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FIREWEED

A TREEPLANTING ZINE SERIES



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Harm Reduction : Substance Use

What is TWIG



Tree Worker's Industrial Group is a grassroots advocacy collective that is pushing for worker representation within tree planting. Since its founding in October 2018, TWIG has grown to include members from across "canada". These members have engaged in collective action within multiple planting companies, this includes: advocating and promoting the legal rights of workers, developing tree planting specific policies, promoting awareness of sexual violence and, returning over \$60,000 of stolen wages back into the pockets of planters.

Our mission is to support workers from the bottom up by building solidarity and representation across company lines with the goal of fair treatment and improved worker experience. TWIG is volunteer-run and is spearheading an industry culture shift towards worker empowerment and employer transparency. We aim to co-educate, empower and support ourselves and others as workers to increase awareness and take action against the colonial, patriarchal and capitalist aspects of this industry.

TWIG's membership is open to any worker within the industry, for more info find us on facebook or visit our website: treeworkersindustrialgroup.work

Acknowledgments

We would like to acknowledge that this zine was printed and assembled on the traditional and unceded territories of the WSÁNEĆ (Saanich), Lkwungen (Songhees), Wyomilth (Esquimalt) peoples of the Coast Salish Nation. We are aware that as tree planters we participate in a larger resource extraction industry that continues to cause harm to the land and the communities who've lived in relation and cared for this land for many centuries. We would also like to acknowledge that the topics covered in this zine affect certain groups, individuals, and communities disproportionately because of colonial, racist, and patriarchal systems of oppression that continue to be upheld by our society. We hope to continue learning and to use this platform to amplify the diverse voices of our community.

Why are we making this zine?

As planters, most of us have used substances or witnessed their use and these days, many of us know folks who have passed away from an overdose. In an industry where the line between work and home is often blurred: How do these realities for us planters contrast with our company's drug policy?

It is important to acknowledge that our common understanding of drug use has been shaped by the deeply anti-scientific and racist "War on Drugs", and as a result, our communities have been left to deal with the harmful effects of unregulated and heavily stigmatized substance use mostly on their own. TWIG stands in solidarity with workers, and so we offer this zine as a point of reference to share some ideas on how to encourage safe drug use in camp and to give some critical context of how we got here. We hope to present this as an alternative to the "zero tolerance policies" sometimes found in tree planting companies. These policies represent a regurgitation of the same principles found at the heart of the "War on Drugs" which serve primarily to protect the interests of the company while ignoring the well evidenced fact that punitive, prohibitionary measures do nothing to protect workers and can increase the likelihood of harm. We hope that this zine becomes a tool in your community toolbox, helping to reduce stigma around drug use with the hopes to keep each other alive and safe.

This zine, you will notice, does not cover all drugs but it does cover some of the more common substances you might come in contact with during a planting season. We aim to provide some introductory information on some substances we (the writers) are more familiar with, to be used in conjunction with other resources. For additional information on substances that are not covered in this zine, please see the resource section in the back.



Cover design: Maia
Zine art: Maia (except for Nixon)

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What is Harm Reduction

Harm reduction, as it relates to substance use, refers to policies, programs, and practical strategies aimed at reducing the negative health, social and economic consequences associated with drug use. Harm reduction centers people who use drugs, and recognizes that colonialism, racism, capitalism, police violence, and other forms of systemic trauma contribute to a reliance on or harmful use of drugs.

- Examples of drug harm reduction include: safe injection sites, decriminalization, distribution of naloxone kits, safe supply, educational resources etc.
- To de-stigmatize this categorization, consider examples of other types of harm reduction, such as seatbelts, sunscreen, speed limits, or birth control.



Principles of Harm Reduction

from harmreduction.org

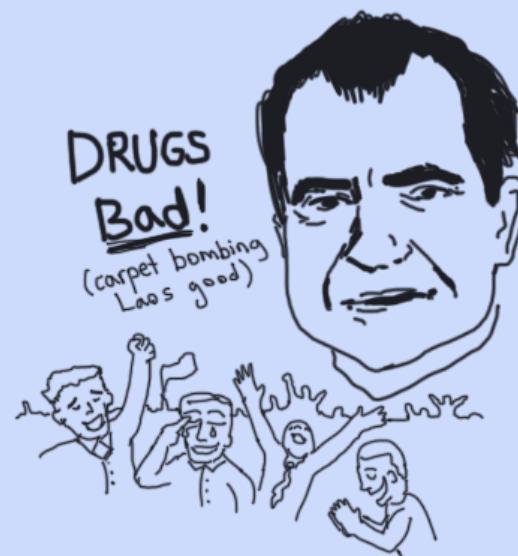
- Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimise its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviours from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.

- Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies
- Calls for the non-judgmental, non-coercive provision services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm
- Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them
- Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
- Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use



What is the War On Drugs?

The “War on Drugs,” a shining example of zero-tolerance policy, is a worldwide campaign made official during the Nixon administration with the intention of curbing the illegal drug trade in the US through prohibition and international military intervention. Though the “War on Drugs” had been in the works for a long time before this, the term officially entered the zeitgeist in 1971 when Nixon declared drug use “public enemy number one.”



A concerted media campaign has been used to transform the complex and nuanced circumstances of drug production, distribution and consumption into, simply put, a criminal moral failing. But evidence suggests that prohibition and criminalization tend to grow prison populations and police coffers, rather than reduce drug use and “crime.” In place of real reductions in harm, the policy systematically revokes peoples’ autonomy, safety, and dignity through incarceration, murder, and overdose. Can those police budgets and prison cells really meet these challenges where they ought to be met?

We see this clearly during the Opioid Crisis - where legal and profit-oriented over-prescription of opioids systematically devastated generations of people who had no access to support or resources they needed to stay safe. It is safe to say after 50 years, millions of lives destroyed, and the "enemy" still evasive and at large, that this policy was not crafted in the name of reducing harm (or even destroying drugs). The same may be said of other "zero-tolerance" policies that do not offer specific and comprehensive measures for protecting you and your fellow workers from harm. If you are faced with a zero-tolerance policy you must ask yourself: who is this policy meant to protect? And who does it actually protect?

Perhaps public enemy number one wasn't the drugs themselves, but rather those whose lives were systematically destroyed under its banner.

Though the Global Commission on Drug Policy released a critical report on the War on Drugs in 2011 declaring that "The global war on drugs has failed" many facets of it continue in earnest, leaving a trail of destruction in its wake.

Racism and the War on Drugs*

Racism is deeply embedded in the war on drugs. One of the many ways this manifested was by the prohibition of certain drugs and the methods of their consumption based on the demographic of who was using them. Consider: Why are cigarettes legal but opium is not? Why is alcohol legal but marijuana wasn't until recently? Why does crack cocaine not carry the same sentence as powdered cocaine? Often the way drugs were consumed was criminalized, depending on who was consuming them and how. For example: The Smoking Opium Exclusion Act in 1909 targeted Chinese immigrants who traditionally consumed opium by smoking while opium pills mainly used by white middle class folks remained legal.

*for additional info please see the resource section in the back

What is a zero tolerance policy?

A zero-tolerance policy imposes a - usually severe - punishment for every infraction of a stated rule. The American History Dictionary defines zero tolerance as "[t]he policy or practice of not tolerating undesirable behavior, such as violence or illegal drug use, especially in the automatic imposition of severe penalties for first offenses." Zero tolerance substance use policies are common in the workplace.

The problem with zero tolerance

- Zero tolerance policies do not allow for the exercising of discretion or the changing of consequences to fit the circumstances subjectively. They require that a predetermined punishment be imposed regardless of extenuating circumstances, individual culpability or history. These policies can often lack procedures, snuffing out an opportunity to address systemic issues in our communities at the root, to have hard and important conversations and come together to seek transformative justice amongst ourselves. The enforcement of a zero tolerance policy in camp could mean that someone who shares tested MDMA with a friend could suffer the same consequences as someone who doses someone with GHB without their consent.
- Zero-tolerance holds a binary view of the world and doesn't leave room for the subtleties and complexities of reality.
- These policies promote unsafe drug use by pushing it underground for fear of repercussions.
- Zero-tolerance policies don't adequately acknowledge the inevitability of drugs making their way into our camps and workplaces nor that there are conditions that can be created to make drug consumption safer, like having training for the use of and an ample supply of naloxone in camp.
- Zero tolerance policies give grounds on which to criminalize and penalize already vulnerable populations. Because they are rarely applied to everyone equally, they actually tend to over-affect already stigmatized populations. For example, in schools, zero tolerance policies are involved in funneling youth who are bipoc, poor, and/or needing additional support through the school to prison pipeline*

*for additional info please see the resource section in the back

A brief history of the Opioid Crisis (a timeline)

5000 BC- The first evidence of opium seeds being used by humans for anesthetic, food and ritual are found in the Mediterranean.

3400 BC- The first evidence of cultivation of opium is found in Mesopotamia, known as Hul Gil the "Joy plant" by the Sumerians.

1803- Morphine is first isolated from opium by Friedrich Sertürner.

1800's- The Opium wars begin when China attempts to suppress the illegal opium trade due to widespread addiction, cracking down on smuggling of opium into China by the colonial British East India Trading Company. Britain (and later with the help of France) won these wars causing among other things: territorial concessions (Hong Kong), lopsided trading deals and the legalization of the opium trade in China.*

Late 1800s- Widespread opium addiction ramps up in North America with the treatment of soldiers of the US civil war with morphine.

1874- Diamorphine (heroin) is first synthesized by C. R. Alder Wright from a morphine base.

1890s- Heroin is independently re-synthesized by Felix Hoffmann, a chemist for the Bayer pharmaceutical company.

1895- Bayer releases heroin on the market as a "non-addictive morphine substitute".

1914- Harrison Narcotics Tax Act is passed to control sale and distribution of opioids and coca products (such as cocaine). The act was interpreted by the courts to mean that doctors could no longer prescribe opiates to dependent users for maintenance. This caused many doctors to be imprisoned and a rise in addiction related crime due to the severing of a safe monitored drug supply.

1900s- Opioids are mainly used to treat cancer patients and cases of extreme acute pain.

1960- Fentanyl is synthesized for the first time in Belgium by Paul Janssen

1961- Naloxone is first patented to reverse opioid overdose

1971- The "War on Drugs" is officially declared by the Nixon administration.

OXYCONTIN: the beginning of the opioid epidemic

1995- Purdue Pharma (owned by the Sackler family) introduces Oxycontin as a "less addictive" opioid to treat moderate and severe pain. Through over prescription, targeted and fraudulent marketing and government lobbying, many folks became dependent on opioids. As oxycontin became more regulated and harder to obtain, many dependent users turned to other substances, such as heroin, to stave off the debilitating symptoms of opioid withdrawal.

1996- Overdose prevention kits begin to be distributed to medically untrained people.

2010- Stephen Harper enacts bill C-10 (Safe streets and Communities act) This act increased legal consequences for minor drug offenses and further criminalized non-habitual drug use.

2010-There is a large uptick in overdoses associated with heroin.

2020- The Sackler family pleads guilty to 3 felonies related to the handling of Oxycontin.

2021- Every day in "canada", approximately 19 people die of an overdose related to opioid toxicity - and that number is currently on an upward trajectory.

*for additional info please see the resource section in the back

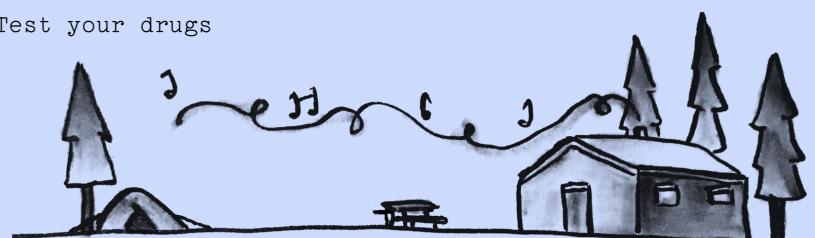
FENTANYL: the next wave of the opioid crisis

- First synthesized in 1960, Fentanyl had long been used to treat extreme pain.
- Fentanyl is a synthetic opioid that is 50 times stronger than heroin and 100 times stronger than morphine.
- It is very cheap to make and because of its potency, it is much easier to smuggle into the country than, say, heroin. ex: smuggling 50 lbs of heroin vs 1 lb of fentanyl
- Fentanyl is added to other drugs by accident through contamination or on purpose to increase their potency. It is also taken by itself in measured doses.
- Without very careful dosing it is very easy to overdose on fentanyl. It takes only 2mg to present a potentially fatal dose (a few grains of salt) and users can be unaware of its presence.
- Fentanyl-laced heroin first hit the US market in 2005/2006
- 87% of accidental opioid overdoses in "canada" in 2021 involved fentanyl.
- Toxic drug supply, drug criminalization and social isolation brought on by the pandemic have greatly increased opioid overdoses.

What can safe partying look like?

Using substances is often a mainstay of planting (though it doesn't have to be). Here are some ideas to keep you and those in your community safe on your nights off.

- Know what substance you're taking and how much
 - "Is this molly water?" "How much MDMA is in here?"
- Don't do drugs alone
- Start small/pace yourself
- Know your limits/set limits for yourself at the beginning of the night
- Tell a friend what substance(s) you're doing
- Never dose people without their consent
- Have a designated sober person in camp and know who they are.
- Don't operate or get into a vehicle with someone who's been using or is actively under the influence of a substance.
- Stay hydrated and make sure to eat before using substances
- Practice good consent and safe sex
- Keep an eye out and check in with each other
- Check in with yourself - how are you feeling physically/emotionally/mentally before using
- Test your drugs

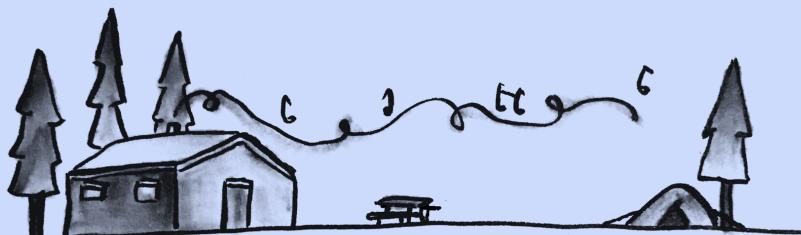


*for additional info on fentanyl safety please see the resource section in the back

What can unsafe partying look like?

When substance use is prevalent in your camp it can be easy for unsafe drug use to go unnoticed and for folks to slip through the cracks. Here are some things to look out for in yourself and those around you.

- Secret use or non stop re-ups
- Mixing of substances that are harmful when used together ie: Using uppers and downers at the same time can cause stress to your heart
- Using substances beyond your limits
 - out of control drinking games, chugging, etc.
- Peer pressure
- Buying drugs from an unknown source
- Glorifying substance use in camp
- Lack of harm reduction in camp ie. no naloxone kits, no naloxone training
- Lack of mental health support in camp, not accessing the mental health resources available to you
- Driving while under the influence
- Sharing snorting devices/using paper money as snorting devices
- Not practicing safe sex
- Not practicing good consent



Consent and substance use

From the TWIG Sexual Assault Prevention Zine

The Victoria Anti-Violence Project defines consent as "a mutual, emotional, physical, and psychological understanding between people(s) without force of any kind". When engaging intimately with other individuals, consent is necessary to ensure that everybody involved is aware and interested in what is happening. Consent is based on communication, not assumptions. Most people have (hopefully) heard a definition of consent or heard "no, means no" in the context of intimate relationships and interactions but it's important to think about how consent can be incorporated into all aspects of your life, including work. The idea of Consent Culture, as it relates to remote camps and tree planting work environments is especially important as there is a thick culture of misogyny and entitlement within this industry that shows itself more and more as we begin to peel back the layers. You are not entitled to someone's body, to their mind, or to their time. The space between work, personal and social life within planting camps are difficult to navigate so it becomes especially important to keep this in mind.

CONSENT IS:

- A clearly and freely communicated agreement • Coherent
- Ongoing • Retractable at any time • Enthusiastic
- Informed • Aware of the power dynamics at play

When under the influence of drugs and/or alcohol, the ability to engage with others sexually must be evaluated as substances affect our ability to consent. Many substances drop inhibitions and enhance senses. Within a society that often revolves around party culture and sex, try to ask yourself: would I be attracted to this person if I were sober? Is it normally important for me to not engage in casual sexual activities? If you or the person you engage with are incapacitated then you/them cannot consent. It is especially important to carefully communicate before, during and, after an encounter. Consider how substances affect your ability to read body language, anything less than a physical and mental "hell yeah" is a no. Someone who is stumbling, slurring and barely able to make sense should be offered assistance with water, care and finding a safe place to sleep.

Checking in

Signs someone might need help right away

- Stumbling, losing consciousness, passed out
- Slurring their words
- Acting out of character
- Throwing up
- Showing signs of unsafe use like mixing many different substances, or taking bigger doses than they normally would

Some tips on how to talk to someone you're worried about

- Talk to them when they're sober
- Pick the right time and place
- Speak in private
- Keep the conversation focused
- Don't accuse or argue
- Be informed about what you're talking about
- Don't lecture, moralize, or give unsolicited advice
- Separate the person from the behaviour
- Be loving and empathetic
- Listen non-judgmentally
- Be curious about what's going on for them, ask questions rather than make assumptions
- Use concrete examples
- Use "I" statements, rather than "everyone says"
- Practice Nonviolent Communication (Expressing honestly-Receiving empathetically)*



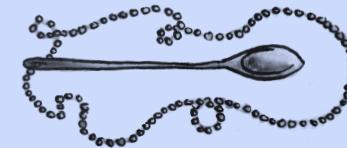
*for additional info please see the resource section in the back

STIMULANTS

Sometimes called "Uppers" stimulants describe a number of drugs that increase activity of the nervous system and the body. Stimulants can promote alertness, confidence, attention but can also cause aggressiveness, lack of sleep, agitation, raised heart rate, death, etc. Stimulants are commonly used within the medical system (ie Ritalin) but are also used recreationally and to enhance performance. Examples of stimulants include: cocaine, amphetamines, coffee, medication for treatment of ADHD (ritalin, dexedrine etc) and, MDMA.

Cocaine

Coke, Blow, Snow



What is it: Cocaine is a highly addictive stimulant that originally came from leaves of the coca plant, which were chewed or made into tea by Indigenous people in South America for its stimulating effects. Like heroin, cocaine was once popular in the medical industry for treatment of a variety of ailments.

How is it taken: Traditionally coca leaves are chewed or made into tea. Today, cocaine is synthesized and usually available in the form of powder or crystals. It is then usually snorted, but is also smoked in the form of crack cocaine or injected. It can also be used to "lace" a cigarette or joint (which can be especially dangerous depending on what is used to cut the cocaine)

Effects: Cocaine is a short acting stimulant that increases energy, alertness, confidence etc. When snorted, effects come on in minutes, the high lasts about 15-30 mins with a full duration of about an hour. Often, cocaine will be cut with other stimulants whose effects can last longer. Cocaine can cause numbness in the mouth and face and tightness in the jaw.

Safety:

- Cocaine is highly addictive.
- Due to prohibition, cocaine is highly unregulated and nearly always contains benign or toxic cutting agents such as laxatives, lidocaine, fentanyl, etc.

- Cocaine containing toxic cutting agents has been involved in many overdoses.
- Regular snorting can damage nasal membrane
- Sharing snorting devices (like straws) or using paper money can spread diseases through the mucous membrane of your nose

MDMA

Ecstasy, Molly, E, M

What is it: MDMA is a designer stimulant drug that can have hallucinogenic effects.

How is it taken: MDMA is usually taken orally (by capsule, pressed cap or crystals mixed in a drink) or snorted in powder form.

Effects: MDMA is a mood elevator that can produce a relaxed euphoric state. Molly can increase feelings of pleasure, emotional warmth, energy and create distortion in space and time. Once "rolling" the effects can last for between 3-6 hours.

Safety Tips: from dancesafe.org

- Because of prohibition, MDMA is unregulated. As a result, "Ecstasy" tablets and "Molly" powder can vary widely in strength and contents. Often they contain no MDMA at all, but rather different, more dangerous drugs. Always test your MDMA before consuming it.
- MDMA increases the risk of heatstroke. About 20 people per year in the US die of heat stroke after taking MDMA. Remember to take breaks from dancing, cool down, and stay hydrated.
- Some people have died from drinking too much water after taking MDMA. This is called "hyponatremia" and happens when the body's electrolytes (salts) become diluted. Stay hydrated, but don't drink too much water. About two to four cups per hour is all you need.
- Studies have shown that high doses of MDMA can cause damage to serotonin axons (neurons) in laboratory animals. It is possible that similar damage can occur in human recreational users who take high doses too often, and/or who dose in a hot environment.

DEPRESSANTS

Sometimes called "Downers" depressants describe a variety of drugs that decrease activity of the nervous system and body. In small doses they can produce feelings of relaxation and uninhibitedness, in higher doses they can cause vomiting, loss of consciousness and even death. Depressants are widely used as prescription drugs (ie Benzos) but are also used recreationally (prescription and non-prescription). Examples of depressants include: alcohol, barbiturates, benzodiazepines (Valium, Klonopin etc) and, opiates (Heroin, Morphine, Fentanyl, etc.)

Alcohol

What is it: Alcohol is a central nervous system depressant made from the fermentation of fruit, grain or other sources of sugars.

How is it taken: Alcohol is usually* taken orally in liquid form.

Effects: Low amounts of alcohol can create feelings of relaxation, lowering of inhibition and, increasing feelings of sociability. High amounts can cause dizziness, vomiting, loss of consciousness, impaired judgment, dehydration, slow reflexes, alcohol poisoning, etc.

Safety:

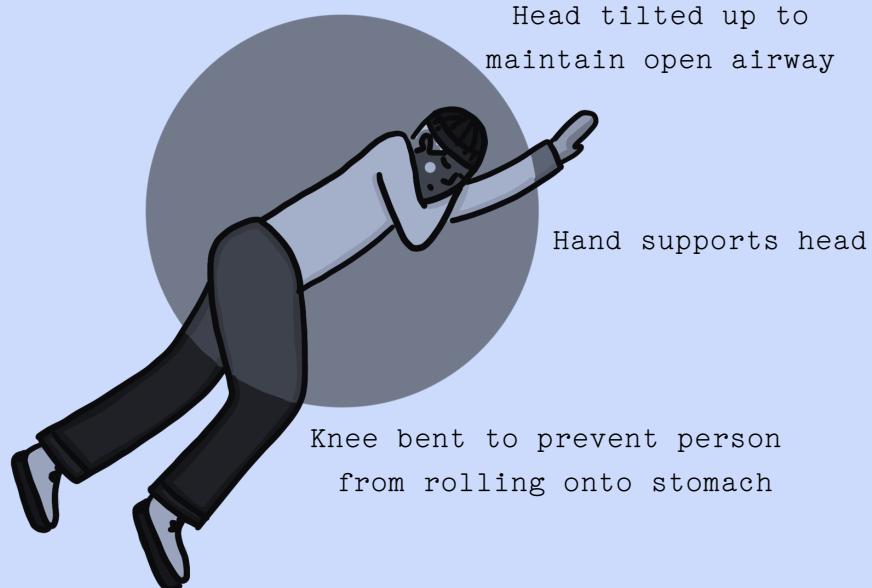
- Contrary to popular belief, alcohol, not GHB, is the most common substance used in drug-facilitated sexual assault
- Alcohol can be highly addictive. Dependence on alcohol can cause many health conditions and withdrawal symptoms can be severe and even life threatening.
- Practicing safe partying and harm reduction can help reduce the negative effects of alcohol use.
- Mixing alcohol with other drugs can be very dangerous - Many drugs can inhibit your ability to feel you're drunk and might entice you to drink a dangerous amount of alcohol. Some substances can be toxic when mixed together.
 - ex: GHB and alcohol
- Drinking too much at once can cause alcohol poisoning (overdose)

Symptoms of alcohol poisoning

- Mental confusion, can't stay awake, passed out
- Vomiting
- Seizures/shaking
- Slow irregular breathing
- Snoring or gurgling breath =blocked airway
- Low body temperature, pale blue skin

What to do in case of suspected alcohol poisoning

- Call an ambulance
- Give first aid if trained to do so/get the first aid attendant(s)
- Keep them warm/awake
- Don't leave them alone (they could choke on their vomit)
- Put them on their side in the recovery position*

The Recovery Position*GHB

G

What is it: GHB (Gamma Hydroxybutyrate) is a common party drug usually sold as an odourless, oily liquid with a slightly salty taste. It is a central nervous system depressant that causes alcohol-like effects.

How is it taken: Swallowed (in liquid or powder form, which is mixed with water, or as tablets)

Effects: GHB can produce a relaxing high with increased sociability with a low dose but can easily cause sedation/loss of consciousness with a slightly higher dose. Effects can be felt within 30 mins and can last 3-4 hours.



Safety Tips: from dancesafe.org

- Combining G with alcohol, opiates, benzos, or any other CNS depressant is extremely dangerous and can be fatal, even if taken several hours apart.
- Never use G alone. If you pass out, your breathing passage can become blocked and you could suffocate.
- G is moderately/highly rewarding and reinforcing. Daily use can lead to severe physical withdrawal symptoms requiring medical assistance.
- Like alcohol, G impairs judgment and motor functioning. Don't drive on G. Even if you think you can drive fine, the effects of G can suddenly become stronger.
- Don't store G in a bottle that could be mistaken for water. Some people dye their G blue with food coloring in order to distinguish it from water and help prevent accidental dosing.
- Be self aware! If you choose to use G, setting an intention and sticking to a predetermined schedule of dosing is an important means of reducing risks and improving potential benefits.

*GHB is sometimes used in drug-facilitated sexual assault.

HALLUCINOGENS



Hallucinogens describe a range of psychoactive substances that alter a person's thoughts, feelings, and perception of themselves and their surroundings. Psychedelics are currently being researched for use as treatment for various mental health issues. LSD (acid), psilocybin (magic mushrooms), salvia, peyote, ayahuasca etc are all examples of hallucinogens. MDMA and Ketamine also have some psychedelic effects.



Questions to ask yourself before taking psychedelics



- Why am I seeking this experience?
- Is this the right time? Place? People?
- Are my basic needs able to be met in this environment?
 - Food, water, shelter, comfort, etc.
- How is my mental health? What's going on in my life right now?
- Do I have any diagnoses or mental health challenges that have contraindications with the substance I'm about to take?
- Have I told someone what I am doing, where I am going?
- Am I 100% sure of what I am taking?
 - It can be easy to misidentify magic mushrooms in the field and ingest poisonous mushrooms instead.
 - Be very weary of your dosage of psychedelics. You can always do more, but you cannot do less. Ask yourself, is this the right dose for me right now?



Note: There are several psychedelics with strong traditional roots in indigenous cultures of various regions (Huachuma, Ayahuasca, Kambo, Iboga, etc). Though we believe these aren't necessarily being consumed in planting camp, it feels important to include these additional questions to ask yourself if the opportunity to engage with these powerful traditional medicines presents itself:



- Is this a sacred indigenous medicine?
- Do I have consent to be using this medicine on the indigenous land I'm on right now?

- Has this medicine been appropriated by western users in a way that dilutes and damages its original purpose?
- Is this being served in a ceremonial setting?
- If so, who is facilitating this ceremony and what is their relationship to the traditional culture in which this medicine is consumed?

Things that could cause a bad trip



- Taking higher doses of a psychedelic drug
- Mixing psychedelics with other substances such as alcohol
- Being in a negative or elevated emotional headspace
- Not staying well hydrated
- Being in an environment with too much stimulation
- Not having a tripsitter to watch over you while you're high

Symptoms of a bad trip



Sometimes you've taken all the precautions and things still go sideways.



- Negative/intrusive thoughts
- Anxiety/panic
- Paranoia
- Feeling like time is standing still
- Terror
- Experiencing frightening hallucinations
- Feeling like you're losing control, dying

What to do if someone's having a bad trip:



- Move the person to a safe place away from noise and stimulation
- Remind the person that the feeling will wear off
- Have someone stay with the person at all times
- Make sure their basic needs are met (ie shelter, warmth, food, water)
- Wait it out
- If it becomes a first aid emergency get the first aid attendant and treat accordingly

Ketamine

Special K, K, Ket

What is it: Ketamine is a dissociative anesthetic used to induce loss of consciousness and relieve pain. Ketamine is often used outside of a medical setting for its hallucinogenic and dissociative effects.

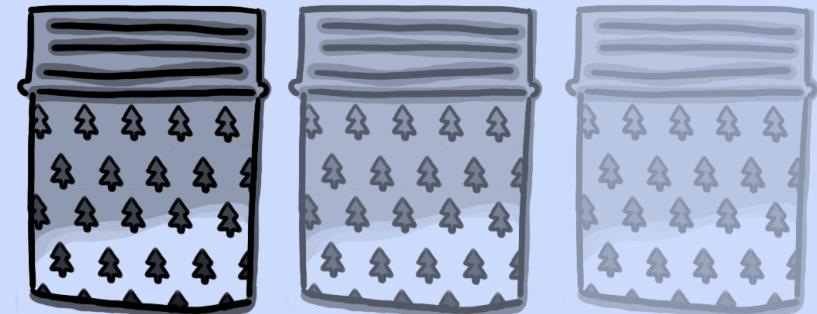
How is it taken: Ketamine is usually snorted in powder form but can also be swallowed, smoked, or injected.

Effects: Low doses can cause feelings of relaxation, “floating”, trance-like state. Higher doses can cause hallucinogenic, dissociative effects, including out of body experience (k-hole). When snorted effects usually last 30-60 minutes, with coordination and senses potentially being affected for up to 24 hours.

Safety Tips: from dancesafe.org

- Ketamine can be difficult to obtain, and people often sell counterfeit drugs as ketamine. Sometimes these are other dissociative drugs such as 2-fluorodeschloroketamine (2-FDCK), deschloroketamine (DCK), or 3-MeO-PCP, which can have quite different effects, onset times, dosages, and duration. Sometimes the adulterants aren't dissociatives at all. A white powder could be anything. Always test your drugs before you consume them.
- Ketamine is very risky to combine with central nervous system (CNS) depressants like alcohol, benzos or GHB. These substances compound each other's effects, which often leads to blackouts and severe spasms, nausea, and vomiting. Choking on vomit is a major concern of these combinations, as well as behaviors that can lead to bodily harm while severely altered.
- Ketamine is moderately rewarding and reinforcing, and a significant dissociative, which can lead to problematic use patterns for some people.

- Frequent use, especially of high doses, can lead to acute behavioral and psychological changes that tend to dissipate when use is halted. Tolerance to ketamine builds fairly quickly.
- Long-term use of ketamine has been linked to kidney and bladder damage. People who use ketamine frequently may be at risk of ketamine bladder cystitis, a condition in which the lining of the bladder is damaged. Ketamine bladder can lead to incontinence and other problems with urination.
- Do not try to walk on high doses of ketamine. The “k-hole” often presents visual hallucinations that can distort your ability to see your environment properly, leading to falls and injuries.
- Never use higher doses of ketamine alone. Always have a “sitter” when taking high doses (someone sober whose job it is to watch over you during the experience). People have died after taking high doses of ketamine and asphyxiating on vomit.
- Entering a k-hole can be an interesting experience, but it is not something to do in a public setting. If you want to enter a K-hole, do it with a close friend monitoring you in a private setting. Additionally, not everyone enjoys the k-hole.
- Be self aware! If you choose to use ketamine, conscious use reduces the risk of adverse experiences and increases the likelihood of reaping benefits. It can be easy to use ketamine frequently in social settings, which may pose a risk of psychological reinforcement and harm to your bladder or kidneys.



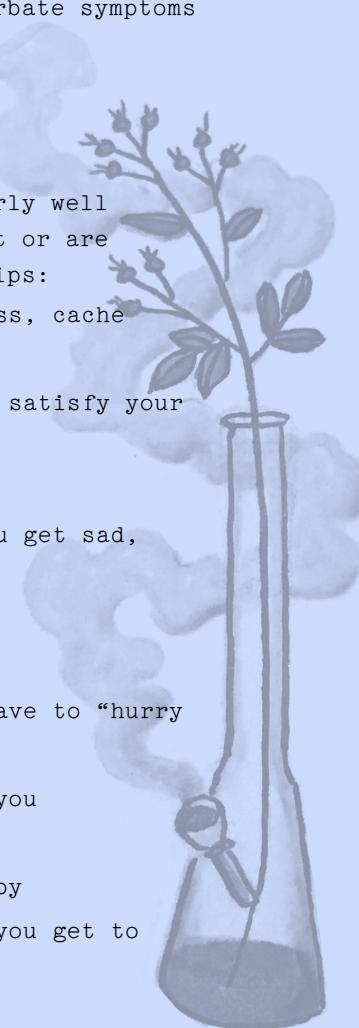
Weed

Many folks find weed to be stimulating, relaxing and/or pain relieving. For others it can cause paranoia and anxiety. Though technically not addictive, people can develop a dependency on it, dealing with anxiety, depression, irritability upon cessation. Marijuana can be used recreationally, medically, or more traditionally, in ritual. Marijuana, like all drugs, reacts to people's brain chemistry differently. People who are 25 and under are more at risk for the negative effects of marijuana use. Drawing on the most current data, the THC component of marijuana could play a part in triggering psychosis and schizophrenia in the at-risk population. THC can also exacerbate symptoms in folks who have already been diagnosed.

Smoking/Vaping

Smoking for one reason or another remains fairly well entrenched in planting camps. If you have quit or are trying to quit for the season here are some tips:

- Know your triggers: coffee, drinking, stress, cache break etc
- Keep toothpicks around, or other things to satisfy your hand/mouth fixation
- Keep emergency mints
- Work on your coping strategies for when you get sad, mad, stressed, bored
- Stay focussed on your goal
- Make it a game
- Have something to keep you busy when you have to “hurry up and wait”
- Find a friend to quit with you or support you
- Get really into staying hydrated
- Get excited about something like a new hobby
- Think about how happy your lungs are that you get to enjoy the clean air uninhibited



“Coming Down”

For many, after using a drug like MDMA there can be a period of day/s afterwards that can be especially prone to feelings of apathy or depression. Everyone's brain reacts differently to substance, and it's because of this that we should be mindful of our community, and support those that need it. Checking in with others that have used substances the next day, and offering tea, a hug, or a chat etc can help mitigate some of the negative effects of drug use.

Drug testing: opioids and benzos

Most fentanyl test strips are easy to use and show high sensitivity in detecting trace amounts of fentanyl and some analogues. BUT: it's important to remember that they cannot detect all types of fentanyl, or carfentanil in small amounts. This is why you should test your drugs every time and still practice extreme caution so as to not get a false sense of security. Aloxone only works on overdoses caused by opioids. Opioids mixed with benzos carry a high risk of overdose because both drugs sedate users and suppress breathing.

Fentanyl Test Strips

Positive for fentanyl (Do not use)

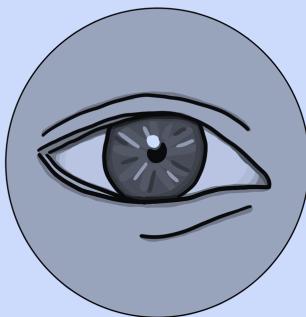


Negative for fentanyl (Proceed with caution)



Signs of an opioid overdose

Besides known drug use or drug paraphelia nearby, here are some signs and symptoms of an opioid overdose:



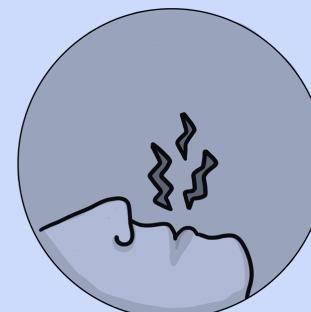
Pin point and/or unresponsive pupils



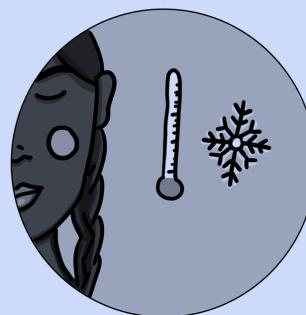
Blue lips, nails



Drowsy, can't be woken up, unresponsive



Making gurgling sounds, snoring



Pale, cool, clammy skin



Dizziness, confusion

What is naloxone

Naloxone is a medication used to temporarily reverse the effects of an opioid overdose. In "canada" there are two kinds of naloxone kits: injectable naloxone and nasal spray naloxone. Individuals can obtain naloxone for free from most pharmacies and organizations that do harm reduction after receiving a simple training on how to use it. Naloxone only reverses an overdose caused by opioids, If you are unsure why someone is unconscious but suspect an overdose, naloxone will not harm them. Someone who is overdosing should not be given stimulants to "Wake them up" nor can they "sleep it off" If someone is experiencing an opioid overdose they need help immediately.

Most naloxone injection kits contain:

- Medical Grade Gloves
- Alcohol wipe
- A one way barrier mask for rescue breathing
- 3 syringes
- 3 ampoules of naloxone
- Basic instructions on how to use the kit (S-A-V-E M-E)
- An overdose response form to be filled out after a kit has been used

Most naloxone nasal spray kits contain:

- Medical grade gloves
- A one way barrier mask for rescue breathing
- At least 2 doses of naloxone nasal spray
- Basic instructions on how to use the kit



Contents of a naloxone injection kit

How to use injectable naloxone (intramuscular)

Make sure you take the time to familiarize yourself with the kits you have available. If these steps differ from your training, make sure you follow the steps outlined in the naloxone training you received. In BC injectable naloxone instructions follow the SAVE ME acronym:

Stimulate, Airway, Ventilate, Evaluate, Medication, Evaluate.

- Assess the scene for hazards such as sharp objects.
- Safely remove hazards and put on the medical gloves provided.
- Stimulate: call their name, shake them gently, if no response squeeze their trapezius muscle (the triangular muscle that connects your neck to your shoulder)
- Call for help, get the naloxone (at least 2+ kits*), call 911**: ask for an ambulance. Many harm reduction experts suggest not to tell the ambulance it's an overdose until they arrive. This can lessen the chance of the police showing up. Let them know there is someone unconscious, not breathing, turning blue etc
- Check the Airway for obstructions, remove any obstructions then tilt the head back to open the airway.
 - Always tell someone what you're about to do before touching them***
- Ventilate: give 2 breaths (just enough to make the chest rise) then one breath every 5 seconds using the rescue breathing barrier provided
- Evaluate. No response? Continue preparing the Naloxone
- If there are two rescuers have one give breaths while the other prepares the naloxone.
- Holding the ampoule by the top, swirl the ampoule to make sure the liquid is at the bottom

- Carefully snap the top off the ampoule away from your body.
- Draw up the full dose of naloxone from the ampoule with the syringe.
- Hold the syringe needle side up, tap side to move air bubbles to top, carefully press syringe plunger to remove air bubbles
- Remove clothing if possible, wipe with alcohol pad and inject the Medication straight into a big muscle (upper arm, thigh, buttocks)
- If your kit has Vanishpoint® syringes, press the plunger down completely to trigger the needle to retract
- Evaluate: Is a second dose needed? Wait 3-5 mins between doses, continue giving breaths
- If the patient is not breathing and there is no carotid pulse (in the neck) commence CPR if trained to do so

NOTES:

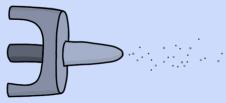
- Naloxone only temporarily stops an overdose buying you time to get the patient to higher care. Injectable naloxone lasts between 30-90 mins (depending on strength and quantity of opioids taken) in the body while intranasal naloxone last ~125 mins. If the naloxone wears off before the opioids the patient may overdose again.
- Since naloxone blocks opioids from acting, a regular user will most likely feel symptoms of opioid withdrawal after being revived. It is important that they do not use again because they can overdose again.

*It could take many doses of naloxone to prevent someone from overdosing again before help arrives.

** Make sure to ask for an ambulance specifically when you call 911. If the police do show up, protect folks who are often targeted by police and make sure there are calm witnesses present.

***Tell the patient what you're doing as you're doing it especially before touching them, this can help you focus on the steps and calm the patient if they aren't fully unconscious or wake up.

How to use nasal spray naloxone (intranasal)



- Assess the scene for hazards such as sharp objects.
- Safely remove hazards and put on medical gloves provided.
- Stimulate: call their name, shake them gently, if no response squeeze their trapezius muscle (the triangular muscle that connects your neck to your shoulder)
- Call for help, get the naloxone (at least 2+ kits*), call 911**: ask for an ambulance. Many harm reduction experts suggest not to tell the ambulance it's an overdose until they arrive. This can lessen the chance of the police showing up. Let them know there is someone unconscious, not breathing, turning blue etc
- Check Airway for obstructions, open airway by tilting head back, then Ventilate.***
- Evaluate: no response? Peel back tab to open naloxone nasal spray
- Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
- Tilt the person's head back and provide support under the neck with your hand.
- Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose. • Press the plunger firmly to give the Medication. Remove the nasal spray from the nostril after giving the dose.
- Evaluate and continue giving breaths
- Wait and watch the person closely. If the person does not respond in 2-3 mins, repeat the steps and give the second dose of naloxone nasal spray in the other nostril.
- If the patient is not breathing and there is no carotid pulse (in the neck) commence CPR if trained to do so

Note: Though intranasal naloxone is simpler to administer, folks with damaged nasal cavities from intranasal substance use, fractures, deviated septum etc may not be able to fully absorb the medication. This is why its always good to have injectable naloxone on hand as well. Also, its important to note that one spray is equal to 5 injections so there is a higher likelihood of opioid withdrawal symptoms when they wake up.

What is the Good Samaritan Act?

From the Government of "canada" website

The Good Samaritan Drug Overdose Act provides some legal protection for people who experience or witness an overdose and call 911 or their local emergency number for help.

The Act can protect you from:

- Charges for possession of a controlled substance (i.e. drugs) under section 4(1) of the Controlled Drugs and Substances Act
- Breach of conditions regarding simple possession of controlled substances (i.e. drugs) in:
 - pretrial release
 - probation orders
 - conditional sentences
 - parole

The Good Samaritan Drug Overdose Act applies to anyone seeking emergency support during an overdose, including the person experiencing an overdose. The Act protects the person who seeks help, whether they stay or leave from the overdose scene before help arrives. The Act also protects anyone else who is at the scene when help arrives.

The Act does not provide legal protection against more serious offenses, such as:

- outstanding warrants
- production and trafficking of controlled substances
- all other crimes not outlined within the Act

****Aftercare for the responder****

Responding to an overdose can be very traumatic. Make sure to take care of yourself after an incident: be gentle with yourself, lean on your community and access outside resources.

Ways to connect that don't have to revolve around substances

Sometimes we use drugs to connect. If you're trying to take a break or are just looking to build community outside of party nights here are some ideas. We've left some space for you to add your own.

- Clothing swaps
 - Movie nights
 - Poetry jams
 - Music
 - Board Games
 - Craft days
 - Yoga, stretching classes
 - Skill based workshops
 - Forest strolls. hikes, swims
 - Dancing
 - Art shows
 - Talent shows
 - Ball games, frisbee etc
 - Role playing games
 - Mending afternoons
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Ways to support sober folk in camp

From the TWIG Mental Health Zine

There are many reasons why someone chooses sobriety. There are planters in recovery, straight edge folks, those who are sober-curious, and people who don't use substances for a myriad of other reasons. A part of living in a community is being curious about each other's realities and coming together to find ways to make space safe and inclusive for everyone. Here is a list of ideas we've compiled from talking to sober planting friends around the province:

- ASK someone how they would like to be supported/how you can be an ally
 - Don't offer substances to people who are in recovery.
 - Don't pressure anyone to use substances. Think consent!
 - Be mindful of glorification/normalization around substance use.
 - This can look like idolizing highballers who party hard then PB
 - Incentivizing your crew with alcohol (ie: a 26 of vodka for a high production shift)
 - The mindset that tree planting and substances are inextricably linked
 - Avoid stigmatized language but also respect the terms people use for themselves:
 - try substance use instead of substance abuse
 - Someone who uses substances instead of junkie/addict
 - Someone in recovery, instead of someone who used to be an addict*

*Unless, of course, that is the term that they prefer

- Do plan fun activities for connecting that do not revolve around substances (see page 30)
- Do understand that recovery can look different depending on the person and the situation (people can be in recovery and still use substances)
- If someone has a drink or a slip up, do NOT be condescending, you could check-in: you could gently ask if they're okay or if they meant to do that
- Do make sure there are tasty non-alcoholic drinks around
- Don't be infantilizing; be a friend not a parent
- Know that some people use some substances but not others (ie someone doesn't drink but they will do LSD)
- Do have resources available (safe people, safe space, print/zines, crisis numbers)
- Educate yourself and be compassionate and non judgemental
- If you are someone who has been sober for a while, consider whether you might have the capacity to reach out to newly sober people in camp.
- Do work to create normalcy around sobriety in camp
- Do recognize that being sober in camp can be isolating, Consider: How can camp be more inclusive and welcoming?
- Do not expect the sober person in camp to always be the designated sober person on party nights
- Be mindful of the culture at your camp and how others might experience it

(substances that people abstain from could range from coffee, nicotine, psychedelics, alcohol, hard drugs to prescription drugs etc)

Resources

Additional Info on the topics covered in this zine

Harm Reduction

- Visual AIDS- Harm reduction is not a metaphor (zine)
- Out of Harms Reach- Narcan 101, Test your drugs (zines)
- Great zines that can be found on Ankors.bc.ca
 - Dope Guide- sex work and substance use
 - Meth Booklet- Meth history and harm reduction
 - Safer Snorting- Snorting harm reduction
 - My Crack Kit- crack use safety

War on Drugs

- drugpolicy.org- A history of the drug war (essay)
- drugpolicy.org- Race and the drug war (essay)
- globalsouthstudies.as.virginia.edu/key-issues/global-war-drugs (essay)
- Vice-The War on Drugs (video series)

Zero Tolerance Policies

- sharedjustice.org- Zero tolerance policies and the school to prison pipeline (article)

Opiate History

- asiapacificcurriculum.ca- The Opium Wars in China

Fentanyl Safety

- harmreduction.org/issues/fentanyl/

Opioid Crisis

- Beth Macy- Dopesick (novel)
- Dopesick (tv show)
- Painkiller- America's Fentanyl Crisis (podcast)
- Crackdown (podcast)

Nonviolent Communication

- Nonviolent Communication: A language for life- Marshall B. Rosenberg PhD



Note: Many crisis lines are required to intervene if they believe you may imminently harm yourself or others. This may mean sending emergency services and/or the police.

Resources

Additional Information

Drug information/Safety

- Dancesafe.org

Boofing, Hooping etc

- tripproject.ca/boofing-safety/

Principles of Harm Reduction

- Harmreduction.org

Drug Mixing Safety

- Combo.tripsit.me

Drug Testing

- Ankors-Nelson, BC
- Getyourdrugstested.com

BCCDC Harm Reduction

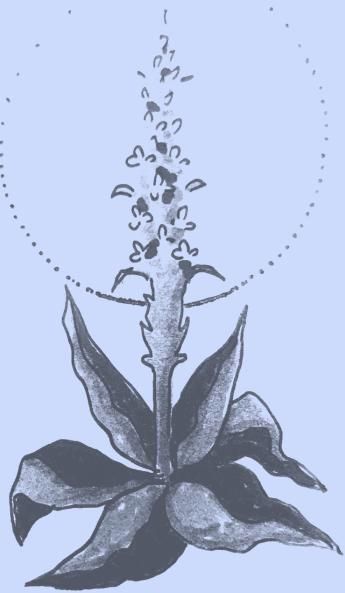
- Towardtheheart.com

Harm Reduction Organizations

- Ankors-Nelson, BC
- Prairie Harm Reduction-Saskatoon, SK
- Vancouver Island Drug Checking Project, Victoria, BC
- Cactus- Montreal, QC

Indigenous Harm Reduction Organizations*

- Indigenous Harm Reduction Network- Ontario
- First Nations Health Authority
- Western Aboriginal Harm Reduction Society- Vancouver
- Black Indigenous Harm Reduction Alliance-QC
- Indigenous friendship centers can assist you in accessing resources, addiction support, traditional resources and other aid (housing, counselling, meal programs, community support etc)



Resources

If you're struggling please call:

- 9-1-1 if you are in an emergency.
- 1-800-SUICIDE (1-800-784-2433) if you are considering suicide or are concerned about someone who may be.
- 310Mental Health Support at 310-6789 (no area code needed) for emotional support, information and resources specific to mental health.
- Alcohol & Drug Information and Referral Service at 1-800-663-1441 (toll-free in B.C.) or 604-660-9382 (in the Lower Mainland) to find resources and support.

NOTE: The crisis info for this edition of the zine are BC specific. If you have other province-specific resources you would like added to future editions, please send them to treeworkersindustrialgroup@gmail.com

For more mental health info, check out:

- mhfa.ca - Mental Health First Aid Canada
- "The Body Keeps the Score" by Bessel van der Kolk M.D.
- "How to Unf#ck Your Brain" by Faith G. Harper
- "If You're Freaking Out, Read This" by Simone DeAngelis
- TWIG: FIREWEED-Mental Health zine

This zine is a work in progress, if you notice any mistakes, something that needs updating or just have some feedback: please send us an email at treeworkersindustrialgroup@gmail.com

