

**THE
PARTYGOER'S
HANDBOOK TO
SAFE DRUG USE**

The resources in this handbook are compiled from long-standing community organizations that have been providing harm reduction resources to the public.

Drug Information Cards are from DanceSafe
Available at dancesafe.org

Drug Consumption Tips are from NEXT Distro
Available at nextdistro.org

Special thanks to the Brooklyn Harm Reduction Outreach Cooperative for sharing access to these materials. BKHROC provides harm reduction education and supplies to community organizations, local businesses, and nightlife events free-of-cost in New York City.

A donation can be made at opencollective.com/bkhroc
More information can be found at <https://linktr.ee/bkhroc>

Please note that none of the information in this handbook constitutes medical advice. If you are in an emergency, please dial 911 or seek the attention of an authorized medical provider.

Designed by Aarya Kini, October 2023

**DRUG
INFORMATION
CARDS**

This section contains information on common party drugs, including what they are, potential side-effects to keep in mind, additional harm reduction tips, the effects of each substance and their typical dosage.

Information has been sourced from DanceSafe at dancesafe.org

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MDMA

ENACTOGEN

TABLET

80 - 125 MG

WHAT IS MDMA?

MDMA, also known as “molly” or “ecstasy,” belongs to a family of drugs called entactogens.

Names like “molly” or “ecstasy” have taken on common meanings to imply the form that MDMA is in, with “ecstasy” frequently referring to pressed tablets as opposed to capsules or loose crystals. Nonetheless, the desired active chemical these names refer to is still MDMA.

The MDMA experience is called “rolling.” Very intense rolls can make someone feel “floored,” where they want to remain sitting or lying down for several hours.

MDMA was popularized by use in party (specifically rave) communities, as well as more intimate social environments.

Before it was made illegal in 1985, MDMA was a medication introduced to psychotherapy by Dr. Alexander Shulgin. Studies are currently evaluating the effectiveness of MDMA in PTSD treatment. It is on track to be approved by the FDA as a prescription medication in 2023.

The circumstances surrounding MDMA’s illegality involve an interesting series of political events in the 1980s. Its history paints a more complex tale of stigma, psychology, counterculture, and the ways that public health has been historically used to condemn “undesirable” demographics.

BE CAREFUL!

Since MDMA increases core body temperature, overheating is a serious risk. This is compounded by being in hot environments, taking a large dose, mixing with other temperature-raising drugs, and/or physical exertion.

Severe headache on any stimulant may be a sign of dangerously high blood pressure. Seek medical attention for a severe, splitting headache.

The feeling of being dehydrated due to dry mouth and high body temperature can lead people to drink way too much water. Drinking too much or too little water on MDMA can be deadly due to hypernatremia (dehydration) or hyponatremia (over hydration).

Aim for about 1–3 cups (6–18 oz) of water per hour, or up to 4 cups (24 oz) if you’re exerting yourself. Electrolyte powders and salty snacks can help prevent hydration-related illness.

MDMA works by releasing (and depleting) a chemical in your brain called serotonin. Your brain needs time to replenish its serotonin levels, which is why rolling frequently or on high doses can lead to prolonged feelings of depression or emotional sensitivity.

Very high or frequent doses of MDMA can cause neurotoxicity, in which serotonin neurons are damaged. This may be reversible with a long period of abstinence.

Although many users experience a pleasant mood the next day, known as an “afterglow,” some people experience sadness, irritability, or emotional exhaustion in the days after taking MDMA (“blues”).

It's typical to feel irritable, restless, easily distressed, or antisocial in the five to seven days following a roll. This may manifest as temper tantrums over minor inconveniences or just feeling more sensitive in general.

To minimize the risks of MDMA, space your rolls by a minimum of 3 – 6 months and try not to increase your normal dose if it still works for you.

Many people find it difficult to stick to the 3 – 6 month rule. Rolling more frequently may or may not impact your day-to-day mental health as time goes on, but keep in mind: the more frequently you roll, the higher your likelihood is of losing the magic sooner in life.

At bare minimum, wait a few weeks between rolls. Your serotonin needs time to replenish.

It's natural to develop a tolerance over many years of rolling, but it should happen slowly. Needing to take more and more MDMA over the course of a few sessions is almost always a sign that you're not spacing enough.

HARM REDUCTION

MDMA is not physically dependence-forming, but it can take on importance in people's lives, and some people start compulsively using it every weekend.

If taken too frequently, MDMA can stop working. Users report that the “magic” goes away. This can last for many years or even be permanent.

There are some supplements that may offer a protective effect against MDMA hangover or toxicity, but nothing replaces spacing your rolls out. Supplements taken before your roll may have some protective effect. Supplements taken after your roll probably won't do anything except for potentially help with post-roll blues.

5-HTP can help reduce the symptoms of post-roll blues, but should only be taken until a minimum of 8 hours has passed. Do not take 5-HTP before or during your roll, as this could induce mild to moderate serotonin syndrome.

Many medications interact with MDMA. Always check individual interactions.

While it's commonly believed that taking SSRIs with MDMA is very dangerous, it's much more likely that the MDMA simply won't work at all. Taking lots of MDMA to try and “break through” the blunting effects of SSRIs could become dangerous.

EFFECTS

Physical effects of MDMA include enhanced tactile sensation and typical stimulant effects around increased blood pressure and heart rate. Users may also experience dehydration, teeth grinding (bruxism) or jaw locking (trismus), eye wiggles (nystagmus), and difficulty urinating.

These effects tend to be most intense during the peak of the roll and fade as the experience ends.

Cognitive effects of MDMA include euphoria, feelings of wellbeing, and increased sociability. People also experience heightened feelings of empathy, emotional warmth, openness, and self-acceptance.

MDMA is typically swallowed as a tablet or capsule. Effects are typically felt within 20 to 40 minutes, and the peak effects typically last around 90 to 120 minutes. The total duration is about 3 – 5 hours.

Most users say the experience is very pleasant and highly controllable. It is very rare for a roll to be frightening or unpleasant, although under-dosing (doing too little) can feel very uncomfortable, and doing too much can be dangerous.

TYPICAL DOSE

A standard dose of MDMA is between 80 and 125 mg. Some people naturally require more to feel effects, while others require less.

The MDMA experience involves both physical and mental components. The mental component involves “breaking through” into the MDMA headspace, which is typically very soft, loving, and curious. The physical component can involve feelings of lightness, pleasurable thrills, and very sensitized touch.

Not taking enough MDMA may produce physical effects but fail to cause you to “break through.” This is often characterized by feeling stimulated, but antisocial or quiet.

Taking too much MDMA may cause very intense feelings and sensations that lead a person to be floored for the duration of the experience. This isn't always high risk, but it can increase the likelihood of adverse effects and worsen the comedown.

Needing to take more and more MDMA to feel it properly indicates that you are building a tolerance and may be rolling too frequently.

Taking a single redose of $\frac{1}{3}$ to $\frac{1}{2}$ of the original dose around 90 minutes later can extend the peak of the experience by a few hours. Redosing any more than this will usually only increase side effects, especially the hangover.

MDMA

AKA: MOLLY / ECSTASY

ENACTOGEN

TABLET / CAPSULE

80 - 125 mg

DURATION

Hit: 20 - 40 mins

Peak: 90 - 120 mins

Total: 3 - 5 hours

AVOID

- * Being in overly warm environments and physical over-exertion.
- * Mixing with other temperature-raising drugs.
- * Drinking too less / too much water. Aim for 1 - 4 cups / hour.
- * Taking too much MDMA at once. This can worsen the comedown.

PHYSICAL EFFECTS

Enhanced tactile sensation, increased blood pressure and heart rate. Possible dehydration, teeth grinding (bruxism) or jaw locking (trismus), eye wiggles (nystagmus), and difficulty urinating.

MENTAL EFFECTS

Euphoria, feelings of wellbeing, and increased sociability. Possible heightened feelings of empathy, emotional warmth, openness, and self-acceptance.

HARM REDUCTION

- * MDMA is not physically dependence-forming.
- * If taken too frequently, MDMA can stop working. This can last for many years or even be permanent.
- * There are some supplements that may offer a protective effect against MDMA hangover or toxicity, but nothing replaces spacing your rolls out.
- * 5-HTP can help reduce the symptoms of post-roll blues, but should only be taken until a minimum of 8 hours has passed.
- * Many medications interact with MDMA. Always check individual interactions.

MDMA LOG

DATE	TIME	EXPERIENCE

LSD

PSYCHEDELIC

ORALLY

100 - 200 MCG

WHAT IS LSD?

LSD (“acid”) is a psychedelic drug discovered in 1938. It was first intentionally ingested by Swiss chemist Albert Hofmann on April 19th, 1943.

LSD was a major part of the anti-war counterculture movement of the 1960s. It has been used (unsuccessfully) by multiple government agencies to attempt mind control over enemies of war, and is now a very popular substance that’s used in many settings and communities.

BE CAREFUL!

LSD trips can sometimes be frightening, inducing extreme anxiety and panic. Although rare, some people relive the experience days, weeks, or even years later in episodes known as “flashbacks.” Flashbacks are not unique to hallucinogenic drugs; they can result from any intense psychological trauma.

As with other psychedelics (and emotionally intense drugs in general), people who have personal or family histories of mood or psychotic disorders may be at increased risk of psychological upset after taking LSD.

LSD and other psychedelics may cause a long-lasting disorder known as Hallucinogen Persisting Perception Disorder (HPPD) that

causes varying degrees of psychedelic-like perceptual changes to take place in daily life. (Note: This is not “brain damage.” HPPD may be a product of increased visual associations.)

While the majority of people who experience HPPD are not bothered by it, some people find it disruptive or upsetting. It’s possible that the incidence rate of HPPD is higher than it’s currently estimated to be.

HARM REDUCTION

As with all psychedelics, “set” and “setting” are important factors in determining whether someone has a positive or difficult experience. “Set” is a person’s mental state (their thoughts, mood, and expectations), while “setting” is the physical and social environment in which the drug is consumed. Being in a good mental state, with trusted friends in a supportive environment, reduces the risk of having a difficult trip on LSD.

Always wait at least three hours before taking more LSD if you don’t feel your first dose, or you run the risk of having it hit you all at once.

Acid should not have any strong taste. Metallic, bitter taste is a sign that you might have a different drug.

EFFECTS

Since an LSD trip lasts 8–12 hours, many people find that the experience is broken up into chunks that feel like chapters with different themes or emotions attached.

“Chapter switching” can happen abruptly and occur because of an event, a thought, or a change in environment.

LSD produces visuals for most (but not all!) people that range from slight color and shape distortions to full-blown changes to how a space or person appears.

“True hallucinations,” where a person sees things that are fully not there, are very, very rare, despite what media depictions of psychedelics may suggest.

While many people think of psychedelics as being all about the visuals, perhaps the more significant defining factor is the change that occurs in perception of self and environment.

Familiar spaces might feel alien, and it might be difficult to follow conversations or read other people’s emotions. This is often coupled with strong emotional sensitivity and can be deeply cathartic, transformative, or uncomfortable.

Some people find LSD to be sociable and silly, while others prefer to be alone or in less stimulating environments.

TYPICAL DOSE

LSD is most often absorbed into small pieces of paper called “blotter,” but it can also be found in liquid form or administered via candy or gel tab. It is almost always consumed orally.

LSD is extremely potent. A typical dose is between 100 and 200 micrograms (mcg), an amount so small it’s essentially invisible.

A single square of blotter or drop of liquid usually contains between 80 and 150 mcg, but may contain less or more.

Only an overseas lab like Energy Control can tell you how much LSD is in a given tab. Dealers might approximate, but no one can know for sure unless they laid the blotter themselves. Start with small doses of any new batch.

LSD

AKA: ACID

PSYCHEDELIC

BLOTTER / CANDY

100 - 200 mcg

DURATION

8 - 9 hours. Some users describe feeling like their trip is broken up into chapters with different themes.

NOTE

* LSD and other psychedelics may cause a long-lasting disorder known as Hallucinogen Persisting Perception Disorder (HPPD) that causes varying degrees of psychedelic-like perceptual changes to take place in daily life. (Note: This is not “brain damage.”)

EFFECTS

Produces visuals for most people that range from slight color and shape distortions to full-blown changes to how a space or person appears. “True hallucinations,” are very, very rare.

Familiar spaces might feel alien, might be difficult to follow conversations or read other people’s emotions. Often coupled with strong emotional sensitivity. Some find LSD to be sociable and silly, while others prefer to be alone or in less stimulating environments.

HARM REDUCTION

- * Being in a good mental state, with trusted friends in a supportive environment, reduces the risk of having a difficult trip on LSD.
- * Always wait at least three hours before taking more LSD if you don’t feel your first dose, or you run the risk of having it hit you all at once.
- * Acid should not have any strong taste. Metallic, bitter taste is a sign that you might have a different drug.

LSD LOG

DATE	TIME	EXPERIENCE

2-CB

PSYCHEDELIC

ORALLY

15 - 25 MG

WHAT IS 2-CB?

2C-B is a psychedelic drug first synthesized in 1974 by Dr. Alexander Shulgin. It is one of the better-studied “novel” psychedelics, and is no longer considered to be a research chemical.

2C-B is classified as a “phenethylamine,” which is a category of drugs that tends to share properties of both psychedelics and stimulants.

2C-B belongs to a family of drugs known as the “2C-x class” (or, more simply, the “2Cs”). These include 2C-I, 2C-E, 2C-T-7 and many others.

2Cs are usually sold as powder in baggies or gel caps, but are sometimes pressed into pills resembling ecstasy tablets.

“Tusi” is not the same as 2C-B, although the name has been causing confusion. “Tusi” refers to a pink powder containing a mixture of substances like MDMA, ketamine, and caffeine. Always test your drugs!

BE CAREFUL!

2C-B is very dose sensitive; a dose increase of just a few milligrams can create a much more intense effect. Try to use volumetric dosing to measure your dose, and start small if you are experimenting for the first time. Do not try to eyeball 2C-B.

As with other psychedelics (and intense [drug] experiences in general), people who have personal or family histories of mood or psychotic disorders may be at increased risk of psychological upset after taking 2C-B.

2C-B can sometimes cause nausea, trembling, chills, or anxiety in some people.

2C-B’s characteristic “rushing” body load resembles some stimulants, unlike psychedelics like LSD and mushrooms. Although most people find 2C-B easier to handle than other psychedelics, the potential for a difficult experience still exists, especially with higher doses.

HARM REDUCTION

While there have been no reported deaths from 2C-B, there have been from some of the other 2Cs. Other 2Cs are less studied than 2C-B and fewer clinical studies have been conducted to assess their safety.

As with all psychedelics, “set” and “setting” are important factors in determining whether someone has a positive or difficult experience. “Set” is a person’s mental state (their thoughts, mood, and expectations), while “setting” is the physical and social environment in which the drug is consumed. Being in a good mental state, with trusted friends in a supportive environment, reduces the risk of having a difficult trip on 2C-B.

EFFECTS

2C-B has both psychedelic and stimulant properties. It tends to be very visual and, like other psychedelics, produces perceptual changes.

2C-B is known for its unique “rushing” body high and relatively gentle headspace, which is usually reported to be less psychologically confusing and introspective than other psychedelics.

2C-B lasts approximately five to eight hours. Snorting or plugging 2C-B will make it more intense and shorter-acting.

2C-I, 2C-E, 2C-T-7, and the other 2Cs are dosed differently than 2C-B, and each has a unique effects profile, duration, and safety profile.

patterns, and surface warping or breathing. 2C-B is typically ingested orally and can take anywhere from 30 minutes to a full two hours to take effect. Due to its tendency to induce nausea, some people prefer to administer 2C-B rectally to avoid first-pass metabolism through the gut.

Snorting 2C-B is notoriously painful and is often avoided.

TYPICAL DOSE

A threshold dose (one that can just barely be felt) is about 5 mg. An average dose is around 15 – 25 mg, and a strong dose is 25 – 45 mg.

At low doses (5 – 15 mg), 2C-B tends to cause mild mood enhancement that usually isn't very visual.

At higher doses, 2C-B can produce intense visual effects that are similar to (and sometimes more intense than) those of other psychedelics. These may include color enhancement, geometric

2-CB

NOT THE SAME AS TUSI!

PSYCHEDELIC

POWDER / GEL CAPS

15 - 25 mg

DURATION

5 - 8 hours. Can take anywhere from 30 mins to two hours to take effect.

AVOID

- * Eyeballing dosage. 2-CB is extremely dose-sensitive.
- * Ingesting any substance labelled "2C-x." This drug class consists of several variations, some of which (unlike 2-CB) have not been tested to assess their safety.
- * Snorting 2-CB. It is very painful.

EFFECTS

Has both psychedelic and stimulant properties. Tends to be very visual and produces perceptual changes. Known for its unique "rushing" body high and relatively gentle headspace, which is usually reported to be less psychologically confusing and introspective than other psychedelics.

All 2Cs are dosed differently than 2C-B, and each has a unique effects profile, duration, and safety profile.

HARM REDUCTION

- * Being in a good mental state, with trusted friends in a supportive environment, reduces the risk of having a difficult trip on 2-CB.

2-CB LOG

DATE	TIME	EXPERIENCE

MUSHROOMS

PSYCHEDELIC

ORALLY

1.5 - 2.5 MG

WHAT ARE MUSHROOMS?

Magic mushrooms (or simply “mushrooms”) are any of a variety of mushrooms that contain psilocybin.

More specifically, there are many genres of mushroom that contain psilocybin, and within each genus there are species, and within each species there are varieties. The most common species is “P. Cubensis.”

An example of this would be the famous Golden Teachers, which are a variety within the P. Cubensis species.

Recent scientific studies are investigating the efficacy of mushrooms in treating various health conditions, specifically end-of-life anxiety in terminally ill cancer patients, cluster headaches, and chronic depression.

Mushrooms are usually eaten raw or brewed into tea. They are typically consumed dry, although some people eat them fresh.

Revered Oaxacan curandera María Sabina introduced the United States to the magic mushroom, a story that became a cautionary tale about greed, exploitation, and poaching.

BE CAREFUL!

Accidentally ingesting poisonous mushrooms can be very dangerous. It's important to triple check that you've bought actual psilocybin mushrooms. (Visit the Shroomery website if you need help with identification.)

As with other psychedelics (and emotionally intense drugs in general), people who have personal or family histories of mood or psychotic disorders may be at increased risk of psychological upset after taking mushrooms.

Mushroom trips can sometimes be frightening, inducing extreme anxiety and panic. This risk is heightened if you're taking mushrooms in environments that are crowded, unpredictable, or hectic. Start in a calm, safe space, and talk to someone you trust about your plans before you dose.

Tripping puts you in a vulnerable state, so it's important to have plans for caring for yourself during and after a trip. Reading up on the practices of intention setting and integration can help prepare you for your experience.

HARM REDUCTION EFFECTS

Some consumers experience nausea in the first hour after dosing. Making mushroom tea or using a tek like lemon tek may help reduce nausea. (Visit the Shroomery website for guides.)

Eat a moderate meal two hours before your dose. Tripping on an empty stomach may increase the intensity of the come-up, but can also cause nausea during or after the trip.

As with all psychedelics, “set” and “setting” are important factors in determining whether someone has a positive or difficult experience. “Set” is a person’s mental state (their thoughts, mood, and expectations), while “setting” is the physical and social environment in which the drug is consumed. Being in a good mental state, with trusted friends in a supportive environment, reduces the risk of having a difficult trip on mushrooms.

Remember: Even very difficult trips can have a positive effect on your life. Many people report that their hardest trips were the most impactful and influential. Integration is a very important and underrated part of psychedelic experiences.

Psilocybin itself isn’t actually psychoactive. When psilocybin is ingested, the body breaks it down into psilocin. The scientific term for this is a “prodrug,” which is an inactive substance that’s broken down into an active substance into the body.

Other prodrugs include 1,4-B and GBL (broken down into GHB), heroin (broken down into morphine), and ALD-52 and 1P-LSD (broken down into LSD).

Psilocin is a psychedelic drug that lasts about 4 – 6 hours. Its effects, though similar to those of LSD, are distinct. Many people report having contact with “entities” and feeling a deep connection to nature.

The headspace of mushrooms may be somewhat less controllable than that of LSD, and many people report that mushroom trips can be more unpredictable but also more spiritual. A common adage is “LSD puts you in the driver’s seat, mushrooms take you for a ride.”

TYPICAL DOSE

The amount of psilocybin in mushrooms can vary greatly between varieties, batches, and individual mushrooms, making it difficult to dose precisely.

While some people swear that potency can be visually determined by the mushroom's size or blue bruising on the fruit, these are not foolproof metrics.

A typical dose of dried mushrooms is about 1.5 to 2.5 g. A threshold dose (one you can just barely feel) is usually around 0.25 g. Doses of 3.5 g or above are generally considered to be strong.

Dose potency can vary from trip to trip! This can be impacted by the variety, the potencies of the individual mushrooms you're taking, your stomach contents on that day, and many other factors.

On an empty stomach, the full effects should be felt within 30 minutes to an hour. On a full stomach it could take much longer.

Start with a small dose and don't take more until at least 1.5 hours have elapsed. Taking more because you "don't feel it" is an easy way to accidentally trip much harder than you had banked on.

MUSHROOMS

AKA: SHROOMS

PSYCHEDELIC

WHOLE / BREWED TEA

15 - 25 mg

DURATION

4 - 6 hours. On an empty stomach, full effects should be felt within 30 minutes to an hour. On a full stomach it could take much longer.

AVOID

* Tripping on an empty stomach. May increase the intensity of the come-up. Can also cause nausea during or after the trip.

EFFECTS

Similar to those of LSD, yet distinct. People report having contact with “entities” and feeling a deep connection to nature.

Headspace of mushrooms may be somewhat less controllable than that of LSD. People report that mushroom trips can be more unpredictable but also more spiritual. A common adage is “LSD puts you in the driver’s seat, mushrooms take you for a ride.”

HARM REDUCTION

- * Being in a good mental state, with trusted friends in a supportive environment, reduces the risk of having a difficult trip on mushrooms.
- * Some consumers experience nausea in the first hour after dosing. Making mushroom tea or using a tek like lemon tek may help reduce nausea.
- * Eat a moderate meal two hours before your dose.
- * Start with a small dose and don’t take more until at least 1.5 hours have elapsed.
- * Note that dose potency can vary. This can be impacted by the variety, the potencies of the individual mushrooms you’re taking, your stomach contents on that day, and other factors.

DMT

PSYCHEDELIC

SMOKED / VAPED

10 - 40 MG

WHAT IS DMT?

DMT, or N,N-dimethyltryptamine, is a psychedelic chemical found naturally in many plants and animals.

It is the main ingredient in ayahuasca, the centuries-old South American brew used by many indigenous communities for medical and spiritual purposes.

Depending on how it is manufactured or extracted, DMT can come as crystals, powder, or a soft clumpy material. It often has a yellow-orange or brownish color, and a distinctive odor similar to mothballs or shoe leather.

To make ayahuasca, a plant containing DMT is boiled together with a second plant containing a monoamine oxidase inhibitor (MAOI) such as harmaline, and the resulting brew is drunk. DMT is destroyed in the stomach if consumed orally without an MAOI.

BE CAREFUL!

The rapid onset and extreme intensity from smoking DMT can be overwhelming. Do not be fooled by the short duration! DMT is one of the most powerful psychedelics on the planet.

As with other psychedelics (and emotionally intense drugs in general), people who have

personal or family histories of mood or psychotic disorders may be at increased risk of psychological upset after smoking DMT.

Injecting DMT is not typically advised, since improper drug sourcing or injection methods can be catastrophic.

HARM REDUCTION

Ayahuasca is almost always consumed ritualistically in a group, with a trained guide/healer who prepares and administers the brew. The official title for this guide varies between cultures, locations, and contexts, and it is important to note that the word “shaman” is not broadly accurate or applicable to all guides/healers who administer ayahuasca.

As with all psychedelics, “set” and “setting” are important factors in determining whether someone has a positive or difficult experience. “Set” is a person’s mental state (their thoughts, mood, and expectations), while “setting” is the physical and social environment in which the drug is consumed. Being in a good mental state, with trusted people in a supportive environment, reduces the risk of having a difficult trip on DMT.

EFFECTS

Crystallized DMT is most commonly smoked in a glass pipe, vaped as a concentrate, or (less commonly and with higher risk) injected. Direct flame will destroy DMT.

Effects from smoking DMT are felt within seconds, with peak effects lasting about 5–10 minutes.

Small inhalations can produce mild perceptual distortions like color enhancement and cartoon-like visuals. Larger or multiple inhalations can produce profound experiences, like visiting other worlds and talking with aliens or beings from other dimensions.

A full detachment from reality is known as “blasting off.” These experiences can be inspiring and transformative, or they can be overwhelming and terrifying. Total ego dissolution (“ego death”) is common, in which time stands still and the user loses all sense of separateness from the universe.

There is usually an abrupt return to baseline after 5-10 minutes, although the user can be “taken back” momentarily a few more times during the comedown experience.

TYPICAL DOSE

A common dose of smoked DMT is between 10 and 40 mg. While many people don't measure their dose, it's a good idea to.

If you're vaping DMT out of a pen, the intensity of the experience will mostly depend on how long you draw, how deeply you hold the vapor in your lungs, and how long you hold it.

Most people take two or three full hits to “blast off,” but one big hit can do it. Holding the smoke/vapor in for as long as possible is generally the most important (and difficult) part of the blastoff process.

Effects from ayahuasca are felt within 20 to 60 minutes and last 2 to 6 hours. Dosages will usually depend on the recipe used and the person administering it. Lingering after-effects can last for several more hours.

DMT

AKA: AYAHUASCA

PSYCHEDELIC

SMOKED / VAPED

10 - 40 mg

DURATION

Effects from smoking DMT are felt within seconds, with peak effects lasting about 5-10 minutes. Effects from ayahuasca are felt within 20 - 60 minutes and last 2 - 6 hours. Dosages will usually depend on the recipe used. Lingering after-effects can last for several more hours.

AVOID

- * Injecting DMT. This is not advised, since improper drug sourcing or injection methods can be catastrophic.

EFFECTS

Small inhalations can produce mild perceptual distortions like color enhancement and cartoon-like visuals. Larger or multiple inhalations can produce profound experiences, like visiting other worlds and talking with aliens or beings from other dimensions.

A full detachment from reality is known as “blasting off.” These experiences can be inspiring and transformative, or they can be overwhelming and terrifying. Total ego dissolution (“ego death”) is common, in which time stands still and the user loses all sense of separateness from the universe.

HARM REDUCTION

- * Being in a good mental state, with trusted friends in a supportive environment, reduces the risk of having a difficult trip on mushrooms.
- * The rapid onset and extreme intensity from smoking DMT can be overwhelming. Do not be fooled by the short duration! DMT is one of the most powerful psychedelics on the planet.
- * Note that the word “shaman” is not broadly accurate or applicable to all guides/healers who administer ayahuasca.

5-MeO-DMT

PSYCHEDELIC

INHALED / VAPED

6 - 12 MG

WHAT IS 5-MeO-DMT?

5-MeO-DMT (“5”) is a psychedelic of the tryptamine class that occurs naturally in many plants and animals. It can be extracted or produced synthetically.

Synthetic 5 can range in consistency, color, and purity, and may be obtained in different chemical forms that have slightly different properties.

5 is famously found in a toxin produced by the Sonoran Desert (“Colorado River”) toad, Bufo Alvarius. The Bufo also produces bufotenin alongside 5, which has its own psychoactive profile to an unclear extent.

Bufo-harvested 5-MeO-DMT is generally crystalline, flake-like, and clear to golden brown in color, but may also contain other organic compounds or adulterants resulting from the collection, or “milking,” of the toad.

Interest in 5 has led to an increase in Bufo capture and milking, sometimes in inhumane or unsustainable ways.

While 5-MeO-DMT does occur naturally in other plants and animals, it’s often in concentrations that are too low to be psychoactive.

BE CAREFUL!

5-MeO-DMT can induce challenging effects and aftereffects in some individuals, including spontaneous “reactivations” of the experience.

5 can produce significant psychological distress in some people or under some circumstances, particularly if used carelessly or in an unsafe environment.

The casual use of 5-MeO-DMT has led to several preventable deaths, usually from people asphyxiating on vomit when using alone. 5’s intense out-of-body experience can result in a person physically moving around without conscious control.

Combining 5-MeO-DMT with other drugs, particularly stimulants (even one after the other), has resulted in deaths as well. Even on its own 5-MeO-DMT (and particularly the bufo extract) has occasionally caused seizures in some people.

WARNING: 5-MeO-DMT should never be combined with monoamine oxidase inhibitors (MAOIs). MAOIs can be found naturally in plants like harmine, harmaline, and Syrian rue, or in prescription antidepressant medications. MAOI is also a critical ingredient in ayahuasca. This combination can cause serious adverse reactions including death.

HARM REDUCTION

It is very important to have a sober “sitter” with you, or a highly skilled practitioner or guide who is familiar with the substance and how to effectively care for someone undergoing its profound effects.

5 is one of the few substances rated as +4 on the Shulgin rating scale, which refers to a rare transcendental state. This substance is profoundly powerful and should be approached with extreme discretion only.

EFFECTS

The 5 experience is unique and cannot be directly compared to any other drug, including DMT. Its effects are not similar to those of other psychedelics like LSD or mushrooms.

When vaporized or smoked, 5 has a very rapid onset. The experience is overwhelming and often results in complete ego dissolution. Some describe it as a merging with the infinite, a

n explosion (or implosion) of consciousness that connects them with eternal Love or the Divine.

Many people report powerful states of ecstatic union, oceanic bliss, “kundalini activation,” “samadhi” or full immersion into the “mysterium tremendum.”

Others may feel as if they are physically dying, or they may be overcome by extreme fear or terror and attempt to resist the experience.

TYPICAL DOSE

Threshold doses of 5-MeO-DMT are between 1 – 5 mg of synthetic or clean extracts. A significant “moderate” dose can range from 6 – 12 mg. Higher doses range from 13 – 20+ mg.

Bufo extract requires a higher dose due to the lower volume of 5 it contains, about 15%.

A moderate to heavy dose of bufo extract is considered to be somewhere in the 60 – 100 mg range. Note that bufo extract also contains up to 80% bufotenine (5-HO-DMT) along with a wide array of other unknown and unstudied organic alkaloids.

The effects of 5-MeO-DMT are cumulative. Immediate follow-up doses can be taken by ingesting $\frac{2}{3}$ of the prior dose until the maximum “full release” effect is achieved (more than one “full release” dose is rarely required or desired).

Most people inhale the freebase (oil) form of 5-MeO-DMT from a heated glass pipe or vape pen. It can also be mixed with mullein, mint, or cannabis and smoked. The HCL (salt) form, although rarer, can be insufflated (snorted). 5 is also sometimes injected intramuscularly.

5-MeO-DMT

AKA: 5 / BUFO

PSYCHEDELIC

INHALED / VAPED

6 - 12 mg

DURATION

When vaporized or smoked, 5 has a very rapid onset. A potential aftereffect including spontaneous “reactivations” of the experience.

AVOID

* Combining with monoamine oxidase inhibitors (MAOIs). MAOIs can be found in prescription antidepressant medications. MAOI is also a critical ingredient in ayahuasca. This combination can cause serious adverse reactions including death.

EFFECTS

The experience is overwhelming and often results in complete ego dissolution. Some describe it as a merging with the infinite, an explosion (or implosion) of consciousness that connects them with eternal Love or the Divine.

Others may feel as if they are physically dying, or they may be overcome by extreme fear or terror and attempt to resist the experience.

HARM REDUCTION

- * Being in a good mental state, with trusted friends in a supportive environment, reduces the risk of having a difficult trip on mushrooms.
- * It is very important to have a sober “sitter” with you, or a highly skilled practitioner or guide who is familiar with the substance and how to effectively care for someone undergoing its profound effects.
- * This substance is profoundly powerful and should be approached with extreme discretion only.

METH

STIMULANT

SWALLOWED / SNORTED / SMOKED / INJECTED

10 - 30 MG

WHAT IS METH?

Methamphetamine, also known as meth, crystal, glass, and ice, is a stimulant with a long duration.

Meth was first synthesized in 1893 and was used widely by soldiers during World War II to increase stamina and reduce the need for sleep on the battlefield.

Today, meth is sometimes used medically for the treatment of ADHD and obesity.

Although similar to amphetamine, methamphetamine is more potent and longer-lasting. One of the key differences between the two is that amphetamine cannot produce the same rush that meth can when it's smoked or injected.

Meth has an additional "methyl group" that allows it to be absorbed more easily and quickly than amphetamine. The rush is vastly intensified by smoking or injecting.

BE CAREFUL!

Coming down from meth can make you feel lethargic, anxious, and depressed, which can lead to compulsive redosing.

Some people enter into patterns of multi-day use in an attempt to obtain meth's euphoric rush.

The risk of bingeing is drastically increased with shorter-acting and more intense routes of administration like smoking, injecting, or hot railing.

Long-term, regular, high-dose meth use can cause damage to dopamine neurons, resulting in Parkinson's-like symptoms such as twitching, stuttering, and muscle spasms.

Meth is very long lasting, which can make it difficult or impossible to sleep. Sleep deprivation can have serious negative impacts on physical and mental health. Psychosis and paranoid delusions are a common consequence of anyone being awake for three or more days or chronically sleep deprived, regardless of whether they're on drugs.

HARM REDUCTION

Many of the stereotypical meth-related consequences like "meth mouth" are actually a product of dry mouth and poor oral hygiene, although smoking meth can cause enamel decay.

Injecting methamphetamine reaches the brain almost immediately, increasing the risk of overdose ("overamping"). Overamping can cause dangerous spikes in heart rate and blood pressure, sometimes leading to cardiac arrest, overheating, or arrhythmia.

People who suffer from depression and lack of energy, or who have very demanding high-stress lives, may be more vulnerable to developing a problematic relationship with meth.

EFFECTS

Meth causes increases in blood pressure, heart rate, and body temperature. Other effects may include dehydration, overheating, tooth grinding and jaw clenching, and sometimes itching.

Cognitively, meth produces feelings of confidence, sociability or talkativeness, a strong desire to be moving and doing things, feelings of competence, and a decreased need for sleep.

Small oral doses of meth can increase alertness and focus in ways that are very similar to amphetamine. Using the same dose via a different route of administration (like snorting, smoking, or injecting) can make the experience far more recreational and reinforcing than that of amphetamine.

Higher doses can produce a speedy euphoria, especially when smoked or injected. This comes with an intense initial “rushing” effect.

Many users also report increased libido/sexual arousal when using meth. Meth is known as “Tina” in gay communities.

TYPICAL DOSE

Meth can be swallowed, snorted, smoked, or injected. Meth is very bioavailable (can easily cross into the bloodstream) with all of these routes of administration, so the dosage ranges are similar for each of them.

A light dose is around 5 – 10 mg, a common dose is around 10 – 30 mg, and a strong dose is 30 – 40 mg.

Of these, oral administration is by far the least risky and has the slowest onset. Many people prefer it due to its smoothness and duration.

The onset time of each route of administration impacts the intensity of the rush. In order of onset: oral, rectal, snorted, (IV) injected, smoked.

Smoking meth has the shortest duration of about 2 to 6 hours, while taking meth orally has the longest duration of about 7 to 12 hours. These durations can be longer for people who don’t use it regularly.

METH

AKA: CRYSTAL / ICE / TINA

STIMULANT

**SWALLOWED / SNORTED /
SMOKED / INJECTED**

10 - 30 mg

DURATION

The onset time of each route of administration impacts the intensity of the rush. In order of onset: oral, rectal, snorted, (IV) injected, smoked. Smoking has the shortest duration of about 2 - 6 hours. Oral ingestion has the longest duration of about 7 - 12 hours. These can be longer for people who don't use it regularly.

PHYSICAL EFFECTS

Increased blood pressure, heart rate, and body temperature. Other effects may include dehydration, overheating, tooth grinding and jaw clenching, and sometimes itching.

MENTAL EFFECTS

Feelings of confidence, sociability or talkativeness, a strong desire to be moving and doing things, feelings of competence, and a decreased need for sleep.

Small oral doses can increase alertness and focus. Higher doses can produce a speedy euphoria, especially when smoked or injected. This comes with an intense initial "rushing" effect. Many users also report increased libido/sexual arousal.

HARM REDUCTION

- * Coming down can make you feel lethargic, anxious, and depressed, which can lead to compulsive redosing.
- * The risk of bingeing is drastically increased with shorter-acting and more intense routes of administration.
- * Long-term, regular, high-dose meth use can cause damage to dopamine neurons, resulting in Parkinson's-like symptoms such as twitching, stuttering, and muscle spasms.

COCAINE

STIMULANT

SNORTED / SMOKED

15 - 70 MG

WHAT IS COCAINE?

Cocaine is a bitter, numbing powder derived from the leaves of the coca plant, which mainly grows in South America.

The leaves of the coca plant can be chewed or made into tea. Coca leaves are used this way legally in many countries as a mild stimulant similar to caffeine.

Until 1929, Coca-Cola contained cocaine (hence the name) and so did many other over-the-counter food and medicine products.

Cocaine is used in medicine today as a local anesthetic (numbing agent).

Crack cocaine is made by heating baking soda with cocaine to make smokeable "rocks." Crack is, for all intents and purposes, smokeable cocaine.

BE CAREFUL!

The risk of cardiovascular injury with cocaine is significantly higher than other stimulants. High or frequent doses of cocaine can damage the heart and blood vessels, causing strokes, aneurysms, and heart attacks.

Some people have sudden cardiovascular side effects when using cocaine at lower doses.

Cocaine causes a sudden increase in heart rate, blood pressure, and body temperature. Combining cocaine with exertion and/or other stimulants may cause overheating, arrhythmia (uneven heartbeat), and hypertension.

Cocaine is very short-acting, and the after-effects (the "comedown") can be quite unpleasant. This is worsened by higher or more frequent doses, or more potent routes of administration like smoking and injecting. The comedown often leads to compulsive redosing.

Like any drug, it's possible to use cocaine compulsively and develop a problematic relationship with it. It may be a good idea to take a break if you find yourself regularly using cocaine as a coping mechanism, or feeling very anxious at the thought of going without it for a period of time. It is strongly recommended to use cocaine in moderation and avoid daily use.

HARM REDUCTION

Repeated snorting can damage nasal cavities and sinuses. To reduce risks, use saline spray before, during, and after any snorting session.

Use of cocaine or any other stimulant can lead to insomnia and sleep deprivation.

Staying awake for two or more days dramatically increases anyone's risk of entering into a psychotic state.

Sharing snorting devices can spread Hepatitis C and other diseases. Rolled up Post-It notes and personal straws can be used as disposable snorting devices.

While crack is (very literally) just cocaine that you can smoke, this route of administration produces a much more intense high because smoking is inherently a faster and more potent rush than snorting, increasing the risk of compulsive redosing.

EFFECTS

Users generally report feelings of confidence, alertness, talkativeness, and euphoria.

Cocaine is a stimulant drug with subjective effects similar to amphetamines, but much shorter acting.

Most often powder cocaine is snorted in bumps or small lines. The effects come on within minutes and peak after about 15 – 30 minutes, with a total duration of about 30 – 60 minutes.

When injected, the effects are substantially more intense than snorting and come on in seconds.

When smoked in the form of “crack,” the effects come on in seconds and are much stronger than snorting, but wear off within minutes. This can lead to compulsive redosing.

Cocaine hydrochloride (powder cocaine) can't be smoked effectively, which is why it has to be converted into crack to produce this more substantial rush.

TYPICAL DOSE

A typical snorted dose is between 30 – 70 mg.

A typical smoked dose of crack is between 15 – 50 mg.

Due to the short duration of action of cocaine in both hydrochloride (powder) and crack form, it's typical for consumers to build tolerance and require higher doses over a session (acutely) or over time (chronically).

Cocaine can also be taken orally to reduce strain on the nasal cavities, although this is less common.

COCAINE

AKA: COKE / BLOW

STIMULANT

SNORTED / SMOKED

SNORTED: 30 - 70 mg
SMOKED: 15 - 50 mg

DURATION

Most often powder cocaine is snorted in bumps or small lines. The effects come on within minutes and peak after about 15-30 minutes, with a total duration of about 30-60 minutes.

AVOID

- * Repeated snorting.
- * Sharing snorting devices. It can spread Hep-C and other diseases.

EFFECTS

Users generally report feelings of confidence, alertness, talkativeness, and euphoria. Cocaine has subjective effects similar to amphetamines, but much shorter acting.

When injected, the effects are substantially more intense than snorting and come on in seconds.

HARM REDUCTION

- * The risk of cardiovascular injury with cocaine is significantly higher than other stimulants. High or frequent doses of cocaine can damage the heart and blood vessels, causing strokes, aneurysms, and heart attacks.
- * Some people have sudden cardiovascular side effects when using cocaine at lower doses.
- * Cocaine causes a sudden increase in heart rate, blood pressure, and body temperature. Combining cocaine with exertion and/or other stimulants may cause overheating, arrhythmia (uneven heartbeat), and hypertension.
- * To reduce risks, use saline spray before, during, and after any snorting session.
- * Use of cocaine or any other stimulant can lead to insomnia and sleep deprivation.

NICOTINE

STIMULANT

SMOKED / VAPED

VARIES BY FORM

WHAT IS NICOTINE?

Nicotine is a stimulant drug and the primary psychoactive component of tobacco. Tobacco is one of 70 different commercially grown plants belonging to the nightshade family, which also includes eggplants, tomatoes, and peppers.

Most commonly encountered in the form of tobacco leaf, nicotine is one of the most widely used drugs on the planet.

Tobacco is indigenous to the Americas and was not introduced to Europe until the 1500s, although its use among pre-Columbian cultures dates back thousands of years. Non-commercialized tobacco has major cultural relevance in many communities.

BE CAREFUL!

Tobacco is highly carcinogenic, although nicotine itself is not. Regular smokers have a much greater risk of developing lung cancer and other forms of cancer. If you choose to smoke tobacco, try to smoke outdoors. Smoking indoors increases the health risks associated with smoking and can impact the health of non-smokers (and pets) who share your space. Smoking tobacco increases the risk of heart disease, circulatory problems, bronchitis, chronic cough, and emphysema.

Like any drug, it's possible to use nicotine compulsively and develop a problematic relationship with it. It may be a good idea to take a break if you find yourself regularly using nicotine as a coping mechanism, or feeling very anxious at the thought of going without it for a period of time. It is strongly recommended to use nicotine in moderation and avoid daily use.

Depression, irritability, restlessness, and anxiety are some of the withdrawal symptoms experienced by those who stop using nicotine after a period of regular use. Nicotine withdrawal is not dangerous, but it can be very physically and mentally uncomfortable.

HARM REDUCTION

Although available evidence indicates that vaping is significantly less risky than smoking, much is still unknown about the potential health impacts.

A number of overdoses, some fatal, have occurred in children following the ingestion of vape liquid. Always store far from the reach of children.

Although vaping has helped many people quit using tobacco, the consumption of nicotine in any form still carries the risk that one might develop compulsive use and/or physical dependence.

If you choose to switch to vaping, be aware that you may decrease carcinogen consumption but

dramatically increase nicotine consumption. Try to use low-nicotine vape juice and be conscious of how frequently you're hitting your vape.

EFFECTS

Nicotine produces focus enhancement, feelings of relaxation, appetite suppression, stimulation, and mild euphoria.

Nicotine also increases heart rate and blood pressure. The effects can usually be felt immediately and can last up to 30 minutes depending on the dose and form used.

First-time users often feel dizzy or nauseous, even after using a small dose. This is sometimes known as being “domed.”

TYPICAL DOSE

Tobacco leaf is usually smoked in cigarettes, cigars, and pipes, but is also found in smokeless forms such as snuff, which is sniffed up the nose, or dip/chewing tobacco, which is held inside the mouth.

A certain preparation of tobacco leaf called “shisha” is smoked in a type of water pipe known as a “hookah.”

Nicotine, in its isolated form, can also be inhaled using specially manufactured “vape” devices that vaporize a nicotine-containing liquid. Other tobacco-free nicotine products include gum, lozenges, and patches, which are primarily used to aid in quitting tobacco.

Since tobacco is a natural product, nicotine content varies greatly. Vape liquid is available in a wide range of concentrations. Tobacco plants have been genetically engineered in recent years to have a higher nicotine content.

Vape liquid is available in a wide range of standardized concentrations.

A “dose” of nicotine will vary substantially depending on its concentration, which is different for each of the administration methods listed above. People who don't usually consume nicotine will require much less exposure to it to feel its effects.

NICOTINE

AKA: NIC

STIMULANT

SMOKED / VAPED

VARIES BY FORM

DURATION

The effects can usually be felt immediately and can last up to 30 minutes depending on the dose and form used.

AVOID

- * Consuming high doses frequently. If you choose to vape, try to use low-nicotine vape juice.
- * Smoking tobacco indoors.
- * Using nicotine as a coping mechanism. This can lead to compulsive use.

EFFECTS

Produces focus enhancement, feelings of relaxation, appetite suppression, stimulation, and mild euphoria. Also increases heart rate and blood pressure. First-time users often feel dizzy or nauseous, even after using a small dose. This is sometimes known as being “domed.”

HARM REDUCTION

- * Tobacco is highly carcinogenic, although nicotine itself is not. Regular smokers have a much greater risk of developing lung cancer and other forms of cancer.
- * Smoking tobacco increases the risk of heart disease, circulatory problems, bronchitis, chronic cough, and emphysema.
- * It is strongly recommended to use nicotine in moderation and avoid daily use.
- * Depression, irritability, restlessness, and anxiety are some of the withdrawal symptoms experienced by those who stop using nicotine after a period of regular use.
- * Although available evidence indicates that vaping is less risky than smoking, much is still unknown about the potential health impacts. If you choose to switch to vaping, be aware that you may decrease carcinogen consumption but dramatically increase nicotine consumption.

ALCOHOL

DEPRESSANT

ORALLY IN DRINKS

VARIES BY TYPE

WHAT IS ALCOHOL?

Alcohol (“ethanol”) is a depressant drug, meaning that it slows down heart rate, lowers blood pressure, and causes sedation.

Alcohol is a natural product of fermenting sugars. It is usually made from grains such as hops, barley, rice and fruits, but it can also be made from other plants. Alcohol has been used for thousands of years by cultures around the world. Even animals are known to eat fermented fruits with the apparent intention of altering their consciousness.

BE CAREFUL!

Drinking games that test consumption limits are especially dangerous, and have led to preventable deaths. It’s important to challenge the social norms that make people feel like they have to drink more than they want to. There are other ways to play these games that are just as fun (and result in less vomit)!

Combining alcohol with other depressants like benzos, opioids, or GHB can quickly become fatal due to their combined effects on heart rate, blood pressure, and respiration.

Chronic, heavy alcohol consumption can damage multiple organs, particularly the liver, brain, and kidneys.

Like any drug, it’s possible to use alcohol compulsively and develop a problematic relationship with it. It may be a good idea to take a break if you find yourself regularly using alcohol as a coping mechanism, or feeling very anxious at the thought of going without it for a period of time. It is strongly recommended to use alcohol in moderation and avoid daily use.

Alcohol also has quite a few interactions with non-depressant drugs, like ketamine (this mixture frequently produces severe spins and blackouts), SSRIs (which may make a person much more sensitive to alcohol), cocaine (cocaine and alcohol metabolize to create the toxic byproduct cocaethylene), and many more.

Always check interactions individually. Some interactions can be generalized, but most of them can’t. Drug science is complicated!

HARM REDUCTION

Overdoses on alcohol are called alcohol poisoning. Alcohol poisoning can cause loss of motor control, vomiting, seizures, blackouts, loss of consciousness, and death under certain circumstances. “Sleeping it off” can be very dangerous if someone has alcohol poisoning.

Try to always have water or electrolytes with you when you drink. Dehydration significantly worsens hangover symptoms and can be dangerous.

EFFECTS

Low to moderate amounts of alcohol can produce feelings of relaxation, lowered inhibitions, and increased sociability. This is the stage known as being “buzzed” or “tipsy.”

Larger amounts can cause dizziness, nausea, slurred speech, slow reflexes, sleepiness, impaired judgment, dehydration, and hangovers. This is the stage known as “drunk.”

Alcohol affects people differently, and can affect the same person differently at different times. Effects can vary depending on body weight, metabolism, tolerance from prior use, food in the stomach, and other physical factors.

Alcohol hangovers happen differently for different people, but usually occur after consuming too much alcohol and/or being at altitude and/or being dehydrated. Hangovers typically involve nausea, headaches, and a feeling of mental stuffiness or irritability.

TYPICAL DOSE

A standard “drink” is defined as 12 oz of beer, 5 oz of wine, or 1.5 oz of liquor (341 mL, 142 mL, and 85 mL, respectively).

Wine and beer contain between 5% and 15% alcohol, while liquor usually contains up to 40% alcohol, and sometimes more.

It is the amount of alcohol you drink, not the volume of liquid, that affects you. That’s why it’s always good to know the alcohol content of whatever you are drinking.

Know your own limits and pace yourself! A standard drink is metabolized out of your system in approximately 1.5 hours. One person might be buzzed off of a single beer, while another person could be totally unaffected by 5 or 6 drinks.

Alcohol’s effects are significantly compounded at higher altitudes.

ALCOHOL

AKA: VARIOUS NAMES

DEPRESSANT

ORALLY IN DRINKS

VARIES BY TYPE

DURATION

A standard drink is metabolized out of your system in approximately 1.5 hours, but tolerance can vary greatly by individual.

AVOID

- * Drinking games that test consumption limits.
- * Combining alcohol with other depressants like benzos, opioids, or GHB. It may also have interactions with non-depressant drugs, like ketamine, SSRIs, cocaine, and others.

EFFECTS

Low to moderate amounts can produce feelings of relaxation, lowered inhibitions, and increased sociability. Larger amounts can cause dizziness, nausea, slurred speech, slow reflexes, sleepiness, impaired judgment, dehydration, and hangovers.

HARM REDUCTION

- * A standard “drink” is defined as 12 oz of beer, 5 oz of wine, or 1.5 oz of liquor (341 mL, 142 mL, and 85 mL, respectively).
- * It is the amount of alcohol you drink, not the volume of liquid, that affects you.
- * Chronic, heavy alcohol consumption can damage multiple organs, particularly the liver, brain, and kidneys.
- * Alcohol poisoning (overdose) can cause loss of motor control, vomiting, seizures, blackouts, loss of consciousness, and death under certain circumstances. “Sleeping it off” can be very dangerous if someone has alcohol poisoning.
- * Try to always have water or electrolytes with you when you drink. Dehydration significantly worsens hangover symptoms and can be dangerous.
- * Alcohol’s effects are significantly compounded at higher altitudes.

GHB

DEPRESSANT

ORALLY IN DRINKS

VARIES BY TYPE

WHAT IS GHB?

GHB is a central nervous system (CNS) depressant that produces an alcohol-like intoxication.

GHB does not work like opioids, a common misconception. It is specifically a “sedative-hypnotic.”

Almost always consumed orally, GHB typically comes in liquid form and has a salty-soapy taste.

GBL and BD are two industrial chemicals that are often sold as GHB. They’re prodrugs of GHB, which means that they convert into GHB in the body.

GBL and BD have a more bitter and unpleasant taste than GHB.

All three chemicals (GHB, GBL, and BD) are often interchangeably referred to as “G,” which can be dangerous because each of them has a different range of dosages.

BE CAREFUL!

Combining G with alcohol, opioids, benzos, or any other depressant is very dangerous and can be fatal, even if taken several hours apart.

Try to dilute your dose in water or juice. GBL can cause chemical burns to your mouth and throat if ingested without dilution. Drink your diluted dose immediately so no one drinks it by accident.

Don’t store G in a bottle that could be mistaken for water. Adding food color can help prevent this.

Both GBL and BD will degrade most types of plastic. G should be stored in glass or high-density polyethylene (HDPE) containers.

Like any drug, it’s possible to use GHB compulsively and develop a problematic relationship with it. It may be a good idea to take a break if you find yourself regularly using GHB as a coping mechanism, or feeling very anxious at the thought of going without it for a period of time. It is strongly recommended to use G in moderation and avoid daily use.

HARM REDUCTION

If you start to feel dizzy or sick, notify someone immediately. Loss of consciousness can happen very quickly with G. If you feel like you might pass out, lay on your left side right away. Try not to use G alone.

If someone falls unconscious and cannot be roused, or has a seizure on G, call an ambulance.

EFFECTS

GHB, GBL, and BD can all make the user feel relaxed and more sociable. G can also increase libido.

Side effects can include dizziness, sleepiness, minor muscle spasms, nausea, and vomiting (usually dose-dependent).

At high doses, G can cause seizures or loss of consciousness, wherein the user passes out and cannot be woken up for 4 – 5 hours (“G’d out”).

GHB comes on within 30 minutes and lasts 1.5 – 2.5 hours. GBL comes on faster and has a shorter duration (1 – 2 hours) than GHB, whereas BD takes longer to feel and has a longer duration (3 – 5 hours).

TYPICAL DOSE

GHB is dosed at 1.5 – 2.5 g, GBL is dosed at 0.9 – 1.5 mL, and BD is dosed at 1 – 2.5 mL.

Dosing can be difficult because G is typically diluted into water at varying concentrations.

You don’t always know which of the three substances you’re using, or at what concentrations. There is no at-home test to tell the three apart. Always try a tester dose (0.9 mL) with each new batch. You **MUST** use a marked oral mL syringe to measure G correctly.

Wait at least two hours before redosing. Many overdoses have occurred from people not waiting long enough before taking more.

G can be extremely dose-sensitive. Even a slightly higher dose than normal may cause loss of consciousness for some people.

At high concentrations GHB tends to settle at the bottom of the bottle, causing later doses to be stronger than earlier ones. Shake your bottle before measuring your dose.

GHB

AKA: GBL, BD, G

DEPRESSANT

ORALLY

GHB: 1.5 - 2.5 g

GBL: 0.9 - 1.5 mL

BD: 1 - 2.5 mL

DURATION

GHB comes on within 30 minutes and lasts 1.5 - 2.5 hours. GBL comes on faster and lasts 1 - 2 hours, BD takes longer to feel and lasts 3 - 5 hours.

AVOID

- * Consuming alone.
- * Redosing after less than 2 hours.
- * Combining G with alcohol, opioids, benzos, or any other depressant.

EFFECTS

GHB, GBL, and BD can all make the user feel relaxed and more sociable. G can also increase libido. Side effects can include dizziness, sleepiness, minor muscle spasms, nausea, and vomiting (usually dose-dependent). At high doses, G can cause seizures or loss of consciousness, wherein the user passes out and cannot be woken up for 4 - 5 hours ("G'd out").

HARM REDUCTION

- * If you start to feel dizzy or sick, notify someone immediately. Loss of consciousness can happen very quickly with G. If you feel like you might pass out, lay on your left side right away. Try not to use G alone.
- * If someone falls unconscious and cannot be roused, or has a seizure on G, call an ambulance.
- * You don't always know which of the three substances you're using, or at what concentrations. There is no at-home test to tell the three apart. Always try a tester dose (0.9 mL) with each new batch. You **MUST** use a marked oral mL syringe to measure G correctly.
- * GBL can cause chemical burns to your mouth and throat if ingested without dilution in juice or water. Drink your diluted dose immediately so no one drinks it by accident.

HEROIN

DEPRESSANT

SMOKED / INJECTED / SNORTED

VARIES

WHAT IS HEROIN?

Heroin, or diacetylmorphine, is made from the opium poppy. It belongs to a class of drugs known as opioids.

Opioids bind to opioid receptors in the brain. The body produces its own opioids, like endorphins.

Heroin can come in a white or brownish powder or as a dark brown and sometimes sticky substance (“tar”).

Heroin is most often smoked or injected because these routes produce a stronger onset, but it can also be snorted or ingested orally.

BE CAREFUL!

Most heroin is now cut with, or completely replaced by, fentanyl. Even when it’s not, different batches of heroin can vary greatly in strength, making it one of the easiest drugs to overdose on.

To prevent overdosing, many users will inject a small amount first (“tester shot”).

This safety measure has become less effective because fentanyl and other potent synthetic opioids are rarely mixed evenly in any given bag of heroin. One part of a baggie may contain no fentanyl at all, while another part of the same baggie may contain a fatal dose.

Mixing heroin with other depressants like alcohol or benzodiazepines (such as Xanax) greatly increases the risk of overdose and death.

Opioid overdoses become fatal because a person’s breathing and heart rate slow so much that they stop altogether.

Like any drug, it’s possible to use heroin compulsively and develop a problematic relationship with it. It may be a good idea to take a break if you find yourself regularly using heroin as a coping mechanism, or feeling very anxious at the thought of going without it for a period of time. It is strongly recommended to use heroin in moderation and avoid daily use.

For many people, heroin produces a warm feeling that’s compared to being in love. This adds further risk of compulsive use for people who are experiencing emotional distress or other mental/physical health challenges.

Using frequently can lead to very uncomfortable withdrawal symptoms that make it much more difficult to remember your initial boundaries around use. Withdrawal can also make it very difficult to stop using due to getting “sick.”

HARM REDUCTION

Naloxone (“Narcan”) is an overdose reversal drug that can be administered as a nasal spray or injected into a muscle, depending on the form.

You can find it using the Naloxone Finder on the Harm Reduction Coalition's website.

If someone is breathing fewer than seven times per minute (or not at all), administer naloxone if you have it and call 911 for help. Start CPR if their heart stops. Lack of oxygen from slowed or stopped breathing can cause blue or gray tinting to someone's lips, nose, fingers, and toes.

EFFECTS

Heroin has powerful pain-relieving properties.

It's typical for people to feel deeply content and relaxed, sometimes to the point of "nodding" in and out of consciousness. Not everyone experiences euphoria from heroin.

The "nod" state is very similar to the dreamlike experience of being on the verge of sleep. Many people express surprise at how psychedelic nodding can be. Overdoses are often compared to falling into a deep sleep.

Heroin is a depressant, which means that it slows down your breathing and heart rate and lowers your blood pressure.

Side effects can include nausea, vomiting, drowsiness, slurred speech, constipation, and itchiness.

When injected or smoked, the effects are felt within a few seconds; when snorted, within 5–15 minutes.

The effects of heroin typically last 3–5 hours, with variation depending on how you ingest it.

TYPICAL DOSE

An average dose of heroin can vary widely based on purity, tolerance, and route of administration.

Real heroin has a dose range of about 5–8 mg when injected, 15–25 mg when smoked, and 20–35 mg when snorted. There is very little real heroin on the market at this time.

Dosages should always be lowered when consuming dope (a slang term for street opioids) in a new environment or taking a new batch.

HEROIN

AKA: BLOW

DEPRESSANT

SMOKED / INJECTED / SNORTED

***Dose varies by purity**
INJECTED: 5 - 8 mg
SMOKED: 15 - 25 mg
SNORTED: 20 - 35 mg

DURATION

When injected or smoked, effects are felt within a few seconds; when snorted, within 5 - 15 minutes. Effects typically last 3 - 5 hours.

AVOID

* Avoid mixing with other depressants alcohol or benzos.

PHYSICAL EFFECTS

Slows down breathing and heart rate and lowers blood pressure. Side effects can include nausea, vomiting, drowsiness, slurred speech, constipation, and itchiness.

MENTAL EFFECTS

Heroin has powerful pain-relieving properties. Typical for people to feel deeply content and relaxed, sometimes to the point of “nodding” in and out of consciousness. Not everyone experiences euphoria from heroin. The “nod” state is very similar to the dreamlike experience of being on the verge of sleep. Many people express surprise at how psychedelic nodding can be. Overdoses are often compared to falling into a deep sleep.

HARM REDUCTION

- * Keep Naloxone (“Narcan” – an overdose reversal drug) on you.
- * If someone is breathing fewer than seven times per minute (or not at all), administer naloxone if you have it and call 911.
- * Most heroin is now cut with or replaced by, fentanyl. Different batches of heroin can vary greatly in strength, making it one of the easiest drugs to overdose on.

KETAMINE

DISSOCIATIVE

SNORTED

30 - 60 MG

WHAT IS KETAMINE?

Ketamine belongs to a class of drugs called “dissociative anesthetics” that separate perception from sensation. Other drugs in this category include PCP, DXM, and nitrous oxide.

Ketamine is a widely used anesthetic in both human and veterinary medicine. It’s particularly helpful in pediatrics and for anesthetizing people who have head injuries.

Ketamine infusions and nasal sprays have been rapidly gaining popularity as a treatment for depression, and have been shown to produce a marked reduction of symptoms in patients with suicidal ideation. Medical-grade ketamine comes as a liquid. Unless a person is injecting it, it’s usually evaporated into a white powder and snorted (or, rarely, administered orally or rectally).

BE CAREFUL!

Although ketamine itself doesn’t slow down heart rate or breathing, it’s still risky to combine with depressants like alcohol, benzos, or GHB. These mixtures can lead to blackouts, spins, vomiting, erratic body temperature, and loss of consciousness. Try not to use high doses of ketamine alone.

People have died after taking high doses of ketamine and choking on vomit or falling forward on pillows.

Long-term use of ketamine can lead to ketamine cystitis, a condition in which the lining of the bladder is damaged. Cystitis can cause pelvic pain, frequent urination, and incontinence, and can result in bladder removal in severe cases. Ketamine cystitis appears inconsistently, and we’re not sure why.

Entering a k-hole can be an interesting and beneficial experience, but it is not something to do in a public setting.

While in a k-hole it can be dangerous and very difficult to move. Ketamine disrupts communication between the brain and body, reducing motor control and pain signaling. Always remain seated or lying down when doing large amounts of ketamine.

HARM REDUCTION

With the recent rise of interest in ketamine, more and more dealers are claiming to be selling special formulations (like s- ketamine or r- ketamine “isomers”). This is almost always a marketing ploy, since r- ketamine is only produced for research and s- ketamine is only available if it’s diverted from Johnson & Johnson’s medical or clinical supply (at great risk and expense).

“Racemic” ketamine is a mixture of r- and s-ketamine. All ketamine on the streets is racemic unless it’s made for a specific clinical purpose like those mentioned above, in which case it’s extremely tightly controlled.

There is a way to split racemic ketamine into r- and s-ketamine, but it’s costly, advanced, and time-consuming, which means that there’s no incentive. Many dealers attempt to charge higher prices by claiming that their product has undergone this splitting process or telling an elaborate story about where it was sourced from.

There is no way to test whether ketamine is one isomer or another without the most advanced lab equipment available.

EFFECTS

At lower doses, ketamine produces a mild trance-like or “floaty” feeling similar to nitrous or alcohol.

The effects of ketamine last about 45 – 60 minutes. Most people return completely to baseline within 1.5 – 2 hours.

Higher doses produce hallucinogenic and dissociative effects and may cause out-of-body experiences.

An out-of-body experience is often referred to as entering a “k-hole” and can be compared to a near-death experience, sometimes including

sensations of rising above one’s body. Other users report being “teleported” to other locations.

Many users find these experiences spiritually significant, while others find them frightening, particularly if they’re accidental.

TYPICAL DOSE

Most people snort “bumps” or small lines of about 30 – 60 mg, and the effect comes on within about 5 to 15 minutes.

100 mg is usually enough to enter a full dissociative state (a.k.a “k-hole”).

Some people inject ketamine into a muscle, which takes a much lower dose.

KETAMINE

AKA: SPECIAL K / K

DISSOCIATIVE

SNORTED

30 - 60 mg

DURATION

Effect comes on in about 5 - 15 mins and last about 45 - 60 minutes. Most people return completely to baseline within 1.5 - 2 hours.

AVOID

- * Taking ketamine alone.
- * Taking large doses in public. It can be uncomfortable and potentially dangerous to enter a k-hole in a public place.

EFFECTS

At lower doses, produces a mild trance-like or “floaty” feeling similar to nitrous or alcohol. Higher doses produce hallucinogenic and dissociative effects and may cause out-of-body experiences often referred to as entering a “k-hole” and can be compared to a near-death experience, sometimes including sensations of rising above one’s body.

HARM REDUCTION

- * With the recent rise of interest in ketamine, more and more dealers are claiming to be selling special formulations (like s-ketamine or r-ketamine “isomers”). This is almost always a marketing ploy.
- * “Racemic” ketamine is a mixture of r- and s-ketamine. All ketamine on the streets is racemic unless it’s made for a specific clinical purpose.
- * There is no way to test whether ketamine is one isomer or another without the most advanced lab equipment available.
- * While in a k-hole it can be dangerous and very difficult to move. Ketamine disrupts communication between the brain and body, reducing motor control and pain signaling. Always remain seated or lying down when doing large amounts of ketamine.

NITROUS OXIDE

DISSOCIATIVE

INHALED

VARIABLE

WHAT IS NITROUS OXIDE?

Nitrous oxide (a.k.a. “nitrous”) belongs to a class of drugs called dissociative anesthetics, commonly referred to as dissociatives.

Dissociatives separate perception from sensation. Other drugs in this category include ketamine, PCP, and DXM.

Nitrous oxide exists naturally in our atmosphere and as a byproduct of many life forms. It's been used medically as a mild anesthetic (in combination with oxygen) for over a century, most commonly in dentistry.

BE CAREFUL!

The greatest immediate risk of using nitrous is injury from falling down. Nitrous can produce a sudden loss of motor control, and there have been many injuries (and even some deaths) when people have fallen down after inhaling a hit.

Nitrous does not “kill brain cells,” but oxygen deprivation does. Make sure to take at least a few breaths of fresh air between nitrous inhalations and avoid lengthy sessions.

Brain damage and suffocation can result from prolonged or continuous oxygen deprivation.

Never, ever put a mask over your face to take in a steady stream of nitrous.

Try not to do nitrous alone. It is possible to lose consciousness (“fish out”) briefly while under the influence of nitrous.

Never inhale nitrous directly from the whip-it canister or cracker. Compressed nitrous is stored under high pressure and a freezing temperature, which can cause severe damage to the lungs and burns to the throat and lips. Always dispense the gas into a balloon or canister before inhaling.

If using many whip-its in a row, it's wise to wear gloves or wrap a sock or scarf around the cracker to prevent frostbite on your fingers.

Regular (chronic) and/or high-dose (acute) nitrous use can cause long-lasting numbness in the extremities and other neurological problems as a product of B12 vitamin depletion. This is called neuropathy, and it is especially dangerous for people who already have low levels of vitamin B12. Doing too many doses in a row can cause acute neuropathy.

Some people use nitrous compulsively, given its short duration of action and intense dissociating effects.

Monitor your relationship with nitrous and set limits on your use. Avoid using nitrous several days in a row, especially for an extended period.

HARM REDUCTION

It is popularly believed that supplementing B vitamins can allow you to do nitrous all the time, which is not the case. You're still at risk of neuropathy because nitrous disrupts your body's ability to process B12.

Larger-sized cylindrical tanks can be medical grade, food grade, or auto grade. Auto grade nitrous contains contaminants that should not be inhaled by humans.

Doing more nitrous in one session poses a much higher risk of acute B vitamin depletion.

EFFECTS

Nitrous produces a short, trancelike "floaty" feeling in which perception is altered and the body may feel tingly or light. Nitrous is anxiety reducing and mildly to moderately euphoric.

The effects of nitrous come on within seconds and last less than a minute, two at most. Repeated inhalations of nitrous oxide can extend and intensify the experience.

Nitrous has significant auditory effects. It's common for things to sound metallic, have lots of reverb, or take on a "wah wah" distortion.

Despite the nickname "laughing gas," uncontrollable laughter on nitrous is quite rare.

With very high doses (many repeated inhalations), consumers may experience a full-blown out of body experience and/or visual hallucinations.

TYPICAL DOSE

Nitrous is most often sold in small, pressurized canisters that are used for making whipped cream (often known colloquially by the brand name "Whip-Its"), although it can also be found in tanks of larger sizes.

When using whipped cream canisters, the pressurized gas is first dispensed into a balloon using a "cracker" or into another larger dispenser like a whipped cream maker ("canister"), and then inhaled.

A "dose" of nitrous is variable, but most people fill balloons or canisters with 1 – 2 chargers at a time and inhale repeatedly until they're empty. A "session" involves multiple rounds of doses.

NITROUS OXIDE

AKA: LAUGHING GAS

DISSOCIATIVE

INHALED

VARIES BY FORM

DURATION

Effects come on within seconds and last less than a minute, two at most. Repeated inhalations can extend and intensify the experience.

AVOID

- * Taking nitrous alone.
- * Avoid lengthy sessions.
- * Inhaling nitrous directly from the whip-it canister or cracker.
- * Avoid (never, ever) put a mask over your face to take in a steady stream of nitrous.

EFFECTS

Short, trancelike “floaty” feeling in which perception is altered and the body may feel tingly or light. Nitrous is anxiety reducing and mild to moderately euphoric. Has significant auditory effects. It’s common for things to sound metallic, have lots of reverb, or take on a “wah wah” distortion. With very high doses (many repeated inhalations), consumers may experience a full-blown out of body experience and/or visual hallucinations.

HARM REDUCTION

- * The greatest immediate risk of using nitrous is injury from falling down because nitrous can produce a sudden loss of motor control.
- * It is possible to lose consciousness (“fish out”) briefly while under the influence of nitrous.
- * Regular (chronic) and/or high-dose (acute) nitrous use can cause long-lasting numbness in the extremities and other neurological problems as a product of B12 vitamin depletion. This is called neuropathy, and it is especially dangerous for people who already have low levels of vitamin B12. Doing too many doses in a row can cause acute neuropathy.

NITROUS OXIDE LOG

DATE	TIME	EXPERIENCE

POPPERS

DISSOCIATIVE

INHALED

VARIES

WHAT IS POPPERS?

“Poppers” is a slang term for a class of chemicals called “alkyl nitrites” or simply “nitrites.” This class includes multiple unique compounds, including amyl nitrite, butyl nitrite, isobutyl nitrite, isopropyl nitrite, and more.

Poppers are very prominent in queer communities, and have long been a part of queer club scenes.

Nitrites are used medically for the treatment of angina and other heart conditions. They’re used to dilate blood vessels and allow blood to flow more easily to the heart.

Recreationally, poppers are sold in little bottles as “video head cleaners,” “polish removers,” or “room deodorizers.” These bottles contain a liquid, but because they have a very high vapor pressure, they turn into a gas as soon as the bottle is opened or “popped.”

BE CAREFUL!

Since poppers are not regulated, the exact contents of these products are not known, and they are not safety tested.

Swallowing the liquid in the bottle is extremely dangerous and can be fatal. If it happens accidentally, call 911 or Poison Control. Contact with the skin can cause irritation and lesions.

Poppers are highly flammable. Keep away from cigarettes, candles, and lighters.

Poppers pose extra risks for pregnant people and people who have heart problems (like arrhythmias), abnormal blood pressure, a history of cerebral hemorrhaging, or anemia.

Since both poppers and stimulants (like amphetamine or cocaine) increase heart rate, mixing them can increase the risk of overheating or heart and blood pressure related issues.

Combining poppers and Viagra can lead to a massive drop in blood pressure, which is very dangerous and might cause the body to go into shock.

HARM REDUCTION

Poppers can affect your judgment and may increase risky sexual behavior. If you are planning on being intimate, have conversations about consent and protection before use whenever possible.

To prevent spilling and evaporation, pour a small amount in a separate bottle filled with cotton, tightly seal it, and store it in a fridge.

Each specific nitrite will have a slightly different effect and safety profile. The contents of poppers can't be tested by anything but a lab, so be aware of the risk of getting one of the riskier nitrites. (Isobutyl nitrite, for example, was found by the EU to be possibly carcinogenic).

EFFECTS

The effects of inhaling nitrites are felt within a few seconds and last for one to four minutes, sometimes a little longer.

Nitrites relax smooth muscle tissue around blood vessels, causing the blood vessels to dilate. This increases heart rate and causes more oxygen-rich blood to reach the brain, producing a "rush" sensation. Other effects include pleasurable physical sensations, a feeling of being "in the moment," and euphoria.

Many users report dizziness or feelings that the room is spinning. Headaches are common due to the expansion of blood vessels in the brain.

Because poppers relax muscles in the anus and vagina, they are sometimes used during sex to facilitate penetration.

TYPICAL DOSE

Poppers are usually inhaled by holding one nostril and gently breathing in air that's wafted from the bottle, then holding your breath for a few seconds before exhaling.

Many people develop a headache after 2 – 4 inhalations, which is a good indicator to stop.

It's advised to alternate nostrils between inhalations.

You should always waft the air from the bottle toward your nose.

Putting the bottle too close to your nose can get the liquid on your skin, causing burns.

POPPERS

AKA: RUSH / BUZZ

DISSOCIATIVE

INHALED

SINGLE INHALATIONS

DURATION

Effects of inhaling nitrites are felt within a few seconds and last for one to four minutes, and sometimes a little longer.

AVOID

- * Swallowing the liquid in the bottle.
- * Consuming near a flame. Nitrous is highly flammable.
- * Consuming while pregnant or if you have a heart problem.
- * Mixing with other stimulants or Viagra.

EFFECTS

Relaxes smooth muscle tissue around blood vessels, causing the blood vessels to dilate. This increases heart rate and causes more oxygen-rich blood to reach the brain, producing a “rush” sensation. Other effects include pleasurable physical sensations, a feeling of being “in the moment,” and euphoria.

Many users report dizziness or feelings that the room is spinning. Headaches are common due to the expansion of blood vessels in the brain. Because poppers relax muscles in the anus and vagina, they are sometimes used during sex to facilitate penetration.

HARM REDUCTION

- * Since poppers are not regulated, the exact contents of these products are not known, and they are not safety tested.
- * If liquid poppers is accidentally consumed, call 911 or Poison Control. Contact with skin can cause lesions or burns.
- * Many people develop a headache after 2-4 inhalations, which is a good indicator to stop. It’s advised to alternate nostrils between inhalations.
- * Poppers can affect your judgment and may increase risky sexual behavior. If you are planning on being intimate, have conversations about consent and protection before use whenever possible.

POPPERS LOG

DATE	TIME	EXPERIENCE

DRUG CONSUMPTION TIPS

This section contains information on safe use of recreational drugs.

Information has been sourced from NEXT Distro at nextdistro.org

OVERAMPING

Have you ever felt too uncomfortable or weird (not in a nice way) after taking stimulants? You could have been “overamping.”

Stimulants like crack/cocaine and meth can lead to side effects that are unwanted and uncomfortable or potentially dangerous. Knowing what it is and what to do can help you be prepared if it happens.

WHAT IS IT?

Overamping happens when the effects of a stimulant become overwhelming, distressing, and/or dangerous. Overamping is specific to “overdosing” on stims like crack, cocaine, or meth. Using the word “overamping” helps to differentiate from an opioid overdose since they are different in how it happens, how it appears, and how to respond.

SO OVERAMPING MEANS OVERDOSE?

Yes, but it may not be what you think. Overdose means taking too much of something (usually a drug) and having an unwanted reaction or effect

When people talk about overdose, they are usually talking about respiratory depression. Respiratory depression is usually caused by opioids or by mixing benzos with alcohol or opioids or any combination of the three drugs.

It’s important to know that you can “overdose” on stims but it feels and looks different.

Overamping is different because it can be a really uncomfortable mental experience but it isn’t usually life-threatening. There is no “antidote” like Naloxone available to reverse it.

CAUSES OF OVERAMPING

1. Higher doses than you’re used to.
2. Lower tolerances make it easier to overamp, start low go slow.
3. Lack of sleep, especially multiple days of little to no sleep. Using multiple days in a row, especially without sleeping.
4. Your setting or environment could increase the chance of overamping. The chance of overamping may be more likely at a strangers house compared to a safe place with a friend.

5. The way you take the drug (smoke, inject, eat, snort, booty bump, etc). If you notice that you feel more uncomfortable when you inject versus smoking, changing the way you use can make a difference.
6. Physical health is important. If you are sick, your body may not handle drugs like it normally does/can. Endocarditis can put you at higher risk for a medical emergency like a heart attack because of the intense strain on the heart.

SYMPTOMS OF OVERAMPING

Mental Symptoms

Confusion, restlessness, hypervigilance, intense panic, hallucinations/delusions, extreme paranoia, extreme agitation, increased aggressiveness, suicidal ideation.

Physical Symptoms

Jerking movements, unable to stay still, chest pain, irregular breathing, high body temperature, passing out (but still breathing), uncontrollable teeth grinding, fast, racing heart.

Listen to your body. It's okay if you start feeling any of these effects. Noticing and naming them can be the first step to helping you get help and support.

TIPS FOR PREVENTION

1. Sleep: Lack of sleep increases the chance of overamping because even without drugs, little to no sleep can make you feel really unwell.
2. Take Breaks: If you've been using for a few days, take a break where you can take care of yourself (sleep, eat, shower).
3. Stay Hydrated and Eat: Drinking plenty of fluids and eating meals can help your body feel better overall.
4. Location: If you're using somewhere new or with new people, reducing your dose and taking it slow can make it easier to check in with yourself about how you feel.
5. Limit combos: combining stims or with other drugs can change the effects of each individual drug.
6. Pay attention to your dose! If you have a scale, weighing out your stuff can help you notice if there is a dose that makes you uncomfortable.
7. Remember, the drug supply is often unreliable and potency can change from batch to batch, seller to seller, city to city. The same dose can feel different; starting low and slow with a new batch can help you safely gauge how a dose affects you.
8. Take overall care of your body, however you can.

You may not always know if you might overamp but it can happen. Unless there is a serious medical emergency happening, overamping will pass.

RESPONDING TO OVERAMPING

1. **Recognize Overamping:** This may be recognizing it in yourself or if you have a friend experiencing symptoms, ask them if they feel like they may be overamping. If your friend says no, you can ask again in a bit but don't force or pressure anyone to talk about it. Sometimes, offering a glass of water and some quiet can be enough.
2. **Assess Overamping:** What symptoms are happening? Is there a life threatening emergency or is support enough?
3. **Find emergency care or provide opportunities for support and rest.** If there isn't a stroke or heart attack or any other serious medical emergency happening, support and rest will be the best option for you or your friend.

Full pamphlet:



WOUND CARE

PREVENTING INJECTION RELATED WOUNDS

1. Wash your hands with soap and water or hand sanitizer
2. Wash the injection site with soap and water. If you don't have access to soap and water you can use an alcohol prep pad. If using an alcohol prep pad, make sure to wipe away from where you plan to inject. Injecting into a dirty or unwashed spot could raise the chance of infection. Make sure not to use the alcohol prep pad on a fresh injection wound, this will prevent the blood from clotting and delay healing.
3. Use fresh supplies each time you inject, whenever possible. This means a fresh cooker, new cotton, fresh syringe, and clean water. These objects all have the potential to carry bacteria.
4. Using sterile water, sterile saline, tap water, or from a sealed water bottle is best. An opened water bottle or water from the back (not the part where you sit) of the toilet can be used if you don't have access to sterile, sealed, or tap water.
5. Always filter your shot and use a new filter every time. Filtering helps to get particles out that may cause a serious blood clot. Old filters and cottons still have drugs but they can introduce harmful mold and bacteria into your blood which can cause issues like cotton fever and sepsis. Consider eating the old cottons to still get the most of your drugs without risking infection or bacteria in your blood.
6. The best and safest injection sites are in the arms and legs because they have the best circulation, this means they'll heal faster than other sites. Hands and feet are second choices because they're further away from the heart.
7. Remember, each little hole takes 2-3 days to heal even super small ones. Slightly move the spot of injection each time so the site can heal. If you can switch veins too it'll help because they also take a few days to heal. If possible avoid your wrist, groin, neck, and arteries. There are many nerves and vessels in a small area and injecting in these areas risks serious damage, pain, and infection.
8. If possible, avoid injecting pills. Pills often contain substances to bind the pill together

that can cause severe damage to your veins resulting in serious health issues.

9. If you follow these steps before everytime you inject your chances of injection-related complications are lower.
10. Optional - BZK wipes can be used after injecting to clean your injection site. Triple antibiotic ointment can be gently rubbed on an abscess or infected injection site after it has closed.

REDUCING TRACK MARKS

Use moisturizer or antibiotic creams on injection sites once they've closed or scabbed over. Aloe vera gel, cocoa butter, and vitamin E oil can help reduce track marks.

Creams like triple antibiotic ointment can be applied before going to sleep. The body heals when it's resting so it's the best time to use it.

Avoid injecting into areas with wounds. This will cause scar tissue and further damage the vein which can lead to a vein collapse in the long term.

TIPS FOR PREVENTION

Don't apply creams or oils you use to treat your track marks or bruising until the injection wound has begun to close which usually happens a few hours after injecting.

Use antimicrobial soap and water to clean the wound. Do not use scented or alcohol based soaps. Avoid any alcoholbased, scented lotion, or antibiotics.

Use a warm water soak or a hot compress a few times a day to reduce irritation/abscess formation and increase circulation to the wound.

Cut socks can be used to wrap a hot compress on the wound. Hot compresses include hand warmers, warm towels. You can place uncooked rice in a clean cotton sock tying off the end and microwave it for a minute a time until it's warm but not too hot to burn your skin.

Make sure to keep it cleaned and covered until the draining stops. If you're not able to hit, consider staying hydrated and warming up the injecting site to help veins come up.

Even some light exercise can help get your veins to come up. A hot shower or a steamy bathroom can also help get your veins to pop up.

Full pamphlet:



FENTANYL

Below is a list of myths vs. facts related to the synthetic opioid fentanyl, commonly used to cut other recreational drugs to make their effects feel more potent. If you use recreational drugs frequently, particularly opioids, it is important to know the potential effects of fentanyl.

MYTH	FACT
Fentanyl is present in weed.	Fentanyl burns and becomes inactive at high temperatures when in sustained direct contact with flame. While it is possible for weed to be laced with opioids, it would be an inefficient delivery system for the drug despite this persistent myth. Fentanyl contamination primarily occurs in powders and pressed pills.
Fentanyl overdose can happen through touching or being near fentanyl.	Fentanyl will not absorb through the skin from accidental exposure, and it is not strong enough to cause an overdose from airborne exposure. News articles about first responders overdosing from airborne fentanyl exposure is often the result of a panic attack.
Naloxone doesn't work on fentanyl or fentanyl analogues.	Naloxone works on ALL types of opioids, no matter how strong. You might need more doses if one doesn't work after 2-3 minutes. Rescue breaths are one of the most important steps you can take while waiting for the person to breath on their own.

MYTH	FACT
<p>Mixing Opioids with stimulants can prevent overdoses.</p>	<p>Stimulants cannot reverse opioid overdoses. In some cases, using meth or coke, especially at higher doses, can lead to another type of overdose called overamping.</p>
<p>Fentanyl Test Strips are Always Right.</p>	<p>FTS may result in false positives or false negatives from manufacturing errors or if you do not follow instructions like diluting more when testing for the type of drug you are using. New strips designed for harm reduction purposes have been created, since the original forensics application made this pretty challenging.</p>
<p>I only need to be concerned about fentanyl if I am using certain drugs like heroin.</p>	<p>Fentanyl has been found in not just heroin, but cocaine, methamphetamine, counterfeit pills, and other street drugs. Testing every time before you use may not be enough, and some drugs like weed don't need to be tested at all.</p>

If you are concerned about the presence of fentanyl in your drugs, use the test strips in this kit to test them. If you are in New York City, you can also acquire fentanyl test strips and naloxone ("narcan") from the city government at oasas.ny.gov/projectcope.

You can also reach out to local harm reduction organizations like the Brooklyn Harm Reduction Outreach Cooperative, VOCAL- NY, and OnPoint NYC amongst others.

Full pamphlet:



XYLAZINE

Xylazine (AKA 'Tranq') is an animal tranquilizer that's becoming a common cut in street drugs across the entire country and usually found mixed with fentanyl. It's not an opioid.

In combination with opioids or other drugs, xylazine causes heavy sedation and some people have reported suddenly losing consciousness and/or blacking out for 4-6 hours at a time.

Nobody knows exactly what xylazine does in humans. Since it's entered the growing unsafe drug supply, new information continues to be found but it changes quickly.

Many health professionals can't catch up; some may not know what xylazine is or how to support someone who has a xylazine-related wound. In rural areas especially, it might be more common that a doctor or another health provider doesn't know what xylazine is or how to help you. If you seek medical attention, it's important that whoever is treating you knows that xylazine may be involved so that they can know how to help.

Full pamphlet:





