulation; making a difference to control longing for and the emergence of troubling feelings, counting discouragement and uneasiness; and moving forward the affectability to elective reinforcers. Enslavement may be a unremitting malady, so its treatment ought to take after a maintained show of mediation, the escalated of which ought to be balanced to the arrange of the infection. Treatment ought to too be personalized and calibrated to the seriousness of the habit, the nearness of comorbidities, and the individualas bolster frameworks. Significantly, compulsion can be avoided, and both widespread as well as custom fitted techniques can altogether decrease substance utilize clutter within the person and in a populace [26-29].

**Focusing on the dopamine framework.** Due to the part of dopamine in versatile spurred conduct, it makes sense that agonistic drugs of dopamine flagging would be exceedingly addictive. To legitimately get it the damaging nature of psychostimulant compulsion, the understanding of the part dopamine plays on movement and ordinary compensate related conduct is basic. Normal rewards, like nourishment and sex, lead to raised dopamine in core accumbens. Dopamine flagging is connected to both positive and negative fortifications related with reward-associated conduct. The capacity to create

a cue-association to characteristic rewards is basic for survival, since developmentally it is imperative in arrange to both duplicate and get supplements etc. By straightforwardly blocking the impact of the psychostimulants themselves, diminished reward-signalling upon psychostimulant organization might inevitably lead to diminished medicate utilize [24-28]. Moreover, decreased dopamine-associated craving and tendency to backslide at the side changes in frontal dopamine transmission influencing the compulsive drug admissions and inhibitory control might make strides treatment results. Be that as it may, it is imperative to be beyond any doubt that any pharmaceutical influencing the intense fulfilling viewpoints of psychostimulants might moreover influence the common remunerate framework of the brain. The encounters from treating opioid enslavement with opioid receptor adversaries (i.e., naltrexone), agonists (i.e., methadone), and fractional agonists (i.e., buprenorphine) have empowered the same techniques to be drawn nearer in psychostimulant compulsion [30-34].

**Cognitive enhancers.** Diminished cognitive capacities and disabled official work are critical parts of the backsliding nature of psychostimulant habit. By reestablishing these capacities in a individual with compulsion, the boundless activity of inadvertent backslide may well be stopped. Besides, a diminish in cognitive work has been connected to diminished treatment maintenance, another great reason to target this particular side-effect of habit. It is primarily the noradrenergic, and cholinergic neurotransmitter frameworks that are being explored as potential targets for improving cognition in psychostimulant enslavement [35,36,37].

**Definition of Stimulant.** Specifically, many stimulants act on monoaminergic pathways involving the neurotransmitters norepinephrine (NE), dopamine (DA), and serotonin (5-HT) to cause their actions. This review examines these amphetamine-like stimulants acting via central monoaminergic pathways and often targeting the sympathetic nervous system causing cardiovascular and temperature-related adverse actions. Many stimulants have the potential to be abused, which is why they are closely regulated in many jurisdictions [33-38].

**Use of Stimulants.** There are 3 primary employments of stimulants. Stimulants are most commonly utilized recreationally. Recreational drugs, whether taken every so often or taken routinely, can lead to genuine and in some cases deadly results. A moment common utilize of stimulants are as craving suppressants or decongestants in medicine, over-the-counter, or dietary supplements. Drugs utilized as craving suppressants act on the adrenergic or serotonergic framework. A third common utilize of stimulants is in recreational or competitive sports where competitors use/abuse stimulants lawfully, accidentally, or intentioned to deceive. In numerous cases, the unfavorable occasions are fringe in nature instead of centrally intervened, particularly those caused by stimulating  $\hat{I}^{\pm}$ - and  $\hat{I}^2$ -adrenoceptors within the outskirts to raise blood weight and push the heart by overstimulation and raising systemic vascular resistance [38,38,39,40]. The utilize of cardiac stimulants in wear may increment the hazard of sudden cardiac passing. Users may take an illegal sedate or combination of unlawful drugs, frequently along with legitimate stimulants such as caffeine or liquor. Polydrug utilize with mephedrone was examined in 89 patients who displayed to the crisis office in Scotland, and it was uncovered that 35% had utilized mephedrone with other drugs, 30% utilized it with liquor, and 33% utilized it alone. Polydrug utilize causes challenges in translating data on unfavorable impacts of stimulants [41,42,43,44].

**Clinical Impacts of Psychostimulants.** Notwithstanding of the course of organization, or indeed the particular medicate utilized, psychostimulants deliver the same fundamental range of intense CNS impacts: happiness, expanded energy/decreased weakness, decreased require for rest, diminished craving, diminished distractability, expanded self-confidence and sharpness, expanded moxie, and drawn out orgasm. Fringe impacts may incorporate tremor, diaphoresis, expanded muscle pressure, tachypnea, hyperreflexia, and hyperpyrexia. Numerous of the impacts are biphasic; for case, moo dosages progress psychomotor execution whereas higher measurements may cause tremors or writhings [29,30,33,34,36]. Cardiovascular impacts (alpha-adrenergically interceded) are too biphasic, with moo measurements diminishing heart rate by means of the vagus nerve and tall measurements causing expanded heart rate and vasoconstriction, driving to expanded blood weight. Over a few hours, days, or weeks, psychostimulant utilize can result in eagerness, peevishness, and a sleeping disorder

and at higher measurements, suspiciousness, dreary stereotyped behaviors, and bruxism. Overdose shows overwhelmingly as thoughtful anxious framework overactivity, conceivably coming full circle in writhings, cerebral hemorrhage or infarct, respiratory disappointment, or rhabdomyolysis [22,23,24,27,31].

**Discussion.** This survey has displayed comes about from examinations of a choice of pharmaceutical approaches for treatment of psychostimulant enslavement, with a few appearing incredible guarantee. For an outline of the dopaminergic and glutamatergic pathways included in psychostimulant enslavement and the pharmacological operators appeared to decrease addictive conduct by focusing on one of these pathways see. Narratively one of the most issues when treating psychostimulant enslavement is the craving seen amid the primary weeks of abstinence. Therefore, a few of the foremost promising therapeutics could be the ones tweaking the glutamate framework and longing for, with already approved pharmaceuticals such as n-acetylcysteine and ceftriaxone demonstrating exceptionally charming. Since backslide can be started by setting, any signal can be adequate to actuate backslide conduct in spite of pharmacologically brought down strengthening properties of a sedate [1,,3,11,15]. Push could be a key contributing figure within the advancement and compounding of constant backsliding neuropsychiatric disorders, including enslavement and psychosis. One possibly included handle is a sensitization; that's , taking after rehashed introduction to stressors and/or psychostimulant drugs, a few impacts can gotten to be dynamically more noteworthy. In helpless people, these upgraded reactions have been proposed to impact sickness onset and relapse. Dysregulation of the stretch reaction framework may be a potential etiological calculate within the advancement of and backslide to numerous neuropsychiatric clutters. Already we detailed that rehashed discontinuous D-amphetamine organization can lead to dynamically greater dopamine discharge, in this manner giving prove of drug-induced neurochemical sensitization. Here, we test the speculation that rehashed presentation to D-amphetamine increments dopaminergic reactions to stretch; that's, produces cross-sensitization [24,25,26,29].

**Conclusions.** Treatment of psychostimulant compulsion has been a major, and not completely met, challenge. For opioid habit, there's solid prove for the adequacy of a few medications. For psychostimulants, there's no comparing frame of agonist upkeep that has met criteria for administrative endorsement or by and large acknowledged utilize. Stimulant-use clutters stay predominant and can result in both short-term and long-term antagonistic results. The pillar of treatment remains behavioral mediations. In this paper, we talk about those interventions and some promising candidates within the rummage around for pharmacological mediations.

Hence, the gigantic sum of investigate conducted within the field of neuroscience and enslavement might sometime in the not so distant future give compelling and passable treatment for psychostimulant habit and increment the interpretation from seat to bedside. In any case, as compulsion proceeds to be stigmatized, associated to disgrace, and incorporate vital mental and social viewpoints, costly modern treatment might have long prospects. Hence, available, and reasonable therapeutics are moreover justified. At last, given that preclinical considers clearly illustrate impacts of focusing on diverse pathways, an alluring clinical way would be to combine such drugs to meet the prerequisite of person patients.

Disorders related to stimulant usage are still common and can have negative short- and long-term effects. Until an effective medicine is discovered, behavioral treatments will continue to be the cornerstone of treatment.

## References.

1. Volkow ND, Michaelides M, Baler R. The Neuroscience of Drug Reward and Addiction. *Physiol Rev.* 2019 Oct 1;99(4):2115-2140. doi: 10.1152/physrev.00014.2018.
2. Daniel R, Pollmann S. A universal role of the ventral striatum in reward-based learning: evidence from human studies. *Neurobiol Learn Mem* 114: 90–100, 2014. doi: 10.1016/j.nlm.2014.05.002.

3. Scaplen KM, Kaun KR. Reward from bugs to bipeds: a comparative approach to understanding how reward circuits function. *J Neurogenet* 30: 133–148, 2016. doi: 10.1080/01677063.2016.1180385.
4. Т.Т.Хамроев, Н.М.Маматкулова, П.А.Нурмахмадова, С.З.Рашидов, И.Т.Абдиназаров, С.Д.Раҳимбоев, Н.Қ.Хидирова, У.М.Якубов. (2022). Adonis turkestanica ўсимлигининг экстракция жараёнида ҳосил бўлган қолдиқ моддаларнинг ўткир заҳарлилиги ва биологик фаоллигини скрининг тадқиқотларда ўрганиш. *Eurasian journal of academic research*, 2(12), 447–454. <https://doi.org/10.5281/zenodo.7332870>
5. Favrod-Coune T, Broers B. *The Health Effect of Psychostimulants: A Literature Review*. Pharmaceuticals (Basel). 2010 Jul 22;3(7):2333-2361. doi: 10.3390/ph3072333.
6. Flegal K.M., Carroll M.D., Ogden C.L., Johnson C.L. Prevalence and trends in obesity among US adults, 1999-2000. *JAMA*. 2002;288:1723–1727. doi: 10.1001/jama.288.14.1723.
7. Т.Т. Ҳамроев, Н.М. Маматкулова, З.И. Саноев, С.З. Рашидов, И.Т. Абдиназаров, П.А. Нурмахмадова, Н.Қ. Хидирова, У.М. Якубов. (2022). Adonis turkestanica ўсимлигининг экстракция жараёнида ҳосил бўлган қолдиқ моддаларнинг анксиолитик фаоллигини скрининг тадқиқотларда ўрганиш. *Eurasian journal of medical and natural sciences*, 2(12), 146–152. <https://doi.org/10.5281/zenodo.7332882>
8. Stahre M, Roeber J, Kanny D, Brewer RD, Zhang X. Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States. *Prev Chronic Dis* 11: 130293, 2014. doi: 10.5888/pcd11.130293.
9. Ahmad FB, Escobedo LA, Rossen LM, Spencer MR, Warner M, Provisional Drug Overdose Death Counts PS. *NVSS Vital Statistics Rapid Release*, edited by National Center for Health Statistics Washington, DC: CDC/NCHS, 2019.
10. Volkow ND, Collins FS. The Role of Science in Addressing the Opioid Crisis. *N Engl J Med* 377: 391–394, 2017. doi: 10.1056/NEJMSr1706626.
11. ugli , R. S. Z., ugli , T. A. A., ugli , B. Y. I., qizi , S. K. K., & ugli , M. I. Z. (2024). Features of Anti-Inflammatory Drugs and the Relevance of Creating New Anti-Inflammatory Drugs. *American Journal of Bioscience and Clinical Integrity*, 1(11), 130–135. Retrieved from <https://biojournals.us/index.php/AJBCI/article/view/320>
12. Carim-Todd L, Mitchell SH, Oken BS. Impulsivity and Stress Response in Nondependent Smokers (Tobacco Chippers) in Comparison to Heavy Smokers and Nonsmokers. *Nicotine Tob Res* 18: 547–556, 2016. doi: 10.1093/ntr/ntv210.
13. Zamon ugli, S. R., Yorqinzhon ugli, N. Z., Abdurazak ugli, K. M., Mirodil qizi, S. M., & Yusufzhon ugli, K. Y. (2024). Insufficient of Existing Drugs Used for Diabetes II Types and the Need to Improve Them. *International Journal of Integrative and Modern Medicine*, 2(11), 294–301. Retrieved from <https://medicaljournals.eu/index.php/IJIMM/article/view/1219>
14. Miller PM, Hersen M, Eisler RM, Hilsman G. Effects of social stress on operant drinking of alcoholics and social drinkers. *Behav Res Ther* 12: 67–72, 1974. doi: 10.1016/0005-7967(74)90094-1.
15. Zamon ugli, S. R., Mekhriddin qizi, M. N., Zokirzhon qizi, K. S., Akmal qizi, D. R., & Sirozhiddin qizi, U. N. (2024). Important Aspects and Risk Factors for Hypertension in the Environment and Adverse Climate. *International Journal of Integrative and Modern Medicine*, 2(11), 302–307. Retrieved from <https://medicaljournals.eu/index.php/IJIMM/article/view/1220>
16. Calabria B, Degenhardt L, Briegleb C, Vos T, Hall W, Lynskey M, Callaghan B, Rana U, McLaren J. Systematic review of prospective studies investigating “remission” from amphetamine, cannabis, cocaine or opioid dependence. *Addict Behav* 35: 741–749, 2010. doi: 10.1016/j.addbeh.2010.03.019.

17. Lopez-Quintero C, Hasin DS, de Los Cobos JP, Pines A, Wang S, Grant BF, Blanco C. Probability and predictors of remission from life-time nicotine, alcohol, cannabis or cocaine dependence: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Addiction* 106: 657–669, 2011. doi: 10.1111/j.1360-0443.2010.03194.x.
18. ugli , S. R. Z., qizi, S. V. M., Madiyorovna , K. A., ugli , E. A. I., & qizi, S. N. Q. (2024). In Patients with Gastroduodenal Peptic Ulcer Disease, an Analysis of the Immunological Properties of H.Pylori Infection. *International Journal of Alternative and Contemporary Therapy*, 2(11), 93–99. Retrieved from <https://medicaljournals.eu/index.php/IJACT/article/view/1214>
19. Scherbaum N, Specka M. Factors influencing the course of opiate addiction. *Int J Methods Psychiatr Res* 17, Suppl 1: S39–S44, 2008. doi: 10.1002/mpr.244.
20. ugli , S. R. Z., ugli , S. S. S., qizi , D. U. O., qizi , G. N. B., & qizi , S. A. T. (2024). Modern Methods of Diagnosis of Osteoporosis, Advances in Treatment and Solutions to Existing Problems. *International Journal of Alternative and Contemporary Therapy*, 2(11), 100–106. Retrieved from <https://medicaljournals.eu/index.php/IJACT/article/view/1215>
21. Cojocaru A, Hogeia LM, Poroch V, Simu MA, Enatescu VR, Jeleriu R, Andreescu NI, Puiu M, Hogeia BG, Grigoras M, et al. Effectiveness of Psychostimulant and Non-Psychostimulant Drug Therapy in the Attention Deficit Hyperactivity Disorder. *Applied Sciences*. 2021; 11(2):502. <https://doi.org/10.3390/app11020502>
22. Jensen Kathrine Louise , Jensen Søren Brøgger , Madsen Kenneth Lindegaard. A mechanistic overview of approaches for the treatment of psychostimulant dependence. *Frontiers in Pharmacology*, Volume13,2022,<https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2022.854176>, DOI=10.3389/fphar.2022.854176
23. Achat-Mendes, C., Platt, D. M., and Spealman, R. D. (2012). Antagonism of metabotropic glutamate 1 receptors attenuates behavioral effects of cocaine and methamphetamine in squirrel monkeys. *J. Pharmacol. Exp. Ther.* 343 (1), 214–224. doi:10.1124/jpet.112.196295
24. Booij, L., Welfeld, K., Leyton, M. et al. Dopamine cross-sensitization between psychostimulant drugs and stress in healthy male volunteers. *Transl Psychiatry* 6, e740 (2016). <https://doi.org/10.1038/tp.2016.6>
25. MacLennan AJ, Maier SF . Coping and the stress-induced potentiation of stimulant stereotypy in the rat. *Science* 1983; 219: 1091–1093.
26. Booij L, Tremblay RE, Szyf M, Benkelfat C . Genetic and early environmental influences on the serotonin system: consequences for brain development and risk for psychopathology. *J Psychiatry Neurosci* 2015; 40: 5–18.
27. Seo D, Tsou KA, Ansell EB, Potenza MN, Sinha R . Cumulative adversity sensitizes neural response to acute stress: association with health symptoms. *Neuropsychopharmacology* 2014; 39: 670–680.
28. Ciucă Anghel D-M, Nițescu GV, Tiron A-T, Guțu CM, Baconi DL. Understanding the Mechanisms of Action and Effects of Drugs of Abuse. *Molecules*. 2023; 28(13):4969. <https://doi.org/10.3390/molecules28134969>
29. Goldstein, R. Z., and Volkow, N. D. (2011). Dysfunction of the Prefrontal Cortex in Addiction: Neuroimaging Findings and Clinical Implications. *Nat. Rev. Neurosci.* 12 (11), 652–669. doi:10.1038/nrn3119
30. Sofuoglu, M., DeVito, E. E., Waters, A. J., and Carroll, K. M. (2016). Cognitive Function as a Transdiagnostic Treatment Target in Stimulant Use Disorders. *J. Dual Diagn.* 12 (1), 90–106. doi:10.1080/15504263.2016.1146383

31. Sofuoglu, M. (2010). Cognitive Enhancement as a Pharmacotherapy Target for Stimulant Addiction. *Addiction* 105 (1), 38–48. doi:10.1111/j.1360-0443.2009.02791.x
32. Phillips KA, Epstein DH, Preston KL. Psychostimulant addiction treatment. *Neuropharmacology*. 2014 Dec;87:150-60. doi: 10.1016/j.neuropharm.2014.04.002.
33. Romanelli F, Smith KM. Clinical effects and management of methamphetamine abuse. *Pharmacotherapy*. 2006;26(8):1148–1156. doi: 10.1592/phco.26.8.1148.
34. Winger G, Woods JH, Hofmann FG. *A Handbook on Drug and Alcohol Abuse: The Biomedical Aspects*. Fourth ed. New York: Oxford University Press; 2004.
35. Fasano A, Barra A, Nicosia P, Rinaldi F, Bria P, Bentivoglio AR, Tonioni F. Cocaine addiction: From habits to stereotypical-repetitive behaviors and punning. *Drug and Alcohol Dependence*. 2008;96(1–2):178–182. doi: 10.1016/j.drugalcdep.2008.02.005.
36. Ellinwood EH, Jr, Lee TH. Dose- and time-dependent effects of stimulants. *NIDA research monograph*. 1989;94:323–340.
37. Karch SB. Cocaine cardiovascular toxicity. *Southern Medical Journal*. 2005;98(8):794–799. doi: 10.1097/01.smj.0000168701.08879.3f.
38. Drezner JA. Sudden cardiac death in young athletes. Causes, athlete's heart, and screening guidelines. *Postgrad Med*. 2000; 108: 37-44:47-50.
39. James R. Docherty, Hadeel A. Alsufyani MB. Pharmacology of Drugs Used as Stimulants. *The Journal of Clinical Pharmacology*. Volume 61, Issue S2, Supplement: Drugs of Abuse, 2021, Pages S53-S69. <https://doi.org/10.1002/jcph.1918>
40. Hadeel A. Alsufyani, The stimulant cathine from Khat causes tachycardia indirectly in the rat, *Basic & Clinical Pharmacology & Toxicology* Basic & Clinical Pharmacology & Toxicology Basic & Clinical Pharmacology & Toxicology, 10.1111/bcpt.14057, 135, 3, (345-352), (2024).
41. Julio de Carvalho Ponce, The use of prodrugs as drugs of abuse, *WIREs Forensic Science*, 10.1002/wfs2.1514, 6, 3, (2024). J.
42. Elder, Neil B. Varshneya, D. Matthew Walentiny, Patrick M. Beardsley, Amphetamines modulate fentanyl-depressed respiration in a bidirectional manner, *Drug and Alcohol Dependence*, 10.1016/j.drugalcdep.2022.109740, 243, (109740), (2023).
43. Regan L, Mitchelson M, MacDonald C. Mephedrone toxicity in a Scottish emergency department. *Eur Med J*. 2011; 28: 1055-1058.
44. Docherty JR. Pharmacology of stimulants prohibited by the World Anti-Doping Agency (WADA). *Brit J Pharmacol*. 2008; 154: 606-622.