

# Ketamine blocks morphine-induced conditioned place preference and anxiety-like behaviors in mice.

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**Running title:** Ketamine effects on morphine-induced CPP

## Abstract

Patients suffering from opioid use disorder often relapse during periods of abstinence, which is posited to be caused by negative affective states that drive motivated behaviors. Here, we explored whether conditioning mice with morphine in a CPP training paradigm evoked anxiety-like behavior during morphine abstinence. To do this, mice were conditioned with morphine (10 mg/kg, i.p.) for five days. 24 h following conditioning, anxiety levels were tested by measuring time in the open arms of the elevated plus maze. The next day, mice were placed in the three compartment chamber to measure morphine-induced conditioned place preference (CPP). Our results show that following morphine conditioning, mice spent significantly less time in the open arm of the elevated plus maze and expressed robust morphine CPP on CPP test day.

Furthermore, we found that an acute treatment with (*R,S*)-ketamine (10 mg/kg, i.p.), a medication demonstrating promise for preventing anxiety-related phenotypes, 30 min. prior to testing on post conditioning day 1, increased time spent in the open arm of the elevated plus maze in saline- and morphine-conditioned mice. Additionally, we found that a second injection of ketamine 30 min. prior to CPP tests on post conditioning day 2 prevented morphine-induced CPP, which lasted for up to 28 d post conditioning. Furthermore, we found that conditioning mice with 10% (w/v) sucrose using an oral self-administration procedure did not evoke anxiety-like behavior, but elicited robust CPP, which was attenuated by ketamine treatment 30 min. prior to CPP tests. Overall, our results suggest that the ketamine-induced block of morphine CPP may not be attributed solely to alleviating negative affective states, but potentially through impaired memory of morphine-context associations.

**Keywords:** negative affect, morphine, conditioned place preference, anxiety, opioid use disorder, ketamine, psychedelics

## 1 **Introduction**

2 The motivation to continually seek and obtain addictive substances during periods of abstinence  
3 or recovery is caused, in part, by the necessity to avoid aversive internal states (Solomon and  
4 Corbit, 1978). Evidence for this comes from patients with substance use disorders who self-  
5 report urges and intentions to take drugs to avoid drug-withdrawal symptoms (O'Brien,  
6 1975; Baker et al., 2004; Wikler, 2013) or to cope with negative affect (Perkins and Grobe,  
7 1992; Zinser et al., 1992; Wetter et al., 1994; Cooney et al., 1997; Conklin and Perkins, 2005; Fox  
8 et al., 2007). For example, abstinence from morphine, a highly addictive opioid, facilitates  
9 increases in anxiety (Gold et al., 1978; 1979), which is a potential factor in continued drug use  
10 (Martins et al., 2012).

11 In order to better understand the mechanisms mediating drug-craving and subsequent relapse,  
12 preclinical models have been developed whereby drug-seeking behaviors are monitored in drug-  
13 exposed rodents. In the conditioned place preference (CPP) paradigm, a drug is paired with a  
14 context during conditioning. This is followed by a test day whereby the time spent in the drug-  
15 paired context is measured. This behavioral paradigm is a form of Pavlovian learning whereby  
16 an injection of a drug (i.e., unconditioned stimulus) elicits a hedonic feeling of pleasure (i.e.,  
17 unconditioned response), which, when paired with a context (neutral stimulus), invokes incentive  
18 value to the context (i.e., now a conditioned stimulus), thus driving a behavioral response to  
19 “seek” the context (conditioned response). This is similar to sign-tracking behaviors (Huston et  
20 al., 2013), which refer to a behavior that is directed toward a stimulus as a result of that stimulus  
21 becoming associated with a reward (Huys et al., 2014). Therefore, CPP provides a valuable tool  
22 used to understand how drugs of abuse become associated with environmental contexts, which is  
23 implicated in context-induced drug craving and relapse (O'Brien CP, 1986; O'Brien et al., 1992).  
24 We have found that five days of morphine (10 mg/kg) conditioning elicits robust morphine CPP  
25 (Graziane et al., 2016; McDevitt and Graziane, 2019). However, it is unclear whether this “drug  
26 context-seeking” behavior is mediated by negative affective states. Additionally, it is unclear  
27 whether a subanesthetic dose of ketamine, an anxiolytic agent (Engin et al., 2009b), blocks  
28 morphine-induced CPP by mitigating morphine-induced negative affective states.

29 Here, we attempt to investigate whether morphine conditioning in our CPP paradigm generates  
30 negative affect during morphine abstinence. Additionally, we investigate whether an acute,  
31 subanesthetic dose of (R,S)-ketamine prior to testing is sufficient to disrupt morphine-induced  
32 anxiety and/or morphine-induced CPP behaviors. Lastly, it has been shown that an acute  
33 administration of (R,S)-ketamine is sufficient to block the expression of morphine CPP (Suzuki  
34 et al., 2000). Here, we investigate whether this ketamine-induced block of morphine CPP, in our  
35 behavioral training paradigm, is mediated by the impairment of drug-context associations or by  
36 the attenuation of morphine-induced negative affective states.

## 37 **Methods**

### 38 *Animals*

39 All experiments were done in accordance with procedures approved by the Pennsylvania State  
40 University College of Medicine Institutional Animal Care and Use Committee. Male C57BL/6J

41 mice aged 5-8 weeks were purchased from Jackson Labs (stock #000664) (Bar Harbor, ME),  
42 singly-housed, and maintained on a regular 12 hour light/dark cycle (lights on 07:00, lights off  
43 19:00) with *ad libitum* food and water. Mice were singly housed for the following reasons. First,  
44 we have reliably developed morphine conditioned place preference (CPP) in singly-housed mice  
45 (Graziane et al., 2016;McDevitt and Graziane, 2019). Second, evidence suggests that socially  
46 isolated rodents are more vulnerable to developing drug-context associations (Whitaker et al.,  
47 2013). In humans, social isolation increases vulnerability to substance use disorders (Newcomb  
48 and Bentler, 1988;Sinha, 2008), which often are accompanied by the development of drug-  
49 context associations (O'Brien CP, 1986;O'Brien et al., 1992;Xue et al., 2012). Therefore, our  
50 studies are designed to model this patient population.

51 *Drugs*

52 (–)-morphine sulfate pentahydrate was provided by the National Institute on Drug Abuse Drug  
53 Supply Program. Ketamine hydrochloride (racemic mixture of 50% *R*-ketamine and *S*-ketamine)  
54 (Dechra Pharmaceuticals, Northwich, United Kingdom) was purchased from the Comparative  
55 Medicine Department at the Pennsylvania State University College of Medicine.

56 *Non-Contingent Conditioned Place Preference*

57 Conditioned place preference (CPP) chambers (Med Associates) were located in the mouse  
58 housing room and consisted of three distinct compartments separated by manual guillotine-style  
59 doors. Each compartment had distinct contextual characteristics: the middle (neutral)  
60 compartment (7.2 cm × 12.7 cm × 12.7 cm) had grey walls and grey plastic floor, while the  
61 choice compartments (16.8 cm × 12.7 cm × 12.7 cm, each) had either white walls and stainless  
62 steel mesh floor or black walls and stainless steel grid floor. All compartments were illuminated  
63 with a dim light during use. Immediately following use the entire preference chamber was  
64 cleaned thoroughly with a scent-free soap solution. Mouse locations, activity counts, and time  
65 spent in each compartment were collected via automated data-collection software (Med  
66 Associates) via infrared photobeam strips lining each compartment. Morphine administration  
67 was verified with the Straub tail response and enhanced locomotor activity (Bilbey et al.,  
68 1960;Graziane et al., 2016;McDevitt and Graziane, 2019).

69 Habituation. Mice were placed in the center compartment with free access to all three  
70 compartments for 20 min once a day for two days. Time spent (seconds) in each compartment  
71 was recorded.

72 Conditioning. 24 h after habituation, mice received 5 d conditioning training. Morphine-paired  
73 compartments were assigned based on the least preferred side (a biased approach) (Tzschenkentke,  
74 2007) calculated by averaging time spent in each compartment over the 2 habituation days.  
75 Similar to conditioning studies with alcohol (Gremel et al., 2006), we find that C57BL/6J mice  
76 will reliably develop morphine CPP using a biased approach. During conditioning, mice received  
77 an injection of saline and were placed into the most preferred compartment for 40 min. 6 h later,  
78 mice received an injection of saline (control group) or morphine (10 mg/kg, i.p.) and were placed  
79 into their least preferred compartment for 40 min. (Koo et al., 2014;Graziane et al., 2016).

80 Post conditioning. 48 h or 28 d after the last conditioning day, mice were placed in the 3-  
81 compartment chamber and allowed to move freely for 20 min. Our post-conditioning took place  
82 at a time point corresponding to 3 h prior to drug conditioning (e.g., morphine conditioning took  
83 place at 3 P.M., post-conditioning tests took place 2 or 28 days later at 12 P.M.). CPP scores  
84 were calculated as time spent in the drug-paired side minus the average time spent on the same  
85 side during preconditioning (Bohn et al., 2003). Activity counts are defined as any beam break  
86 within a current zone. This is inclusive of grooming, rearing, and lateral movements. Mice were  
87 treated with 0.9% saline (0.1 ml, i.p.) or with (R,S)-ketamine (10 mg/kg, i.p.) 30 min. prior to the  
88 first CPP test. The dose of ketamine was selected based on preclinical data demonstrating that a  
89 10 mg/kg dose of ketamine produces a maximal effect on morphine CPP (Suzuki et al., 2000)  
90 and produces plasma concentrations associated with subanesthetic ketamine doses capable of  
91 eliciting antidepressant effects in mice and in humans (Zarate et al., 2012;Zanos et al., 2016).

92 *Sucrose Oral Self-Administration Conditioned Place Preference*

93 Habituation. Mice were placed in the center compartment with free access to all three  
94 compartments for 20 min. once a day for two days. Time spent (seconds) in each compartment  
95 was recorded.

96  
97 Conditioning. Drinking bottles were created as described in Freet et al., 2013 (Freet et al., 2013).  
98 Briefly, we modified 10 mL serological pipettes by tapering both ends, placing a stainless-steel  
99 sipper tube (Ancare; OT-300) in one end and a silicon stopper (Fisher Scientific; 09-704-1D) in  
100 the other. Bottles were inserted into plastic holders that were then placed directly into CPP  
101 chambers (for chamber description, see Non-Contingent Conditioned Place Preference), where  
102 they were positioned so that the sipper was ~5 cm above the chamber floor. Pennsylvania State  
103 University Fabrication shop constructed plexiglass tops that were placed along the top of the 3-  
104 compartment apparatus and allowed for plastic bottle holders to be placed into chambers. Oral  
105 self-administration was recorded as the mL prior and following all sessions. Similar to the i.p.  
106 CPP methodology, we utilized a biased approach in which the 10% sucrose (w/v) solution was  
107 placed in the least-preferred context. 24 h after habituation, mice underwent two 14 h overnight  
108 sessions (separated by 24 h), confined to the least preferred chamber on the first night (ON1)  
109 with access to water (control groups) or a 10% sucrose solution and confined to the most  
110 preferred side on the second night (ON2) with access to water. Mice then received 5 days of  
111 conditioning (C1-C5), where morning sessions consisted of 40 min. in the most-preferred context  
112 with access to water. 6 h later, afternoon sessions consisted of 40 min. in the least preferred  
113 context with access to water (control groups) or 10% sucrose solution.

114 Post conditioning. 48 h or 21 d after the last conditioning day, mice were placed in the 3-  
115 compartment chamber and allowed to move freely for 20 min. Our post-conditioning took place  
116 at a time point corresponding to 3 h prior to drug conditioning (e.g., sucrose conditioning took  
117 place at 3 P.M., post-conditioning tests took place 2 or 21 days later at 12 P.M.). No bottles were  
118 present in the chambers on preference tests. CPP scores were calculated as time spent in the least  
119 preferred side on test day minus the average time spent on the same side during preconditioning  
120 (Bohn et al., 2003). Mice treated with (R,S)-ketamine (10 mg/kg, i.p.) (water+ketamine and  
121 sucrose+ketamine groups) received injections 30 min. prior to the first CPP test on post  
122 conditioning day 2.

123 *Elevated Plus Maze*

124 The elevated-plus maze, a well-established method to measure anxiety in rodents, was  
125 implemented to measure anxiety-like behavior (Pellow et al., 1985b; Handley and McBlane,  
126 1993; Dawson and Tricklebank, 1995). The elevated-plus maze for mice (Stoelting, Item #60140)  
127 was raised approximately 50 cm from the ground. The floor of the elevated portion of the maze  
128 was gray. Two opposite arms (35 × 5 cm each) of the maze were enclosed by a 15 cm high wall  
129 and the remaining two arms were “open.” A center space (5 cm<sup>2</sup>) between these four arms was  
130 also not enclosed. The elevated portion of the apparatus was cleaned thoroughly with a scent-free  
131 soap solution after each trial. Behavioral tests were performed in the animal housing room under  
132 ambient light of the light cycle.

133 24 h after the last conditioning day in the CPP apparatus, mice were placed in the center space  
134 facing the open arm and allowed to explore the apparatus for 5 minutes prior to being placed  
135 back into their home cage (Grisel et al., 2008). Each trial was video recorded using a GoPro  
136 camera (Hero7 white) and analyzed by researchers blinded to treatment condition of the mice.  
137 Time in the open arm was measured when the body of the mouse cleared the center space. Mice  
138 were treated with 0.9% saline (0.1 ml, i.p.) or ketamine (10 mg/kg, i.p.) 30 min. prior to the  
139 elevated plus maze test.

140 *Statistical Analysis*

141 Statistical significance was assessed in GraphPad Prism software using a Student’s t-test, one- or  
142 two-way ANOVA with Bonferroni’s correction for multiple comparisons as specified. F values  
143 for two-way ANOVA statistical comparisons represent interactions between variables unless  
144 stated otherwise. Two-tailed tests were performed for Student’s t-test. For correlation analysis,  
145 the Pearson’s correlation coefficient, and subsequent linear regression, were determined. P<0.05  
146 was considered to indicate a statistically significant difference.

147 **Results**

148 **Morphine conditioning elicits anxiety-like behaviors during morphine abstinence**

149 Repeated exposure to morphine increases levels of anxiety both in humans and in animal models  
150 of substance use disorders (Gold et al., 1978; 1979; Becker et al., 2017). Additionally, it is posited  
151 that relapse to opioids in abstinent patients is caused by negative affective states, thus driving  
152 drug-seeking behaviors (Solomon and Corbit, 1978; Koob and Le Moal, 2008; Evans and Cahill,  
153 2016). In an attempt to provide evidence that morphine-induced CPP, using our training  
154 paradigm, is mediated, in part, by negative affective states, 24 h following the last morphine  
155 conditioning session (**Fig. 1A**), we measured anxiety-like behavior using the elevated plus maze  
156 (EPM) (Pellow et al., 1985a). We found that morphine-treated mice, who showed robust  
157 locomotor sensitization by conditioning day 5 (**Fig. 1B**), expressed a significant decrease in the  
158 percent time spent in the open arm of the EPM compared to saline-treated controls ( $t_{(38)}=3.35$ ,  
159  $p=0.002$ , Student’s t-test) (**Fig. 1C**). To correlate anxiety levels with CPP scores, mice  
160 underwent CPP tests 24 h following EPM tests (**Fig. 1A**). We found that 5 d morphine

161 conditioning elicited significant increases in place preference for the drug-paired compartment  
162 ( $t_{(38)}=5.61$ ,  $p<0.0001$ , Student's t-test) (**Fig. 1D**). However, we found no correlation between  
163 anxiety-like behaviors and CPP score in morphine-conditioned mice (Pearson's correlation  
164 coefficient = -0.162; simple linear regression:  $F_{(1,15)}=0.404$ ,  $p=0.53$ ,  $R^2=0.03$ ) or in saline-  
165 conditioned, control mice (Pearson's correlation coefficient = -0.095; simple linear regression:  
166  $F_{(1,21)}=0.191$ ,  $p=0.67$ ,  $R^2=0.01$ ) (**Figs. 1E and F**). Overall, these results suggest that morphine  
167 conditioning in a CPP paradigm is sufficient to facilitate anxiety-like behaviors during short-term  
168 abstinence, but that the animal's anxiety-like behavior is not correlated with the amount of time  
169 spent in the morphine-paired compartment on CPP test day.

## 170 **Ketamine blocks morphine-induced anxiety-like behaviors and morphine CPP**

171 Evidence suggests that (*R,S*)-ketamine, a noncompetitive NMDA receptor antagonist (Lodge et  
172 al., 1982; Kohrs and Durieux, 1998), is an effective treatment for anxiety and substance use  
173 disorders (Krupitsky et al., 2002a; Ivan Ezquerra-Romano et al., 2018; Taylor et al., 2018).  
174 Because of this, we investigated whether an acute injection of (*R,S*)-ketamine (30 min. prior to  
175 EPM and CPP testing) would be sufficient to block morphine-induced anxiety-like behaviors  
176 and/or morphine-induced CPP (**Fig. 2A**). Following conditioning with morphine, which  
177 produced robust locomotor sensitization (**Fig. 2B**), we found that the first (*R,S*)-ketamine  
178 injection prior to the EPM test on post-conditioning day 1 (PC1) significantly increased the  
179 percent time in the open arms of the EPM ( $F_{(3, 52)}=22.2$ ,  $p<0.0001$ , one-way ANOVA, Bonferroni  
180 post hoc test) (**Fig. 2C**). Additionally, we found that a second (*R,S*)-ketamine injection prior to  
181 CPP tests on post-conditioning day 2 (PC2) was sufficient to prevent morphine-induced CPP  
182 ( $F_{(3, 52)}=14.04$ ,  $p<0.0001$ , one-way ANOVA, Bonferroni post hoc test) (**Fig. 2D**), which was  
183 likely not attributed to ketamine-induced changes in locomotor activity ( $F_{(3,52)}=0.447$ ,  $p=0.72$ ,  
184 two-way repeated measures ANOVA) (**Fig. 2E**).

## 185 **Acute ketamine treatment blocks the long-term expression of morphine CPP**

186 We have previously shown that morphine-induced CPP, using the paradigm described in this  
187 study, is sufficient to elicit long-lasting CPP for up to 28 d post conditioning (Graziane et al.,  
188 2016). Because of this, we tested whether ketamine administration during early abstinence was  
189 sufficient to block the prolonged expression of morphine-induced CPP (**Fig. 3A**). We found that  
190 two injections of (*R,S*)-ketamine, one on post conditioning day 1 (prior to elevated arm maze  
191 tests) and the second on post conditioning day 2 (prior to CPP tests), was sufficient to prevent the  
192 prolonged expression of morphine-induced CPP on PC28 (column factor:  $F_{(3, 38)}=10.25$ ,  
193  $p<0.0001$ , two-way repeated measures ANOVA, Bonferroni post hoc test) (**Fig. 3B**).

## 194 **Acute ketamine treatment prevents the expression of sucrose CPP**

195 To further investigate whether the ketamine block of morphine CPP is through potential memory  
196 impairment and/or anxiolytic effects, we evaluated the effect of ketamine on the CPP of a natural  
197 reward (i.e., sucrose). We rationalized that if ketamine blocks morphine CPP by specifically  
198 alleviating negative affective states, without impairing memory of drug-context associations,  
199 then ketamine would be ineffective at blocking sucrose CPP, a natural reward, which does not  
200 evoke anxiety-like behaviors (**Fig. 4C**). To test this, we conditioned mice over 7 days (**Fig. 4A**)

201 to orally self-administer water (controls) or sucrose in the least preferred compartment of the  
202 CPP chamber (see Methods for conditioning paradigm). Mice conditioned with sucrose drank  
203 significantly more than mice conditioned with water over all conditioning days ( $F_{(15, 175)}=462.1$ ,  
204  $p<0.0001$ , two-way repeated measures ANOVA, Bonferroni post hoc test) (**Fig. 4B**). The water  
205 consumed in the most preferred chamber during conditioning days 1-5 did not differ between  
206 groups ( $F_{(12, 140)}=0.596$ ,  $p=0.843$ , two-way repeated measures ANOVA) (**Supplementary Figure**  
207 **1**). On post-conditioning day 1 (PC1), anxiety-like behavior was measured using the EPM. We  
208 found that the percent time in the open arm of the EPM in sucrose-conditioned mice was not  
209 significantly different from mice conditioned with water ( $t_{(17)}=0.184$ ,  $p=0.856$ , Student's t-test)  
210 (**Fig. 4C**) suggesting that sucrose exposure did not elicit anxiety-like behaviors during short-term  
211 abstinence. 24 h later, on post-conditioning day 2 (PC2), water- and sucrose-conditioned mice  
212 underwent a CPP test 30 min. after receiving an acute injection of (*R,S*)-ketamine (10 mg/kg,  
213 i.p.). Our data show that (*R,S*)-ketamine attenuated sucrose-induced CPP on PC2 ( $F_{(3, 35)}=6.31$ ,  
214  $p=0.0015$ , one-way ANOVA, Bonferroni post hoc test) (**Fig. 4D**) and this ketamine-induced  
215 attenuation of sucrose CPP persisted to abstinence day 21 ( $F_{(3, 32)}=5.51$ ,  $p=0.004$ , one-way  
216 ANOVA, Bonferroni post hoc test) (**Supplementary Figure 2**).

217 Lastly, we investigated whether the ketamine block of morphine-induced anxiety-like behavior  
218 and morphine-induced CPP was potentially attributed to ketamine-induced behavioral  
219 disinhibition, leading the animal to explore more. To do this, we monitored entrance counts and  
220 exploratory counts in the CPP chamber on test day. We found that there was no significant  
221 difference in entrance or exploratory counts in the CPP chamber when comparisons were made  
222 between saline versus ketamine injected mice undergoing the same treatment during  
223 conditioning (**Figs. 4E and F**). These results suggest that the effects of ketamine on morphine-  
224 driven behaviors is unlikely mediated by behavioral disinhibition.

## 225 Discussion

226 Our results show that the percent time spent in the open arms of the elevated plus maze is  
227 decreased in animals conditioned with morphine. Additionally, we show that an acute injection  
228 of (*R,S*)-ketamine 30 min prior to the elevated plus maze and CPP tests is sufficient to block  
229 morphine-induced anxiety-like behaviors and morphine-induced CPP (post-conditioning day 2  
230 through post-conditioning day 28), as well as attenuates sucrose-induced CPP (post-conditioning  
231 day 2 through post-conditioning day 21). We further find that ketamine, at least in the dose tested  
232 here, does not alter behavioral disinhibition in either morphine-CPP or sucrose-CPP mice.  
233 Together these findings indicate that ketamine may inhibit morphine CPP behaviors, at least in  
234 part, via reductions in withdrawal-induced anxiety-like behaviors. Our data do not, however, rule  
235 out the possibility that ketamine-induced effects on morphine CPP may also be mediated in part  
236 by impairing memory of morphine-context associations.

## 237 Anxiety-like behaviors during morphine abstinence

238 Morphine possesses anxiolytic-like properties during initial exposure (Koks et al., 1999;Sasaki et  
239 al., 2002;Shin et al., 2003). However, during opioid abstinence, symptoms of anxiety (Gold et  
240 al., 1978;1979;Li et al., 2009;Shi et al., 2009) or anxiety-like behaviors are observed (Cabral et  
241 al., 2009;Becker et al., 2017). Here, we show that 24 h following repeated morphine injections

242 (once a day for 5 days), mice display anxiety-like behaviors in the elevated plus maze (**Fig. 1C**).  
243 These results are similar to previous studies showing escalating doses of morphine over a 6 day  
244 period induce anxiety-like behaviors in the marble burying task (Becker et al., 2017).  
245 Additionally, our observed morphine-induced anxiety-like behavior is timed with anxiogenic  
246 neurobiological responses that occur during acute opioid abstinence including, increases in  
247 norepinephrine release in the extended amygdala (Fuentealba et al., 2000;Aston-Jones and  
248 Harris, 2004), norepinephrine-induced modulation of the extended amygdala (Aston-Jones et al.,  
249 1999;Delfs et al., 2000;Smith and Aston-Jones, 2008), activation of the amygdalar  
250 corticotrophin-releasing factor (CRF) system (Heinrichs et al., 1995;Maj et al., 2003), and  
251 decreases in dopamine transmission (Diana et al., 1995). However, the observed morphine-  
252 induced anxiety-like behavior may be dependent upon morphine exposure as it has been shown  
253 that morphine does not elicit anxiety-like behaviors following three morphine injections (10  
254 mg/kg) occurring every other day (Benturquia et al., 2007). This may be related to  
255 neurobiological mechanisms associated with different drug exposure regimens. We have  
256 previously shown that morphine exposure significantly increases the expression of silent  
257 synapses, excitatory glutamatergic synapses that express functional NMDA receptors, but lack  
258 functional AMPA receptors (Hanse et al., 2013), in the nucleus accumbens shell. We found that  
259 this increase in silent synapse expression is observed 24 h after the last of five morphine  
260 injections (once a day for five days), but not 24 h after the last of three morphine injections (once  
261 a day for three days) (Graziante et al., 2016;Hearing et al., 2018;McDevitt and Graziante, 2018).  
262 Future experiments will be required to test whether this morphine-induced change in the nucleus  
263 accumbens shell regulates morphine-induced anxiety-like behaviors.

264 The observed anxiety-like behaviors following morphine conditioning in a three chamber  
265 apparatus (**Fig. 1F**) may suggest that animals seek the drug-paired chamber as a consequence of  
266 negative reinforcement to alleviate aversive affective states facilitated by opioid abstinence.  
267 Importantly, our injection regimen of morphine 10 mg/kg once a day for 5 consecutive days does  
268 not induce signs of somatic withdrawal in mice including jumping, wet dog shakes, teeth  
269 chattering, rearing, tremor, diarrhea, or mastication (Gallego et al., 2010). This coincides with  
270 the lack of observed somatic withdrawal symptoms following a more prolonged injection  
271 regimen of 5 daily morphine (10 mg/kg, i.p.) injections over 4 weeks (Robinson and Kolb,  
272 1999). Although more studies are required, it is plausible that specific opioid dosing regimens  
273 may be implemented in a preclinical setting in order to separate opioid-induced negative  
274 affective states (e.g., anxiety) from confounds induced by somatic signs of opioid withdrawal,  
275 which are ineffective at reinstating opioid seeking or morphine CPP in opioid dependent rodents  
276 (Shaham et al., 1996;Lu et al., 2005) as well as in humans (Miller et al., 1979). Separating  
277 opioid-induced negative affective states (e.g., anxiety) from confounds induced by somatic signs  
278 of opioid withdrawal is not a new idea and has been demonstrated previously with doses of  
279 naloxone (used to precipitate opioid withdrawal) that were sub-threshold for somatic signs of  
280 opioid withdrawal (Gracy et al., 2001).

281 Based on our results, it would be expected that facilitating a negative affective state during  
282 morphine abstinence would enhance the expression of morphine CPP. However, evidence  
283 suggests that this is not the case, as forced swim stress, which would be expected to elicit a  
284 strong negative affective state, immediately prior to CPP testing in morphine-conditioned  
285 animals has either no effect on morphine CPP (Attarzadeh-Yazdi et al., 2013) or significantly

286 decreases morphine CPP (Haghparast et al., 2014). Additionally, corticosterone administration,  
287 which is expected to facilitate depression-like behaviors (Gregus et al., 2005), prior to CPP tests  
288 has no effect on morphine CPP (Attarzadeh-Yazdi et al., 2013). These results are surprising  
289 especially considering the robust effect of stressful stimuli in reinstating morphine CPP in  
290 extinguished rodents (Ribeiro Do Couto et al., 2006; Wang et al., 2006; Karimi et al., 2014). It is  
291 possible that morphine CPP tested during abstinence (e.g., Attarzadeh-Yazdi et al., 2013)  
292 reaches a ceiling effect, making it unlikely that exposure to a stressor (e.g., forced swim) will  
293 enhance the CPP score (i.e., occlusion). It is also possible that the stressor elicits a decreased  
294 locomotor state potentially resulting in reduced morphine CPP (e.g., Haghparast et al., 2014).

295 *Ketamine's effects on anxiety-like behaviors*

296 Ketamine has recently been shown to be a potential effective treatment for anxiety disorders  
297 (Glue et al., 2018; Shadli et al., 2018; Taylor et al., 2018). In humans, ketamine displays a  
298 biphasic dose effect on anxiety, with low doses decreasing anxiety and higher doses increasing  
299 anxiety (Jansen, 1989; Krystal et al., 1994). Likewise, in rodents, ketamine induces anxiolytic-  
300 like behaviors (Engin et al., 2009a; Zhang et al., 2015; Fraga et al., 2018) as well as anxiogenic-  
301 like phenotypes likely dependent upon the dose, temporal relationship between ketamine  
302 injection and test onset, and rodent species (Silvestre et al., 1997; da Silva et al., 2010). Here, we  
303 demonstrate that in C57BL/6J mice, acute injection of ketamine at 10 mg/kg, i.p. 30 min prior to  
304 testing is sufficient to block morphine-induced anxiety-like behaviors during a 24 h abstinence  
305 time period (**Fig. 2C**). Additionally, we find that ketamine significantly increases percent time in  
306 the open arm of the elevated plus maze in mice conditioned with saline. This significant change  
307 observed in saline conditioned animals suggests that ketamine, at the dose and temporal  
308 relationship of ketamine injection and test onset, is sufficient to overcome baseline anxiety-like  
309 behaviors in animals exposed to a novel environment (i.e., elevated plus maze).

310 Despite the evidence suggesting that the antagonistic effects of ketamine on NMDA receptors in  
311 the bed nucleus of the stria terminalis attenuate negative affective states (Louderback et al.,  
312 2013), the mechanisms mediating the observed anxiolytic-like effects are unknown. In addition  
313 to acting as a non-competitive antagonist to NMDA receptors in the extended amygdala,  
314 evidence suggests that ketamine interacts with hyperpolarization-activated cyclic nucleotide-  
315 gated (HCN) channels as well as dopamine, serotonin, sigma, opioid, and cholinergic receptors  
316 (Scheller et al., 1996; Cai et al., 1997; Kubota et al., 1999; Lydic and Baghdoyan, 2002; Wang et  
317 al., 2012; Zanos et al., 2018). Additionally, ketamine metabolites are biologically active as  
318 antagonists to NMDA receptors (Ebert et al., 1997) and  $\alpha$ 7 nicotinic acetylcholine receptors  
319 (Moaddel et al., 2013), while also possessing agonistic activity for  $\alpha$ -amino-3-hydroxy-5-methyl-  
320 4-isoxazolepropionic acid (AMPA) receptors (Zanos et al., 2016; Tyler et al., 2017). Because of  
321 the undiscriminating activity of ketamine and its metabolites, it has been difficult to pinpoint  
322 how ketamine influences anxiety states both in humans and in preclinical models.

323 *Ketamine's effects on morphine-induced conditioned place preference*

324 Using a paradigm known to induce robust CPP for up to 28 d post conditioning (Graziane et al.,  
325 2016), we show that an acute injection of ketamine 30 min prior to the CPP test on abstinence  
326 day 2 is sufficient to block morphine-induced CPP. These results are not likely caused by

327 changes in locomotor activity as activity counts during habituation (baseline) were not  
328 significantly different from activity counts measured following ketamine administration (**Fig.**  
329 **2E**). Our results are in line with previous publications demonstrating that ketamine blocks  
330 morphine-induced CPP in mice (Suzuki et al., 2000). However, the effects on locomotor activity  
331 are conflicting. Whereas, our results and those from previous publications show that ketamine  
332 does not influence locomotor activity (Lindholm et al., 2012), others have found that locomotor  
333 activity is increased (Filibeck and Castellano, 1980) or decreased following ketamine  
334 administration (Akillioglu et al., 2012). These discrepancies are likely due to the temporal  
335 relationship between ketamine treatment and test onset. Here, we performed our tests 30 min  
336 following ketamine injection similar to previous studies (Lindholm et al., 2012), while tests  
337 performed 5 min or 15 min following ketamine administration appear to increase or decrease  
338 locomotor activity, respectively (Filibeck and Castellano, 1980;Akillioglu et al., 2012). The half-  
339 life of ketamine is ~13-25 min. in mice following i.p. administration (Maxwell et al., 2006;Zanos  
340 et al., 2016;Ganguly et al., 2018). Therefore, it is possible that the locomotor effects observed are  
341 due to ketamine action prior to metabolism, while the effects on negative affect are potentially  
342 attributed to ketamine metabolites including hydroxynorketamine (Li et al., 2015;Zanos et al.,  
343 2016). This hypothesis will need to be tested in future experiments. Moreover, our results are  
344 based on using a fixed dose of ketamine at 10 mg/kg, thus preventing dose-response  
345 observations. Future investigations are required to test how varying ketamine doses may  
346 influence morphine-induced conditioned place preference as well as morphine-induced anxiety-  
347 like behaviors.

348 Based on our findings that ketamine elicited anxiolytic-like behaviors following an acute  
349 injection, it is possible that the acute administration of ketamine was sufficient to prevent a  
350 negative affective state during 24 h morphine abstinence, thus facilitating the lack of motivation  
351 to seek a context paired with a drug reward (i.e., morphine-induced CPP). It is also plausible that  
352 the block of morphine-induced CPP by ketamine may be mediated by its effects on cognition and  
353 memory, thus blocking the recall of morphine-context associations (Ghoneim et al.,  
354 1985;Newcomer et al., 1999;Morgan et al., 2004) (Malhotra et al., 1996;Pfenninger et al., 2002).  
355 Evidence suggests that ketamine-induced deficits in cognitive functioning and memory occur  
356 during the consolidation or, as shown in rodents, reconsolidation (Zhai et al., 2008) of  
357 information, rather than the retrieval of already learned associations (Honey et al., 2005).  
358 Furthermore, it has been shown in rodent models that the memory impairing effects of ketamine  
359 are not attributed to its effects on memory retrieval (Goulart et al., 2010). Therefore, an acute  
360 injection of ketamine prior to CPP tests is not likely to influence already encoded morphine-  
361 context associations. However, we found that ketamine was effective at attenuating sucrose-  
362 induced CPP, despite the lack of anxiety-like behavior induced by sucrose conditioning (**Figs.**  
363 **4C and D**). Therefore, these data suggest that ketamine is able to interfere with memory  
364 associated with Pavlovian learning when administered prior to retrieval of already learned  
365 associations. We acknowledge that our data does not unequivocally demonstrate that the  
366 ketamine-induced block of morphine CPP is solely mediated by impairing already learned  
367 associations. Therefore, future studies are required to test whether blocking only morphine-  
368 induced negative affective states are sufficient to prevent morphine CPP.

369 Lastly, our data suggest that the effects of ketamine on morphine-induced anxiety-like behavior  
370 and on morphine CPP is not likely a result of ketamine-induced behavioral disinhibition, which

371 would be expected to increase exploratory behaviors. We found that ketamine had no effect on  
372 entrance counts or exploratory behaviors in the CPP apparatus (**Fig. 4E and F**).

373 Overall, our data suggest that ketamine may influence morphine CPP by altering negative  
374 affective states as well as by altering memory of learned associations. However, this does not  
375 rule out that ketamine's effects on morphine-induced CPP may be mediated by other  
376 mechanisms of action as ketamine has proven effective for treating pain (Weisman,  
377 1971;Laskowski et al., 2011;Jonkman et al., 2017), depression (Khorramzadeh and Lotfy,  
378 1973;Sofia and Harakal, 1975), and inflammation (Roytblat et al., 1998;Beilin et al., 2007;Loix  
379 et al., 2011).

380 *Ketamine as a treatment option for substance use disorders*

381 There is growing clinical and preclinical evidence that ketamine may be a potential treatment  
382 option for substance use disorders (Ivan Ezquerra-Romano et al., 2018;Jones et al., 2018).  
383 Through the use of Ketamine Assisted Psychotherapy (KAP) (Ivan Ezquerra-Romano et al.,  
384 2018), alcohol-dependent patients (Krupitsky and Grinenko, 1997;Kolp et al., 2006), heroin-  
385 dependent patients (Krupitsky et al., 2002b;Krupitsky et al., 2007), and cocaine-dependent  
386 patients (Dakwar et al., 2017) showed greater rates of abstinence and reductions in drug craving.  
387 These results have been echoed in preclinical models of substance use disorders as acute  
388 ketamine injections significantly attenuate alcohol self-administration (Sabino et al., 2013) and  
389 prevent the reconsolidation of morphine-induced CPP (Zhai et al., 2008). Here, we discovered a  
390 novel and unexpected loss of long-term expression of morphine-induced CPP in animals injected  
391 with (R,S)-ketamine at time points corresponding to 24 and 48 h post CPP conditioning. These  
392 results demonstrate the profound effect that (R,S)-ketamine has on reward-related behaviors and  
393 opens up many avenues including, investigating temporal effects of ketamine treatment at later  
394 time points following conditioning, the neurocircuit mechanisms mediating this prolonged  
395 ketamine effect on morphine-induced CPP, and the specificity for drug-context associations  
396 versus other forms of memory. With the ever increasing use of ketamine as an antidepressant in  
397 major depressive disorder (Berman et al., 2000;Diazgranados et al., 2010;Ibrahim et al.,  
398 2011;Zarate et al., 2012;Murrough et al., 2013b), applying its therapeutic use to patients  
399 suffering from substance use disorders holds potential value as an alternative treatment option.

400 *Limitations to the use of ketamine as a treatment option for substance use disorders*

401 Despite its therapeutic value, ketamine has undesirable side effects including drowsiness,  
402 confusion, dizziness, and dissociative psychiatric side effects (Zarate et al., 2006;Diazgranados  
403 et al., 2010;Ibrahim et al., 2011;Murrough et al., 2013a). Additionally, evidence suggests that  
404 ketamine impairs cognition and memory (Harris et al., 1975;Ghoneim et al., 1985;Malhotra et  
405 al., 1996;Newcomer et al., 1999;Pfenninger et al., 2002;Morgan et al., 2004;Honey et al.,  
406 2005;Mathew et al., 2010;Driesen et al., 2013) and may cause urological effects (Middela and  
407 Pearce, 2011). A limitation of ketamine use as a treatment option for substance use disorders is  
408 its abuse potential (Liu et al., 2016). However, controlled studies in patients addressing the abuse  
409 potential of low-dose ketamine are lacking and if the long-lasting ketamine effects shown here in  
410 mice translate to human patients, the abuse liability can be mitigated by monthly physician-  
411 administered injections.

412 **Conclusions**

413 Here, we found that morphine conditioning in a three-compartment apparatus that elicits robust  
414 CPP was sufficient to evoke anxiety-like behaviors in mice. Additionally, we provided evidence  
415 that acute ketamine pretreatment produces anxiolytic-like behaviors and blocks morphine-  
416 induced CPP for a prolonged time period, suggesting that ketamine is a potential option for  
417 attenuating negative reinforcement as well as learned associations that are implicated in  
418 substance use disorders.

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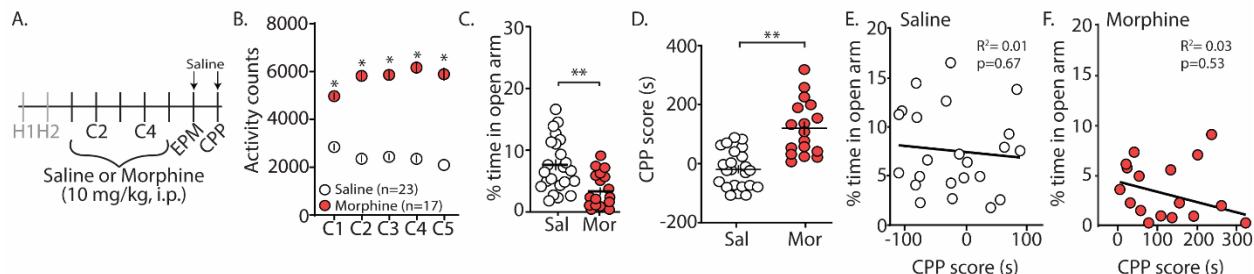
426 **Author Contributions Statement**

427 G.M., H.G, H.E.J., D.S.M., S.S. Y.S., and N.M.G. designed the experiments, performed the  
428 analyses, and wrote the manuscript. H.E.J., G.M., H.G., D.S.M., and S.S performed behavioral  
429 training and testing.

430 **Declaration of Interest**

431 Declarations of interest: none

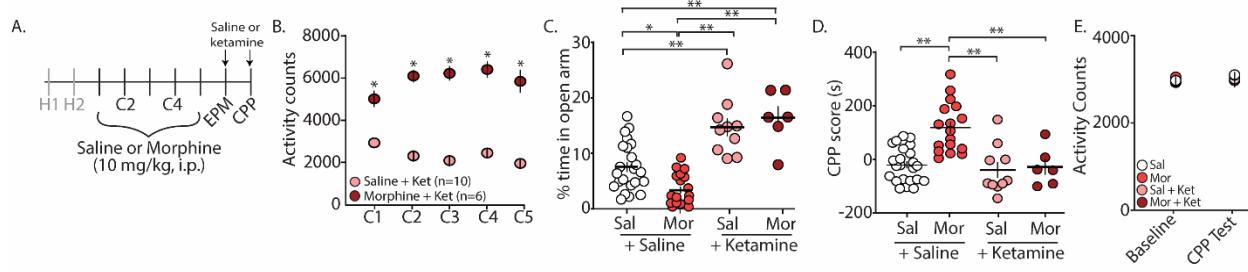
Fig. 1



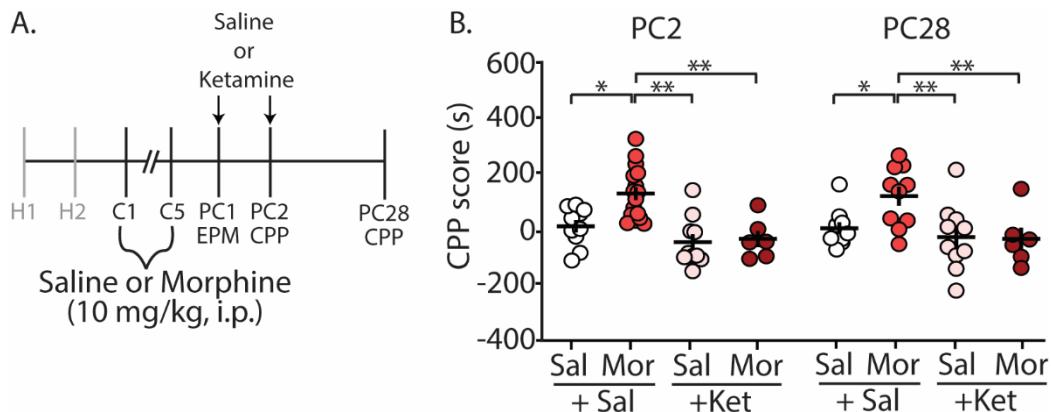
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433 **Figure 1.** Morphine conditioning in a CPP paradigm elicits anxiety-like behaviors during 24 h  
434 abstinence. (A) Time line and drug regimen of the behavioral procedure. Animals underwent two  
435 days of habituation (H), followed by five days of saline or morphine (10 mg/kg, i.p.)  
436 conditioning (C), before being subjected to tests measuring anxiety-like behaviors using an  
437 elevated plus maze (EPM) 24 h post conditioning. 24 h post EPM tests, CPP tests were  
438 performed. Animals were injected with saline 30 min. prior to EPM and CPP tests. (B) Summary  
439 showing that morphine conditioning over 5 days produces robust locomotor sensitization ( $F_{(4, 152)} = 17.1$ ,  
440  $p < 0.0001$ , two-way repeated measures ANOVA, Bonferroni post hoc test). (C)  
441 Summary showing that morphine (Mor)-conditioned mice spent significantly less time in the  
442 open arms of the elevated plus maze compared to saline (Sal)-conditioned mice 24 h following  
443 the last conditioning day ( $t_{(38)} = 3.35$ ,  $p = 0.002$ , Student's t-test). (D) Summary showing that  
444 morphine conditioning produced reliable CPP ( $t_{(38)} = 5.61$ ,  $p < 0.0001$ , Student's t-test). (E)  
445 Correlation of the % time in the open arm of the elevated plus maze and CPP score in saline- or  
446 (F) morphine-conditioned mice. \* $p < 0.05$ , \*\* $p < 0.01$ .

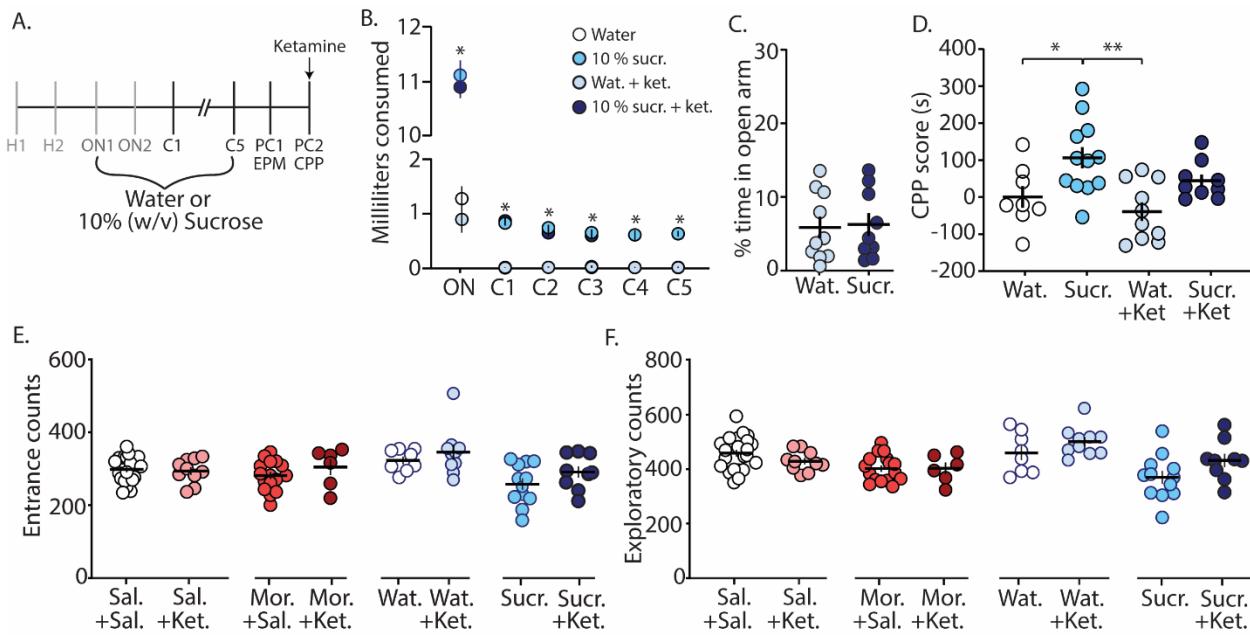
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448  
449 **Figure 2.** Acute (*R,S*)-ketamine injection produces anxiolytic-like behaviors in mice 24 h after  
450 conditioning and blocks morphine-induced CPP. (A) Time line and drug regimen of the  
451 behavioral procedure. Saline or (*R,S*)-ketamine (10 mg/kg, i.p.) was injected 30 min. prior to  
452 elevated plus maze (EPM) test with the second injection taking place 30 min. prior to the first  
453 conditioned place preference (CPP) test. (B) Summary showing that morphine conditioning over  
454 5 days (C1-C5) produces robust locomotor sensitization ( $F_{(4, 56)}=12.55$ ,  $p<0.0001$ , two-way  
455 repeated measures ANOVA, Bonferroni post hoc test). (C) Summary showing that (*R,S*)-  
456 ketamine significantly increased the time spent in the open arms of the elevated plus maze in  
457 both saline (Sal)- and morphine (Mor)-conditioned mice ( $F_{(3, 52)}=22.2$ ,  $p<0.0001$ , one-way  
458 ANOVA, Bonferroni post hoc test) (animals not receiving (*R,S*)-ketamine are the same data as  
459 shown in Fig. 1C). (D) Summary showing that morphine produced reliable CPP at post  
460 conditioning day 2, which was blocked by (*R,S*)-ketamine injected 30 min prior to testing ( $F_{(3, 52)}=14.04$ ,  
461  $p<0.0001$ , one-way ANOVA, Bonferroni post hoc test) (saline and morphine groups  
462 are the same animals as shown in Fig. 1D). (E) Summary showing the activity counts in the CPP  
463 chamber during habituation (baseline) and during the CPP test in saline (Sal)- or morphine  
464 (Mor)-conditioned mice treated with saline or (*R,S*)-ketamine 30 min prior to testing  
465 ( $F_{(3,52)}=0.447$ ,  $p=0.72$ , two-way repeated measures ANOVA). \* $p<0.05$ , \*\* $p<0.01$ .

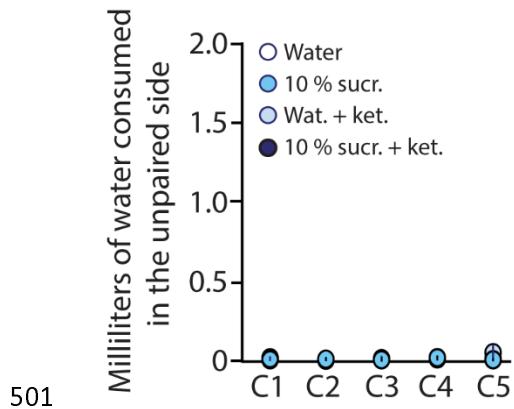


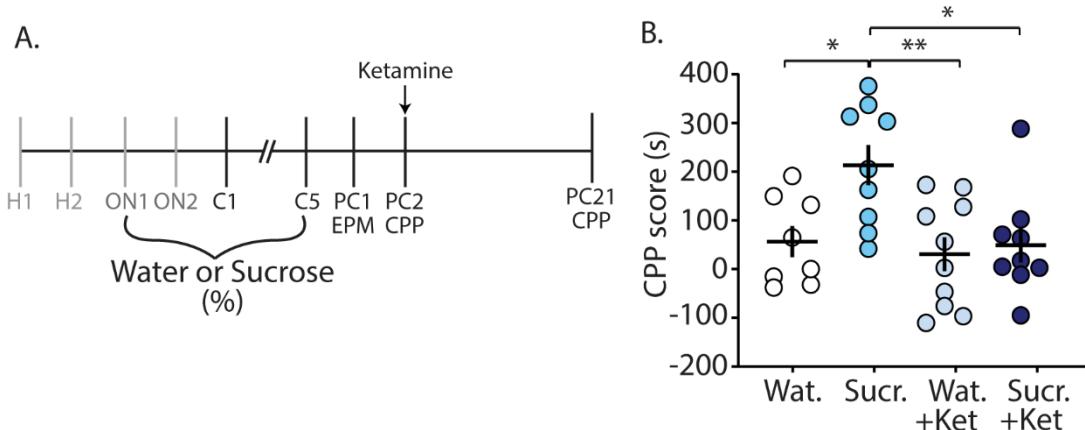
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467 **Figure 3.** (R,S)-ketamine administration during early abstinence is sufficient to prevent the  
468 prolonged retention of morphine-induced CPP at post conditioning day 28. (A) Time line and  
469 drug regimen of the behavioral procedure. (R,S)-ketamine (10 mg/kg, i.p.) was injected 30 min.  
470 prior to the EPM test on post-conditioning day 1 (PC1) and again on the first CPP test on post  
471 conditioning day 2 (PC2) (i.e., each mouse received a ketamine injection before the EPM test  
472 and a second ketamine injection the next day prior to the CPP test). The second CPP test was run  
473 on PC28. (B) Summary showing that morphine produced reliable CPP 28 d post conditioning,  
474 which was blocked by (R,S)-ketamine (column factor:  $F_{(3, 38)}=10.25$ ,  $p<0.0001$ , two-way repeated  
475 measures ANOVA, Bonferroni post hoc test) (PC2 data is the same data shown in Fig. 2D).  
476 Abbrev.: EPM=elevated plus maze; CPP=conditioned place preference. \* $p<0.05$ , \*\* $p<0.01$ .



477 **Figure 4.** Ketamine administration attenuates sucrose-induced conditioned place preference. (A)  
478 Time line and sucrose regimen of the behavioral procedure. Following sucrose oral self-  
479 administration in the three compartment apparatus, mice underwent EPM testing on post-  
480 conditioning day 1 (PC1). 24 h later, mice received no injection or (*R,S*)-ketamine (10 mg/kg,  
481 i.p.) 30 min. prior to the conditioned place preference (CPP) test on post-conditioning day 2  
482 (PC2). (B) Summary showing the milliliters of water or sucrose consumed for each training  
483 session in the least preferred chamber. Groups conditioned with sucrose (i.e., sucrose (sucr.) and  
484 sucrose+ketamine (sucr.+ket.) groups) drank significantly more than groups conditioned with  
485 water (i.e., water (Wat.) and water+ketamine (Wat.+Ket.) groups) ( $F_{(15, 175)} = 462.1$ ,  $p < 0.0001$ ,  
486 two-way repeated measures ANOVA, Bonferroni post hoc test). (C) Summary showing that  
487 conditioning with sucrose had no effect on anxiety-like behaviors as both water- and sucrose-  
488 conditioned mice displayed similar % time in the open arm of the EPM ( $t_{(17)} = 0.184$ ,  $p = 0.856$ ,  
489 Student's t-test). (D) Summary showing that oral self-administration of sucrose produced CPP at  
490 PC2, which was blocked by (*R,S*)-ketamine treatment ( $F_{(3, 35)} = 6.31$ ,  $p = 0.0015$ , one-way  
491 ANOVA, Bonferroni post hoc test). (E) Summary showing that ketamine injections 30 min. prior  
492 to CPP test did not impact entrance counts in the CPP apparatus (Sal.+Sal. vs. Sal.+Ket.:  
493  $t_{(31)} = 0.295$ ,  $p = 0.770$ ; Mor.+Sal. vs. Mor.+Ket.:  $t_{(21)} = 1.13$ ,  $p = 0.272$ ; Wat.+Sal. vs. Wat.+Ket.:  
494  $t_{(16)} = 0.874$ ,  $p = 0.395$ ; Sucr.+Sal. vs. Sucr.+Ket.:  $t_{(19)} = 1.43$ ,  $p = 0.168$ , Student's t-test). (F)  
495 Summary showing that ketamine injections 30 min. prior to CPP test did not impact exploratory  
496 counts in the CPP apparatus (Sal.+Sal. vs. Sal.+Ket.:  $t_{(31)} = 1.42$ ,  $p = 0.166$ ; Mor.+Sal. vs.  
497 Mor.+Ket.:  $t_{(21)} = 0.045$ ,  $p = 0.964$ ; Wat.+Sal. vs. Wat.+Ket.:  $t_{(16)} = 1.26$ ,  $p = 0.226$ ; Sucr.+Sal. vs.  
498 Sucr.+Ket.:  $t_{(19)} = 1.80$ ,  $p = 0.088$ , Student's t-test). \* $p < 0.05$ , \*\* $p < 0.01$ .

500





506

507 **Supplementary Figure 2.** (R,S)-ketamine administration during early abstinence blocks the  
508 prolonged retention of sucrose-induced CPP at post conditioning day 21. (A) Time line and drug  
509 regimen of the behavioral procedure. (R,S)-ketamine (10 mg/kg, i.p.) was injected 30 min. prior  
510 to the first CPP test on post conditioning day 2 (PC2). (B) Summary showing that oral self-  
511 administration of sucrose produced CPP for the sucrose-paired context 21 days after  
512 conditioning. This prolonged expression of sucrose-induced CPP was blocked by (R,S)-ketamine  
513 when injected 30 min prior to testing on PC2 ( $F_{(3, 32)}=5.51$ ,  $p=0.004$ , one-way ANOVA,  
514 Bonferroni post hoc test).

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516 **References cited**

517 Akillioglu, K., Melik, E.B., Melik, E., and Boga, A. (2012). Effect of ketamine on exploratory  
518 behaviour in BALB/C and C57BL/6 mice. *Pharmacology Biochemistry and Behavior*  
519 100, 513-517.

520 Aston-Jones, G., Delfs, J.M., Druhan, J., and Zhu, Y. (1999). The bed nucleus of the stria  
521 terminalis. A target site for noradrenergic actions in opiate withdrawal. *Ann N Y Acad Sci*  
522 877, 486-498.

523 Aston-Jones, G., and Harris, G.C. (2004). Brain substrates for increased drug seeking during  
524 protracted withdrawal. *Neuropharmacology* 47, 167-179.

525 Attarzadeh-Yazdi, G., Karimi, S., Azizi, P., Yazdi-Ravandi, S., Hesam, S., and Haghparast, A.  
526 (2013). Inhibitory effects of forced swim stress and corticosterone on the acquisition but  
527 not expression of morphine-induced conditioned place preference: involvement of  
528 glucocorticoid receptor in the basolateral amygdala. *Behavioural brain research* 252,  
529 339-346.

530 Baker, T.B., Piper, M.E., McCarthy, D.E., Majeskie, M.R., and Fiore, M.C. (2004). Addiction  
531 motivation reformulated: an affective processing model of negative reinforcement.  
532 *Psychol Rev* 111, 33-51.

533 Becker, J.a.J., Kieffer, B.L., and Le Merrer, J. (2017). Differential behavioral and molecular  
534 alterations upon protracted abstinence from cocaine versus morphine, nicotine, THC and  
535 alcohol. *Addict Biol* 22, 1205-1217.

536 Beilin, B., Rusabrov, Y., Shapira, Y., Roytblat, L., Greengberg, L., Yardeni, I.Z., and Bessler, H.  
537 (2007). Low-dose ketamine affects immune responses in humans during the early  
538 postoperative period. *Br J Anaesth* 99, 522-527.

539 Benturquia, N., Le Guen, S., Canestrelli, C., Lagente, V., Apiou, G., Roques, B.P., and Noble, F.  
540 (2007). Specific blockade of morphine- and cocaine-induced reinforcing effects in  
541 conditioned place preference by nitrous oxide in mice. *Neuroscience* 149, 477-486.

542 Berman, R.M., Cappiello, A., Anand, A., Oren, D.A., Heninger, G.R., Charney, D.S., and  
543 Krystal, J.H. (2000). Antidepressant effects of ketamine in depressed patients. *Biol  
544 Psychiatry* 47, 351-354.

545 Bilbey, D.L., Salem, H., and Grossman, M.H. (1960). The anatomical basis of the straub  
546 phenomenon. *Br J Pharmacol Chemother* 15, 540-543.

547 Bohn, L.M., Gainetdinov, R.R., Sotnikova, T.D., Medvedev, I.O., Lefkowitz, R.J., Dykstra,  
548 L.A., and Caron, M.G. (2003). Enhanced rewarding properties of morphine, but not  
549 cocaine, in beta(arrestin)-2 knock-out mice. *J Neurosci* 23, 10265-10273.

550 Cabral, A., Ruggiero, R.N., Nobre, M.J., Brando, M.L., and Castilho, V.M. (2009). GABA and  
551 opioid mechanisms of the central amygdala underlie the withdrawal-potentiated startle  
552 from acute morphine. *Prog Neuropsychopharmacol Biol Psychiatry* 33, 334-344.

553 Cai, Y.-C., Ma, L., Fan, G.-H., Zhao, J., Jiang, L.-Z., and Pei, G. (1997). Activation of  
554 N-Methyl-d-Aspartate Receptor Attenuates Acute  
555 Responsiveness of  $\delta$ -Opioid Receptors. *Molecular Pharmacology* 51, 583-587.

556 Conklin, C.A., and Perkins, K.A. (2005). Subjective and reinforcing effects of smoking during  
557 negative mood induction. *J Abnorm Psychol* 114, 153-164.

558 Cooney, N.L., Litt, M.D., Morse, P.A., Bauer, L.O., and Gaupp, L. (1997). Alcohol cue  
559 reactivity, negative-mood reactivity, and relapse in treated alcoholic men. *J Abnorm  
560 Psychol* 106, 243-250.

561 Da Silva, F.C.C., Do Carmo De Oliveira Cito, M., Da Silva, M.I.G., Moura, B.A., De Aquino  
562 Neto, M.R., Feitosa, M.L., De Castro Chaves, R., Macedo, D.S., De Vasconcelos,  
563 S.M.M., De França Fonteles, M.M., and De Sousa, F.C.F. (2010). Behavioral alterations  
564 and pro-oxidant effect of a single ketamine administration to mice. *Brain Research  
565 Bulletin* 83, 9-15.

566 Dakwar, E., Hart, C.L., Levin, F.R., Nunes, E.V., and Foltin, R.W. (2017). Cocaine self-  
567 administration disrupted by the N-methyl-D-aspartate receptor antagonist ketamine: a  
568 randomized, crossover trial. *Molecular Psychiatry* 22, 76-81.

569 Dawson, G.R., and Tricklebank, M.D. (1995). Use of the elevated plus maze in the search for  
570 novel anxiolytic agents. *Trends in pharmacological sciences* 16, 33-36.

571 Delfs, J.M., Zhu, Y., Druhan, J.P., and Aston-Jones, G. (2000). Noradrenaline in the ventral  
572 forebrain is critical for opiate withdrawal-induced aversion. *Nature* 403, 430-434.

573 Diana, M., Pistis, M., Muntoni, A., and Gessa, G. (1995). Profound decrease of mesolimbic  
574 dopaminergic neuronal activity in morphine withdrawn rats. *J Pharmacol Exp Ther* 272,  
575 781-785.

576 Diazgranados, N., Ibrahim, L., Brutsche, N.E., Newberg, A., Kronstein, P., Khalife, S.,  
577 Kammerer, W.A., Quezado, Z., Luckenbaugh, D.A., Salvadore, G., Machado-Vieira, R.,  
578 Manji, H.K., and Zarate, C.A., Jr. (2010). A randomized add-on trial of an N-methyl-D-  
579 aspartate antagonist in treatment-resistant bipolar depression. *Arch Gen Psychiatry* 67,  
580 793-802.

581 Driesen, N.R., McCarthy, G., Bhagwagar, Z., Bloch, M.H., Calhoun, V.D., D'souza, D.C.,  
582 Gueorguieva, R., He, G., Leung, H.C., Ramani, R., Anticevic, A., Suckow, R.F., Morgan,  
583 P.T., and Krystal, J.H. (2013). The impact of NMDA receptor blockade on human  
584 working memory-related prefrontal function and connectivity. *Neuropsychopharmacology* 38, 2613-2622.

585 Ebert, B., Mikkelsen, S., Thorkildsen, C., and Borgbjerg, F.M. (1997). Norketamine, the main  
586 metabolite of ketamine, is a non-competitive NMDA receptor antagonist in the rat cortex  
587 and spinal cord. *Eur J Pharmacol* 333, 99-104.

588 Engin, E., Treit, D., and Dickson, C.T. (2009a). Anxiolytic- and antidepressant-like properties of  
589 ketamine in behavioral and neurophysiological animal models. *Neuroscience* 161, 359-  
590 369.

591 Engin, E., Treit, D., and Dickson, C.T. (2009b). Anxiolytic- and antidepressant-like properties of  
592 ketamine in behavioral and neurophysiological animal models. *Neuroscience* 161, 359-  
593 369.

594 Evans, C.J., and Cahill, C.M. (2016). Neurobiology of opioid dependence in creating addiction  
595 vulnerability. *F1000Res* 5.

596 Filibeck, U., and Castellano, C. (1980). Strain dependent effects of ketamine on locomotor  
597 activity and antinociception in mice. *Pharmacol Biochem Behav* 13, 443-447.

598 Fox, H.C., Bergquist, K.L., Hong, K.I., and Sinha, R. (2007). Stress-induced and alcohol cue-  
599 induced craving in recently abstinent alcohol-dependent individuals. *Alcohol Clin Exp  
600 Res* 31, 395-403.

601 Fraga, D.B., Olescowicz, G., Moretti, M., Siteneski, A., Tavares, M.K., Azevedo, D., Colla,  
602 A.R.S., and Rodrigues, A.L.S. (2018). Anxiolytic effects of ascorbic acid and ketamine in  
603 mice. *J Psychiatr Res* 100, 16-23.

604

605 Freet, C.S., Wheeler, R.A., Leuenberger, E., Mosblech, N.A., and Grigson, P.S. (2013). Fischer  
606 rats are more sensitive than Lewis rats to the suppressive effects of morphine and the  
607 aversive kappa-opioid agonist spiradoline. *Behav Neurosci* 127, 763-770.

608 Fuentealba, J.A., Forray, M.I., and Gysling, K. (2000). Chronic morphine treatment and  
609 withdrawal increase extracellular levels of norepinephrine in the rat bed nucleus of the  
610 stria terminalis. *J Neurochem* 75, 741-748.

611 Gallego, X., Murtra, P., Zamalloa, T., Canals, J.M., Pineda, J., Amador-Arjona, A., Maldonado,  
612 R., and Dierssen, M. (2010). Increased opioid dependence in a mouse model of panic  
613 disorder. *Front Behav Neurosci* 3, 60.

614 Ganguly, S., Panetta, J.C., Roberts, J.K., and Schuetz, E.G. (2018). Ketamine Pharmacokinetics  
615 and Pharmacodynamics Are Altered by P-Glycoprotein and Breast Cancer Resistance  
616 Protein Efflux Transporters in Mice. *Drug Metab Dispos* 46, 1014-1022.

617 Ghoneim, M.M., Hinrichs, J.V., Mewaldt, S.P., and Petersen, R.C. (1985). Ketamine: behavioral  
618 effects of subanesthetic doses. *J Clin Psychopharmacol* 5, 70-77.

619 Glue, P., Neehoff, S.M., Medlicott, N.J., Gray, A., Kibby, G., and Mcnaughton, N. (2018).  
620 Safety and efficacy of maintenance ketamine treatment in patients with treatment-  
621 refractory generalised anxiety and social anxiety disorders. *J Psychopharmacol* 32, 663-  
622 667.

623 Gold, M.S., Redmond, D.E., Jr., and Kleber, H.D. (1978). Clonidine blocks acute opiate-  
624 withdrawal symptoms. *Lancet* 2, 599-602.

625 Gold, M.S., Redmond, D.E., Jr., and Kleber, H.D. (1979). Noradrenergic hyperactivity in opiate  
626 withdrawal supported by clonidine reversal of opiate withdrawal. *Am J Psychiatry* 136,  
627 100-102.

628 Goulart, B.K., De Lima, M.N.M., De Farias, C.B., Reolon, G.K., Almeida, V.R., Quevedo, J.,  
629 Kapczinski, F., Schröder, N., and Roesler, R. (2010). Ketamine impairs recognition  
630 memory consolidation and prevents learning-induced increase in hippocampal brain-  
631 derived neurotrophic factor levels. *Neuroscience* 167, 969-973.

632 Gracy, K.N., Dankiewicz, L.A., and Koob, G.F. (2001). Opiate withdrawal-induced fos  
633 immunoreactivity in the rat extended amygdala parallels the development of conditioned  
634 place aversion. *Neuropsychopharmacology* 24, 152-160.

635 Graziane, N.M., Sun, S., Wright, W.J., Jang, D., Liu, Z., Huang, Y.H., Nestler, E.J., Wang, Y.T.,  
636 Schluter, O.M., and Dong, Y. (2016). Opposing mechanisms mediate morphine- and  
637 cocaine-induced generation of silent synapses. *Nat Neurosci* 19, 915-925.

638 Gregus, A., Wintink, A.J., Davis, A.C., and Kalynchuk, L.E. (2005). Effect of repeated  
639 corticosterone injections and restraint stress on anxiety and depression-like behavior in  
640 male rats. *Behav Brain Res* 156, 105-114.

641 Gremel, C.M., Gabriel, K.I., and Cunningham, C.L. (2006). Topiramate does not affect the  
642 acquisition or expression of ethanol conditioned place preference in DBA/2J or  
643 C57BL/6J mice. *Alcohol Clin Exp Res* 30, 783-790.

644 Grisel, J.E., Bartels, J.L., Allen, S.A., and Turgeon, V.L. (2008). Influence of beta-Endorphin on  
645 anxious behavior in mice: interaction with EtOH. *Psychopharmacology (Berl)* 200, 105-  
646 115.

647 Haghparast, A., Fatahi, Z., Alamdary, S.Z., Reisi, Z., and Khodagholi, F. (2014). Changes in the  
648 Levels of p-ERK, p-CREB, and c-fos in Rat Mesocorticolimbic Dopaminergic System  
649 After Morphine-Induced Conditioned Place Preference: The Role of Acute and  
650 Subchronic Stress. *Cellular and Molecular Neurobiology* 34, 277-288.

651 Handley, S.L., and Mcblane, J.W. (1993). An assessment of the elevated X-maze for studying  
652 anxiety and anxiety-modulating drugs. *Journal of pharmacological and toxicological*  
653 *methods* 29, 129-138.

654 Hanse, E., Seth, H., and Riebe, I. (2013). AMPA-silent synapses in brain development and  
655 pathology. *Nat Rev Neurosci* 14, 839-850.

656 Harris, J.A., Biersner, R.J., Edwards, D., and Bailey, L.W. (1975). Attention, learning, and  
657 personality during ketamine emergence: a pilot study. *Anesth Analg* 54, 169-172.

658 Hearing, M., Graziane, N., Dong, Y., and Thomas, M.J. (2018). Opioid and Psychostimulant  
659 Plasticity: Targeting Overlap in Nucleus Accumbens Glutamate Signaling. *Trends*  
660 *Pharmacol Sci* 39, 276-294.

661 Heinrichs, S.C., Menzaghi, F., Schulteis, G., Koob, G.F., and Stinus, L. (1995). Suppression of  
662 corticotropin-releasing factor in the amygdala attenuates aversive consequences of  
663 morphine withdrawal. *Behav Pharmacol* 6, 74-80.

664 Honey, G.D., Honey, R.A., Sharar, S.R., Turner, D.C., Pomarol-Clotet, E., Kumaran, D.,  
665 Simons, J.S., Hu, X., Rugg, M.D., Bullmore, E.T., and Fletcher, P.C. (2005). Impairment  
666 of specific episodic memory processes by sub-psychotic doses of ketamine: the effects of  
667 levels of processing at encoding and of the subsequent retrieval task.  
*Psychopharmacology (Berl)* 181, 445-457.

668 Huston, J.P., Silva, M.A., Topic, B., and Müller, C.P. (2013). What's conditioned in conditioned  
669 place preference? *Trends Pharmacol Sci* 34, 162-166.

670 Huys, Q.J.M., Tobler, P.N., Hasler, G., and Flagel, S.B. (2014). "Chapter 3 - The role of  
671 learning-related dopamine signals in addiction vulnerability," in *Progress in Brain*  
672 *Research*, eds. M. Diana, G. Di Chiara & P. Spano. Elsevier), 31-77.

673 Ibrahim, L., Diazgranados, N., Luckenbaugh, D.A., Machado-Vieira, R., Baumann, J.,  
674 Mallinger, A.G., and Zarate, C.A., Jr. (2011). Rapid decrease in depressive symptoms  
675 with an N-methyl-d-aspartate antagonist in ECT-resistant major depression. *Prog*  
676 *Neuropsychopharmacol Biol Psychiatry* 35, 1155-1159.

677 Ivan Ezquerra-Romano, I., Lawn, W., Krupitsky, E., and Morgan, C.J.A. (2018). Ketamine for  
678 the treatment of addiction: Evidence and potential mechanisms. *Neuropharmacology* 142,  
679 72-82.

680 Jansen, K. (1989). Near death experience and the NMDA receptor. *BMJ (Clinical research ed.)*  
681 298, 1708-1708.

682 Jones, J.L., Mateus, C.F., Malcolm, R.J., Brady, K.T., and Back, S.E. (2018). Efficacy of  
683 Ketamine in the Treatment of Substance Use Disorders: A Systematic Review. *Frontiers*  
684 *in psychiatry* 9, 277-277.

685 Jonkman, K., Dahan, A., Van De Donk, T., Aarts, L., Niesters, M., and Van Velzen, M. (2017).  
686 Ketamine for pain. *F1000Research* 6, F1000 Faculty Rev-1711.

687 Karimi, S., Attarzadeh-Yazdi, G., Yazdi-Ravandi, S., Hesam, S., Azizi, P., Razavi, Y., and  
688 Haghparast, A. (2014). Forced swim stress but not exogenous corticosterone could induce  
689 the reinstatement of extinguished morphine conditioned place preference in rats:  
690 involvement of glucocorticoid receptors in the basolateral amygdala. *Behav Brain Res*  
691 264, 43-50.

692 Khorramzadeh, E., and Lotfy, A.O. (1973). The use of ketamine in psychiatry. *Psychosomatics*  
693 14, 344-346.

694 Kohrs, R., and Durieux, M.E. (1998). Ketamine: teaching an old drug new tricks. *Anesth Analg*  
695 87, 1186-1193.

696

697 Koks, S., Soosaar, A., Voikar, V., Bourin, M., and Vasar, E. (1999). BOC-CCK-4,  
698 CCK(B)receptor agonist, antagonizes anxiolytic-like action of morphine in elevated plus-  
699 maze. *Neuropeptides* 33, 63-69.

700 Kolp, E., Friedman, H.L., Young, M.S., and Krupitsky, E. (2006). Ketamine Enhanced  
701 Psychotherapy: Preliminary Clinical Observations on Its Effectiveness in Treating  
702 Alcoholism. *The Humanistic Psychologist* 34, 399-422.

703 Koo, J.W., Lobo, M.K., Chaudhury, D., Labonte, B., Friedman, A., Heller, E., Pena, C.J., Han,  
704 M.H., and Nestler, E.J. (2014). Loss of BDNF signaling in D1R-expressing NAc neurons  
705 enhances morphine reward by reducing GABA inhibition. *Neuropsychopharmacology*  
706 39, 2646-2653.

707 Koob, G.F., and Le Moal, M. (2008). Review. Neurobiological mechanisms for opponent  
708 motivational processes in addiction. *Philos Trans R Soc Lond B Biol Sci* 363, 3113-3123.

709 Krupitsky, E., Burakov, A., Romanova, T., Dunaevsky, I., Strassman, R., and Grinenko, A.  
710 (2002a). Ketamine psychotherapy for heroin addiction: immediate effects and two-year  
711 follow-up. *J Subst Abuse Treat* 23, 273-283.

712 Krupitsky, E., Burakov, A., Romanova, T., Dunaevsky, I., Strassman, R., and Grinenko, A.  
713 (2002b). Ketamine psychotherapy for heroin addiction: immediate effects and two-year  
714 follow-up. *Journal of Substance Abuse Treatment* 23, 273-283.

715 Krupitsky, E.M., Burakov, A.M., Dunaevsky, I.V., Romanova, T.N., Slavina, T.Y., and  
716 Grinenko, A.Y. (2007). Single Versus Repeated Sessions of Ketamine-Assisted  
717 Psychotherapy for People with Heroin Dependence. *Journal of Psychoactive Drugs* 39,  
718 13-19.

719 Krupitsky, E.M., and Grinenko, A.Y. (1997). Ketamine Psychedelic Therapy (KPT): A Review  
720 of the Results of Ten Years of Research. *Journal of Psychoactive Drugs* 29, 165-183.

721 Krystal, J.H., Karper, L.P., Seibyl, J.P., Freeman, G.K., Delaney, R., Bremner, J.D., Heninger,  
722 G.R., Bowers, M.B., Jr., and Charney, D.S. (1994). Subanesthetic effects of the  
723 noncompetitive NMDA antagonist, ketamine, in humans. Psychotomimetic, perceptual,  
724 cognitive, and neuroendocrine responses. *Arch Gen Psychiatry* 51, 199-214.

725 Kubota, T., Hirota, K., Yoshida, H., Takahashi, S., Anzawa, N., Ohkawa, H., Kushikata, T., and  
726 Matsuki, A. (1999). Effects of sedatives on noradrenaline release from the medial  
727 prefrontal cortex in rats. *Psychopharmacology (Berl)* 146, 335-338.

728 Laskowski, K., Stirling, A., Mckay, W.P., and Lim, H.J. (2011). A systematic review of  
729 intravenous ketamine for postoperative analgesia. *Can J Anaesth* 58, 911-923.

730 Li, S.X., Shi, J., Epstein, D.H., Wang, X., Zhang, X.L., Bao, Y.P., Zhang, D., Zhang, X.Y.,  
731 Kosten, T.R., and Lu, L. (2009). Circadian alteration in neurobiology during 30 days of  
732 abstinence in heroin users. *Biol Psychiatry* 65, 905-912.

733 Li, X., Martinez-Lozano Sinues, P., Dallmann, R., Bregy, L., Hollmen, M., Proulx, S., Brown,  
734 S.A., Detmar, M., Kohler, M., and Zenobi, R. (2015). Drug Pharmacokinetics  
735 Determined by Real-Time Analysis of Mouse Breath. *Angew Chem Int Ed Engl* 54, 7815-  
736 7818.

737 Lindholm, J.S.O., Autio, H., Vesa, L., Antila, H., Lindemann, L., Hoener, M.C., Skolnick, P.,  
738 Rantamäki, T., and Castrén, E. (2012). The antidepressant-like effects of glutamatergic  
739 drugs ketamine and AMPA receptor potentiator LY 451646 are preserved in bdnf+/-  
740 heterozygous null mice. *Neuropharmacology* 62, 391-397.

741 Liu, Y., Lin, D., Wu, B., and Zhou, W. (2016). Ketamine abuse potential and use disorder. *Brain*  
742 *Research Bulletin* 126, 68-73.

743 Lodge, D., Anis, N.A., and Burton, N.R. (1982). Effects of optical isomers of ketamine on  
744 excitation of cat and rat spinal neurones by amino acids and acetylcholine. *Neurosci Lett*  
745 29, 281-286.

746 Loix, S., De Kock, M., and Henin, P. (2011). The anti-inflammatory effects of ketamine: state of  
747 the art. *Acta Anaesthesiol Belg* 62, 47-58.

748 Louderback, K.M., Wills, T.A., Muglia, L.J., and Winder, D.G. (2013). Knockdown of BNST  
749 GluN2B-containing NMDA receptors mimics the actions of ketamine on novelty-induced  
750 hypophagia. *Transl Psychiatry* 3, e331.

751 Lu, L., Chen, H., Su, W., Ge, X., Yue, W., Su, F., and Ma, L. (2005). Role of withdrawal in  
752 reinstatement of morphine-conditioned place preference. *Psychopharmacology* 181, 90-  
753 100.

754 Lydic, R., and Baghdoyan, H.A. (2002). Ketamine and MK-801 decrease acetylcholine release in  
755 the pontine reticular formation, slow breathing, and disrupt sleep. *Sleep* 25, 617-622.

756 Maj, M., Turchan, J., Śmiałowska, M., and Przewłocka, B. (2003). Morphine and cocaine  
757 influence on CRF biosynthesis in the rat central nucleus of amygdala. *Neuropeptides* 37,  
758 105-110.

759 Malhotra, A.K., Pinals, D.A., Weingartner, H., Sirocco, K., Missar, C.D., Pickar, D., and Breier,  
760 A. (1996). NMDA receptor function and human cognition: the effects of ketamine in  
761 healthy volunteers. *Neuropsychopharmacology* 14, 301-307.

762 Martins, S.S., Fenton, M.C., Keyes, K.M., Blanco, C., Zhu, H., and Storr, C.L. (2012). Mood and  
763 anxiety disorders and their association with non-medical prescription opioid use and  
764 prescription opioid-use disorder: longitudinal evidence from the National Epidemiologic  
765 Study on Alcohol and Related Conditions. *Psychol Med* 42, 1261-1272.

766 Mathew, S.J., Murrough, J.W., Aan Het Rot, M., Collins, K.A., Reich, D.L., and Charney, D.S.  
767 (2010). Riluzole for relapse prevention following intravenous ketamine in treatment-  
768 resistant depression: a pilot randomized, placebo-controlled continuation trial. *Int J  
769 Neuropsychopharmacol* 13, 71-82.

770 Maxwell, C.R., Ehrlichman, R.S., Liang, Y., Trief, D., Kanes, S.J., Karp, J., and Siegel, S.J.  
771 (2006). Ketamine produces lasting disruptions in encoding of sensory stimuli. *J  
772 Pharmacol Exp Ther* 316, 315-324.

773 McDevitt, D.S., and Graziane, N.M. (2018). Neuronal mechanisms mediating pathological  
774 reward-related behaviors: A focus on silent synapses in the nucleus accumbens.  
775 *Pharmacol Res* 136, 90-96.

776 McDevitt, D.S., and Graziane, N.M. (2019). Timing of Morphine Administration Differentially  
777 Alters Paraventricular Thalamic Neuron Activity. *eNeuro* 6, ENEURO.0377-0319.2019.

778 Middela, S., and Pearce, I. (2011). Ketamine-induced vesicopathy: a literature review. *Int J Clin  
779 Pract* 65, 27-30.

780 Miller, D.B., Dougherty, J.A., and Wikler, A. (1979). Interoceptive conditioning through  
781 repeated suppression of morphine-abstinence. II. Relapse-testing. *The Pavlovian journal  
782 of biological science* 14, 170-176.

783 Moaddel, R., Abdurakhmanova, G., Kozak, J., Jozwiak, K., Toll, L., Jimenez, L., Rosenberg, A.,  
784 Tran, T., Xiao, Y., Zarate, C.A., and Wainer, I.W. (2013). Sub-anesthetic concentrations  
785 of (R,S)-ketamine metabolites inhibit acetylcholine-evoked currents in alpha7 nicotinic  
786 acetylcholine receptors. *Eur J Pharmacol* 698, 228-234.

787 Morgan, C.J., Mofeez, A., Brandner, B., Bromley, L., and Curran, H.V. (2004). Acute effects of  
788 ketamine on memory systems and psychotic symptoms in healthy volunteers.  
789 *Neuropsychopharmacology* 29, 208-218.

790 Murrough, J.W., Iosifescu, D.V., Chang, L.C., Al Jundi, R.K., Green, C.E., Perez, A.M., Iqbal,  
791 S., Pillemer, S., Foulkes, A., Shah, A., Charney, D.S., and Mathew, S.J. (2013a).  
792 Antidepressant efficacy of ketamine in treatment-resistant major depression: a two-site  
793 randomized controlled trial. *Am J Psychiatry* 170, 1134-1142.

794 Murrough, J.W., Perez, A.M., Pillemer, S., Stern, J., Parides, M.K., Aan Het Rot, M., Collins,  
795 K.A., Mathew, S.J., Charney, D.S., and Iosifescu, D.V. (2013b). Rapid and longer-term  
796 antidepressant effects of repeated ketamine infusions in treatment-resistant major  
797 depression. *Biol Psychiatry* 74, 250-256.

798 Newcomb, M.D., and Bentler, P.M. (1988). Impact of adolescent drug use and social support on  
799 problems of young adults: A longitudinal study. *Journal of Abnormal Psychology* 97, 64-  
800 75.

801 Newcomer, J.W., Farber, N.B., Jevtovic-Todorovic, V., Selke, G., Melson, A.K., Hershey, T.,  
802 Craft, S., and Olney, J.W. (1999). Ketamine-induced NMDA receptor hypofunction as a  
803 model of memory impairment and psychosis. *Neuropsychopharmacology* 20, 106-118.

804 O'brien, C.P. (1975). Experimental analysis of conditioning factors in human narcotic addiction.  
805 *Pharmacol Rev* 27, 533-543.

806 O'brien, C.P., Childress, A.R., Mclellan, A.T., and Ehrman, R. (1992). Classical conditioning in  
807 drug-dependent humans. *Ann N Y Acad Sci* 654, 400-415.

808 O'brien Cp, E.R., Ternes Jw (1986). "Classical conditioning in human opioid dependence.," in  
809 *Behavioral analysis of drug dependence*, ed. S.I. Goldberg S. (Orlando, FL: Academic),  
810 329-356.

811 Pellow, S., Chopin, P., File, S.E., and Briley, M. (1985a). Validation of open:closed arm entries  
812 in an elevated plus-maze as a measure of anxiety in the rat. *J Neurosci Methods* 14, 149-  
813 167.

814 Pellow, S., Chopin, P., File, S.E., and Briley, M. (1985b). Validation of open:closed arm entries  
815 in an elevated plus-maze as a measure of anxiety in the rat. *Journal of neuroscience*  
816 *methods* 14, 149-167.

817 Perkins, K.A., and Grobe, J.E. (1992). Increased desire to smoke during acute stress. *Br J Addict*  
818 87, 1037-1040.

819 Pfenninger, E.G., Durieux, M.E., and Himmelseher, S. (2002). Cognitive impairment after small-  
820 dose ketamine isomers in comparison to equianalgesic racemic ketamine in human  
821 volunteers. *Anesthesiology* 96, 357-366.

822 Ribeiro Do Couto, B., Aguilar, M.A., Manzanedo, C., Rodríguez-Arias, M., Armario, A., and  
823 Miñarro, J. (2006). Social stress is as effective as physical stress in reinstating morphine-  
824 induced place preference in mice. *Psychopharmacology* 185, 459-470.

825 Robinson, T.E., and Kolb, B. (1999). Morphine alters the structure of neurons in the nucleus  
826 accumbens and neocortex of rats. *Synapse* 33, 160-162.

827 Roytblat, L., Talmor, D., Rachinsky, M., Greengberg, L., Pekar, A., Appelbaum, A., Gurman,  
828 G.M., Shapira, Y., and Duvdenani, A. (1998). Ketamine attenuates the interleukin-6  
829 response after cardiopulmonary bypass. *Anesth Analg* 87, 266-271.

830 Sabino, V., Narayan, A.R., Zeric, T., Steardo, L., and Cottone, P. (2013). mTOR activation is  
831 required for the anti-alcohol effect of ketamine, but not memantine, in alcohol-preferring  
832 rats. *Behavioural brain research* 247, 9-16.

833 Sasaki, K., Fan, L.W., Tien, L.T., Ma, T., Loh, H.H., and Ho, I.K. (2002). The interaction of  
834 morphine and gamma-aminobutyric acid (GABA)ergic systems in anxiolytic behavior:  
835 using mu-opioid receptor knockout mice. *Brain Res Bull* 57, 689-694.

836 Scheller, M., Bufler, J., Hertle, I., Schneck, H.J., Franke, C., and Kochs, E. (1996). Ketamine  
837 blocks currents through mammalian nicotinic acetylcholine receptor channels by  
838 interaction with both the open and the closed state. *Anesth Analg* 83, 830-836.

839 Shadli, S.M., Kawe, T., Martin, D., Mcnaughton, N., Neehoff, S., and Glue, P. (2018). Ketamine  
840 Effects on EEG during Therapy of Treatment-Resistant Generalized Anxiety and Social  
841 Anxiety. *Int J Neuropsychopharmacol*.

842 Shaham, Y., Rajabi, H., and Stewart, J. (1996). Relapse to heroin-seeking in rats under opioid  
843 maintenance: the effects of stress, heroin priming, and withdrawal. *The Journal of  
844 neuroscience : the official journal of the Society for Neuroscience* 16, 1957-1963.

845 Shi, J., Li, S.X., Zhang, X.L., Wang, X., Le Foll, B., Zhang, X.Y., Kosten, T.R., and Lu, L.  
846 (2009). Time-dependent neuroendocrine alterations and drug craving during the first  
847 month of abstinence in heroin addicts. *Am J Drug Alcohol Abuse* 35, 267-272.

848 Shin, I.C., Kim, H.C., Swanson, J., Hong, J.T., and Oh, K.W. (2003). Anxiolytic effects of acute  
849 morphine can be modulated by nitric oxide systems. *Pharmacology* 68, 183-189.

850 Silvestre, J.S., Nadal, R., Pallares, M., and Ferre, N. (1997). Acute effects of ketamine in the  
851 holeboard, the elevated-plus maze, and the social interaction test in Wistar rats. *Depress  
852 Anxiety* 5, 29-33.

853 Sinha, R. (2008). Chronic stress, drug use, and vulnerability to addiction. *Annals of the New York  
854 Academy of Sciences* 1141, 105-130.

855 Smith, R.J., and Aston-Jones, G. (2008). Noradrenergic transmission in the extended amygdala:  
856 role in increased drug-seeking and relapse during protracted drug abstinence. *Brain Struct  
857 Funct* 213, 43-61.

858 Sofia, R.D., and Harakal, J.J. (1975). Evaluation of ketamine HCl for anti-depressant activity.  
859 *Arch Int Pharmacodyn Ther* 214, 68-74.

860 Solomon, R.L., and Corbit, J.D. (1978). An Opponent-Process Theory of Motivation. *The  
861 American Economic Review* 68, 12-24.

862 Suzuki, T., Kato, H., Aoki, T., Tsuda, M., Narita, M., and Misawa, M. (2000). Effects of the  
863 non-competitive NMDA receptor antagonist ketamine on morphine-induced place  
864 preference in mice. *Life Sci* 67, 383-389.

865 Taylor, J.H., Landeros-Weisenberger, A., Coughlin, C., Mulqueen, J., Johnson, J.A., Gabriel, D.,  
866 Reed, M.O., Jakubovski, E., and Bloch, M.H. (2018). Ketamine for Social Anxiety  
867 Disorder: A Randomized, Placebo-Controlled Crossover Trial.  
868 *Neuropsychopharmacology* 43, 325-333.

869 Tyler, M.W., Yourish, H.B., Ionescu, D.F., and Haggarty, S.J. (2017). Classics in Chemical  
870 Neuroscience: Ketamine. *ACS Chemical Neuroscience* 8, 1122-1134.

871 Tzschentke, T.M. (2007). Measuring reward with the conditioned place preference (CPP)  
872 paradigm: update of the last decade. *Addict Biol* 12, 227-462.

873 Wang, J., Fang, Q., Liu, Z., and Lu, L. (2006). Region-specific effects of brain corticotropin-  
874 releasing factor receptor type 1 blockade on footshock-stress- or drug-priming-induced  
875 reinstatement of morphine conditioned place preference in rats. *Psychopharmacology*  
876 185, 19-28.

877 Wang, M., Wong, A.H., and Liu, F. (2012). Interactions between NMDA and dopamine  
878 receptors: A potential therapeutic target. *Brain Research* 1476, 154-163.

879 Weisman, H. (1971). Anesthesia for pediatric ophthalmology. *Ann Ophthalmol* 3, 229-232.

880 Wetter, D.W., Smith, S.S., Kenford, S.L., Jorenby, D.E., Fiore, M.C., Hurt, R.D., Offord, K.P.,  
881 and Baker, T.B. (1994). Smoking outcome expectancies: factor structure, predictive  
882 validity, and discriminant validity. *J Abnorm Psychol* 103, 801-811.

883 Whitaker, Leslie r., Degoulet, M., and Morikawa, H. (2013). Social Deprivation Enhances VTA  
884 Synaptic Plasticity and Drug-Induced Contextual Learning. *Neuron* 77, 335-345.

885 Wikler, A. (2013). *Opioid Dependence: Mechanisms and Treatment*. Springer US.

886 Xue, Y.X., Luo, Y.X., Wu, P., Shi, H.S., Xue, L.F., Chen, C., Zhu, W.L., Ding, Z.B., Bao, Y.P.,  
887 Shi, J., Epstein, D.H., Shaham, Y., and Lu, L. (2012). A memory retrieval-extinction  
888 procedure to prevent drug craving and relapse. *Science* 336, 241-245.

889 Zanos, P., Moaddel, R., Morris, P.J., Georgiou, P., Fischell, J., Elmer, G.I., Alkondon, M., Yuan,  
890 P., Pribut, H.J., Singh, N.S., Dossou, K.S.S., Fang, Y., Huang, X.-P., Mayo, C.L.,  
891 Wainer, I.W., Albuquerque, E.X., Thompson, S.M., Thomas, C.J., Zarate Jr, C.A., and  
892 Gould, T.D. (2016). NMDAR inhibition-independent antidepressant actions of ketamine  
893 metabolites. *Nature* 533, 481.

894 Zanos, P., Moaddel, R., Morris, P.J., Riggs, L.M., Highland, J.N., Georgiou, P., Pereira, E.F.R.,  
895 Albuquerque, E.X., Thomas, C.J., Zarate, C.A., Jr., and Gould, T.D. (2018). Ketamine  
896 and Ketamine Metabolite Pharmacology: Insights into Therapeutic Mechanisms.  
897 *Pharmacological reviews* 70, 621-660.

898 Zarate, C.A., Jr., Brutsche, N., Laje, G., Luckenbaugh, D.A., Venkata, S.L., Ramamoorthy, A.,  
899 Moaddel, R., and Wainer, I.W. (2012). Relationship of ketamine's plasma metabolites  
900 with response, diagnosis, and side effects in major depression. *Biol Psychiatry* 72, 331-  
901 338.

902 Zarate, C.A., Jr., Singh, J.B., Carlson, P.J., Brutsche, N.E., Ameli, R., Luckenbaugh, D.A.,  
903 Charney, D.S., and Manji, H.K. (2006). A randomized trial of an N-methyl-D-aspartate  
904 antagonist in treatment-resistant major depression. *Arch Gen Psychiatry* 63, 856-864.

905 Zhai, H., Wu, P., Chen, S., Li, F., Liu, Y., and Lu, L. (2008). Effects of scopolamine and  
906 ketamine on reconsolidation of morphine conditioned place preference in rats. *Behav  
907 Pharmacol* 19, 211-216.

908 Zhang, L.-M., Zhou, W.-W., Ji, Y.-J., Li, Y., Zhao, N., Chen, H.-X., Xue, R., Mei, X.-G., Zhang,  
909 Y.-Z., Wang, H.-L., and Li, Y.-F. (2015). Anxiolytic effects of ketamine in animal  
910 models of posttraumatic stress disorder. *Psychopharmacology* 232, 663-672.

911 Zinser, M.C., Baker, T.B., Sherman, J.E., and Cannon, D.S. (1992). Relation between self-  
912 reported affect and drug urges and cravings in continuing and withdrawing smokers. *J  
913 Abnorm Psychol* 101, 617-629.

914