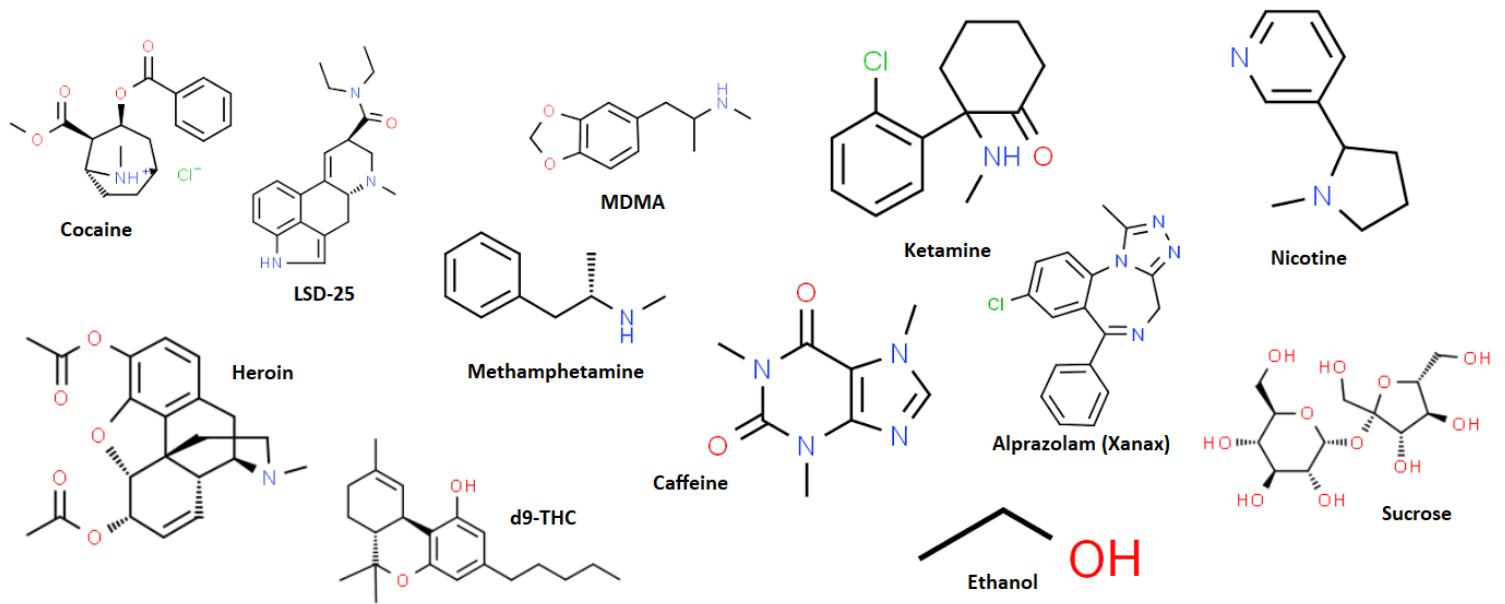


Drugs of the Universe

Volume I: “The Big 12”



Matthew Montana



I wish that I could have published this book by traditional means, but it seems that the world could use this information sooner rather than later.

I hope that by putting this information out there for free, others will be encouraged to create similar Honest information-focused works of art that can benefit humanity.

If I could sum this book up in three sentences:

KNOW your Drugs.
KNOW your Source.
KNOW **Yourself**.

Special thanks to:

“The One No Blade Can Pierce” - This person gave me the inspiration to write a book in the first place! Who knows where I would be without you.

“Yaw Chas” – Who mentored me spiritually more than I could have ever imagined. I wish I understood the importance of these lessons sooner, but I suppose everything will happen exactly when it is supposed to, won’t it?

“The Powers that Be” - The wisest teacher I have ever met. He taught me to question the world and my place in it. I am blessed to have met you.

And special thanks to all my friends and family, who stood with me through all difficult times in my life. I love All of You!

Now, learn something if you can!

If this information has helped you, or if you want to support me, please check out my GoFundMe:

<https://www.gofundme.com/f/support-free-and-honest-exchange-of-information>

Credit to ChemSpider for the depictions of drug molecules on the cover of the book

Included in the back of the book is a Glossary where **bold-faced** words will be defined. Please use it when you need!

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Disclaimer

Before proceeding, some things need to be addressed. If you do not agree to these terms, please do not continue to read this book!

1. Speaking from personal experience, I have read about many types of drugs, which resulted in me trying them a short time later. This led me to wanting to share my experience. Reading about drugs can sometimes inspire a curiosity and the *desire* to experiment with a drug. I will not be named responsible for individuals who decide to partake in the use of drugs by reading this book.
2. Not all information in this book may be true. I did my best to explore multiple sources and look at multiple sides of an argument, in order to make sure it is valid to the *best of my knowledge*, but the sources I have used may have been ill-informed themselves or simple mistakes could have been made with data when it actually came to me writing. Doing your own research is *fundamental* whether the reader wants to embark on the adventure of drug-taking or not.
3. I am not responsible for any personal injury or death that may result from a user experimenting with a drug that they read about in this book.
4. My experiences are my own and certainly do not guarantee that others will share them. We are each different people, with different feelings, different histories, and different body chemistries. Therefore, drugs could have completely different effects for the user from the ones that I have described for myself.
5. I am not a medical professional, therefore any “advice” or “recommendation” that I may make is based solely on my personal experience and research of what I found effective. This essentially means that this advice is FOR MYSELF, but it is possible for the reader to learn from it as well. Just because I mixed two drugs together and lived does *not* mean that the reader should attempt to do the same. This advice is more for myself, and my personal experience, but I share it because I believe it would be beneficial to the community at large.

There is a VERY high probability that you are downloading this book for free, because that is how I intended to release it. Everything that is written here was intended to provide benevolent assistance to humanity, but it is up to the reader what they decide to do with this information. If the reader possesses Any malevolent intent after getting this far, I personally forbid you to read any further!

In the simplest of terms, be respectful – to yourself, to me, and to those around you.

List of Drugs that I have Knowingly and Personally Consumed

The current count is 100, and I am certain I am missing a few! Not to mention the drugs I have consumed unknowingly. Not all of these drugs are covered in this book, but in future volumes, they will likely all be elucidated.

Cannabinoids (Synthetic and natural) [15 substances]

5F-AKB48
5F-PB-22
5F-UR-144
AB-Chiminaca
AKB48
Cannabis [$\Delta 9$ -THC, $\Delta 8$ -THC, CBD, CBN, etc]
CP-47,497
CP-55,940
JWH-018
JWH-073
JWH-122
JWH-210
PB-22
STS-135
UR-144

Stimulants [17 substances]

4-EMC [4-EthylMethCathinone]
4-MEC [4-MethylEthCathinone]
4-MeMABP
4-MMC [Mephedrone, 4-MethylMethCathinone]
Amphetamine (Racemic) [Street-Grade Speed (In Europe commonly)] [Adderall]
Butylone
Cocaine
Dextro-Amphetamine [Dexedrine] [Vyvanse - Lisdexamfetamine dimesylate]
Ethylone
Ethylphenidate
Hex-Methylphenidate [Focalin]
Methamphetamine
Methylphenidate [Ritalin, Concerta]

Methylone
Phentermine
Pseudoephedrine
Wellbutrin

Stimulants (Plant Derived) [11 substances]

Bacopa Monnieri
Caffeine
Cordyceps
Ginseng
Lion's Mane
Maca Root
Nicotine
Nutmeg
Rhodiola Rosea
Sugar
Yohimbe

Psychedelics and Empathogens [14 substances]

25-B NBOMe
25-C NBOMe
25-I NBOMe
2C-B
2C-I
4-AcO-DMT [Psilacetin]
4-HO-MET
DMT [Di-Methyl Tryptamine]
LSD-25 [Lysergic Acid Diethylamide]
MDA
MDMA
Mescaline (Synthetic form)
Mushrooms [Psilocybin]
Salvia

Dissociatives [4 substances]

Dextromethorphan [DXM]
Ketamine [Special K]

Nitrous Oxide
Methoxetamine [MXE]

Relaxants/Depressants (Non-Opioid) [19 substances]

1,4-BDO (GHB-type drug)

Alcohol

Benzodiazepine-type drugs

Alprazolam [Xanax]

Clonazepam [Klonopin]

Diazepam [Valium]

Etizolam

Librium [Chloradizepoxide]

Lorazepam [Ativan]

Temazepam [Restoril]

Buspirone

Diphenhydramine [Benadryl]

Doxylamine Succinate [NyQuil]

Eszopiclone [Lunesta]

Gabapentin [Neurontin]

GBL

GHB

Phenibut

Promethazine

Zolpidem [Ambien]

Opioids/Opiates [12 substances]

Buprenorphine [Suboxone]

Codeine [Tylenol-3]

Heroin [Di-Acetyl Morphine]

Hydrocodone [Vicodin]

Hydromorphone [Dilaudid]

Loperamide [Imodium A-D]

Kratom

Morphine Sulphate

Opium (Raw form)

Oxycodone [Percocet/Oxycontin]

Tramadol [Ultram]

U-47700

Nootropics/Other [8 substances]

Alkyl Nitrate (Poppers)

Aniracetam

Ashwagandha

Blue Lotus

Kava Kava

L-Theanine (Synthetically derived)

Modafinil

Piracetam

If you paid attention to what was written so far, then you may have noticed that I have done pretty much every commonly known substance! The only one that comes to mind that I have not done that is commonly known of is PCP [Phencyclidine], also known as angel dust. I also have not smoked Crack Cocaine.

Preface

“Mightier than either the pen or the sword, is the pill”

-Aldous Huxley

Drugs that Shape Men’s Minds

Before we begin...

Please, I urge you, if you are serious about trying drugs and want to jump right into different drug chapters to explore their individual effects, please at least read the chapters in *PART II – Safety*. I do not often go into every possible safety risk of every drug in every chapter, because most of these can be grouped into a broad category of harm reduction. For instance, using **drug testing kits (reagent kits)** to test your drugs to make sure the product is what it was sold as, and not some obscure drug that might kill you. This is a good idea for almost any substance, but it is not discussed within specific chapters very often, hence the importance of reading over *PART II – Safety*. Having researched and done drugs for more than ten years, I have learned so much in terms of keeping myself safe. Pay careful attention to these sections so that you may reduce your chances of hurting yourself or someone else as much as possible.

Alright, let’s do it!

This book is as much about me trying to discover myself, as it is about me sharing my knowledge with the world. While I tried to be as honest as possible with everything in this book, I would still heavily encourage the reader to do their own research.

I thought the best way to open this book was to do a brief FAQ segment, because it gets right to the heart of why I did the things I did, and why this book exists today.

Where did the motivation come from to write this book?

From my observation, drugs are vastly misunderstood. I will certainly not claim to understand everything about them, but throughout the years I have observed the same trend: The amount of people who consume drugs without having done substantial research on the drugs they consume is staggering. This has led to easily observable accidents, such as panic attacks, extreme physical discomfort, unconsciousness, hospitalizations, and even death. Indeed, I have unfortunately lost several friends to drug overdose.

This lack of knowledge has filled me with anger. I am angry that we live in a world where proper education about these drugs is not encouraged, resulting in the aforementioned unintentional self-harm. I am angry that finding True and Valid information on these drugs is difficult. And I am angry that there is a legal system that can imprison people for obscene amounts of time because a person decides to ingest a substance into their body.

So, I asked myself – what can I do? I have a very vast array of experience with drugs, both positive and negative, so I believe I should share it with the world. My hope and purpose for this book is that *at least one*

person will not make the same mistakes I did, and that maybe, I can cause positive and lasting change on a larger scale.

Why would anyone consume 100 unique drugs?

This is probably the most popular question I am asked when I discussed the process of writing this book with others. To be honest, it started out with simple curiosity, then grew into an intense fascination. I was awestruck by drugs and the variety of effects they had on my mind and body. The more drugs I tried, the more curious I became. As time went on, I grew to enjoy documenting these drug experiences and a thirst to learn more persisted beyond anything I imagined. After years of research, the most intense question of my studies came down to this: How could a tiny pill or small bit of powder alter consciousness so *remarkably*?

Drugs can have a plethora of effects. There are drugs that can virtually eliminate the feeling of pain, as with opioid **analgesics** (such as prescription **pain-killers** and **heroin**). **Methamphetamine** is notorious for its extraordinary stimulatory properties. Taking a high dose of can cause a user to stay awake for days without sleeping. In the opposite vein, **benzodiazepine** drugs, such as **alprazolam (Xanax)** or **diazepam (Valium)**, can cause such sedation at high doses, that a person could become comatose for days or longer. Mood altering drugs, such as **MDMA (ecstasy)** or **LSD (acid)**, cause euphoria and a potential lasting change in perspective that is said to help with depression and **PTSD**. In an extreme case, there also exist drugs in today's world, such as the malevolent Devil's Breath or Barandanga (active drug: **scopolamine**), which when ingested, is rumored to cause a user to have their will bent to another's desires – in other words, essentially – have their mind controlled.

With such a variety of effects, it seems as though drugs are the most profound way to alter the mind in the shortest amount of time. It is this aspect that has really drawn me to drugs more than any other.

If drugs are so powerful, why would anyone take them?

Knowledge of these powerful or harmful drug effects may cause some to question: Why would people want to do drugs in the first place? Aside from being told by a doctor or other professional to take a certain drug, I believe the desire to do drugs stems foremost from *curiosity*, a natural part of life. For instance, we may have heard a drug like caffeine is a stimulant, and we have a desire for stimulation. Curiosity will cause us to explore this drug. This quest for unknown knowledge is not unique to humans, and incidentally, we are not the only species to be fascinated by mind altering chemicals. Dolphins will take turns passing around a puffer fish which secretes venom so that an intoxicated state is produced [BBC]. Reindeer have been known to eat amanita muscaria, one of the various types of psychedelic mushrooms present in our world, and behave as if intoxicated [DrugDisc]. Cats can enjoy a buzz as well. When they smell or eat catnip (*nepeta cataria*), they can become playful, aggressive, relaxed, and experience sexual excitability [PetMD]. Even vervet monkeys, a closer evolutionary relative to humans, will consume alcohol for pleasure, and have been known to steal it off unknowing vacationers by the beach [Monkey].

Curiosity also likely caused ancient humans to discover the psychoactive effects of natural plants and mixtures. Some of these drugs have been in use for thousands of years. Intentionally fermented rice wine was found in China more than 9,000 years ago [NatGeo 2017]. Coca leaves, used to make modern day cocaine, were chewed 8,000 years ago according to some researchers [BBC Coca]. There is some evidence in drawings in the Sahara Desert of a “mushroom cult” revolving around psychoactive mushrooms more than 7,000 years ago [Arte]. Based on the depth of this history, drug use is not a recent phenomenon, and I believe we can expect its use to continue, especially as newer and more dangerous drugs are created.

Aside from curiosity, a perhaps equally likely reason that a person may ingest drugs is due to **peer pressure**. Friends have a powerful influence over each other. As humans are growing, especially when they are young, they are often vulnerable to the thoughts and actions of those closest to them, while simultaneously sometimes ignoring authority figures such as parents or teachers. If your closest friend is using drugs and enjoys them, it makes the drug seem that much more appealing. If they tell you to take it, and you have placed a great trust in them, then the likelihood of taking that drug increases even more.

Why use drugs if they are illegal?

Perhaps the desire to use drugs is natural and ingrained in our past, but I am often asked another question: why do people do drugs if they are illegal? Quite simply, it seems people do not think they will get caught – and most do not. Also, despite severe consequences for breaking the law, and the United States' infamous *fifty* year “War on Drugs,” some people generally do not seem concerned with consequences. The law has not stopped vast quantities of drugs from traveling around the world. In fact, some of the latest statistics say that people are ingesting some drugs at higher levels than ever before. Opium and cocaine, two of the most notoriously dangerous drugs, have seen the highest production on record: According to the World Drug Report 2019, estimates of global cocaine production were 1,976 tons in 2017 and estimates of global opium production was around 7,790 tons in 2018 (most recent statistics).

Those numbers alone do not mean as much, so sometimes, a picture can help convey the message. For a frame of reference, this is two tons of sand, with a banana for scale:



Now, imagine 1,000 times this much to get an idea of how much cocaine was produced in one year.

For opium, it is nearly 4,000 times as much.

Needless to say, drugs are not leaving the world anytime soon.

What sets this book apart from other similar books?

I am certainly not the first one to do something like this, but my method is a bit different from others. Some books, such as The Drug Users Bible contain information on far more drugs than the twelve classes that I have elaborated on in this book, and while a great read, are not as detailed as I have been here. Others contain a more medical perspective, such as Buzzed: The Straight Facts. Some of these books are biased towards medical science, and the general view that “Drugs are Bad,” which I of course, outright disagree with.

So, what are my credentials to write this material? I do not have any medical degrees or certifications with regard to drugs. Where does the credibility lie? Quite simply, it lies in the vast amount of experience that I have gained, and the fact that I documented countless experiences on drugs. I can give a perspective that is perhaps more relative to the average drug user. Naturally, I have my own bias, but I try to acknowledge it whenever possible. There are also many sections on what it is like to COMBINE drugs with other drugs. Many other books do not do this, especially with the level of precision and detail that I have.

How do we know that the information that you have printed is true?

Well, quite simply, you cannot know. In the Information and Technology Age we live in, anyone can post a news article or forum post, saying whatever they want to say. Maybe it is “fake news” or utterly ridiculous. Maybe the information printed is true, but it is slandered by another news source – and thus becomes as if it were false. How can we know?

I try to use citations when absolutely necessary. There is the element of personal bias obviously, because I am trying to make a point! However, much of the information you find in the following pages is My Truth to the best of my ability. Some may disagree with what is said, but when it comes to reporting the facts – such as how long the effects of a drug lasted in my body – well then it is as true as I can make it. My hope is that my truths will help unveil more information about these substances.

Okay, but why should we take your word for it?

As said earlier, you should not! You must do your own research, but I must tell you, the way the information in this book is being circulated is a bit different. This information here is FREE as I intended, and I do not know what has happened in your life, but when I am provided valuable information for free, I am usually far more inclined to believe it. The moment money comes into the equation, I instantly throw my guard up and become more hesitant to believe what is being communicated to me. Whether it is about the economy, politics, health, fitness, or any other topic of conversation, if money is to be made from information provided, I use caution.

Basically, I am saying that because I am spreading this information freely, this might lend to greater credibility. I leave that for the reader to decide.

Why do you cite sources from users on Reddit or other uncredible websites?

The fact is that detailed information about drugs is hard to find, especially for illicit drugs. I believe there is a great power in the anecdotal drug experience. Of course, we cannot generalize drug effects to the entire population based on one person’s experience with a particular drug, but we can, however, see it as a new perspective that can help us understand more about the substance.

There is the possibility that some of the information I cited is false, so take my information with a grain of salt and do your own research!

Are there even that many people still using drugs?

There are some who doubt that drug use is prevalent. I have heard, “Not that many people are using drugs! Your book won’t appeal to anyone!” According to the CDC, that is simply not true. In America, 53 million Americans over the age of twelve – that’s roughly 20% of the U.S. population – reported illicit use of drugs or misuse of prescriptions in the year 2018 [CDC 2018]. This does not count the percentage of people using legal drugs like nicotine, caffeine, and alcohol – which are substances that are later addressed in this book.

We are faced with some truths: People continue to use drugs at increasing rates and nothing has worked to stop this. Not fighting a War on Drugs. Not making stricter laws. Not making longer sentences. Nothing.

So... What can I do?

This circles me back to why I wrote this book and my main purpose and motivation. Through years of experience and observation, it seems the best defense against harm from drugs is clear: *Education*. I am not referring to the type of education one might get in school about drugs, such as the “Just say NO!” campaign, or learning an abstinence-only approach. These have not worked, as people continue to use drugs. While there is now a greater push for a “Safety-first” approach to drugs in some schools [DrugP], I believe the program is still lacking and adults outside of a school setting will need proper drug education as well.

In the pages ahead, the reader will find a wide variety of possible drug effects that I have experienced, as well as some background information about some of the most popular drugs in today’s world. I hope to help prevent others from making the mistakes that I have made. In other words, the primary reason that I have compiled this book is for *Harm Reduction*.

May you take away the lessons you need to from this book.

Peace to All.

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<https://addiction.surgeongeneral.gov/sites/default/files/report-highlights.pdf>

About Me

If your goal when reading this book is to determine how a particular drug might affect you, remember that drugs can affect each of us differently based on a variety of factors. Some of these factors are discussed in the *PART II – Safety*, and that is why I urge you to read over that section before embarking on any adventures.

The PURPOSE of this chapter is to give the reader an idea of who I am, and why my experiences with various drugs have unfolded the way they have. There are many drug experiences contained in this book at the conclusion of each chapter. Having a general background knowledge about my past, written as it is here, may help illustrate why I experience certain drugs a certain way. My hope is that by providing an explanation of some of my past life experiences in this chapter, it will help give a frame of reference about my drug experiences for the reader, so they may better relate a drug experience to themselves. Always consider your own past life experiences, with respect to your current life situation, and then consider how a potential drug experience may unfold. Of course, always remember that it is impossible to know how a drug will affect you until it is actually taken.

Well then, how *did* I arrive at the place I am now? Why did I end up using all these substances? This segment will focus on how I came to be the person I am today, with a heavy focus on the drug-related aspects I have experienced.

My Youth

I grew up in a very privileged environment. I was the only child of two married parents and lived in a relatively large house. As for my hometown, there were few community problems to speak of. I did not witness poverty until I ventured into nearby New York City when I grew older, and violence was virtually unheard of. I grew up in one of the top ten richest counties in the United States, so I was undoubtedly sheltered for much of my youth. I am sure this influenced how I thought about the world as a child and even through adulthood, as I knew very little about the hardships of life or much else outside of the bubble that I lived in. I traveled with family occasionally, but still I did not process too much of what it was like for others to live until I went to college and spoke with friends from different parts of the country.

My home life was healthy. I believe I was raised well, with good morals and values, and like many parents teach – to stay away from drugs. Seldom would my parents drink **alcohol**, perhaps a glass or two of wine with dinner once a week. I do not recall ever seeing them drunk. My first exposure to the effects of high-level alcohol consumption was at family gatherings where I witnessed my extended family members drinking. Still, I did not fully understand the effects. I was often off playing games with my cousins, only to come back to the rest of the family for dinner and witness how the volume of my uncle's voices would change throughout the evening. They would grow rambunctious, get red-faced, and laugh a lot. My parents vaguely explained the change in behavior was as a result of drinking beer and other types of alcoholic drinks, but I was young and could not grasp the concept.

Easing out of childhood and entering middle school, there was one thing I had become very good at: competitive running. I was on multiple teams and raced against towns, rarely winning, but always near the front of the crowd. It was very exciting, but also stressful as I did not enjoy the competition behind it. It gave my mother a sense of pride, so I continued.

Hobbies at the time included excessive videogame playing. I was not very on top of my studies. Homework was either done on the bus ride to school, or in other classes, that way I could maximize the time spent playing video

games after school. Already, I was looking for the **instant gratification** that some may characterize as an addictive tendency.

High School

My transition to high school was more painful. I lost a lot of friends while trying to discover who I was as a person. One of my greatest hardships (relative to my very privileged life), was coming to terms with my homosexuality. It was not easy for me, and there was a hard pushback from my parents for months. I occasionally felt unloved and unappreciated, resulting in this part of my life becoming much more difficult than I thought it would be.

Having found new friends in high school that I could be open and honest with, I began to feel more comfortable with myself. It was easy to confide in them as I was coming into adulthood. My expanding social circle gave me satisfaction, which allowed me to behave comfortably however I wanted. I always thought I was funny, trying to make jokes in even the most inappropriate situations. Occasionally I was disruptive, both in social conversations and in classrooms. My friends would try to explain to me when I was being irrational, but I would not listen. I was self-centered at times, even downright mean to others, but never realized it. Fortunately, I became aware of this years later. Looking back, I do not like how I behaved, but I must acknowledge it.

Throughout this whole high school experience, I felt happy. I never experienced the anxiety or depression that a lot of my classmates felt, and I definitely never felt suicidal. I woke up ready to go to school each day, and came home feeling good. I was still running, and even more competitively now as a high schooler. Perhaps it was the daily running practice that gave me a positive **endorphin** kick which allowed me to come home with an optimistic mindset every day, or perhaps I just really liked who I thought I was.

I still had a social life. I would do what most teenagers were supposed to do (from my understanding) with their friends: go out for pizza, watch movies, hang out at the mall, and talk about other people from class. These were simple activities – no drugs and alcohol were present here. Intoxication was not even talked about among my main group of friends. Among my closest friend circle, we were vaguely aware that other people from our class were partying and indulging in drugs and alcohol, but we did not really know any of them personally.

My school work was still completed whenever I could fit it in – on the bus, or in another class. Video games and the pleasure that brought me were still a top priority. As for which classes I liked, psychology was probably my favorite. There was a strong fascination with understanding the way the mind worked. I also excelled at mathematics, always enjoying how a problem could be solved perfectly. Computer programming was another class that I enjoyed, mostly because it was another problem-solving class, and gave me hope that I might design a computer game in the future.

When it came time for graduation, I was in the top 10% of my class, though I feel this was undeserved, as I had cheated occasionally. All my good friends placed higher than me, and I felt a little behind, but I was still happy with how I performed and excited for college.

So, when was I finally exposed to drugs and alcohol?

Pre-College and Freshman Year

What I would consider my first real experience with intoxication was from alcohol, shortly before I left for college. I was 18 years old at the time. My main friend group was at the top of the class academically, likely correlated with a lower incidence of consuming alcohol and other drugs. When a different group of friends were throwing an end-of-summer party and invited me to come along, I was very nervous since I knew there was going to be alcohol and I would feel the **peer pressure** to drink.

When I showed up, whatever thoughts about “alcohol is bad” disappeared, and the desire to “fit in” flourished. I remember taking the first sip of a Mike's Hard Lemonade nervously, and trying to enjoy the flavor. It was that

first sip that set me off for the night. I drank all different types of drinks: beer, wine, mixed drinks – if it was there, I would try it! I would venture to guess that I had maybe six or seven **standard drinks** throughout the evening. I was acting so ridiculously - saying things to mere acquaintances that I rarely told close friends, being loud and obnoxious, running around, and butting into conversations. I suppose that for my personality, these effects were not surprising being drunk for the first time, but I really felt like an idiot the next day thinking back to how I behaved the previous night. That, and the mild hangover I felt the in the morning were what I recall most from that night.

After this experience, I felt "ready" for college. Part of the experience of college was going to parties and getting intoxicated – right? There was a determination to take full advantage of this and I certainly did not miss out! I would go to parties once or twice a week and drink and drink, thinking this was me being rebellious and going against the grain, doing what I was not supposed to do. The truth, however, was that many other people were doing exactly what I was doing. I was not very rebellious at all. I definitely liked the effect of alcohol and during that first year of college, I felt like I was doing it *right*, having all the fun while still getting my work done. I had a determination to never try other drugs, thinking that all of them would make me stupid or give me a mental disorder. Little did I know at the time just how deep into the drug lifestyle I would get.

Several months passed during my first year at school, and I found out some of my new college friends would occasionally consume **cannabis**. I had been offered a few times but always said "No!" just like I was taught in school growing up. But of course, I am curious person. What is the appeal? What does it feel like? Why do you do it? My friends who are getting high seem to be enjoying themselves, so how bad could it be?

As alcohol lowers inhibitions and affects a person's ability to make decisions, and with a lot of peer pressure from my new friends, I gave in one night after a bit of drinking, and decided to smoke cannabis. I took a few puffs of the drug from a glass pipe my friend had and felt an intoxicated feeling that I had never felt before. I got the **spins** from the combination of alcohol and cannabis and felt overall unpleasant and *highly* intoxicated. Looking back, I wish my friends would have let me know that this could happen (another testament to this book – knowing about the ill-effects of drugs *before* experiencing them!), but it was not the worst feeling. All the thoughts of "weed makes you stupid" and "weed kills brain cells" were forgotten. I even first tried a cigarette for the first time the same night and enjoyed the headrush it gave me! I had stepped over the line that I had drawn for myself, and once a line is crossed, it is hard to "uncross" it.

A little discouraged after my first cannabis experience because it was so overwhelming, I did not try the drug again for a few weeks, until I was with someone who suggested I try the drug sober from alcohol. "Just take two hits, and wait," I was told. So I did, and then I felt a wonderful warm and floating sensation. There was some euphoria, and introspective thinking among other positive emotions. I happened to really enjoy this experience and desired to repeat it again.

Since I liked the drug so much, it was not long after this that I was using cannabis at least a few times a week. And not even a month after that, I evolved into a **pot-head** or a **stoner**, slang terms for someone who would use the drug on a daily basis. I used multiple times a day and for any reason. Wake up – smoke. Eat breakfast – smoke. Go on a run – smoke. Do homework – smoke. Hang out with friends – smoke. I loved it, and I got all my school work done and maintained a good GPA. I did not think this would cause any problems, so I kept on using. This habit continued for several years.

Sophomore Year

When sophomore year came around, I was hanging out with another friend of mine who had been prescribed **Adderall**, which is essentially just pure **amphetamine**. She claimed it helped her perform amazingly well on her school work. I knew others in college who used the drug, with some boasting it to be a "life-saver" in terms of getting work done on time. As a sophomore in college, the workload increased, as did my desire to party, and again, I gave into my curiosities about a new drug and tried a 10 mg tablet the night before a paper was due.

The drug was incredible! How did I not know about this sooner? Caffeine was an utter failure in comparison. I finished a six-page paper about a topic I did not care about, complete with citations and references in less than three hours. To top it off, when the professor handed back the paper, I ended up getting an "A-" and I felt very accomplished. Perhaps if I was not still smoking so much cannabis, which can diminish focus and other mental abilities, I would not have felt the need for this other drug, but regardless, I developed a new habit. Adderall was consumed once or twice a week, and for the duration of effect of the drug (4-8 hours, depending on dose) I would rapidly complete all my schoolwork. If I was not on the drug, schoolwork felt difficult or impossible to complete. Thinking to myself that I had it all figured out, I kept this habit going for much of my college experience.

At the age of 19, in addition to Adderall, I was also exposed to **ecstasy**, the tablet form of a drug that allegedly contains **MDMA**. I went to my first **music festival**, knowing very little about how this drug was going to affect me. Some research was done, but for the most part, I was going into this experience blindly. I took the drug at the festival and felt a type of euphoria I had never felt before. As this was my first dose, I think the drug affected me strangely, but it was enjoyable even though my memory of the event is somewhat hazy. The dose I had taken was rather mild, and to this day I do not know if it contained pure MDMA, but my interest was piqued and a few weeks later I sought after the drug for future parties. Recovering successfully without any perceivable side effects, any thought that ecstasy was like "taking ice cream scoops out of your brain", as I once heard someone say, was just not true. In fact, I read from several sources online that if the drug was used responsibly, there was a low chance of any long-term damage happening.

I was in love. The experience of being at a festival or party while under the influence of the drug was powerful. I became dedicated to finding ecstasy or molly (slang for MDMA) and enjoying myself as much as I could. The types of parties I went to changed from the fraternity parties I went to my freshman year of school. Rarely did I go to a college frat house or other similar party like I used to. I was now going into New York City or Philadelphia and watching DJ's play music. Sometimes the DJ was well known, performing in a popular concert hall, but most often it was in a warehouse-type party, often referred to as a **rave**.

Thanks to some **drug testing kits** (also known as **reagent kits**), I came to find out my main "molly" supplier did not have any MDMA at all, but instead had a cheap alternative that gave a similar effect: **methylone**. Since I acquired these testing kits, I became a more cautious drug user. Gone were the days where I would take a drug without knowing about it. I began reading about different drugs that I wanted to consume before taking them, so I could be better informed about the risks.

Discovering that the "molly" I had been taking was in fact methylone was a bit disheartening. Were there any drug dealers that actually had pure product? Of course, the answer was yes, and with a little more searching, I found a genuine MDMA supplier. The price was good, the product was stellar, and thus my partying frequency increased.

Constant Partying Leads to Additional Drug Use

Frequent MDMA use, which I defined at the time as more than three times per month (Note: This is too frequent! Keep it to once a month maximum if you MUST), had its downsides. The party was great and I would feel amazing every time while the drugs were exerting their effect, but the resulting **come-down** was a disaster! The negative effects would not hit me the day after, or sometimes even two days after, but always by the third day after a party I would be struck with a minor depression. There was nothing to be upset about, but the sad feelings would come. Cannabis helped alleviate some of the sadness in the beginning, but with more MDMA use, any benefit of smoking cannabis to make myself feel better disappeared.

Some come-downs were so harsh, that I eventually turned to the anti-anxiety medication, **alprazolam (Xanax)**, at the suggestion of a friend. This drug eased the nasty side effects that I would experience from taking MDMA frequently. Having looked up other drugs that could make the hangover feel better, I stumbled upon opioids. I had **oxycodone (Percocet)** and **hydrocodone (Vicodin)** from surgeries in the past, but never thought to use

them as recreational drugs to alleviate negative feelings. These drugs worked to great effect, and allowed me to keep partying. Fortunately, I did not become dependent on these drugs unlike some of my friends, as I only used them to counteract the negative effects of drugs like MDMA at the time.

Since I had built up my collection of drug experiences, I was curious to try even more. The rave scene seemed determined to help me out, whether I wanted to try something new or not. **Ketamine, cocaine, magic mushrooms, 2C-B**, and other miscellaneous drugs that you will find in this book, or in the upcoming Volumes, were sampled and enjoyed on various occasions. **LSD** also found its way into my life, and just as I began taking MDMA less due to the negative side effects, I began to take LSD more. It was used at least two times a month for at least five months at the height of my abuse, but sometimes I would indulge two or three times in a week! The **tolerance** build of LSD is very steep. I learned that if you wanted to repeat the experience you had one day, two or even three times the dose needed to be taken the next day to achieve similar effects. I used this drug primarily to party, seeing very little come-down effects in the days after use, whereas MDMA would have caused me emotional pain for days.

Having researched many of the drugs that I had tried to various extents, I began to take an interest in the **experience reports** compiled by various individuals. **Erowid, PsychonautWiki, Drugs-Forum, and Blue-Light**, were several websites that were of great use to me. It was also around this time that I began to document my own experiences with drugs. I would measure out a dose of a chemical, sit with myself or with friends, and write about how I was feeling as the experience unfolded. I enjoyed doing this because I felt like it was a way to “collect” the experience, so that it could be looked at later, similar to how a person has a coin collection that they admire. Perhaps this desire to document my experiences grew from my already-present interest writing in general, as I would avidly journal every aspect of my life, so that I could look back on my life and remember what I really enjoyed.

Other drugs sampled included rare psychedelics like **2C-I** or **25-C-NBOMe**, and **synthetic cannabinoids** such as **JWH-018** or **UR-144**, sometimes found in “Spice” or “K2” products. Truly privileged I was to be able to try them all, and some of them I would document extensively. My fascination with and knowledge of drugs and their effects on the mind and body only increased. I would be able to talk about substances non-stop at various events I would attend, and some people would turn to me and wonder how I knew what I knew. I wondered if there was a potential benefit to all my experiences in this field.

Between the rave scene, and friends coming to me with new drugs, the number of drugs on “The List” of drugs that I tried increased. It was at 15, then 20, then 30... I could hardly believe it. I even tried the drug with one of the worst stigmas in the world, a drug that I had promised several friends that I would never try - **heroin**. I quite enjoyed the feeling. There was an inner warmth that was vaguely comparable to oxycodone, but much stronger. I understood why people would turn to this drug as a means of escape or to hide away. Having known a few people who used heroin, I resolved that I would never become addicted to it, and I never was. Since this time, I have averaged using the drug on just one or two occasions per year.

Around this time, perhaps at the age of 22 or 23, I was also gripped by a strange sensation of anger and agitation. Why are there drug laws put in place the do not allow the exploration of consciousness with drugs like LSD or ketamine, but the consumption of alcohol is completely permissible and even encouraged in some instances? Why are so many people addicted to drugs? And why, despite going on for decades, has the **War on Drugs** not been successful? The unknown answers to these questions, combined with my general interest and appreciation for the way drugs affect people motivated me to research even *more* about drugs and other substances. I had become a walking and breathing encyclopedia about almost any drug, educated about current events, with the desire to share information with anyone!

Unfortunately, my drug knowledge, experiences and adventures did not come without consequences. I have had multiple legal issues with a multitude of drugs, which resulted in me spending time in multiple county jails. I was fortunate to avoid prison time with the amount of charges that I accrued over the years. Probation was a

way of life for me for a long time. Between incarceration and the watchful eye of my probation officers, I grew even more angry at the way the system works.

Worse than my time in jail was a psychotic episode I faced in my early twenties. I was ingesting a wide variety of synthetic cannabinoids on a daily basis at *very* high doses (do NOT do this!) along with numerous other drugs, and my concept of reality bent and shifted to something unrecognizable. I thought some humans were robots or aliens or both. I thought I had special powers. I thought random strangers recognized me on the street. I thought the government was looking for me. I read some of the darkest conspiracy theories that exist and believed them whole-heartedly. The paranoia and schizotypal behaviors I exhibited were terrifying. It was a difficult time for me, my friends, and my family.

The only thing that resolved this problem was putting down the drugs. As I was sobering up, which gradually happened over *TWO* months (it was not immediate), conventional reality started coming back to me, and I was mortified that I had behaved in such a way. Looking back now, I am grateful to have had these experiences, to see where drugs can *really* take the body and mind. Of course, I am even more grateful to have come back mentally, as there are many individuals who do not.

Since that time, I stagnated. While initially recovering from that psychotic experience was wonderful, I ended up with drugs back in my life and the legal system following me yet again. I abused drugs on and off for several years, not knowing how to save money, and changing jobs multiple times. I was deprived of a sense of purpose and surrounded by individuals that ingested drugs frequently. Undoubtedly, this spiraled me into worse patterns of drug abuse.

The on and off battle continued until I decided to complete this project that you are reading now – this desire to share what I have done with others. I feel filled with a sense of purpose and meaning. Despite all my experiences with drugs, pleasurable or painful, I have devoted my life to studying them. It is clear that drugs in our society are not going anywhere, no matter how illegal they are. If I can help even a few people by explaining the struggles I faced, then everything I have been through will have been worth it.

Addiction

A Different Look at Addiction – It is not the drug that causes it.

If there is just one part of this chapter that you read, let it be this one. There is something that spiritual teacher, Teal Swan, addresses about addiction that made me deeply consider why it happens. She says that addictions do not inherently stem from the drug itself, but rather, from an internal conflict within the individual. Drugs and other pleasure-inducing activities serve to cover up the pain that an individual is trying to escape. This can be from the loss of a loved one, feelings of loneliness, past trauma, or from other arguably negative experiences. She says that until these deep-seated issues are dealt with, whether by intense self-reflection, therapy, or otherwise, an addiction to a particular substance may stop, but the former user may just move to another drug or addictive behavior. These could include sex, over-eating, excessive exercise, or non-stop bingeing of television. It is vital to deal with the pain inside in order to conquer addiction.

Drug Addiction – My View and Basic Experience

I wish I could say I have never been a drug addict or abuser, but that would be an outright lie. Considering my experiences with drugs, I believe it would have been *very* difficult to try the 100 drugs that I have, combined them countless ways, and *not* developed some type of addiction along the way. Since I was always an avid researcher of drugs and their effects, at one time I believed myself immune drug addiction. How could I make a mistake if I was informed about the negative consequences? My pride was my downfall, and I succumbed to brief periods of addiction with several different substances at different times in my life. Details of separate addictions are elucidated in the individual drug chapters contained in the rest of this book.

The purpose of this chapter is to discuss the overall topic of addiction. Having been through several rehabilitation centers, spoken to professionals, and attended various meetings, I learned many things about the topic throughout my life. While it is true that almost any activity that brings some level of pleasure could be addictive, such as sex, exercise, gambling, or even technology, the process behind drug addiction differs. When drugs are consumed, the release of chemicals in the brain induces pleasure, reinforcing the behavior with even greater strength, making drug addiction arguably the most powerful type of addiction. This can be contrasted to the act of watching TV, which causes the release of positive chemicals in the brain, but without ingesting a foreign material to cause that release.

Before going any further, I want to examine a few definitions of drug addiction/abuse. I pulled definitions from multiple arguably credible sources.

“The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems”

-**Diagnostic and Statistical Manual of Mental Disorders (DSM-5)**

“A chronic, relapsing disorder characterized by compulsive (or difficult to control) drug seeking and use despite harmful consequences, as well as long-lasting changes in the brain. In the past, people who used drugs were called “addicts.” Current appropriate terms are people who use drugs and drug users.”

-**National Institute on Drug Abuse (NIDA)**

“[Addiction is] Repeated use of a psychoactive substance or substances, to the extent that the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means. Typically, tolerance is prominent and a withdrawal syndrome frequently occurs when substance use is interrupted.”

-**World Health Organization (WHO)**

The way I see it, there is an easily observable theme: The desire to use drugs persists even when drug use is causing problems in daily life. But what constitutes problematic use? How much is *really* too much? There are a multitude of books written about addiction, so I will not fully elaborate on all the details here, but this is really a question for you to answer yourself, if you believe you are a drug addict or have a problem with drugs (or even if you do not think you have a problem!).

Questions for Consideration:

- *Does the person who has a glass of wine every night have an addiction? What if it is two glasses a night? What if it is four glasses twice a week?
- *Does the person who smokes a pack of cigarettes every day have an addiction? What if it is just one cigarette a day? What about one cigarette a week?
- *Does the person who has a cup of coffee a day have an addiction? When does it become a problem? Three cups? Five cups a day?
- *Does the person who smokes one hit of cannabis a day have an addiction? What if it is two joints a day?
- *Does the person who takes a daily prescribed dose of **alprazolam (Xanax)** have an addiction? What if it is taken "as needed" per the doctor more than once a day? Is it a problem if the drug is taken once a week off prescription?
- *Does the person who ingests heroin three times a week have an addiction? What about once a month?
- *Are some drugs more addictive than others?
- *Are some drugs *good* and others *bad*?

The purpose of posing these questions is to make you think about your own choices surrounding drugs, or about the choices of another person, if you think they may have a drug problem. The spectrum is vast and not clearly defined, but a good starting place is to ask yourself or someone else you have concern for if you/they *think* they have a problem with drugs.

Examples of Problematic Drug Use:

A few examples of problematic drug use that I have witnessed, possibly indicative of addiction:

- *Coming in late to work because drug use the night before caused you to sleep in.
- *Missing a family or social gathering that you promised you would attend weeks before just to use drugs.
- *Getting into an accident because of drug use, either from the effects of a drug used the night before, or from being under the influence.
- *Desiring to use drugs when you have friends or family expressing concern about your use.
- *Lying about your use of drugs or attempting to conceal use from others.
- *Believing you need to be under the influence of drugs to socialize or accomplish something.
- *Using drugs to dull emotional pain.

These are only a few examples of possible problematic drug use. Again, the answer is found inside you, after properly educating yourself.

Do you possibly have a drug problem? Admit it to yourself. Acknowledging this is powerful.

Does someone you know possibly have a drug problem? Confront them, but make sure you are coming from a position of care. Do not be insulted if the person is initially aggressive or declines assistance, as this is common due to the very nature of the problem. Everyone's situation is different so research needs to be done, geared toward your specific troubles, before confronting the individual in order to get a chance at the best possible outcome.

What is the solution?

I definitely do not know how to properly remedy general drug addiction, but I have learned some lessons! Due to the vast scope of potential addictions discussed in this book alone (cannabis, cocaine, caffeine, alcohol,

heroin, etc.) it is hard to give specific advice. As stated before, details about addiction to each drug will be provided in the subsequent chapters. However, what I can do is provide some general tips based on my experiences.

Methods to get out of Drug Addiction

Cold-Turkey:

Arguably, the most difficult ways to avoid addiction would be to go “cold-turkey”. This means to stop using a drug immediately regardless of the habit. This is extremely difficult for those addicted to heroin or cocaine, but can be *life-threatening* for those using high doses of **benzodiazepines** or **alcohol** for a long period of time. I have successfully stopped using several drugs that I have been addicted to by this method.

Tapering:

Another method would be to taper. This method involves gradually reducing the dose of a drug over a period of time. For instance, if someone is taking 15 pills of oxycodone a day and wants to quit the habit, the next day they will take 14. Then 13 the following day, until they get down to one pill a day, and eventually cease taking the drug completely (Note: this is just an example – I do *not* know how to adequately taper oxycodone). This is extremely hard to do without medical assistance, which I would highly recommend, especially in the case of opioids or benzodiazepines.

Rehabilitation Centers (Rehab):

Drug and alcohol rehabilitation facilities exist, but many people will not go voluntarily. Due to legal consequences or trouble in the workplace, some people are mandated to these centers. Some facilities are meant for outpatient treatment. In these places, a person will usually attend anywhere from one to five times a week and receive counseling in a group setting about drug problems and addictive tendencies. There are some facilities designated for inpatient treatment, where a person will essentially live there for a week, a month, or even longer. A sleeping space and food are provided. These institutions are usually intended for those with a more serious addiction, or those who have failed outpatient treatment previously. These places can be expensive with varying degrees of effectiveness. Health insurance has been known to cover treatment in some cases. In other cases, individuals may be fortunate to enter these institutions for free, but this is difficult.

Personal Counseling/Therapy:

A more expensive means to get treatment would be to have a personal counselor. I believe this to be the most effective, but unrealistic for the average drug addict or abuser. Ideally, these counselors can provide an insight into the deep personal issues in the individual, and can help correct them, healing the pain that the individual is experiencing, perhaps resolving the addiction.

Attending Free, Open-Community Meetings:

Another option would be to attend Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings. These meetings are held around the world to help those suffering from drug addiction wherever they may be. They use a 12-step program to achieve success, and have a more spiritual approach. There is no cost to attend, although they ask for a small donation if possible. Success rates for preventing relapse or recovery are a bit lower than the above-mentioned treatment options, between 5 and 10%, according to Dr. Lance Dodes and Zachary Dodes in their book The Sober Truth: Debunking the Bad Science Behind 12-Step Programs and the Rehab Industry. Regardless of their success rates, I am grateful that places like this exist, as they have helped several of my friends.

Using Other Drugs, such as Psychedelics:

For a truly alternative way to get rid of drug addiction, some will pursue the use of psychedelics. Ibogaine has been said to “reset the opioid receptors” in the brain, virtually mitigating withdrawal and diminishing craving for opiates. Other psychedelics like Ayahuasca, LSD, or psilocybin mushrooms may be effective as well. However, be warned, these drugs can have unpredictable effects which the user may find undesirable. I cannot emphasize enough how important it is to do research!

CAUTION!

Sometimes, a drug addict may cover an underlying mental condition, such as depression, with substance abuse. This can be very troublesome, especially if the depressed individual is suicidal. **CAUTION!** If you or someone you know is suicidal, *please* contact the suicide hotline (USA): 1-800-273-8255. Drugs used outside of a medical setting can exacerbate depression in the long run and increase the likelihood of suicidal ideation. You do not want to stand idle when something could have been done to save the life of another. Believe me – I have experienced it.

A Graphical Representation of Addiction

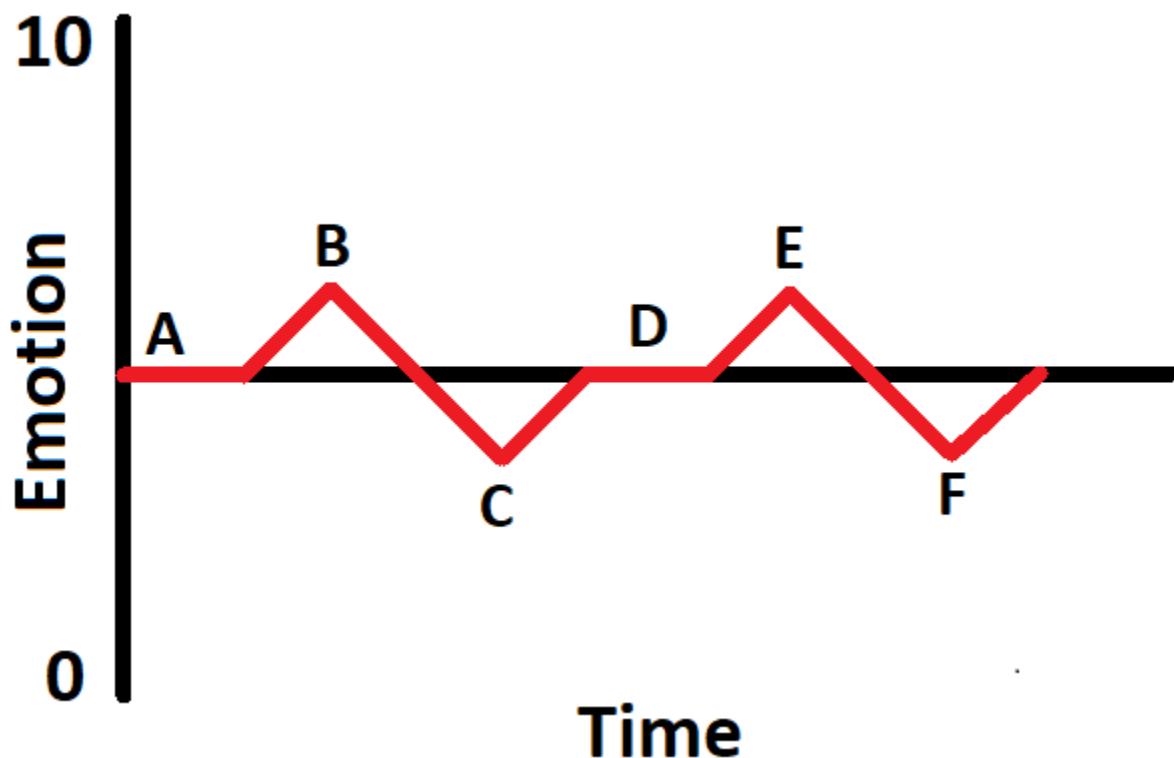
When I was in high school, I learned a basic principle in my psychology class, and that is that humans will operate at a 5/10 emotional state on average. Good things happen, such as passing a test, or getting a car, which will temporarily boost that emotional status to 7/10 or higher. Bad things also happen, such as failing a test or getting into a car accident. This will turn the emotional state of the human down. The interesting part about this principle is that because humans are such adaptable creatures, most of the time we will eventually grow to accept our successes and failings, and find that 5/10 equilibrium again. There are exceptions to this of course, such as clinical depression, or other mental disorders which greatly skew the emotional state, but from my observation, most humans will fit into the “normal” category of adjustment at a 5/10 equilibrium.

I sketched out multiple graphical examples of what I feel will best illustrate the example. I came up with this by myself, and my art skills are less than perfect so please, work with me! On the emotional scale, the ‘0’ indicates a terrible depressive state, while the ‘10’ indicates pure ecstatic bliss. Along the timeline, you will see letters. These letters will correspond to descriptions listed below to indicate why the emotional state is altered.

Please accept my Microsoft Paint style graphs. In future versions of this book, I am sure the quality will improve substantially!

Image 1: A “normal” person, having a “normal” day

Timeframe: One day



A – Wake up in the morning, feeling pretty “normal”

B – There are some leftovers from your favorite dinner, which gives a little mood boost!

C – There is a lot of traffic on the way to work, bummer!

D – Your day at work proceeds as it usually does, nothing good, nothing bad.

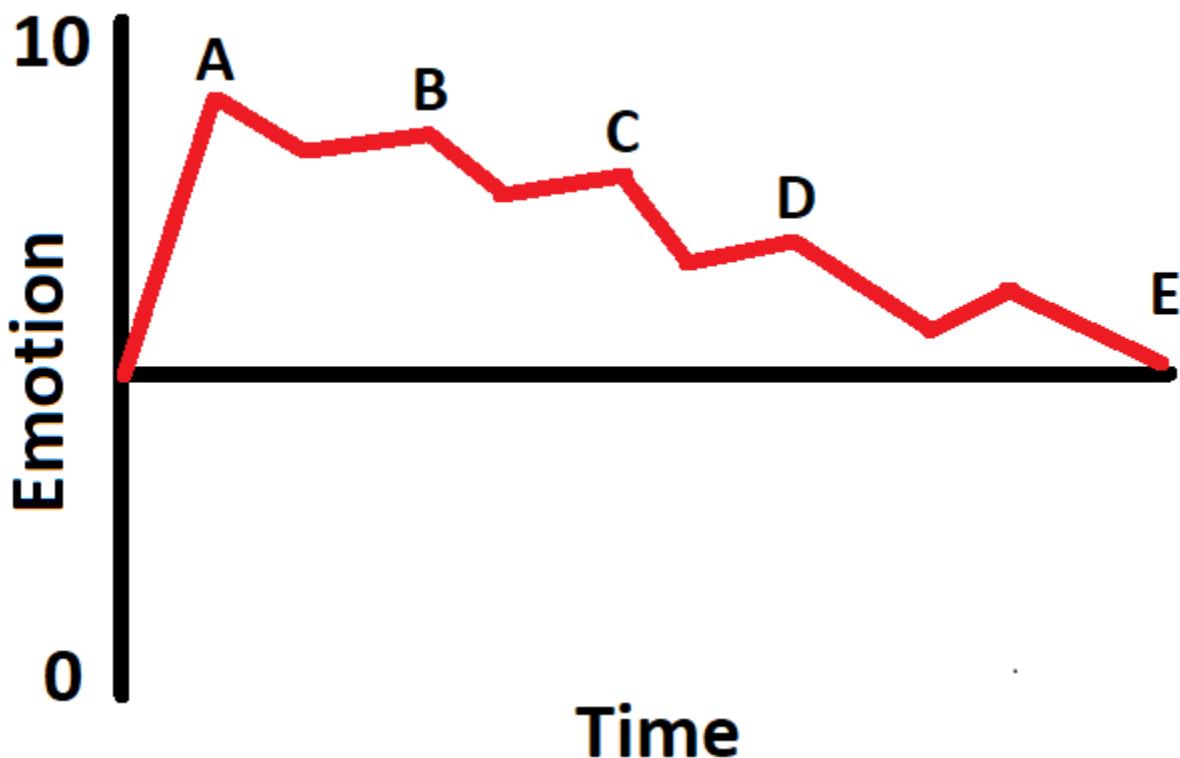
E – You grab fast-food on the way home and it is delicious!

F – Unfortunately, you now are experiencing indigestion because of the unhealthy food. Boo!

This is the baseline graph for which the rest can be compared to. This is ideally an average person, with little emotional ups and downs throughout the day, but is overall at peace with life.

Image 2: An example of a lasting positive emotional state

Timeframe: Three Months



A – You just bought a new car! Congratulations!

B – There is still an elevated emotional state every time you see your car.

C – As you get used to getting in your car and going to work every day, there is a bit less joyfulness

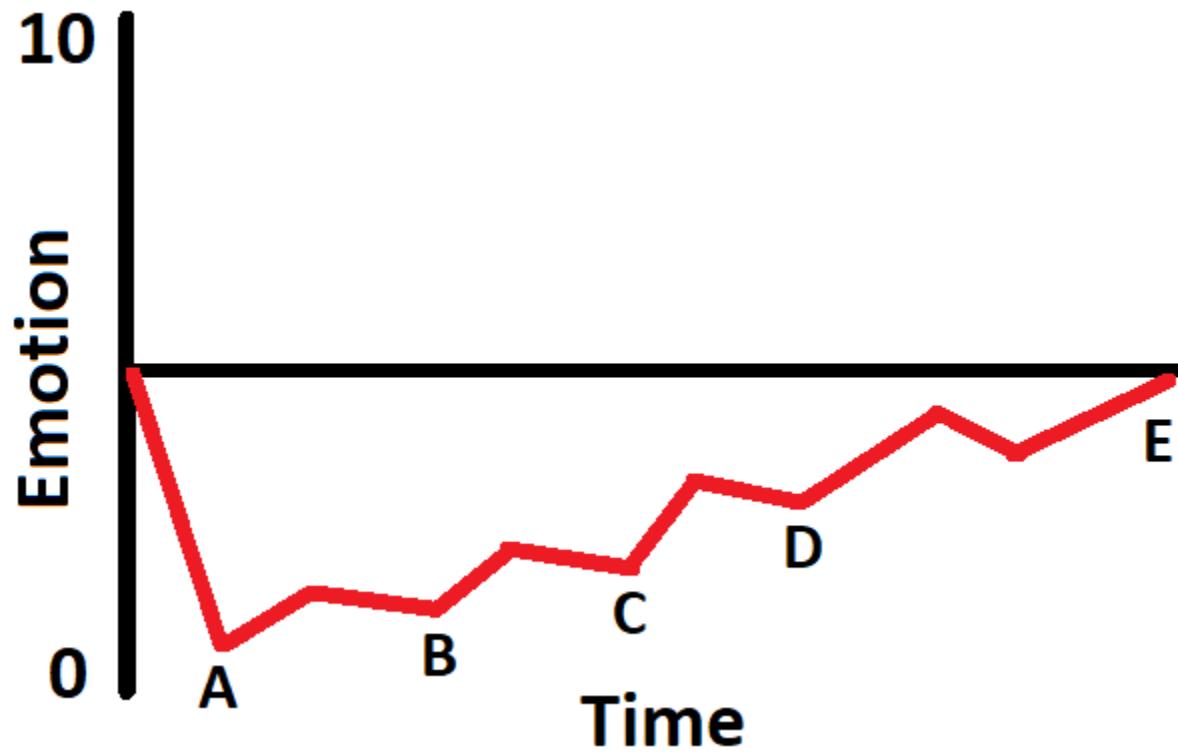
D – This joy wanes even further as you realize you are now subject to all the issues that other drivers are.

E – Months after the purchase, you essentially reach emotional equilibrium, having fully adjusted to your new car.

In this graph, we can see that getting a new car can cause extreme joy! You will not be euphoric at this level for the rest of your life because of this new car. There will certainly be a lasting emotional increase for a period of time, which varies from individual to individual, but eventually you will reach baseline. I say this speaking from past experience. The day I bought my first new car, it was one of the most satisfying feelings in my life! But months later... it was much less exciting.

Image 3: An example of a lasting negative emotional state

Timeframe: Six Months



A – One of your close friends has tragically passed away in a car accident. The tears come and you cannot stop them.

B – It has been a month, but the pain still feels very real. You start going to therapy. The crying decreases in frequency.

C – The memories are still burned into your mind, but you begin making peace with the loss.

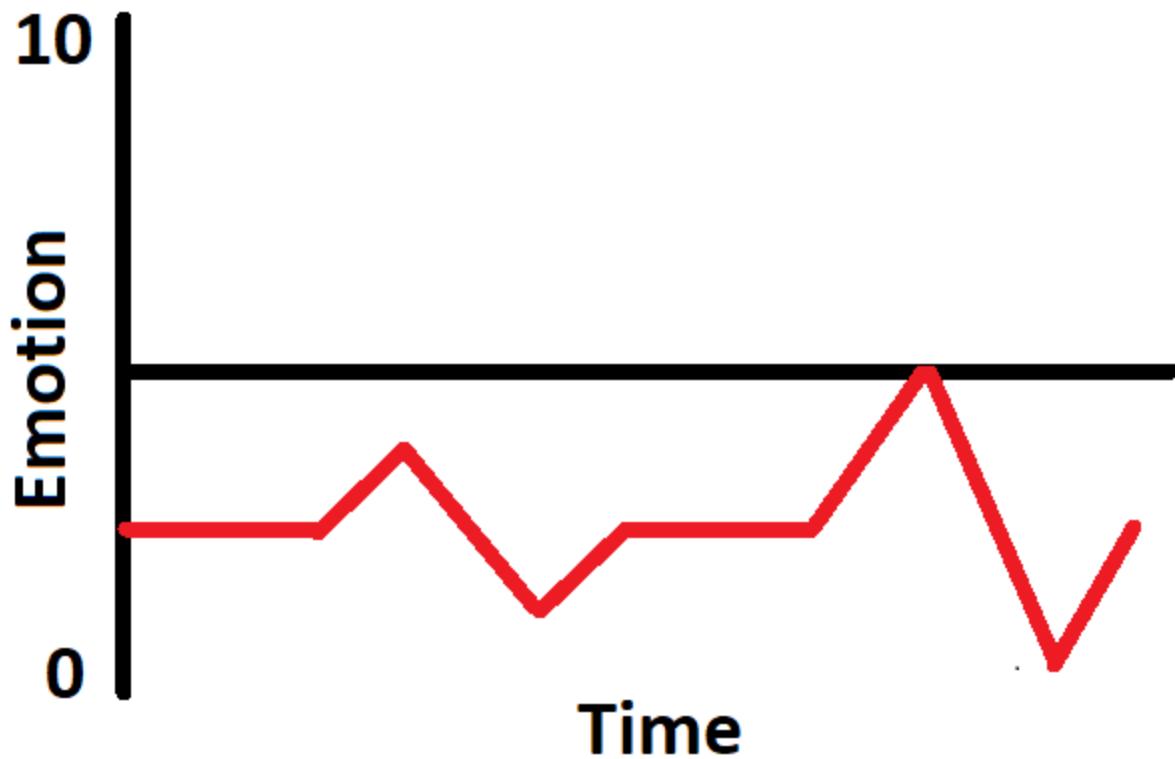
D – You have been hanging out with friends, trying to keep yourself feeling better.

E – While the underlying pain will never go away, you have accepted the event and will finally move on.

This is not to say that everyone will make peace with the death of a loved one in six months, but that overtime, many people will adjust to the loss. Some truly do not, but they are usually a rare exception.

Image 4: Someone suffering from clinical depression

Timeframe: One day... and beyond

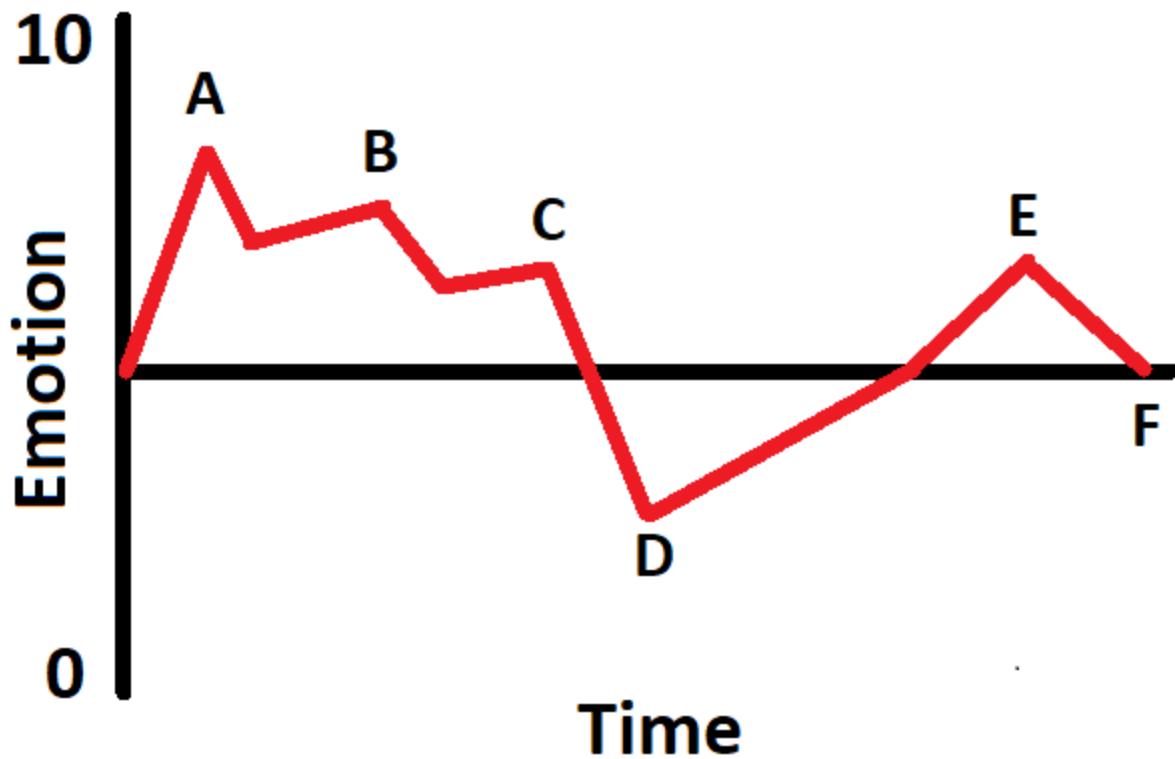


As you have noticed, there are no letters here, because it is nearly the same shape as the “normal” person, but in this case, the individual is suffering from a debilitating mental disorder, such as depression, crippling anxiety, or something similar. Their baseline emotional state is not a 5/10, but more of a 3/10. The euphoric ups of life barely bring them to 5/10, and the lows really bring them down.

This is a book about drugs right... so where do they factor in with these graphs!?

Image 5: One time drug/alcohol use

Timeframe: One day

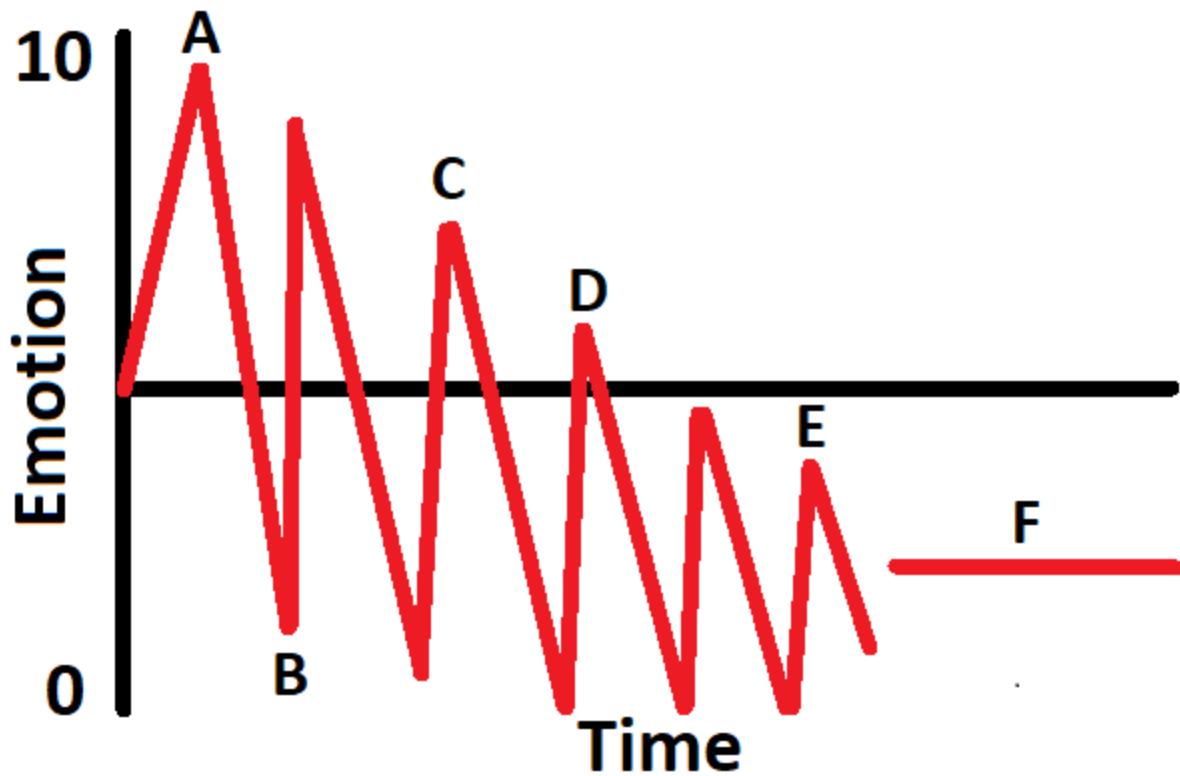


A – You take a dose of a drug, and it produces happy chemicals in the brain.
 B – The high begins to wear off as the day goes on
 C – The **come-down** phase begins, and the positive effects drop off.
 D – There is a slight **hangover** from the drug that persists for several hours, including anxiety and agitation.
 E – After eating a healthy meal, you are feeling much better
 F – Baseline is reached.

For this example, any drug can be ingested. We can see how this differs from the “normal” person in Image 1, because here, the positive emotional state seems to be amplified and longer lasting. However, here we also notice an equal and opposite reaction in the form of a hangover, where the consequences of the drug’s enjoyable effects are felt. Equilibrium is usually achieved a short time after, unless the dose of drug was fairly large, or if a drug was taken that is more prone to uncomfortable hangovers.

Image 6: Drug addiction

Timeframe: Several Weeks



A – In the beginning of a drug addiction, the initial effects are always the most enjoyable and memorable.

B – There are some consequences to getting extremely high on a drug, such as an extreme hangover.

C – As time continues and tolerance builds, the user will never get as high as they used to. The strength of the high diminishes.

D – As the addiction persists, the addict now uses the drug just to achieve baseline at 5/10.

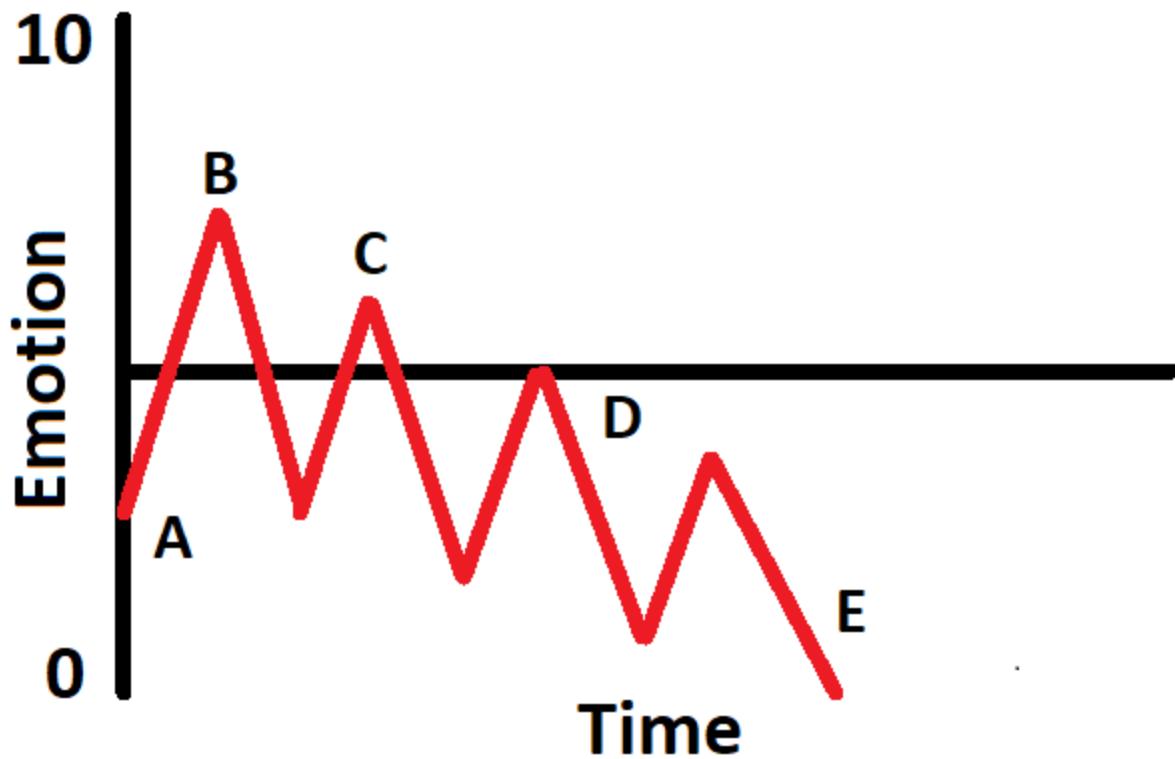
E – If the addiction gets severe enough, then the user is not even reaching 5/10 baseline, and is instead stuck in a vicious cycle of trying to feel not like absolute shit.

F – The graph fizzles out to a 2/10 equilibrium, as the users fights to escape addiction.

We can see how addiction is quite a beast. Emotional states can flip back and forth, seemingly without cause to the observer of the addict. With serious addictions, time can seem to pass faster, creating an even more tumultuous condition.

Image 7: Drug Addiction with Mental Illness

Timeframe: Several Weeks



A – The addict starts at a disadvantage (See Image 4), as they have an underlying condition such as anxiety or depression, which prevents them from maintaining equilibrium at 5/10 like the “normal” people.

B – While the high is not as powerful as it would be for someone who maintains 5/10 equilibrium, there is still a mood boost.

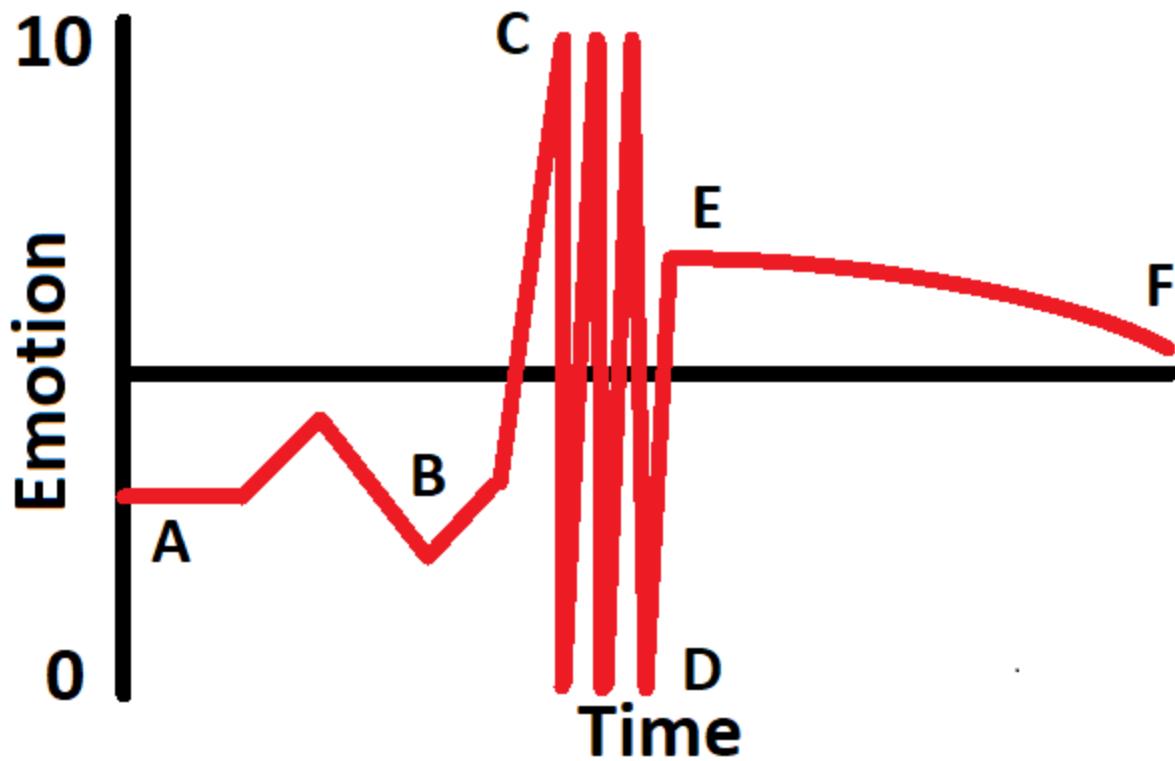
C – Having a taste of this positivity, the user is much more likely to repeatedly take the drug, but they will never get as high as they once did. Tolerance builds, and the high fades.

D-E – This is a more extreme circumstance of the above example (Image 6). The addict keeps using to try to feel good, but is now trapped in the vicious cycle of addiction.

This illustrates why those who suffer from mental illnesses are likely more susceptible to addiction. When they find a substance that brings them joy, they do not want to live without it. Addiction in the face of mental illness is a far harder beast to beat.

Image 8: Can Psychedelics help with Addiction or Mental Illness?

Timeframe: One Week, to One Month, or maybe More?



A – In this case, perhaps there is mental illness, perhaps there is drug addiction, but this person in the example is operating at a 3/10 equilibrium for one reason or another.

B – They experience the ups and downs of life, but in a more negative way due to their underlying condition,

C-D – A psychedelic drug is taken. Sometimes the experience is not overall positive, and can be quite chaotic! This is especially true for novice users of psychedelics. The graph bounces up and down viciously on this day because there are moments of intense euphoria, followed by opposing emotions that are equally intense (at least for me!).

E – There is usually a lasting **afterglow** for psychedelics, where there can be lingering positivity. Sometimes, the inverse can happen!

F – This positivity will fade in time, but can sometimes leave an almost permanent change in equilibrium. This is an ideal case, but the fact is that more research is coming out in support of psychedelic drugs for helping individuals to return to some type of equilibrium.

I can only speak of this example from past experience, both personal, and from what I have witnessed in others. Psychedelic drugs have helped in finding normalcy. **CAUTION!** Experimenting with psychedelics can still be dangerous. It is recommended you find a trusted professional to help you with this type of therapy if it something you truly want.

I hope at the very least, I encouraged you to do some research!

Getting High Without the Drugs

While this book is about drugs, particularly the ones that alter the mind, I believe it is also equally important to acknowledge that there are ways to alter the mind that do not involve taking drugs into the body. All of these methods are all more difficult than taking drugs – which you can easily and instantaneously inhale, sniff, or swallow – but I believe can be vastly more effective for spiritual gain. I practice some of these every day, and others when I can. So, what are they?

Exercise

Speaking personally, this is by far the easiest and most effective way for me to alter my mind. The accompanying **endorphin** release when partaking in physical activity does wonders for my emotional state when needed. I can push my limits as far as necessary in order to achieve various altered states. After the exercise is complete, feelings include euphoria, relaxation, and positive mindset. From an evolutionary standpoint, this is quite logical

Eating

Please do not confuse this with **sugar** abuse, as you might see in the *Sugar* chapter. When I talk about eating here, I mean eating wholesome healthy foods, which varies depending on the individual's dietary needs. While I follow a healthy diet, the feeling I get after a solid meal is unexplainable. I feel full in body and mind. My energy increases, as does my motivation, and I want to succeed. Eating to excess can lead to euphoria, and euphoria in this case is wholesome. This is in stark contrast to over-eating on toxic high-sugar substances – which can cause drug-like effects, resulting in hangovers in the short-term, and obesity and death in the long-term.

Fasting

The opposite of eating! With fasting, you are not eating anything at all. Can this really cause a change in consciousness? YES. People have looked to me and said, “But, if you are not eating you must be experiencing depression! Food is good!” The fact is though, is that our ancestors from generations ago would have to go for periods of time without food and water. Does it follow logically that they would get more depressed the longer they went without food? Losing motivation? No. They would die if this was the mentality. In fact, from my observation, I actually experience quite a bit of euphoria, focus, and motivation from not eating for periods of time (the longest I have gone was three days). It makes sense that our ancestors would feel similarly, so they might be inspired to forage for berries, or hunt for animals. Please see the detailed experience report presented at the conclusion of this chapter for proof.

Meditation

I am quite a novice meditator, I must admit. However, the times when I have managed to bring myself into a genuine meditative state, the feeling is pure bliss and understanding. It can be described as magical. There are many levels of meditation. Some can bring happiness and relief from stress or anxiety, while other levels can bring enlightenment and transcendence.

Breathing

There are various breathing exercises that can be done that can cause drastic alterations of consciousness. Some involve rapid short breathing, such as hyperventilation, while others involve prolonged periods of breath holding. I was a skeptic at first, but then I tried out some of these breathing methods and the resulting change in consciousness was shocking! Check out some YouTube videos on the subject matter. The Ice Man (Wim Hoff) was my main inspiration.

Sleep Deprivation

This one can get dangerous, and is more likely to be observed while under the influence of stimulant drugs for extended periods of time, however, it is possible to deprive yourself of sleep without the aid of drugs. Effects include minor visual and auditory **hallucinations**, **time dilation**, and euphoria.

Conversation

This is a deviation from the above-mentioned means, as it involves other individuals, but I think this is one of the more profound methods to alter consciousness. Think about this for a minute. When you talk to someone, it is possible for them to tell you the best information of your LIFE – or the worst... The simple act of them communicating this information to you may cause dramatic changes in mood and perspective.

Due to my fascination with all types of altered-mind states, I will probably make a separate book just dedicated to altered consciousness that is independent of substance intake, but that will not be for some time now...

Experience Report: Fasting

Extended Fasting while already in a Ketogenic State

Drug/Dose: Fasting, 72+ hours (incl. 60 hour dry-fast [no food OR water])

RoA: N/A

Date/Time: August 3rd @ 13:00

Diet: I have been carnivore (Beef only) plus heavy pink salt for a full three weeks. I had been following this diet on/off for several months prior, but this is the strictest I have been recently. Electrolytes almost daily (magnesium, potassium, and sodium bicarbonate), with iodine used on occasion. I usually (5-6 of 7 days a week) eat once a day (OMAD), and usually in the early afternoon, therefore, the transition to a fasted state should be easier.

Recent Drug Use: I am in a period of full-substance sobriety – taking no medications, caffeine, or even sugar/carbohydrates. I am a full three weeks in without any mind-altering drugs at the start of this fast. I have only used **hard drugs** a few times in the last six months.

Mental: I have been feeling quite well lately. Optimistic. Driven. Motivated. I am pursuing my ambitions with joy and avoiding distraction. Meditation has been happening frequently.

Physical: Weighing 175.8 to start, full of food and water. I feel quite healthy, still with some residual congestion (hoping that goes away with continued dieting). No pains, aside from a slight soreness from regular workouts. I have been doing a daily one mile+ run per day (rarely longer than such). I lift weights 4-5 days a week, though not with very high volume or beyond 40 minutes, and play tennis for a few hours once a week.

Setting: The fast will be done in the comforts of my Los Angeles home.

Expectations/Questions: I plan on continuing electrolyte supplementation, which I believe is especially important since I am going to continue exercising throughout this fast. I believe it will be easier to fast while already in a ketogenic/fat-adapted state (my body is accustomed to using fat as a source of energy). I ate my last meal for the next few days several hours ago, so I will not be hungry again for perhaps another 20 hours. I hope to receive improved focus while working on my ambitions. I am curious about how my mood will be.

Confounding variables could possibly be my daily running and meditation – for which I have been routinely enjoying about 30 to 60-minute sessions per day (this only started a week or so ago).

Experience:

T=0: Last meal was consumed at 13:00

T+5:00 (hours): There was little to comment on in the last few hours as my schedule has been incredibly routine for the last few weeks. I will likely update more after the first meal is missed, about 20 hours from now. Small bowel movement.

T+21:00: I awoke a bit hungrier than usually, maybe it is my brain trying to get a meal in, knowing I will be abstaining from food, or because I played tennis quite vigorously yesterday and did not have a grand amount of food. My weight was 174.0 this morning (roughly what it has been for the last three weeks since starting this diet).

T+23:00: Hunger is beginning. This is usually the time of day that I have started or finished my workout. I also did not have my electrolyte blend this morning which usually serves to ward off hunger. I really want to see the benefits of this fast, so I think I will go ahead with it. At this point I am also T+14:00 without water as well.

Some say dry fasting can be beneficial (if I am becoming problematically dehydrated, I will of course have some water!)

T+30:00: I felt hungrier earlier in the day, but it has diminished overtime. Interestingly, having not consumed anything of any kind, food *or* water, in nearly 24 hours, I feel remarkably okay. Smelling dinner cooking from the kitchen is quite tantalizing, even though I know it is food that I would not usually eat.

T+32:00: There seems to be an increased sense of focus, and my mood is quite stable. I am working intently on problem solving for computer programming, seemingly with more enjoyment. The hunger is present, but easy enough to ignore. It seems easier to feel colder.

T+43:00: And with nearly 36 hours without consuming liquids, I feel strangely not thirsty. There is some xerostomia (mouth dryness), but it is not unbearable. I weighed 170.0 pounds this morning. There is a slight weakness feeling to my body. My mind also feels surprisingly sharp, but slightly slowed. Last night before sleeping, there was even a slight euphoric buzz. Some of that has carried over until today. It was difficult to fall asleep, but once I fell asleep, I stayed asleep, although the duration was shorter than normal. My daily **Wim Hoff** method breathing exercises this morning felt more empowering and self-connective. I seem to be more open-minded. After my partner discussed some of my flaws, I believe I was more willing to accept them rather than provide confrontation.

T+44:00: I seem to be working with a more intense focus. Strangely, I just burped, quite a few times – despite the great lapse in consumption of food or water. I am hoping this is a sign that my body is moving things along nicely. My motivation for learning is increasing

T+47:00: After my one mile run and several sets of pushups and pullups, I am beginning to get a bit thirsty. If I can make it ten more hours, it would be a solid 48 hours dry-fast – something I did not think someone would be able to do with such ease. I still feel focused, but a bit slower. My mood is relaxed... very relaxed, and slightly elevated, but with a general tiredness. Taking deep breaths is one of the more rewarding activities at the moment. Interesting how priorities change with different depravities. Food is even farther from my mind now that I have deprived myself of water.

T+49:30: My heartrate has been consistently around 58-68 bpm. My blood pressure feels low, I believe, though I am not sure exactly what that feels like? My mind is not moving as quickly as I would like it to. There is a definite altered state of mind present, though I think this is more from the lack of water and electrolytes. I have since committed to a 48-hour dry fast (ends in seven hours), with a potential to do it until the next morning. I still feel very relaxed.

T+52:00: Definitely feeling slower. It is harder to use brain power to teach myself computer programming. I will still meet my goal for the evening, but will not attempt a once considered 72-hour fast through the day tomorrow.

T+54:00: Feeling lazy. Dry fasting does not support enhanced focus on passive activity. My mood is fluctuating a bit more greatly, when I thought I would experience more euphoria. There is an aspect of gratitude – appreciate for the food and water that I can get whenever I want, and however much I want. I am experiencing some time dilation. It as if sometimes time is moving a bit faster, but at other times it is slowing down.

T+67:00: After nearly 60 hours without water, I am desiring it more. Before falling asleep even six hours ago, I was starting to think more intently about consuming it and almost did. Now that I have awoken, I feel it is time. As I look now at the water, it feels more precious and sacred. Sleep quality was poor, and I still feel slow and tired, but relaxed. Mood is not quite positive or negative.

The first few sips taste wonderful. I am trying to drink this first bottle (about one quart/liter) slowly, as my body has not had *anything* for quite some time. I thought my desire to chug the water would be high, but surprisingly not so much. Drinking plain water actually seemed to make my mouth feel drier. After about two cups, spaced out over 30 minutes, I drank a third cup with seven grams of pink salt. I feel much more awake, aware, focused, and content. There is a slight mood lift and I feel ready to go about my day.

T+69:00: As the salt makes its way into my body, I feel more focused and motivated. It is a welcome feeling after the lack of energy I felt as the day wore on from dehydration yesterday.

T+71:00: Taking six grams of potassium citrate has brought more peace and relaxation for me.

T+72:00: Taking four grams of sodium bicarbonate seemed to cause some stomach gas and mild discomfort. Comparatively, the pink salt and potassium went down much more smoothly. I am still feeling a focused boost of energy despite this. Baking soda seemed to clear my sinuses a bit! A welcome feeling.

T+73:00: After a four-gram dose of magnesium glycinate (120% RDV Mg) with a supplement of iodine (100% RDV), I feel an even greater sense of relaxation. I think I will end my food fasting later today after an intense workout. Mood lift is definitely present, and increased focus is quite observable.

T+75:00: Running after electrolyte consumption was much easier today. There was a bit of feeling more connected to myself as I ran. I was able to do a fairly traditional chest and tricep workout using free-weights that were almost the same weight that I would use if I had been eating regularly, which was somewhat surprising. I even felt a burst of energy after I had lifted.

T+77:00: As I finish my steak, I am left with great satisfaction. Although I was not as hungry as I thought I would be, the meal was still enjoyed immensely. Interestingly, I ate less than I usually would with my OMAD beef-only style of eating at the moment.

T+79:00: Interestingly, I am finding it harder to concentrate after eating, though that could be from other extraneous stresses in my life. There are those who believe that fasting is unhealthy, which may have taken away from my fasting buzz slightly.

T+81:00: I've been experiencing little bursts of diarrhea about every half hour so. The frequency is uncomfortable, but I can only hope that it is a good sign, perhaps a type of "cleansing".

After-Thoughts: It has now been more than 24 hours since I broke my fast. I have had one large meal yesterday, and one today. I believe I feel more focused and motivated in general, but that could be due to a placebo, as I have read countless reports about people who improve overall health and energy after fasting. The diarrhea lingered into the early parts of today, which I can only assume was the residual gurgles I felt throughout the dry fast of things moving along in my body. I caught up on sleep last night, and have remained fairly positive throughout the day, and perhaps a bit more emotional (in a good way). I would love to repeat this experiment again (without extensive dry-fasting). My digestion seems to have improved somewhat, though again, it will be hard to compare until more time has passed.

Safety 1 – Frequently Asked Questions (FAQ's)

This is a compilation of questions I am asked the most often about various drugs. I broke up the safety section into several parts. The first details the most commonly asked questions people have to help keep people safe. The second adds on some more general advice and harm reduction practice principles. The third has some basic Do's and Do Not's. PLEASE read all parts if you are debating on taking drugs. It could just save your life or someone else's!

As this book is meant to be a reference manual, you may see me repeating information multiple times. This is for emphasis, and to stress just how important safety is. It is also because I may forget where I have mentioned information previously, and I would rather err on the side of mentioning too much! :)

Questions:

Q1: Should I take drugs?

Q2: How do I know that the drug I purchased really is the drug that I want?

Q3: How much of a drug should I take?

Q4: What factors determine how a drug will affect me?

Q5: Oops, I took too much. What do I do?

Q6: I was once able to get high on just one pill or one line. Now I need four or five times as much to achieve similar effects. What happened?

Q7: Can I mix "Drug X" with "Drug Y" safely?

Q8: How do I avoid becoming addicted to drugs?

Q9: I think I am addicted to drugs. What should I do?

Q1: Should I take drugs?

Any advice about whether or not the reader should take drugs to begin with, should be left up to the reader. It is hard for anyone, especially me, to tell you to take something or not take something. You must take a personal inventory of yourself and decide if this is the correct decision. Perhaps trying drugs at this time is not for you. Drugs have caused me many personal problems when I was not in the right state of mind. The choice to take drugs is a decision that rests with you – and you alone. But if you do want to take drugs, do your RESEARCH! There is some wonderful information included in here, and please read everything you can to help yourself, but it barely scratches the surface. Use the internet to your advantage and make sure you have an even better idea of what you are getting yourself into.

Q2: How do I know that the drug I purchased really is the drug that I want?

Great question. How *do* you really know? Especially if the drug comes as a white powder. There are literally hundreds of drugs that can come as a white powder. There are several methods to determine this, with varying levels of safety and financial cost.

Method 1: Try it out!

SAFETY LEVEL: **HIGH RISK**, COST: **NONE**

The worst and most dangerous thing you could do would be to smell or taste test it, or just consume it. This is risky because if it is an unknown drug with unknown power, sometimes even a taste could cause an overdose (as with the case of **fentanyl** – which can cause overdose at *TWO milligrams*). Also, only seasoned drug users who are familiar with what a drug might taste and smell like would be able to benefit from this method. Lastly, even if the drug tastes or smells “right,” it could be cut with other substances, altering the effects and increasing the risk for harm to come to you. Avoid this method if at all possible.

Method 2: Use a drug testing kit/reagent kit.

SAFETY LEVEL: **MODERATE**, COST: **MODERATE**

The next best idea would be to invest in **drug testing kits**. These can easily be purchased online from **BunkPolice**, **DanceSafe** (both highly recommended) or other online vendors. By using the kit with a small amount of a drug, a chemical reaction takes place that causes a color change. Using multiple kits will increase the likelihood of determining if the drug you have is indeed the drug you want.

For a very detailed way of conducting this test, please visit this YouTube link:

<https://www.youtube.com/watch?v=i2Rp95plkL4>

Please note, that just because a drug reacts a certain way, it does NOT mean that there are no additional drugs or cuts in the product. Some cut drugs will be invisible in test kits, but can cause death in the unexpecting consumer.

Method 3: Send a portion of the drug to a registered drug testing facility!

SAFETY LEVEL: **RELATIVELY SAFE!**, COST: **HIGH**

The last, but safest method to determine the quality of your drug is to send a small sample to a verified lab such as **Energy Control** in Spain. They will send you back a full report with the contents of the drug: adulterants, other drugs, and fillers. It is very detailed and very helpful for the truly concerned drug user. However, it can be very expensive. Covid-19 has probably ruled out this method of verifying quality of drugs unfortunately.

For prescription pills, the drug that it is can be found by looking it up online. For instance:



Typing the number/letter combination into a search bar “E 197 white pill” and you will find that this is 2mg of XR (extended release) **alprazolam** (Xanax).

CAUTION! Just because a pill has certain numbers or letters pressed into it and LOOKS like a prescription pill, does not mean that it actually is. It is becoming increasingly more common for drug dealers to have a **pill press**, which can be used to create their own pills, nearly identical to prescription pills, with whatever cocktail of drugs or substances they desire. Only recently, I had a friend who overdosed because he believed he was taking two five-milligram **oxycodone** (**Percocet**) pills, but they really both had high doses of fentanyl, nearly costing him his life. **Be careful!**

Q3: How much of a drug should I take?

I am so glad you asked! So, if we made it to this point, we hopefully have a good idea that the drug we have is the drug we want because we did some testing, but how much do we do? Knowing the dose that you want to ingest is very important. Take too little of the drug, and the effects will not be felt, but take too much and you could experience painful consequences such as anxiety, panic attacks, unconsciousness, or even death by overdose. I like to call it the "goldilocks effect" where the goal is to take just the right amount, not too much, and not too little.

Unfortunately, finding the amount that is ideal for each individual varies from person to person. There are some simple physical factors to consider, such as height and weight, body fat percentage, age, and metabolism. There are also other

factors to consider such as a person's mental state and overall preference of drug strength. Two individuals may be the same size and age, but one may prefer the effects of a massive dose of the drug, while the other may prefer surface level effects. Starting with a low dose is important. Perhaps you are hypersensitive to the effects and a small dose feels overwhelming and uncomfortable. This is why it is important to err on the side of **CAUTION**. The golden rule is: **If you start with a low dose of a drug, you can always add more to increase effects, provided there is more available. However, if you take too much and find the effects unenjoyable, you cannot usually remove it from the body!** Too many times have I accidentally taken too much of a drug that I thought was going to provide enjoyable effects and ended up feeling absolutely terrible! This is also how people overdose and die. It is extremely important to remember to start low, even if a close friend says otherwise. The uncomfortable effects of taking too much of a drug can be painful, even lethal. Do not give into peer pressure. **DO WHAT YOU ARE COMFORTABLE WITH.**

How low should I go? For most chapters, I include a dose suggestion (low – moderate – to high), but keep in mind, this is dosing that I have found familiar for *myself*. If you weigh 30 pounds less than me, and have never used drugs, you may want to start even lower than the lowest dose. This is an excerpt from the MDMA chapter:

Duration of Effect (DoE) in an intolerant user with empty stomach [full stomach] (Average dose ~80-120mg)

Come-Up: 30-60 [45-90] minutes (Extreme cases for over 90+ minute come-up have been observed)

Duration of Effect: 2-4 [3-6] hours **Peak @ + ~75-125 minutes after dose**

Come-Down: 2-3 [2-3] hours

Afterglow: 2-5 days, in some cases positive mindset can last weeks after a session.

According to what I have stated here, the low side of dosing is 80mg. If I were new to the drug, and of average weight and size, I would consider starting with perhaps 60mg, and waiting at least *two hours* before deciding whether another dose should be ingested. Always give the drug **ample** time to kick before taking subsequent doses.

CAUTION! Some may be familiar with the term "eye-ball". This is where a user will estimate the amount of a drug just by using their eye. This is very dangerous! Please, please, please: invest in a scale. A very cheap and effective milligram (0.000g) scale is a Gemini Jewelry Scale. I use this one personally and it seems to be correct (+/-) a few milligrams.



Operates with 2 x AAA batteries (included)



Calibrates with 2 x 10g weights (included)

For drugs that have doses in the low or sub-milligram dose, such as LSD or fentanyl, **volumetric** dosing is helpful.

What is volumetric dosing? It essentially involves dissolving a set amount of a drug into a set amount of liquid, and then taking the liquid in drop doses. For instance, 10mg of LSD, is roughly 100 comfortable doses. Measuring out a tenth of a milligram (.0001g) would be virtually impossible without a scale that costs an exorbitant amount of money. Therefore, if you weigh out 10mg on your Gemini scale, then dissolve it in a certain amount of liquid, you can do calculations to find out exactly how much LSD is in one drop of liquid. Please. PLEASE **do not eyeball powdered LSD, fentanyl, or other drugs that have sub-milligram** (nano-gram) doses! Check out this YouTube video for relevant information: <https://www.youtube.com/watch?v=5poqNzBhC4>

Q4: What factors determine how a drug will affect me?

There are a multitude of factors that can determine how a drug will affect an individual. I separated these factors into three different types and phrased them in the form of questions you may ask yourself, to give you a better idea about how drugs will affect you. Note: these are not all the possible factors to consider before taking drugs. Do your research!

Physical

Are you considered underweight or overweight? Does your body have a greater fat percentage than the average person? Are you young or old? Are you sick? Do you have a stuffy nose? Headache? Digestive issues? Did you sleep well? Are you hydrated and well-nourished with wholesome food? Is your stomach full or empty?

Mental

How do you feel right now: happy, sad, angry? Are you clinically depressed? Do you have a predisposition for schizophrenia? Does anyone in your family have a diagnosis with a mental disorder? Have you had traumas in my life? Are you ready to face these traumas should they arise during a drug experience?

External

What is the environment like where you are taking drugs? Is it a comfortable space? Is it a dangerous space such as a mountain or rooftop? Are there others around you that may influence your experience?

These factors are what make up the **set and setting**. This term was coined by psychedelic explorer Timothy Leary in the 1960's, but still holds value today. For more information on other factors that can influence a drug experience, check out PsychonautWiki's entry [https://psychonautwiki.org/wiki/Set_and_setting].

These are just a few of the questions that one needs to ask themselves before taking a drug. I will say it again: I highly recommend going online and doing your own research before making the choice.

Generally speaking, for physical factors, those with good health and average size, who are well-rested, nourished, and hydrated, will derive more positive relatable effects to my dosing recommendations. Mentally, those that are happy and optimistic, of sound mental health, with no family history of mental disorders will derive positive relatable effects. Externally, if you are in a safe location surrounded by friends you Trust, the likelihood for experiencing enjoyable effects will increase.

Those who have suffered past trauma or abuse should be wary of heavy drug use, as they may want to suppress whatever pain has been caused by said abuse, leading to more complex side effects in the near or distant future. **CAUTION!** Conversely, if taking a psychedelic drug such as LSD or mushrooms, these traumas can be brought to the forefront of the mind, without the ability to block them out, and cause the user to almost relive the experience. This can be very painful, but many have reported to have "come-to-terms-with" these issues after the drug wears off. Tread carefully.

Q5: Oops, I took too much. What do I do?

Shit, I dislike when this happens! **CAUTION!** If you or someone you know took too much of a drug, you may experience an overdose, which can be fatal. If this threat is legitimate, call the police and get medical attention as soon as possible! I do a small section about *Overdose Effects and Lethal Dose* in each chapter for each drug. Knowing about these effects before you try the substance would be to your advantage, so that you may avoid overdose. If there is not a physical threat to the life of the individual who consumed too high of a dose, it may still be a good idea to go to the emergency room where medical staff can provide assistance in counteracting the overdose effects. It is so important to be honest with medical professionals in order to get the best assistance possible.

In most instances where too much of a drug is taken, overdose does not happen, but feelings of discomfort can occur. Feeling uncomfortable is part of the process of having taken too much, and usually the simple passage of time will be enough to stop the unenjoyable effects and return to a normal state. However, there is a section in each drug chapter, entitled *Negating the Effects of the Drug* that will give advice specific to each drug about how to mitigate the excessive effects.

Q6: I was once able to get high on just one pill or one line. Now I need four or five times as much to achieve similar effects. What happened?

Congratulations, you have gained drug **tolerance**. Loosely defined, tolerance means you will need more of the drug that you took previously to achieve desired effects. This effect is more easily observed with regular use. For instance, if I smoke one **cannabis** joint once a week, I will likely get very high every time. If, however, I decide to smoke one cannabis joint a day, I will likely experience less of a feeling of being high as the days progress, and then a second or third joint throughout the day will eventually be needed to bring me to my desirable level of high.

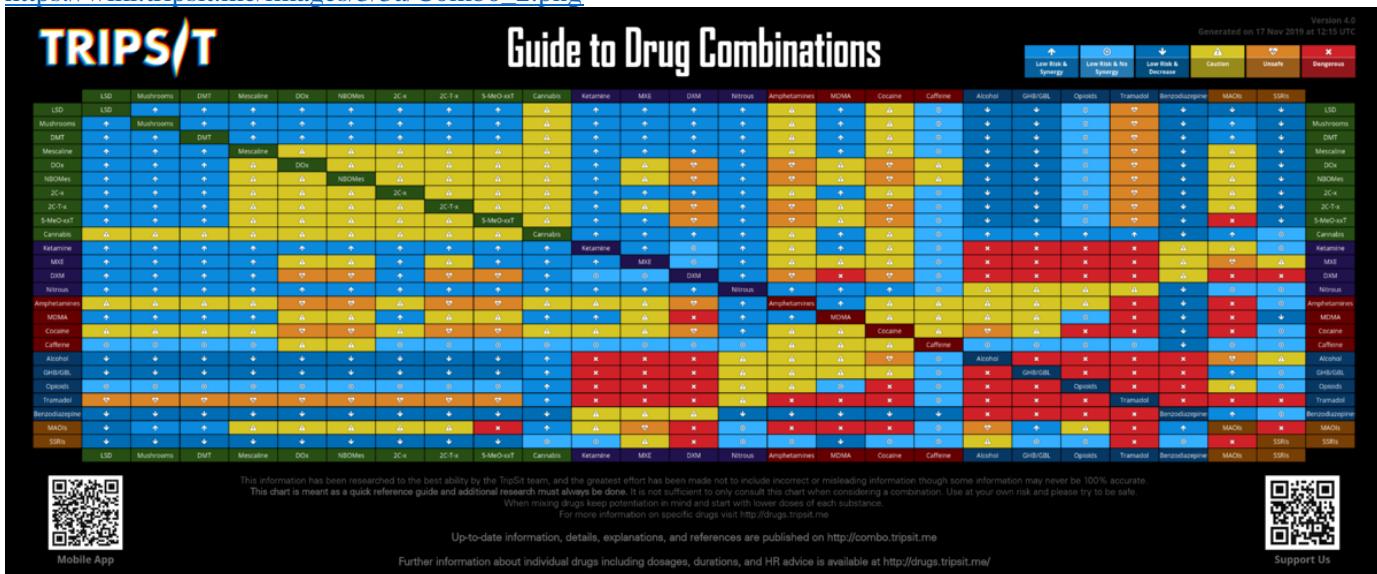
Of course, over time with certain drugs, the tolerance can build so severely, that the user will *never* be able to achieve the level of high that they once experienced.

Q7: Can I mix "Drug X" with "Drug Y" safely?

CAUTION! Combining drugs together is generally DANGEROUS! Just because you *can* does not mean that you *should*. The dose of each drug, X and Y, is probably the most important. From my experience, many drugs are able to be combined without life-threatening consequences, *if the dose is kept low*. I will say it one more time. Most drugs can be combined with relative safety, **if the dose is kept low**. For information on various drug combinations, I have a special section at the end of each drug chapter called *Combining with Other Drugs* that may help you. I do not describe every possible drug combination, as there is not enough room in this book, but I try to pick what I believe is most popular.

To see a general guide of which combinations are safe (relative to dose), check out tripsit.me:

https://wiki.tripsit.me/images/3/3a/Combo_2.png



The chart is difficult to see in this book, but a trip to the website is highly recommended!

Q8: How do I avoid becoming addicted to drugs?

I do not think that anyone has this answer. I do not know anyone who started using drugs saying "I want to be an addict!" Addiction is a possible risk, and you must accept that if you decide to embark on the adventure of taking drugs. Your best defense against drug addiction is part of what this book is about – being well informed and avoiding harm. I included a separate chapter on the topic of addiction all by itself. For me, I have had varying degrees of addiction with many substances in this book. I address the specific drugs in an *Addiction and Withdrawal* section in each chapter. For reference about my experiences in addiction with a particular drug, please check the corresponding chapter. See what mistakes I have made, and then avoid them if at all possible.

There is no guarantee this will work. For instance, I am someone who has sampled heroin on several occasions (about five or six times) and not become addicted. However, there are people who are hooked the moment the drug enters their body. Take the advice with a grain of salt.

Q9: I think I am addicted to drugs. What should I do?

Admit it! It is the most powerful thing that can be done in this situation. Admit that you are addicted to drugs. It is nothing to be ashamed of. Countless people have been addicted to drugs of all kinds. To give you some comfort, I have mentioned some of my struggles with addiction to various substances in this book. If you have a real addiction, please consider seeking medical assistance. If it is unaffordable, there are options that exist to help users out. The information below is repeated from the *Addiction* chapter that precedes this one.

Alcoholics/Narcotics Anonymous (AA/NA). These are groups that are run by drug and alcohol addicts, meant for drug and alcohol addicts. They are free to attend, though they ask for a donation if you can. It is not mandatory. They use a 12-step program, and have varying degrees of success depending on the severity of the addiction, and the desire of the addict to get help.

Drug Rehabilitation Programs. Some of these programs are free to attend if you have proper insurance. Some are cheap or free under certain circumstances. It depends on your region and qualifications. I have been through multiple programs of this type. There are outpatient programs, where people still live at home. Attendance to these programs usually happens several times a week, for a few hours a day during the daytime or night. During a session, a counselor will provide knowledge about drug addiction to a small group. Inpatient programs are essentially live-in rehabilitation programs. The attendee will sleep in a room, have food provided, and listen to lectures about drug and alcohol addiction.

Therapy. Sometimes, a one-on-one discussion with a therapist is best. This is usually the most expensive form of treatment for a drug addict, but possibly the most effective. An adept therapist will be able to ask the correct questions and get to the bottom of why the addict might have the addiction.

Psychedelic Drugs. I may get some criticism for recommending psychedelic drugs, but there have been studies done that show that psychedelic drugs, such as LSD, peyote (**mescaline**), or **ibogaine**, to be effective against drug addiction [<https://www.ncbi.nlm.nih.gov/pubmed/25563446>]. Before you go trying to take these drugs, it is highly advised you do plenty of reading on the subject matter first.

Sometimes, a drug addict may cover an underlying mental condition, such as depression, with substance abuse. This can be very troublesome, especially if the depressed individual is suicidal. **CAUTION!** If you or someone you know is suicidal, *please* contact the suicide hotline (USA): 1-800-273-8255. Drugs used outside of a medical setting can only exacerbate depression in the long run and increase the likelihood of suicidal ideation. You do not want to stand idle when something could have been done to save the life of another. I can almost guarantee you will regret it for the rest of your life.

Safety 2 – The Do’s and Do Not’s of Drug Use

I like to think of this as the Commandments of drug use. Again, even though I have stated this many times already, this is merely my feelings of what is important, based on what I have learned so far.

A lot of these options can be applied to life without drugs, and I believe are generally good advice, such as eating well and exercising. Taking these basic suggestions into account can increase the likelihood of positive drug experiences, while hopefully minimizing the chance of a negative experience.

DO NOT drive or operate heavy machinery while under the influence of drugs or alcohol.

DO NOT take drugs if you have an underlying mental disorder without researching the interactions.

DO NOT take drugs if you are a young person, as it can cause significant and lasting changes to brain chemistry.

DO drink water.

DO eat healthily – find out what your body best enjoys. This will make for better drug experiences (and better life experiences).

DO know your electrolyte needs based on diet. Electrolytes are important for adequate bodily function.

DO NOT exercise under the influence of drugs, unless you are of particularly excellent physical conditioning, or have done adequate research.

DO NOT do drugs if you’re pregnant!

DO NOT do drugs around children.

DO NOT try to compete with others using drugs. Drugs skew decision making. Competition leads to increasingly higher doses and risk of serious injury or death.

DO check the interactions between prescription drugs or other drugs you are taking and the drugs you want to experiment with. Not checking interactions can cause serious injury or death.

Always remember, the ABSOLUTE Safest amount of drugs – is no drugs at all.

Safety 3 – Sample Steps that can be Taken to Ensure Safety

While it is a bit idealistic to assume that novice drug users will follow all these steps before deciding to ingest drugs, I hope that at least some of you try your best to at least acknowledge the existence of these steps.

This example tracks the drug, **Pseudoephedrine**, and proper safety measures that I go over in my mind, or take action on, before I ingest it.

Step 1: Research

I have spent many hours researching pseudoephedrine (PSE) on many occasions. I have taken the drug before. I know it is a stimulant. I know it clears the sinuses. I know it can be used to make **methamphetamine** (MTA). I may potentially have caffeine later in the day, which I am aware is a safe combination if the doses are both low.

Step 2: Question

Do I want to take this drug? Yes. I have not documented the experience in a minute-by-minute style like I have for other drugs in this book. While not technically an amphetamine, it can be used to make one (MTA) so I am curious to see if any of the effects are paralleled.

Step 3: Examine your physical health, mental well-being, and the environment

I am of average weight and height. I usually eat well, but last night, shortly before bed, I decided to eat cookies and ice-cream! My quality of sleep suffered a little as a result. My mindset is positive going into the experience. Stomach could be feeling a bit better. My environment is comfortable. I am around people I trust.

Step 4: Check for Confounding Variables that may Alter the Drug Experience

I have been having caffeine fairly frequently, on an almost daily basis. I plan on abstaining today, but there may be a slight stimulant cross-tolerance? Unsure. Also, since I am avoiding caffeine today, there may be slight agitation that throws off the effect of the drug, as I do have a slight caffeine habit. My stomach is also still not completely empty after the junk food I ate last night. Some **diphenhydramine** (Benadryl – 50mg, two pills) was taken last night to ease me into sleep after eating that way.

Step 5: Test the Drug and Measure the Dose Appropriately

Having purchased the drug from a pharmacy that I have acquired it from multiple times, I can be fairly certain that the drug is what is displayed on the box.

Step 6: Make a Plan and Discuss Expectations

I plan on waking up, hydrating, and then taking two PSE pills. I have some errands to run tomorrow, so this task should easily be accomplished without detracting from drug effects. I expect to be a bit more wakeful, stimulated, and perhaps slightly more focused. There may be some mood elevation, based on prior experiences. Depending on how the experience is going, I may augment it by adding two more PSE pills later in the day. I expect my nose to be clear!

Step 7: Take the Drug!

Take the drug and think about how it affects you. You do not have to. You can simply enjoy the effects if you wish. This comes to personal preference.

Step 8: Reflect on the Experience

PSE was stimulating, that much was clear. Perhaps just as much as five milligrams of Adderall after taking the second dose of two pills. The mood elevated “high” was much less however, but produced an interesting altered state of mind. The duration of effect was also much shorter than I thought – perhaps two hours of noticeable effect, then quick dissipation over the next hour. I really enjoyed the clearing of the sinuses, especially since I ate junk food the night before which usually produces sinus congestion. Even now, eight hours after the last dose, it is still easy to breathe through the nose. Could be a useful alternative to caffeine, but I think the PSE actually improved my focus slightly more!

When you see drug experience reports throughout this book, you will see some detailed reports, such as the one below. Others may be less detailed. I tried to go over the above eight steps briefly before each experience.

Drug/Dose: Pseudoephedrine (PSE), 60mg + 60mg 2:30 after

RoA: Orally consumed

Date/Time: 4/4/2020, 9:05AM

Diet: Carnivore diet recently, not very strict, last night had sugary junk food

Recent Drug Use: Caffeine on a nearly daily basis, not today, 50mg diphenhydramine (DPE) last night, PSE maybe once last week

Mental: Positive mindset, a little tired

Physical: Slight congestion, otherwise healthy. Heart rate was normal (about 70bpm), REM 90+, Deep sleep 90+. High levels of positive sleep despite junk food and DPH before bed.

Setting: In a waiting area, waiting for my car to get serviced. Comfortable chair. No one with me. Moved back home, sitting all day.

Expectations: I have taken this drug many times so I am familiar with its usual effects. Taking DPH last night may dampen some of the stimulation.

Experience:

T=0: Two pills swallowed with a glass of water. No food consumed. Heartrate: 70

T+15: Feeling a slightly more wakeful effect, trace stimulation.

T+20: Slight desire to be productive.

T+25: Barely perceptible tingle in my spine. Sinuses are getting clearer, easier to breathe.

T+30: Stimulation is not placebo, increase in focus, heightening awareness of environment.

T+37: Noticeable but mild increase in heart rate. Enjoying the increased focus while reading and writing. Slightly amphetamine-like (AMP), but less of a buzz.

T+50: Stimulated. Difficult to sit still and not want to do something. Sinuses are very clear. Some toe tapping. Reading is very enjoyable.

T+55: Trace anxiety, very easy to ignore.

T+1:00: I would not say the music is enhanced, but I have a desire to move to it. Having used PSE as a party drug, this is not overly surprising. Although I could sit back in the chair, I find myself leaning forward, hunching over my phone to read and write.

T+1:05: Focused reading on the Coronavirus feels like wasted effort. I know it is not a good thing. Focused reading on my book feels better.

T+1:13: Standing up for the first time gave a head rush that seemingly boosted the stimulation. I enjoy typing on my phone. Writing would also feel good as well. Despite being able to breathe deeper, I found my breathing a bit shallow at times (characteristic of amphetamine drugs). Reminding myself to take a deep breath brought relief.

T+1:20: Definitely increased stimulation. Reminder – breathe deeply. Sometimes I am surprised this drug can be purchased OTC. Trace shiver in my body. More sensation of AMP-like stimulation, but without the euphoric buzz.

T+1:40: I have been glued to a book for 20 minutes, pulling my head up as if in a stimulant trance. If I had a coffee right now, I feel as though it would tread into over-stimulation and unpleasantness. When not focused on reading, my thoughts are a bit scattered, moving from one thought to another. Heartrate: 72 sitting, average

T+2:20: The main effects I received lessened slightly. Stimulation is still present, with an increased desire for focus.

The box says to wait 4 hours between doses, but I am going to take two more (60mg total) at 2:30. Taken with a large glass of pure fresh lemon juice (coronavirus protection!). Acidity of the lemon juice may diminish some of the effects of redose.

11:35AM

T+2:30: Blood pressure feels like it is rising, stimulation increasing already, likely because the two pills were taken on an emptier stomach than the initial dose.

T+2:40: Stimulating rising, bit mood elevation, slight “high”. Heartrate: 63 seated. Feeling comfortable, trace of anxiety, barely perceptible. Desire to focus is very high. Standing produces a temporarily heightened degree of stimulation. Even easier to breathe deeply, sinuses even clearer.

T+2:55: Time seems to be moving faster, especially when absorbed in various tasks.

T+3:10: When tasks are paused and I try to sit still, thoughts are very scattered. Stimulation is very apparent. Strong desire to be productive, but not extremely easy to focus on each task.

T+3:25: Sex happened – enjoyable, but perhaps the orgasm was less intense or altered somehow. Mucus in my sinuses loosened, and blowing it into a tissue allowed my sinuses to be clearer than I could have hoped for! Very easy breathing.

T+3:45: The slight elevated buzz I felt has passed, though I am still very stimulated. Background stress felt. There is a sensation felt in my eyes, difficult to describe. I can probably best describe it as this: if a higher dose of the drug was taken, my vision would start to blur. Light sweating.

T+4:30: I just laid down for about 20 minutes. Despite a sensation of stimulation, I felt the need to put my head down. I have not eaten yet (I usually eat once or twice a day) and it is around my feeding time. Perhaps eating will cause a boost in energy. Remarkably unfocused almost 5 hours after dosing. Perhaps related to the DPH taken 16 hours ago? Effects of DPH can linger in my body for quite some time.

T+5:15: I am desiring caffeine, but believe the stimulation will be overwhelming even if I just had one cup of coffee. Most of the effects have subsided. Sinuses are still very clear. I smelled flowers outside for the first time, though they have been in bloom for several days.

T+7:15: Just awoke from a half-hour nap. Stimulant effects definitely subsided. Going to have some coffee

After-Thoughts: The pseudoephedrine was stimulating, that much was clear. Perhaps just as much as five milligrams of Adderall after taking the second dose of two pills. The mood elevated “high” was much less however, but produced an interesting altered state of mind. The duration of effect was also much shorter – perhaps two hours of noticeable effect, then quick dissipation over the next hour. I really enjoyed the clearing of the sinuses, especially since I ate junk food the night before which usually produces sinus congestion. Even now, eight hours after the last dose, it is still easy to breathe through the nose. Could be a useful alternative to caffeine, but even with a caffeine habit, I feel my focus was better than while taking PSE.

Safety and Suggestion for Various Routes of Administration (RoA)

What is a route of administration (RoA)? RoA's describe the various routes, methods, or ways that a drug can be administered to enter the body. For instance, drugs can be swallowed (oral consumption), snorted (insufflation/intranasal), or smoked (combusted), among other means which will be elucidated below. Each method varies in safety, effectiveness, and onset of effects. It is up to the reader to decide what is agreeable for them, based on what drug they are taking (explained in individual chapters), and how much risk they are willing to take.

What I believe is also of relevant discussion, is the idea of “crossing a line” that cannot be uncrossed. Speaking personally, when it came to taking drugs in general, originally, I was never going to take them. “I will never cross that line,” I had said. Then I tried one, and the line was crossed. After that, it became even easier to try more drugs. The line could not be uncrossed.

The same could be said for various RoA's. For me, I said I would never snort drugs, but it ended up happening one day while I was intoxicated. From that point on, it became easier to snort every other drug! Again, the line could not be uncrossed.

While I have never injected drugs, I assume it is much the same: once one drug is injected, it becomes easier to inject many other drugs.

Please think about the consequences of your actions *before* you take action.

Combustion (Smoking):

Safety: Varies by drug. **Cigarettes** and **cannabis** are safest. Crack cocaine, **heroin**, and **methamphetamine** are probably the most dangerous. Many other drugs possess greater degrees of **DANGER** when smoked.

Efficacy: Smoking is an EXTREMELY efficient way to get drugs into the body. Because the lungs have such a great surface area, drugs are very easily absorbed by this method.

Onset and Duration: Since drugs are such a thin veil to the human body, effects can be felt within seconds. This is why the effects of the first drag or puff of a cigarette can be felt almost instantaneously.

Method: For me, the best way to absorb a drug via this RoA would be to start by exhaling about 70% lung capacity. Next, with the lips firmly placed around the device/drug (cigarette, joint, glass piece), ignite the substance, and inhale for about half of a second at first, then pull the device away, and then breathe in clean air deeply. In the mind, try to picture the smoke that was pulled into the mouth going deeply into the lungs as clean air is inhaled. Some individuals report not getting high while smoking certain drugs (usually cannabis). While the product quality could be low, what I have found is that they are perhaps not inhaling deeply enough. By design, the human body does not want to inhale smoke. The user will have to fight this internal chemistry in order to adequately achieve effects from drugs through inhalation. With more experience, the user should be able to inhale for longer than half a second off a device, and then inhale even deeper for more powerful effects.

Cannabis smoking pipe:



Vaporization (Vaping):

Safety: Varies by the drug. Nicotine and Cannabis vaporizers are again most likely the safest. Heroin and methamphetamine can also be vaporized, among other drugs. Many other drugs possess greater degrees of **DANGER** when vaporized.

Efficacy: Similar to smoking, vaporization is very efficient for getting drugs into the body. The lungs have a great surface area, allowing drugs to be easily absorbed.

Onset and Duration: Similar to smoking, onset usually occurs within seconds or minutes.

Method: Vaporization involves heating a drug to a hot enough temperature to melt it from a solid into a liquid, then vaporize it into a gas. If a flame is involved, it should *not* be touching the drug directly (that would be combustion). The most common drug vaporized would be nicotine in electronic cigarettes.

I have found the best way to vaporize drugs, whether in a glass pipe, over a piece of foil, or with another device, is to start by holding a flame a distance below the heating surface, leaving more than an inch (3 cm) between the tip of the flame and the surface. Since different drugs vaporize at different temperatures, slowly move the flame closer to the heating surface until you see the drug begin to melt (if solid) into a liquid, then vaporize into a gas. Holding the flame too closely at first will result in cooking the drug at too high a temperature, possibly causing some of the drug to get destroyed rather than absorbed, or the drug will burn your mouth as you inhale. Please do research for how best to vaporize certain drugs.

These are “oil burner” pipes, which can be used for crack cocaine, methamphetamine, heroin, and other drugs:



Oral (Eating/Swallowing):

Safety: This is one of the safer means to ingest drugs. Prescription drugs, such as **amphetamines** and **benzodiazepines** are usually meant to be ingested this way. The **DANGER** lies in the delayed onset. Impatient users will take more of a drug to try to achieve a stronger effect, before their previous orally consumed dose has come to **peak**. This can lead to accidental overdose.

Efficacy: Absorption through the stomach can seemingly weaken the drug by almost half according to some reports. It also takes longer for the drug to be fully absorbed, which can lead to diminished effects.

Onset and Duration: Because the drug needs to get through the lining of the stomach, or get to the intestines to be absorbed, this greatly increases the time until onset of effects. Some drugs, such as MDMA have taken upwards of two hours to fully come up. Stomach contents greatly effect onset of action in most drugs. However, the duration of effect is usually longer when consumed orally.

Method: For best effects when taking drugs orally, in most cases, the stomach should be empty and the drug should be taken with a glass of water. Avoid using acidic beverages like soda, coffee, or alcohol to take drugs orally, as the acidity of these beverages can destroy drugs. Especially avoid alcohol due to unpredictable effects from combining drugs!

CAUTION! Certain drugs, such as prescription opioids can cause intense stomach pain when taken on an empty stomach. Ironic, isn't it? Drugs that are meant to kill pain can cause an excruciating amount of pain in an intolerant user's stomach.

Ecstasy pills, intended for oral absorption:



Insufflation (snorting):

Safety: This is arguably safer than smoking (depending on the drug chosen), but more dangerous than oral absorption, due to the fact that a drug will enter the body at a higher concentration. The safest drug to insufflate in this book may be ketamine, whereas the more dangerous ones are cocaine, heroin, and methamphetamine.

Efficacy: Because there is only a thin membrane in the nose slowing the spread of drugs into the brain, it is a much more effective means for getting drugs into the body than oral consumption. In some instances, as is in the case with **oxycodone**, less of the drug will actually be absorbed than if it is taken orally. Many other drugs are absorbed more effectively in the nose versus the stomach.

Onset: Onset for most drugs is usually in 3-15 minutes, depending on the drug. Some drugs, even when insufflated, such as my favorite psychedelic, 4-AcO-DMT, can take 20+ minutes until trace effects even begin. Duration is shorter than that of oral ingestion, but usually longer than when combusted.

Method: Ensure the nasal passages are clear. Sometimes blowing the nose into a tissue is not enough. Using a device to rinse the sinuses such as a nasal irrigator, neti pot, or nasal spray can prove effective. If your nose is congested, the drugs will not absorb efficiently and the product will essentially go to waste, caught in mucus. There have been times where I have insufflated drugs and felt no effects due to severe congestion.

This next step is very important. If the drugs are not crushed into a fine powder, *they will not absorb correctly!* If there are any rocky bits, shards, or tiny pebble-appearing pieces, these will either go straight down the throat, or get stuck in the nose and not be absorbed. Please make sure your drugs are crushed adequately.

After the insufflation session has been concluded, preferably right after finishing, I highly recommend using a nasal irrigator to clear away built-up drug debris, dried mucus, and blood (if the drugs caused the nose to bleed). Doing so the next day will still likely be beneficial.

The nose could become easily congested from insufflated drug abuse. Avoid using topical nasal spray oxymetazoline (Afrin), as this could cause rebound congestion after the effects wear off, leading to even more sinus congestion than was initially present. It is acutely effective, but can potentially lead to lasting damage.

A rolled-up dollar with drugs:



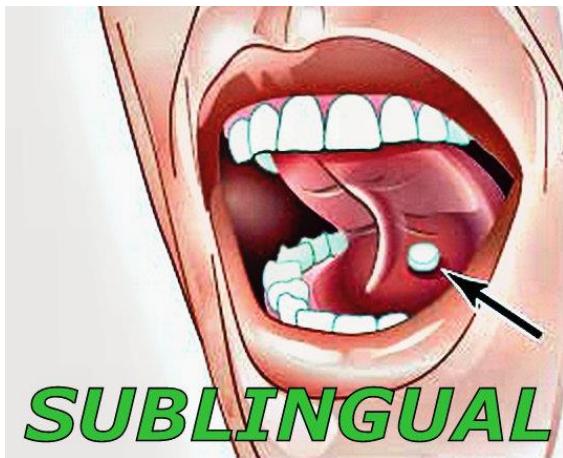
Sublingual / Sub-buccal (Buccal):

Safety: There is an added element of safety to this method. Since the drugs are in the mouth, if the user knows what the drug should taste like, they will be able to tell if the drug is what it is supposed to be. This is still **DANGEROUS** as the drug could be cut with any number of other malevolent drugs.

Efficacy: Depending on the drug, this RoA feels similar in efficacy to insufflation. Tasting the drug for an extended period of time is usually the worst part about this method.

Onset: These RoA's are usually faster in onset than oral, but slightly slower than insufflation. The added bonus here is that if the drug does not get absorbed through the mouth, it can be swallowed and then orally absorbed.

Method: These RoA's consist of letting a drug dissolve in the mouth, and allowing it to absorb through the mucous membranes. Sublingual refers to under the tongue, while buccal refers to absorption between the cheeks and teeth, or between the lips and teeth. This RoA usually causes an unpleasant taste, as most drugs do not taste pleasant, and the drugs will be right next to the taste buds. Some drugs need a few minutes to be dissolved, while others may need 15 minutes or longer. Please do your research.



Intrarectal (Slang: Boofing, Plugging)

Safety: Since this is likely the least common RoA, it may also be the most dangerous. Drug users can have a lax way of approaching this RoA because it seems so bizarre, however, absorption of the drug into the body can be faster and more powerful than all other RoA's, besides intravenous injection, from my knowledge. This means that a smaller dose should be used than a user might be used to using with other RoA's, such as insufflation.

Efficacy: There are many sources that report that this method will allow for nearly 100% of a drug to be absorbed, compared to oral absorption or insufflation, which can usually have a much lower percent. Again, budget for this when allocating for the size of dose.

Onset: Despite this RoA's stronger efficacy than other routes of administration, the onset can take a bit longer, sometimes 20+ minutes or more, though it is usually more rapid than that. Effects can be jarring, especially if the user is unfamiliar with dosing drugs in this manner.

Method: For best effect, empty the bowels completely. Feces are not usually contained in the rectum, but sometimes, it is useful to use an enema or another bowel-voiding instrument to make sure there is no fecal matter there. If there are feces, the drugs that are inserted could get stuck, and the effects of the drug will be greatly diminished, even nonexistent. Dissolve the drug in a *small* amount of water (emphasis on small), perhaps 2-3 mL. Find somewhere comfortable to lay on your side on the ground, as you will be here for about 10-15 minutes. After the drug has been fully dissolved, using a small enema or plastic syringe, insert about one inch into the rectum, and release the fluid inside. Since you are laying on your side, there will be a greater surface area for the drug to enter the body against the walls of the rectum. Depending on the drug, effects will begin to build after a period of time.

I know this can seem like a rigorous process, but I cannot stress enough how important it is to begin with a much lower dose than is commonly used by other RoA. Please do extensive research online to find that dose depending on which drug is consumed. Having someone nearby to monitor you in the case of an overdose is very useful as well. They will likely need to be a close friend or partner due to the intimate nature of intrarectal drug use!

The rectum is the tan/brown area, and the blue tube is the maximum distance to be inserted into the rectum:



Intravenous, IV (Injection into the vein):

Safety: The most important things to remember here are where you inject, who you inject with, and the environment you are in when you decide to inject. Other important factors include needle and syringe safety, having clean needles, the importance of not sharing needles, and how to prepare a drug for injection. There are of course, a multitude of other risk factors, like gangrene, or other infection that can occur from improper injection technique.

Efficacy: This is usually regarded as the most effective means for getting drugs into the body. Just ask any intravenous heroin user, and they will likely agree. With great power, of course, comes great **DANGER**.

Onset: As with combustion/vaporization, effects are nearly instantaneous from the time the drug enters the body.

Method: While I have no experience with this RoA personally, I found a document that may be helpful, however, it is a very long read. The IV users that I have spoken to have said this is a worthwhile guide to read.

<https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/>

Avoid using this RoA if at all possible. Once you turn down this path, it is very hard, if not impossible to turn back.

A generic picture of drugs and a needle:



Intramuscular (Injection into the muscle):

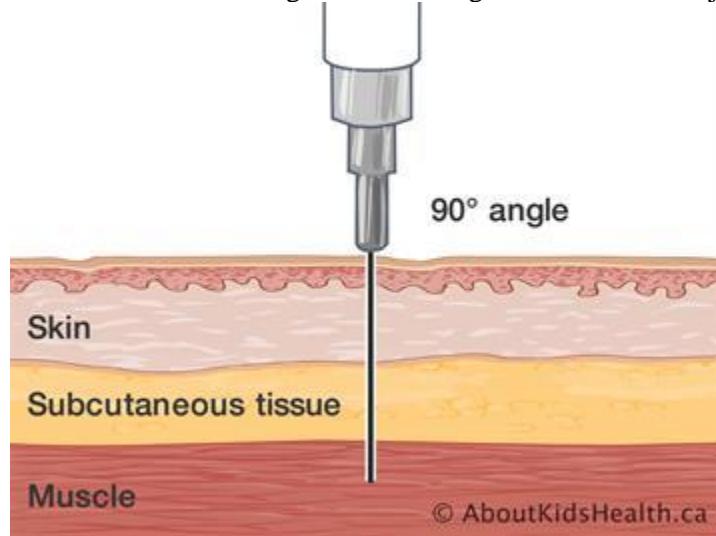
Safety: This RoA is arguably safer than intravenous administration, but since you are piercing virtually all defense mechanisms of the body, it still comes with great risks, similar to those of intravenous use.

Efficacy: The efficacy is somewhat diminished when compared to intravenous use. The rush is usually not as strong.

Onset: The onset is slower than that of intravenous administration, since the drug will take longer to spread from the muscle to the rest of the body. It is for this reason that this is the preferred method for ketamine injection, because if ketamine is used intravenously, it can cause unconsciousness before the injection is complete, which can cause damage at the injection site.

Method: The only drug that I know that is commonly taken this way is ketamine. Ketamine is most commonly insufflated from my experience, but abusers of the drug desiring a stronger and longer lasting effect will inject it into the muscle, rather than into the vein. Examine the safe injection guide mentioned above in the *Intravenous* section.

Where intravenous use goes in at an angle, intramuscular injection goes in at a 90-degree angle:



How to Use this Book

In order to facilitate an easy way to look up information, I tried to make the layout as simplistic and consistent as I could. The basic outline of each of the drug chapters is below, with descriptions of what is contained in each section following beneath.

For an even greater ease of use, I have included an in-depth glossary at the end of the book. I have **bolded words** that are defined in the glossary so that the drug naïve reader may become more familiar with drug terminology.

Sentences or paragraphs that are preceded by a big red **CAUTION** are meant to be observed even more closely than other advice given in this book. It means I have likely suffered an ill-effect by not listening to this advice, or I know someone who has. Please try to read over any section that mentions **CAUTION** at least two times to really familiarize yourself with possible risks or ill-effects, before indulging in the consumption of a substance.

The general outline for each substance is as follows...

Drug Title Heading

Introduction

History

Legal Status

Route of Administration

Duration of Effect

Dose Comparison

Physiological Effects

Psychological Effects

Comparison to Similar Drugs

Overdose Effects and Lethal Dose

Negating the Effects

Addiction and Withdrawal

Personal Experiences

Drug Combinations

Personal Opinion

Sources

Below follows an explanation of what each section will entail:

Drug Title Heading

The Drug title is usually the name of the drug. For certain drugs, such as methamphetamine, they will be found in a close relative's chapter – amphetamine. If you are unsure of which chapter to find a certain drug in, check the glossary, or just Google it – it's probably faster.

An image of the molecular structure of the drug(s) will be found here as well. Other pictures include tests done with **reagent kits** (if possible) and possibly pictures of what the drug looks like in real life.

There will be a short one-paragraph summary of the drug.

Some notable quotes, both positive and negative, may also be found here.

Drugs covered in this chapter: This segment is not in every chapter. As mentioned above, if there is an encompassing drug class, such as opioids, other drugs with similar traits will be noted here as well (oxycodone, fentanyl, heroin, etc.)

Slang: Any applicable slang terms may also be included here.

Introduction

A very basic introduction to the drug chapter is provided here. Initial misconceptions about the drug are sometimes elucidated. I also try to explain some modern-day issues with the drug, along with some interesting facts, graphs or statistics. Sometimes an interesting story or mention of the drug in mainstream media will appear.

Additionally, I try to provide information about **where the drug** is found throughout the world, along with **how it can be found** (pills, powders, etc.).

Occasionally, I detail some notable or famous individuals who used the drug or perhaps lost their life to it. Some terminology may be included in this section so that the reader may be familiarized with the content that follows.

History

If the drug is naturally derived, as in the case of cannabis or tobacco, when is some of the first evidence of use? If the drug was derived through man-made chemistry, as in the case of ketamine or LSD, who first synthesized it? What are some markers throughout history that are worthy of mention with regards to this particular drug? What about some of the other drugs covered in this chapter?

Legal Status

This section will describe the legal status of the drug. I try to go into detail about which countries have what status (Schedule I, II, or III, Schedule A, B, etc.) depending on the region. Some basic history about the legal restrictions may also be detailed in this section, such as the Prohibition era for alcohol in America, as well as some of the legal penalties. When possible, I include the legal status of similar drugs that may or may not be covered in the chapter.

The penalties of legal systems vary widely from country to country. In places like the Czech Republic, people can possess small amounts of cannabis or heroin for personal use. In Portugal, all drugs were decriminalized, so that instead of going to jail, there are merely fines for possession. Inversely, in the United Arab Emirates, individuals can go to jail just for having trace amounts of the drug in their urine [<https://drugabuse.com/addiction/drug-abuse-penalties/>]. In the most extreme cases, in the country of the Philippines, under leadership of Duterte, drug users can be killed.

Route of Administration

This section details the different ways a drug can be ingested. The most common forms of ingestion are smoking (**combustion**) and **vaporization**, drinking or eating (**oral**), snorting (**intranasal/insufflation**), and injection (**intravenous** or **intramuscular**). Drugs can also be absorbed **sublingually** or **buccally**, where the drug enters through the membranes in the mouth. Some drugs, such as LSD (specifically in its liquid form) and nicotine (in the nicotine patch), can absorb through the skin (**transdermally**). Perhaps the least common RoA is plugging or boofing a drug, slang terms for **intrarectal** administration, where a small amount of the drug is inserted into the rectum and rapidly absorbed. This method is often underestimated because it seems so bizarre, but a relatively large amount of the drug is absorbed very quickly which could lead to accidental overdose if care is not taken. For advice and suggestions about the techniques behind various RoA's, please see the previous *Safety and Suggestion for Various Routes of Administration (RoA)* chapter.

Duration of Effect

LSD – ORAL

Comparing a low dose (50-100 micrograms (mcg)) to a [moderate/high dose] (200-400mcg) in intolerant users with an empty stomach. Having food in the stomach will delay onset if the drug is swallowed. With sublingual absorption, stomach contents usually do not matter.

Come-Up: 45-120 [30-120] minutes – It can take longer than two hours for a full come-up in rare cases

Main Effects: 7-10 [8-12] hours **Peak @ + ~2.5-4 hours after dose**

Come-Down: 2-4 [3-5] hours

Afterglow: Some users report lingering changes in perception and mental state for days or weeks following a dose.

Please note that for the given doses provided throughout this book, keep in mind that this is from my experiences based on personal experimentation and observation of others. I am around an 80kg (175lb) male, with no underlying health conditions, who eats well, has a fast metabolism, and exercises regularly.

Traditionally, users who are sensitive to most drugs, such as those who are smaller in size and lower in weight or naturally low in tolerance, will expect a longer duration in the given range, such as the 12-hour duration of effect. Less sensitive users, such as those with higher body mass or generally high drug tolerance, will experience the lower side of duration (8 hours). Effects will also likely be more powerful for sensitive users, and a moderate 200mcg dose for me will feel like a high 300-400mcg dose for another. Please take your body weight, metabolism, diet, and tolerance into effect.

The **Come-Up** describes how long it takes the drug to begin taking effect. Some drugs come up quickly, and some take a little longer. This is generally the timeframe for when I feel the first flicker of a drug, to when the (hopefully) desirable effects start to set in.

The **Main Effects** describe how long the desirable effects last. This incorporates the peak. When the peak is reached, effects will likely plateau (stay the same), and then slowly decrease over time in this duration.

The **Peak** is when the (generally) desirable effects are likely at maximum and occurs after the come-up. Usually, the main effects start to decline from the time that the peak is reached. Most drugs do not have a substantially lasting “peak”, so there is a much smaller timeframe given.

Come-Down effects are when the desirable effects of the drug have worn off, but there are still some lingering sensations felt. Usually, at the conclusion of the comedown, the user is at baseline, or perhaps facing a hangover if the dose for the experience was high.

For some drugs, like MDMA or LSD, there are persistent and minor residual effects for several days in some cases. This **Afterglow** sensation describes when a usually positive experience was had with a substance. There can be lingering effects long after the drug has worn off completely. Users may have a new perspective on life or an increased motivation that persists. Under negative circumstances, users may develop lasting fear or distrust.

Dose Comparison

I usually briefly discuss what might be a good idea before taking the drug, such as having an empty stomach, or making sure you are in a comfortable environment.

Drugs can have different effects at different doses. In this section, I try to include what a low dose, moderate dose, and high dose feel like compared with one another. The details are very general, as the bulk of the effects are explained in the Physiological/Psychological Effects section.

For some drugs, sometimes trace doses or micro-doses (as in the case of LSD) are explained here. Mega-doses can also be described (again, as in the case of LSD).

Physiological Effects

*A quick note on Effects:

It must be stated right away – drugs can vary tremendously in effects from one person to another. Effects can even differ for the same person at the *same dose* at a different time. When considering the potential effects of a drug on a person, there are a multitude of factors that can determine what happens. Before looking too closely at what some potential effects might be, please reference the *Safety 1 – FAQ*'s chapter to get an idea of some factors that could cause a change in effects.

Even though the focus of this book is on the psychological effects, I think it is important to note the physiological effects, as they can have a profound impact on the experience. Included here are any effects that may be perceived in the body, rather than the mind. Effects on heartrate, digestion, urination, defecation, and breathing are just a few aspects that are taken into consideration.

Psychological Effects

*Make sure you read the note on Effects above

Likely the most frequented section of each chapter and the longest, what is found here are the most common effects of the drug. Does it make a user tired, awake, shaky, anxious, or stimulated? Does this boost or diminish sexual effects?

Are there any unpleasant side effects such as nausea, shallow breathing, or increased heart rate? How does a low dose compare to a high dose? This section is often the longest due to the shear variation of effects a user may expect to find as well as the multitude of side effects that can vary based on RoA, frequency of use, and size of dose.

What does it look like to be tolerant to the drug?

Long-term effects for single or continuous use are noted here sometimes as well

Comparison to Similar Drugs

This section is not in every chapter, but I think it is important to draw similarities and differences between allegedly similar drugs, such as stimulants: for instance, amphetamines versus cocaine, and cocaine versus caffeine.

Overdose Effects and Lethal Dose

This is possibly the most important section when it comes to harm reduction, because if you are not careful, a high dose of drugs can kill you. We live in a time when the heroin that is available on the street is riddled with cheap and potent fentanyl and its **analogues**. Fentanyl and chemically related drugs are roughly 100 times as potent as heroin, milligram for milligram, and therefore extremely dangerous if the dose is miscalculated. Drug dealers will also press their own pills, looking like prescription pills or ecstasy tablets, with countless different drugs. This section will indicate what an overdose looks like physically for each drug, what signs should you look for, and what you could do about it. Knowing signs of various drug overdoses can be vital to a safe experience.

Also in this section, when I have found the information, I try to identify what the lethal dose is - in other words, how much of the drug is needed to kill a person. Sometimes referred to as the **LD50**, the lethal dose required to kill 50% of a population, this statistic is often very hard to find because the LD50 is usually only measured in animal models. Some extrapolation can be done to relate the dose in a rat to a human for example, but there is still a difference in biochemistry, and so these results are speculative at best. Another important aspect to consider when determining lethal dose is tolerance. While a tolerant opiate user might be able to handle 30 bags of heroin just to get high, the same amount of heroin may kill many intolerant users.

It is worth saying that the limits of the lethal dose should *never* be tested.

I want to end this section with a plea. **If you witness an overdose, please, do not leave the person**, especially if there is still a chance they can be saved. There are some laws in place in various parts of the world that protect someone from reporting a drug overdose, such as the Good Samaritan Law. While this law varies depending on your location, the

general idea is that a bystander who reports an injury as a result of drug use is exempt from criminal prosecution, even if they are in the same environment as the victim (also using drugs). Unfortunately, immunity from trouble with the law is not always the case. There have been individuals who had good intentions when reporting the overdose of a friend, but received legal consequences.

Before you leave someone, remember that once a person has passed, there is no hope of getting them back. If you are in a position to do something, do it! Not only might you save someone's life, but you do not spend the rest of your life regretting what you *could* have done. It may haunt you forever.

Negating the Effects

If the effect of the drug is causing overdose effects (see each drug chapter to see what this looks like) as mentioned above, seek emergency medical attention. Even if you are unsure if it is an overdose, it is far better to err on the side of safety!

If it is not a medical emergency, just extreme intoxication, reading through this section can be useful. Why would someone want to negate the effect of a drug? Sometimes, whether intentionally or not, we ingest too much of a drug and desire to cancel the effects. Here I will confront what happens when a drug user is overly-intoxicated in order to mitigate, diminish, or dampen the high. In some cases, taking another drug to negate the effects of one drug can be successful at remedying the discomfort. One example is if an individual takes a high dose of amphetamines and experiences potent anxiety, heart racing, verging on panic attack, then taking a dose of **benzodiazepines** such as **alprazolam** (Xanax) or **clonazepam** (Klonopin) will mitigate some of the unpleasant effects. When it comes to a high dose of **ketamine**, the unexpecting user may find the experience incredibly disorienting and desire a way to lessen the effects. A spoonful of table sugar is known to be helpful in this instance. **CAUTION!** Attempting to remedy the effect of one drug with another is extremely dangerous and can create even more problems if the user does not know what they are doing. Except in the case of emergencies, this should only be attempted in a professional setting.

Most of the time these options are not available to users to take other drugs, and so the only available option is to just wait it out. All drugs will eventually leave the body; it is just a matter of time. Taking deep breaths, relaxing the mind, keeping well hydrated, and trying to eat some food will increase metabolism and expedite the process of getting back to **baseline**.

Addiction and Withdrawal

All of the drugs in this book have addictive potential, but some may be arguably "more addictive" than others. I hesitate a bit to say something like this, as all individuals are different. Someone who tries heroin on several occasions may not become addicted to the substance, but perhaps this same person cannot go a day without cannabis, a drug that is often deemed not "physically addictive". Each of us is different and may become chemically or physically dependent on anything. I will try my best to comment on what addictive effects seem to be the most common and how to avoid them.

Withdrawal, a directly related result of addiction, will be detailed in this segment as well. Withdrawal could be defined as the effects felt when a person using their drug of choice constantly, usually over an extended period of weeks, months, or longer, suddenly stops using this drug. Examples include a cocaine addict feeling a lack of energy and depression upon cessation of a three-month bender. A heroin addict may suffer withdrawal effects in the form of diarrhea, shaking, sleeplessness, anxiety, and sweating after sudden cessation of a six-month addiction. One common trend I have noticed with withdrawal from almost any type of addiction, is that there is usually an intense craving for whatever drug or action has been ceased. If trying to stop taking the drug regularly, distraction from the craving can be effective.

An entire chapter was dedicated to addiction before the chapters on individual drugs, as I find the issue so important to address in a book about drugs. Please reference it if you or someone you know might have a problem with addiction. And as always, I ask you to do your own research, as every addiction is different depending on the individual.

Personal Experiences

Out of all the sections, I probably enjoyed putting this one together the most. I have been able to document some of my favorite drug experiences, as well as recall memories of some of my least favorite. The greatest pleasure is that I can share these experiences with others and hope that lessons can be learned, so that the curious drug explorer does not make the same mistakes that I have made.

Some reports were written years ago and may be less detailed than more recent reports. They also likely reflect a different time in my life and the experience will likely reflect my mental state. If you are curious about how a particular drug may affect you, as it will likely differ from my experience, I would advise you to read my *About Me* chapter and then my drug experience that you are curious about. This will help to give you a frame of reference of what that drug might do to you based on your own past experiences, with respect to what a drug has done to me based on my past experience.

CAUTION! There is still *no guarantee* of how a drug may affect you. Even if the same drug at the same dose was taken by the same person, effects may still be different at different times. The only 100% safe experience, is to not take any drugs at all.

I try to go into detail about every feeling during an experience, minute-by-minute if possible, so the reader is given as much information as I can give them when learning about various drugs. Not all drugs will have the in-depth format illustrated below, but having such a format is helpful to illustrate the confounding variables during my experience, such as having a full stomach, being poorly rested, or having a less ideal mental state. Some experiences may be just a few sentences, but if I felt an experience worthy of mention, I tried to put it here!

I have said it multiple times already, but please remember that my experiences are my own and definitely do *not* guarantee that you will experience a particular drug the same way.

For more recent detailed experience reports, I try to document them as such, although most experiences won't have nearly as much information:

NAME OF THE EXPERIENCE. If [LIVE] is mentioned, then the experience was recorded while the drug was taking effect, rather than noted down later as most other experiences are

Drug/Dose: Name of the drug and dose administered.

RoA: By which route was it administered?

Estimated Purity: I am XX% sure that the drug is XX% pure (50% sure the drug is 80% pure)

Evidence: Failed a drug test? Similar to another experience/drug?

Date/Time: Date and Time

Diet: Type of diet followed, how long? Supplements?

Recent Drug Use: Have I used drugs recently?

Mental Status: What is my mood? Positive or negative? Any recent trauma?

Physical Status: Healthy? Sick? Any pain? Sleep? Heart rate? Headache? Ketosis? Stomach contents?

Setting: Where did I take the drug? Safe space? Comfortable? With anyone?

Expectations/Questions: What do I think will happen? Any confounding variables? Any questions I might have about the experience? Will they be answered?

Experience:

T=0: How was the drug taken (Time = 0, the moment of start)

T+time:

In this case, 'time' refers to how many hours or minutes have passed since the start. T+5: indicates that five minutes after T=0 when an effect was mentioned, if "T+1:30:" this is an hour and a half after start.

After-Thoughts: A detailed reflection of the experience is provided.

This complete documentation will attempt to address any confounding variables or other situations that might alter the drug experience, to give the most honest and explicit experience possible. It cannot be stated enough. My results are my own and should only be viewed this way. Use this as merely a reference point. Your experience may be completely different.

Combining with other Drugs

Having personally combined many of the drugs I discuss in this book with other drugs, and having seen others do the same, I find it prudent to have an entirely separate section that addresses this topic in each drug chapter. Whether it be my personal experiences, or any information I have found regarding what it is like to combine certain drugs, I try to address it here. When possible, if a combination is noteworthy, even if the drug is not mentioned in this book, such as GHB, phenibut, or DMT, it will be included in the necessary drug chapters.

COMBINING DRUGS IS GENERALLY DANGEROUS – BUT CAN BE DONE WITH RELATIVE SAFETY

Combining drugs can be very dangerous, however many people combine “common drugs” without giving much thought of safety. Drugs such as alcohol, caffeine, and sugar are generally regarded as safe to combine. These drugs are commonly combined together and socially acceptable. It helps to know that these relatively common combinations are usually not done to excess and can be combined relatively safely in the short term with a reasonably small dose, but the possibility of taking too-high of a dose of even these legal drugs is possible when the user lacks self-control. The best example of this could be illustrated by the 4-Loko situation that hit the United States and other countries around the year 2010. These alcoholic beverages also contained plant-based stimulants, like caffeine, taurine, and sugar. This caused a multitude of instances where consumers went to the hospital due to over-intoxication (I personally knew a few instances myself), because it was easier to drink to excess since alcohol was not as sedative due to the combination of effects from the other components of the beverage.

Do you still want to combine drugs? **KEEP THE DOSES LOW!**

From my past experience, combined with much research online, most drugs can be combined with each other *if the doses of both are kept low and the frequency of combination is rare*. Please take this statement lightly, as I do not want to encourage anyone to combine drugs together. However, if one is to make this decision, my goal is to reduce the harm that a person may cause themselves. **CAUTION! CAUTION! CAUTION!** Stated three times for effect: Just because I was able to safely combine certain drugs does not mean that other drug users will be able to. Remember, the only 100% safe level of drug use is – NO DRUGS AT ALL!

EXAMPLE – ALCOHOL AND GHB

Some individuals I talk to are aware that combining **alcohol** and **GHB** can be dangerous. I was under the impression that two hits of GHB and two beers would cause a combined drug overdose, and so I lived in fear of mixing these drugs. They both bind to similar neurotransmitters causing similar depressant effects, so why would I even consider it? Well, in writing this book I have done my share of research and found that these drugs have been combined many times by many people safely, as long as the doses of each were *always kept low*.

I tried this combination myself and kept the doses low. I had perhaps two glasses of wine and a **hit** of GHB. I felt amplified effects of both drugs, but no dangerous effects worth noting. I could see how danger could increase as my inhibitions were lowered, my ability to make healthful decisions decreased, and I felt more of a desire to continue dosing with both drugs. Fortunately, I had the self-control to stick to my upper limit and what I said I would do. The experience was overall enjoyable.

EXAMPLE – HEROIN AND COCAINE

Another example is the infamous “speedball” – a combination of heroin and cocaine. These two drugs are well known and are heavily stigmatized – especially when used in conjunction with each other. I have known many people who have tried it successfully, but also many people who have overdosed on one drug or the other unintentionally – sometimes resulting in death. Since the RoA for this combination is often intravenous, it is even more dangerous! An intolerant user will most likely experience overdose effects and runs the risk of death, even with a low dose of each drug.

WHAT IS THE TAKEAWAY HERE?

The moral of the story with combining drugs is to *do your research and know your dose!* The ability to cause harm to oneself is increased to an even greater level when combining drugs, than when using one drug on its own. If you happen to be on one drug and someone pulls out another, stop yourself and ask if this is the correct time to try mixing these drugs. Do you know what will happen? Can the person offering you a drug offer any insight? Ideally, when in doubt about a drug combination, simply refuse to take the drug! This is not always easy, especially if you are a drug addict or in an altered state of mind, but try to put yourself in a sober state of mind and question what you would do. If possible, excuse yourself and do some quick internet searching to see what you are getting yourself into.

WHICH CHAPTER DO I FIND DRUG COMBINATION INFORMATION?

There is a question that arises. If you desire to combine two drugs mentioned in this book, ketamine and cocaine for example, what chapter can you find information on this combination: the ketamine chapter, or cocaine? I put an [X] in front of the drug where the combination is NOT described. There is an [O] for if the drug combination description exists in that chapter.

Please *be careful!*

Personal Opinion

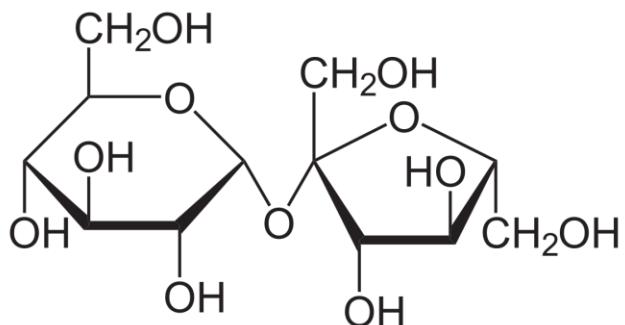
While I tried to keep the other subsections as unbiased as possible (even though it is virtually *impossible*), this is my chance to let you know how *I really* feel about a particular drug! I do not believe any drug is inherently "bad" or "good". I believe every drug can be used responsibly, but it does not mean that it should be! I will let you know what I enjoyed or did not enjoy, as well as any other opinions I have about the drug chapter.

I might discuss some of my more cherished experiences here, and some of the horror stories, even if they were mentioned in the *Personal Experiences* section earlier.

Sources

Much of the information contained before the experiences section had to be discovered from various sources, including books, articles, and even on internet forums. While some of the sources may be questionable to the reader, I have tried to cross-reference as much information as possible with other sources, as well as with my own personal experiences. Some information may not be correct, but I did try my best to provide the most honest information that I could.

Sugar (Sucrose)



A sucrose molecule, and my favorite flavor of sugar – Cookies and Cream.

Sugar is found naturally in fruits and vegetables, but also in processed food as a way to enhance flavor. It is commonly combined with caffeine in soft drinks (sodas) or coffee to increase palatability and to provide heightened stimulation. This drug is also often found in conjunction with alcohol. It has stimulant effects.

“Sugar abuse is the world's least discussed and most widespread addiction. And it is one of the hardest of all habits to kick... After alcohol and tobacco, sugar is the most damaging addictive substance consumed by human beings.”

-Terrence McKenna, Food of the Gods

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SUGAR CUBES – CONSUMED MANY WITH LOW TOLERANCE – HIGH INTOXICATION (~2016?)

COCA-COLA – AN EXPERIENCE WITH A 20oz BOTTLE (2017?)

Combining with Other Drugs

[X] ALCOHOL

[X] BENZODIAZEPINES

[O] CAFFEINE

[O] CANNABIS

[X] KETAMINE

[O] NICOTINE

[O] OPIOIDS

[O] PSYCHEDELIC DRUGS (LSD, MUSHROOMS)

[O] STIMULANT DRUGS – GENERAL COMMENTS (Amphetamines, cocaine, MDMA)

Personal Opinion

SUGAR IS A POWERFUL DRUG
SUGAR AS A GATEWAY DRUG
WHAT CAN WE DO ABOUT SUGAR?
BETTER YET, GIVE IT UP ENTIRELY!

Sources

Introduction to the Drug

DEFINING SUGAR AS A DRUG

Since putting sugar in a book about drugs may raise some questions, I believe it is first important to define how sugar can be a drug. When sugar is consumed, it will cause a release of **dopamine**, which some refer to as the “reward and pleasure” **neurotransmitter**. **Cocaine, amphetamines**, and other **narcotic** drugs will also affect this neurotransmitter, providing the “high” that is sought after by drug users. While the “high” from sugar is not as powerful, I personally find perceptible changes in my behavior.

BUT SUGAR IS A FOOD!

While this is true, just because something can be consumed and used as energy for the body does not mean that it cannot also be a drug. If you want to test if there are perceptible effects, I would try to lower my tolerance as much as possible by avoiding anything with sugar or carbohydrates in it. Personally, when I have refrained from sugar consumption for an extended period of days or weeks, and then decide to consume the substance, I can easily observe stimulation and mild mood elevation. This could be described as the notorious “sugar-high” that many are familiar with, which some may use to describe the effect it has on children. Interestingly, when I went to research more about the effect of sugar on children, according to some studies, the “sugar-high” in children is a fabricated myth and “Sugar does not affect the behavior or cognitive performance of children” [SugarHighBS]. Similar findings are described in other studies upon further research. I find this hard to believe, having felt psychological effects of sugar myself, but I will leave the choice of what to believe up to you.

SUGAR IS EVERYWHERE (NEGATIVE HEALTH EFFECTS)

Sugar pervades every part of the world today. Its consumption is even encouraged in many settings: in food at family gatherings, in sweet drinks with a meal, with a dessert after dinner, or as a snack while watching a movie. It is everywhere. For such a widespread drug, I question if people know how truly harmful it can be. Excessive sugar consumption can lead to type II diabetes, metabolic syndrome, and fatty liver. It can also a major cause of obesity [NHS 2014]. Sugar can also lead to increased anxiety, a compromised immune system, and early death [HuffPo]. It even impacts memory formation and causes tooth decay [LiveSci]. Simple internet searches will yield consistent negative results that might make you question why sugar is as prevalent as it is.

IT IS NOT JUST PURE SUGAR CAUSING PROBLEMS

Complex **carbohydrates**, such as starches (think bread, pasta and potatoes) in general, are converted into sugar when taken into the body. When looking at obesity over time, according to a 2011 study in The New England Journal of Medicine that tracked 120,000 participants over 30 years, the largest weight-inducing food was in fact the potato chip. Starch is more easily absorbed than even plain sugar! All this starch causes **glucose** (a type of sugar) levels to spike which generate cravings for more of the drug [NYT].

SUGAR AND CARBOHYDRATES ARE NOT NECESSARY FOR HUMAN HEALTH

After mentioning in conversation that I have been able to eat a diet free of sugar and other carbohydrates, I have had some people challenge me: “Carbohydrates are necessary for the brain and body to function!”

This is simply not true. I have personally lived for months off virtually no sugar or carbohydrates whatsoever, sustaining only on animal protein and animal fat. I felt completely fine, actually – I might even say – better than fine: sleep was restful, energy levels were high, muscle building continued, and my mood was positive (If curious look up a ZeroCarb lifestyle or the Carnivore Diet).

It is also a misconception that dietary sugar is necessary for brain function. In the absence of glucose, the brain will use stored ketone bodies from fat cells to function. This is where we get the name for the *ketogenic* diet. In fact, it has been argued that ketones as a source of energy are actually better for brain health than glucose [PsychT].

SUGAR IS A UNIQUE DRUG

What sets sugar apart from most other drugs is the desirable taste. Humans are wired to enjoy the taste of sugar, as it would have provided an evolutionary advantage over time. Fruit tastes sweet? Good – eat it and stay alive. However, the danger with today's food, is that now much of it is processed and loaded with sugar that is refined, concentrated, and pumped into a wide variety of foods at disproportionate levels. This skews our taste buds to enjoy a sweeter taste and creates a powerful effect on our brains. I believe that what is initially desired from sugar is the taste of whatever it is that is sweet, but the other effect that reinforces the enjoyment of sugar might be coupled with the dopamine release in the brain providing mild feelings of euphoria or stimulation.

Admittedly, I have consumed sugar with the core desire to experience drug effects, with some of the more prevalent experiences recounted at the end of this chapter. I hope that if you do not consider sugar a drug at this point, that you will begin to accept it as a possibility by the end of this chapter.

History of the Drug

HONEY – THE FIRST GATHERED SUGAR

The earliest evidence of honey, a naturally-produced and potent sugar made by honeybees, being gathered by humans dates back 9000 years to cave paintings in Spain. There has been evidence found for beekeeping, where bees were “farmed” dating back to 2400 BCE in a sun temple in Cairo, Egypt. The ancient Egyptians used honey as a sweetener and made it into cakes for their gods, as did the ancient Greeks [HoneyHis].

SUGAR SLAVERY

Sugar also has a dark history with slavery. “The early importation of African slave labor into the New World was for one purpose only, to support an agricultural economy based on sugar. The craze for sugar was so overwhelming that a thousand years of Christian ethical conditioning meant nothing” [FoodGods]. Millions of people were taken from Africa to become slaves in the 1500’s.

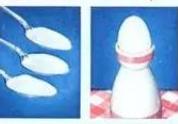
ADVERTISEMENTS FROM DECADES AGO ENCOURAGE CONSUMPTION

This advertisement for Domino Sugar in the 1950’s actually *encouraged* sugar consumption for the purpose of diet. “It’s smart to stay slim and trim and get Domino’s ‘Energy Lift’ too!”



It's smart to stay slim and trim and get Domino's "Energy Lift" too!

Which is Less Fattening?



Yes, 3 teaspoons of Domino Sugar contain fewer calories than One Boiled Egg!

Sure, you need Domino Sugar to sweeten coffee, tea and your favorite foods, but equally important... Domino Sugar supplies quick-energy—fast. Faster than any other food.

What's more, there are only 18 calories in a teaspoon of Domino Sugar. That's fewer calories than in many "reducing diet" foods! So if you're reducing, remember: "Sugar-starved" people

often lose pep and energy instead of weight! Just as Eggs are famous for their health values—in a well-balanced diet, Domino Pure Cane Sugar helps supply the quick food-energy you need every day for pep and vitality.

So be smart... use a sensible amount of satisfying, low-calorie, high-energy Domino Sugar at every meal... for only one sugar is Domino Pure.

FREE! NEW DOMINO DIET BOOKLET

The Domino Sugar Co., Box 100, N.Y.C.

Customer: If I like to learn the secret to losing weight without losing pep... or giving up energy-giving Sugar! Please send me free and postpaid Domino's New Reducing Diet Menu Booklet.

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

Jon@williamssoft.com

SWEETEN IT WITH DOMINO—AMERICA'S LARGEST SELLING SUGARS

consumer products does need to be disclosed. In the United States, according to the Nutrition and Labeling Education Act of 1990, the amount in grams of sugar needs to be labeled on consumer food products [SugarLabel]. Please note that this does not hold true for alcohol, where no “Nutrition Facts” need to be disclosed, besides the alcohol content.

Nutrition Facts

Serving Per Container: 1
Serving Size: 1 bottle (20 oz)
Amount Per Serving
Calories 260
Total Fat 0 g % Daily Value*
Sodium 50 mg 2%
Total Carbohydrate 65 g 22%
Sugars 65 g
Incl. 65 g Added Sugars 130%
Protein 0 g
INGREDIENTS: WATER, SUCROSE, GLUCOSE, HIGH FRUCTOSE CORN SYRUP, NATURAL FLAVORS, ARTIFICIAL COLORS, PHOSPHORIC ACID.

As you can see, the quantity of sugar is listed in grams under the “Carbohydrates” section. This makes it easy to find the desired “dose”.

[BuzzFDom]

ADDING ARTIFICIAL SWEETENERS

In 1981, the artificial sweetener aspartame was approved for use in food products. Despite controversy in the 1990's, moderate amounts of aspartame are still safe to drink [Time 2009]. Since this time, there have been multiple varieties of artificial sweeteners that have emerged on the market, with varying degrees of potency and effects on health.

SUGARCANE IS STILL WIDELY PRODUCED AND SPREAD

In 2018, there were almost two *trillion* tons of sugarcane produced (1,907,024,730) [FAO]. This does not include the amount of sugar that was produced from other sources such as corn or beets.

Legal Status

SUGAR IS LEGAL

As far as my research has led me, sugar itself is not illegal anywhere in the world, however, the amount of sugar in

Route of Administration

ORAL

What is the proper way to “take” sugar? Sugar is almost always consumed **orally** in food or drink.

Intolerant user, moderate dose (100-200g sugar) empty stomach

Come-Up: 5-20 minutes

Main Effects: 2-4 hours ~+10-30 minutes until peak

Come-Down: 2-4 hours, easing into laziness

OTHER ROA

Sugar can also absorb **sublingually**, by letting it sit under the tongue. I elaborate on why this is useful in the *Ketamine* chapter.

I doubt there is useful effect for taking sugar by any other method. A friend of mine was also given a sugar solution **intravenously**, but this was due to a medical complication from diabetes. I am unsure if anyone has tried injection of sugar for recreational purposes.

Duration of Effect

COME-UP

The come-up phase is mild compared to some other drugs. There will be an increase in heart rate, and a light increase in energy.

MAIN EFFECTS AND PEAK

Some users will experience heavy stimulation when eating sugary foods, while others may feel sedated (dose depending). There will usually be some mood lift, but it is usually very slight.

COMEDOWN

As the mood lift fades, there may be a desire to consume more of the drug. This is one of the addictive tendencies of sugar – it makes the user want to consume more.

HANGOVER

For those who consume low to moderate amounts of sugar on a regular basis, you may never experience this effect. For those who occasionally consume higher doses of sugar (even if it is not to the excess that I describe in later sections of this chapter) shortly before bedtime, they may wake up feeling effects that are almost similar to an alcohol-related hangover. I have experienced headaches, anxiety, dehydration, nausea, and a general laziness that can persist until a healthy meal is consumed, sometimes even longer. Finishing food at least five or six hours before going to sleep is optimal, and makes avoiding the hangover effects much easier. If you ever wake up confused about why you feel terrible, think back about what you ate the night before and how late it was.

AFTERGLOW

I have never noticed a perceivable **afterglow** from the consumption of sugar.

Dose Comparison

BEFORE YOU TAKE THE DRUG

As sugar is hardly intoxicating, especially for those who have a tolerance to its effects, there is little preparation that needs to be done. If you are about to eat a large sugar-filled meal, drinking water before the meal is consumed is more beneficial than after. The water will help your body to be better able to handle the foods that you will consume. Drinking water after a large meal, especially if that meal causes indigestion, can dilute the digestive enzymes in the stomach, impeding digestion, and creating a bloated effect. The last point to address would be to ask yourself if you *really* want to consume this substance. Are you trying to lose weight? Does sugar trigger an addictive eating episode? Will consuming this drug make it harder for you to sleep? Question yourself before you partake in the consumption of sugar.

TOLERANCE

It becomes difficult to say what the effects will be for each person due to the history of personal consumption of the user. If someone consumes several bottles of Coca-Cola a day, they will have likely developed a massive **tolerance** to the effects of sugar. If someone consumes less than 20g of sugar (carbohydrates) a day, as one might while following the **ketogenic** diet, and then decides to ingest four bottles of Coca-Cola, the effects of sugar will be much more powerful.

LOW-TO-MODERATE DOSE – LOW TOLERANCE (One serving of sweet food: brownie, slice of cake, etc.)

When taking a low dose, sometimes I feel an increase in heartrate and a rise in blood pressure. This is especially apparent if I cease eating sugar-filled foods for several days or weeks then proceed to eat something very sweet like ice-cream or cake. I get a mild euphoric rush. I feel energized, awake, though my thoughts might be a bit scattered. My eyes open a little wider and I feel a state of excitability. This is the “sugar high” that I experience. It can sometimes bring me some mood lift and increased energy. My stomach does not digest high sugar/carbohydrate items well so it can bring a slight physical discomfort, but if consumption is a rare occasion, I can usually come back easily from the negative effects.

VERY HIGH DOSE - LOW TOLERANCE (Bingeing on junk food)

At a certain point with a high enough dose, I will have to stay seated, finding it extremely difficult to move (and I am very in shape!). I will fluctuate between emotions – including happiness, sadness, or even slight anger. Sometimes I will feel extremely sedated, and other times I will feel rather stimulated. Breathing may become shallow and uncomfortable, giving rise to anxiety. Digestive discomfort can persist for hours, sometimes lasting into the next day after a full night of sleep, if I was lucky enough to get a full night. If I consume this much sugar before bed, my sleep will be interrupted, occasionally causing nightmares or other upsetting dreams. My REM and deep sleep will be impacted (as indicated by my FitBit) negatively and I feel like I had a less restful sleep.

Physiological Effects

APPETITE

Sugar has this amazing power to make me want more of it. If I start eating some chips (which turns into sugar as they are digested), I usually just want to eat more and more. The same goes for ice-cream, cakes, cookies, candy, or anything else with a moderate dose of sugar in it. There will be times when I feel physically full, but my brain is still searching for more of this drug. I would not say it has a direct effect on appetite, as my stomach is full, but sugar seems to disrupt the signals to the brain that are typically alert for fullness.

DIGESTION

Digestion is remarkably slowed when I have excessive amounts of sugar. It creates a stomach-too-full feeling, even when just a little bit of sugar has been consumed. I generally do not tolerate high-sugar foods well, and am sometimes greeted with acid reflux, or GERD. For a long time, while I was a sugar-consumer, I thought it was perfectly normal to have food come up my esophagus that I had previously swallowed. Sometimes a mouthful would be so big, that I could almost chew it again before swallowing (Do not do this, digestive acids are bad for teeth).

When I switched my diet to animal protein and fat, I no longer experience this. If I do decide to go back to the junk food, having this food come back up into my esophagus is an unpleasant side effect, and most often not worth it.

NAUSEA/VOMITING

Only when sugar was consumed in food that did not digest well do I get nausea, or if my stomach is too full. There are a few times where I have consumed so much of the drug that I had to vomit as if my body were rejecting the substance like a poison.

URINATION

When I have consumed Coca-Cola soda before, I actually found it a bit more difficult to urinate. Sweet foods will likely absorb water from the body, and decrease the frequency of urination,

DEFECATION

Sugary foods and drinks will usually slow down my digestion through to the end, creating occasional constipation. Occasionally I have the opposite effect – diarrhea, depending on what type of food and how much of it was consumed.

RESPIRATORY

If I eat past the point where I say I am full, the volume of my stomach will be so immense, that taking deep breaths becomes difficult. Also, I believe I may have some food intolerances, because after certain foods are eaten, my breathing can occasionally become shallower. It is usually not uncomfortable, but reminding myself to take deep breaths usually soothes this effect.

CARDIAC

My heart will beat at a much faster rate if I have eaten sugary foods. The greater the size of the meal, the greater the increase of heart rate. My blood pressure will also feel like it increases as well.

SENSATION

Besides consumption of the drug, which usually has a significant impact on the sense of taste, I do not believe this drug has a strong effect on the other senses.

EXERCISE

Sugar can provide energy for exercise. This is why some athletes will consume a sugary substance shortly before a major sporting event. Before giving up sugar, I used to do this with beneficial effects. There were times where I have had so much sugar that I have felt the need to “burn it off” and exercise. Internet searches will tell you which activities are best for burning calories consumed. Very high doses of sugar make it harder to exercise, due to stomach discomfort and potential laziness.

ANALGESIA

After I experienced pain relief from an oral dose of sugar during one of my experiences in the *Personal Experiences* section below, I decided to do some research. It seems that I am not the only one that derived a pain-killing effect from the consumption of sugar, although the exact mechanism of action is unknown.

Psychological Effects

STIMULATION TO SEDATION

Going from stimulation to sedation is a common theme throughout several chapters in this book. This can happen with alcohol, **cannabis**, **opioids**, and for some people, even caffeine. Usually, low doses of the drug can cause a user to become stimulated and more wakeful, whereas higher doses can cause drowsiness or apathy. If I were to have just a few small bites of cake, I may become a bit more stimulated, but if I had three large pieces, I will likely want to lay down and perhaps fall asleep! I feel I am quite sensitive to sugar compared to others so these effects may be slightly magnified.

AWARENESS

As sugar can be stimulating, there may be an increased likelihood of observing the surroundings, but sugar can also cause me to be easily distracted. I personally feel I am less aware of events transpiring around me when I am under the influence of a high dose of sugar. The drug can also make me less aware of the thoughts and feelings of friends and others who are around me.

MOTIVATION

Over-consuming sugar usually robs me of motivation. If I am completely involved with eating something, I am most likely not trying to think about other tasks I could accomplish. When my stomach is over-loaded with sugary foods, I often become lazy and have no desire to do much of anything.

DISINHIBITION AND SOCIABILITY

Users may become more friendly and talkative when consuming the drug, a characteristic that is common among stimulants like cocaine, amphetamines, or caffeine. This increased sociability is mild in comparison to other drugs, but since sugar is mostly non-intoxicating, it is typically easy to control oneself in a group of people.

SEXUAL

If I have not eaten anything for an extended period of time, my desire for sex diminishes. I find that if I am following a standard diet (a variety of meats, vegetables, fruits, and sweets), and I consume a high-carbohydrate or sugary food, my

sexual appetite will increase. Even if I have abstained from the drug for weeks and then consume sugar, I notice an increase. However, having too high a dose of sugar will have the opposite effect. As was stated earlier, I will feel a heavy **body load** and desire to stay still and not move.

DECISION MAKING

Since sugar does not have a potent intoxicating effect, it does not seem to have a strong impact on the ability to make decisions. Driving is usually safe under the influence of sugar, but if the user is intolerant to the drug, they may want to pay extra attention while on the road. Consuming the drug does definitely impact my ability to stop myself from having more of it.

FOCUS AND ATTENTION

Consuming high doses of sugar will make me easily lose focus. Even if there is a sensation of energy that is permeating my body as a result of the intake of sugar, my attention span often gets shorter. Sometimes, low doses can seemingly cause an increase in focus.

ANXIETY

Only when I have consumed very high doses of the drug, have I developed anxiety strong enough worth discussing. Very high doses can cause a very rapid increase in heart rate and shallow breathing. This can lead to anxiety. This anxiety is best remedied by deep breathing when possible, or a healthy meal after the stomach begins to empty.

ARTIFICIAL SWEETENERS – SAFER ALTERNATIVE?

Even though a Time article says that aspartame (in Equal brand), saccharin (Sweet ‘N Low), and sucralose (Splenda) are not dangerous when consumed in moderate amounts. Despite hundreds of tests, there were no health risks detected, not even an increased risk for obesity [Time 2009].

According to a more recent article, artificial sweeteners can still increase cravings for real sugar. As the brain is desiring sugar, if someone consumes artificial sweeteners, they may be tempted to eat more than normal, as they are not satiating the brain craving for real sugar. Also, when someone goes back to eating real sugar, it can be harder for the body to break down. The study still said that responsible use of artificial sweeteners is likely not harmful, but consuming excessive amounts can skew brain function [Kids].

Overdose Effects and Lethal Dose

OVERDOSE EFFECTS

It is difficult to say what might constitute a sugar *overdose*. Many of the sources I explored referenced sugar overdoses as having side effects of obesity and shortness of breath, but these are mostly long-term effects of consistent use. I usually tend to think of overdoses as a bit more life-threatening. What I have seen most often is that if I have eaten enough sugar that it might make me sick, I have gotten sick, and thrown up. This may save people from any possible sugar overdoses, if extremely high doses of sugar were consumed.

LETHAL DOSE

How much sugar can it take to kill you? The *Overdose Effects and Lethal Dose* section here is likely more relevant in later drug chapters; however, it is still an interesting question with regards to sugar. The **LD50** (amount of drug it would take to kill 50% of the population) is about 29.7g per kilogram (13.5g per pound) in rats [SpecSuc]. Rats are often used in studies to mimic human models because they have a similar genetic make-up to humans and it would be quite unethical to test how much sugar would kill a human! If we translate the LD50 of sugar in a rat to a 170-pound human, we get a dose of 2,295 grams of sugar, roughly five pounds! Also, to have the real potential for toxicity, this would have to be consumed nearly all at once – a very difficult feat to accomplish. And even if someone happened to get anywhere near this far, they would likely vomit before completion. Needless to say, worrying about acute sugar overdose is probably wasted energy.

Negating the Effects

IN EXTREME CASES OF DISCOMFORT – VOMITING

Is there a way to mitigate the feeling of having too much sugar? In extreme situations, vomiting could be induced to get excess sugar out of the stomach, but this is not recommended and can lead to unhealthy behaviors. Vomiting after bingeing on sugar or other food is characteristic of the eating disorder, bulimia nervosa. I have induced vomiting on a few occasions where I have consumed so much of the drug that it made me sick.

TAKING AN ANTACID

Another option would be to consider taking an antacid like Tums or Pepto-Bismol. I have never been a fan of these substances and cannot honestly remember the last time I took them, but people will swear by their effectiveness.

DRINK WATER

For me, if I had too much sugar and I am feeling uneasy or anxious, I first try drinking some water. Other drinks that have had varying degrees of efficacy for me include apple cider vinegar, lemon infused water, and hot tea to speed up digestion. These can work for some, but if I really had *way* too much sugar, my stomach might be too full, which could create more discomfort if extra liquids are consumed.

LAY DOWN AND BREATHE – OR GO FOR A WALK

If the effects are really overwhelming, the best option I have found is to lay down on my back with the head perhaps slightly elevated and take deep slow breaths. This will calm the likely racing heart and alleviate some of the physical anxiety caused by excess sugar consumption. Slow breathing may increase the rate of digestion. Sometimes laying down can cause extra discomfort due to the stomach being overstuffed. If this is the case, going on a walk may prove helpful. Walking can sometimes increase the rate at which food is digested.

WAIT IT OUT

Just like with most drugs, the best way for negative effects to pass is to just wait it out. This can often be the hardest method, but it is usually the most effective. As time passes and food leaves the stomach, it is also important to not go back to eating sugary foods! The power of sugar is undeniable, but as its negative effects start to dissipate, try not to bring them back by eating more!

Addiction and Withdrawal

ADDICTION – BINGE EATING DISORDER

If you have not experienced sugar addiction yourself, perhaps you know someone who has. At a party you may observe someone... “A few bites of cake... That is all I will have,” he says to himself. Later, you see him hunched over another piece, then another. Perhaps that is not all; when he goes home – there is more tasty sweets to be had.

Some argue that sugar addiction is not real, but I have had my own struggles with the topic. People may not have guessed since I have never been overweight, and generally look like I am in good physical health, but I believe I had some level of **binge eating disorder**. It was never formally diagnosed, but when I read about it, I displayed all the typical symptoms: eating far after I was full, eating excessively alone, and doing so multiple times a week.

There were times when I would consume an entire box of Oreo's mixed with some ice-cream... and all this *after* I finished my dinner (which was never small)! At some of my more intense bouts with disordered eating, I would occasionally go on junk food binges of 5,000 *or more* calories in a *sitting*! It sometimes felt like I was not even fully aware of what I was doing, but I could not stop myself. This is addiction.

I suppose I was more susceptible to this type of eating, having been addicted to drugs previously and also having unresolved conflicts in my life. It amazed me the power sugar had over my mind. If I was not eating it, sometimes it was all I could think about. I can recall clearly times when I would be sitting in my room, almost arguing with myself about whether or not to go out and buy junk food. The feeling of giving into the desire was so liberating at first, but after finishing the binge I was filled with shame and disgust. My stomach would be overstuffed, my heart would race, and I would have to lie down in a pit of anxiety due to the unpleasant side effects of sugar.

Fortunately, this brief phase did not last more than a few months for me.

CRAVING – COMPULSIVE DESIRE TO RE-DOSE

Perhaps unsurprisingly, there is more elaborated on the effect of compulsive dosing in the cocaine and amphetamine chapters. A compulsive desire to re-dose roughly translates to an insatiable desire to keep taking the drug, even if perceived desirable effects are already felt. Sugar can cause the user to want to consume more sugar. I have experienced this on countless occasions. Even when I know my stomach is full, the desire to consume more sugary products is persistent! This effect does not happen to everyone, and may be more prone to happen in those with addictive tendencies.

LONG TERM EFFECTS (HEALTH EFFECTS)

What happens if you consume high levels of sugar every day for an extended period of time? Unlike most drugs in this book which usually suppress appetite and can sometimes result in inadvertent weight loss, consumption of sugar can lead to appetite stimulation and weight gain. In addition to putting on excess fat, cardiovascular disease, hypertension, poor dental health, and type II diabetes are all potential road blocks for the avid sugar consumer [SugEffect2014]. I have not consumed sugar often and regularly enough to give enough personal input, but these effects can be observed in overweight adults, and in some cases even children, especially in the United States.

WITHDRAWAL

If sugar has addictive effects similar to other drugs, then does it have **withdrawal** effects? I can comment on this from personal experience as well. There have been consecutive days where I would binge on sugar, telling myself, “This is the last bite I am going to take of this junk food!” And then, since my body had grown a little accustomed to the habit of sugar consumption, the next day I would have an insatiable desire to consume it! If I did not get it, I would be slightly irritable and think about it non-stop.

This withdrawal feeling would persist for a few days after I halted sugar consumption, but would come back with a vengeance if I went back to bingeing on sugar. Withdrawal from drugs is characterized by having an intense desire for the drug upon cessation of use – and I certainly experienced this during my sugar addiction. Also, characteristic of other drugs, the longer I would stay “sober” from sugar, the less the desire to consume it would be. Some will say you can cure your sugar addiction after just a few days, but I would recommend staying two weeks sugar-free (including high-starch foods) to really get past the addictive nature. Keeping additive sugar out of the diet is beneficial for almost everyone.

Personal Experiences

[LIVE] PURE SUGAR – MEASURED DOSE OF SUGAR WITH NO TOLERANCE

Drug/Dose: Sugar (100g)

RoA: Orally consumed

Date/Time: 3/27/2020, 9:00AM

Diet: Predominantly carnivorous diet (Less than 30 g of sugar/carbohydrates in last *week*), high protein, high fat, mostly beef. I generally feel amazing on this diet.

Recent Drug Use: No recent hard/heavy drug use, caffeine 3 out of last 7 days, no drug use yesterday

Mood: Feeling good, calm, still waking up, optimistic, slight concern about coronavirus fears, but enjoying unemployment

Physical: Body is very sore from 4 hours of tennis yesterday, and working out the last two days before that after having taken a two-week exercise break, slight sun-burn, empty stomach, no food for 12+ hours, in ketosis (confounding variable) well-rested (7:06 total, 60+ REM, 80+ Deep), current HR: 70 BPM

Expectations: Being in ketosis, there may be an altered effect... perhaps the sugar will absorb differently, however, it is PURE sugar (Domino brand!). I'm expecting stimulation, mild euphoria, and scattered thinking, based on past experiences

Experience:

T=0: Woke up 45 minutes ago, Combined 100g of Domino sugar (weighed out) into a cup of water. Stirred until dissolved. Drank one cup of water upon waking.

T+0: Holy shit this is sweet! This sugary taste reminds me more of the sugar in cereal I used to eat as a child, rather than other sugary substances I have eaten.

T+1: Almost finished the beverage, eyes open wider, feeling more aware
T+3: Slight increase in heart rate, 73 BPM, feeling more awake.
T+5: Stomach feels very slight unease, have not consumed that much sugar in a while
T+7: Definitely more awake. Heart rate drops to 65 BPM. Excitability increasing
T+11: Burping keeps happening, not used to digesting sugar!
T+12: Feel less pain from muscle soreness? Is it possible?
T+15: Energy not as enjoyable as a cup of coffee, but more relaxing, heart rate 81 BPM
T+18: Some mood lift, not as much as I have felt when eating sugar on its own previously
T+20: Stood outside, the air feels nice, it is sunny. My senses feel heightened, but I still have a somewhat glassy-eyed stare as if I am not fully awake. BPM still 81, hands have a very slight tremble. Feeling relaxed.
T+24: Feeling a little scattered in thinking, a bit lazy, a slight anxiety has crept up, perhaps from not actually doing anything besides noting my experience!
T+30: Difficult to focus on something when I do decide on something I want to do (reading/writing). My chest feels warm, feeling like I am about to start sweating. Gurgling digestion from stomach. HR: 70 BPM
T+35: Acid reflux. Appreciating outside more. Perhaps because it's cooler and my body has warmed up substantially. Definite *decrease in pain* from soreness, lower back in less pain. Senses still feel heightened. More relaxed than stimulated. Slight itchy sensation throughout the body.
T+40: Feeling hungry almost, even though my stomach feels full, warmth throughout the body. A light sweat has broken out over my body. Commonly happens after eating a large meal.
T+48: Played a shooting computer game, thought it would be a bit more exciting. Did not perform any better despite feeling an increase in stimulation. Feeling still pretty lazy. Stress from the game drove my heart rate to 83
T+57: Still burping up sugar, taste is unpleasant. I had acid reflux all the time before eating carnivore. Now it feels very unfamiliar. Light sweating increases, could be from playing a focused computer game. Could not even play the game too much! Focus broken. Hard to keep up writing the book. Craving for coffee rising which I have been trying to give up completely recently.
T+1:26: Drove a roommate to a friend's house. Music sounded more appealing while listening in the car. Surprisingly not more of a craving for sugar. Did my body not absorb it as well? Have I grown more accustomed to not consuming it? Feeling a little heavy and slow, but still relaxed. Again, could be from not having caffeine. I only recently started weaning it out of my diet.
T+1:41: Finding it easier to focus, effects seem to be diminishing. HR 75 BPM
T+2:00: Effects mostly subsided, some stomach gas still occurring, digestion is mostly complete.
T+2:20: Increase in sexual desires – satiated the craving. Not a pronounced increase in orgasm, unlike with cocaine
T+2:45: Back to baseline, feeling a bit of a "low" from the "high". Not in a bad mood or any negative thoughts, but just staring at various inanimate objects blankly.
T+3:23: Pain from soreness seems to have resumed full force.
T+4:17: After a sizeable meal of lambchops, my energy is through the roof! Much higher than if I had not consumed sugar before. Did the high protein/fat meal help me metabolize sugar? Or is this just my energy level reverting to normal? Unsure

After thoughts: The relief of pain was the most surprising aspect of this experience. Sugar was disturbingly and unpleasantly sweet after not having consumed it for so long. I think I derived better effects from sugar when I was consuming it on a regular basis and not in a state of ketosis. Overall, not very enjoyable.

SUGAR CUBES – CONSUMED MANNY WITH LOW TOLERANCE – HIGH INTOXICATION (~2016?)
My sugar tolerance had been fairly low recently as I was trying to eat as healthily as I knew how – lots of fruit and vegetables, salads, and a minimized intake of processed food.

While on a bit of a health kick, I decided to have some sugar at work one day – just pure sugar. I literally ate chunks of brown sugar. I really liked the way they tasted and melted in my mouth. This was not really something I had done before, so I figured I would try it. The exact dose of each sugar piece varied which makes it difficult to describe exactly how much was eaten. I knew of sugar's stimulating effects but never achieved effects like I did that night.

After eating maybe 5-7 sugar pieces, for the last few hours of my work shift, I was feeling energized. I was moving around quickly and talking animatedly. I then proceeded to eat another 5-7 sugar pieces before leaving work. At this point

it was as if some other internal desire took over me that wanted to keep consuming these sugar cubes, but after I went home this desire slowly ebbed.

When I got home, several of my friends were there. I was more excited to get home from a night of work than usual, and also had more energy. I talked non-stop, and was vaguely aware that I was a bit annoying to those around me. Having seen me on an array of different drugs before, I was questioned several times as to what drugs I had taken. Adderall? Coke? They said I seemed far more "up" than usual for that time of night. They insisted that I must have consumed a stimulant, but I reiterated that I had taken no stimulants, not even caffeine! All that I had taken was a high dose of sugar with no tolerance.

The energy and euphoria lasted for about 2-3 hours before gradually weakening. As I tried to lay down to go to sleep, I was kept awake by the sugar for about another 30 minutes longer than usual. Overall, the experience was somewhat enjoyable, however I would have rather been at a party or other social gathering where the high energy level would have been more appropriate.

I awoke the next day feeling a bit off, but not unpleasant. There was not much of a hangover, but I definitely did not feel as well-rested as I would have if I had not had so much sugar the night before.

Repeating this process over several days allows some of the negative effects to build up including anxiety and irritation, while the positive effects are usually no longer present.

COCA-COLA – AN EXPERIENCE WITH A 20oz BOTTLE (2017?)

I remember the first time I had tried Coca-Cola at a friend's birthday party when I was perhaps seven or eight years old. My mother had never wanted me to drink it because she had said it was bad for you. After seeing all my friends drinking it, I did not want to be left out so I asked to try some. After just one sip, I hated it! "How did anyone like these bubbles!?" They burn my throat and make me feel like I am choking!" I can recall saying to myself. Undoubtedly, I may have overreacted as I was just a child, however, since that time in my childhood I had only had a few sips of any carbonated beverage until I got to college. And even in college, would I only ever have a couple sips of such a beverage after a shot of hard alcohol for the purpose of chasing down the more uncomfortable burning sensation in my throat from drinking. Suffice to say I had very minimal experience with drinking this much soda at one time. This may have added to why the effects were so pronounced.

It might be strange to think about Coca-Cola as having drug effects. I do not think I would have even thought about it as such unless I had such a vested interest in all different drugs. At the time of this experience, I had been heavily abstaining from all sugary foods and caffeinated beverages. I would only try a couple bites of something sweet if the opportunity presented itself to taste it. Caffeinated tea was occasionally consumed, but none for at least seven days prior to this experience. My sugar and caffeine tolerances were therefore extremely low. One day after work I decided to try drinking a 20-fluid-ounce bottle of Coca-Cola. I started feeling effects around 5-15 minutes after dosing.

Despite having biked around for several hours earlier in the evening, and it being nearly 11pm, I discovered a new found energy. What was this? I felt high! There was a euphoria I was unfamiliar with as I had not ingested any other drugs (legal or illegal) than this for the last year. I could tell there was caffeine and sugar in this beverage, but this experience feels different from other experiences. Why do I feel intoxicated? I feel sociable. I am unable to stop chatting with all my co-workers about random things, even co-workers that I would rarely speak with.

These effects were not incredibly strong, but they were definitely apparent. I would say I did *not* feel sober. Thoughts wondering how people could drink this frequently and achieve such effects were quickly chased away by a term I was all too familiar with: **tolerance**. Paralleling this to **cannabis**, just one **hit** would intoxicate me for several hours with no tolerance. However, if I took ten hits at my highest cannabis tolerance, the intoxicating effect would not last more than 30 or 40 minutes. I suppose a similar analogy could be made for sugar served in the form of Coca-Cola. If I drank a few bottles of this every day, I am sure the effects would not be as desirable.

To try to let out some of this boundless energy, I went to a club, and danced around for hours without stopping. It's worth noting I would do this in a sober state of mind, but this experience differed in that this time I felt I was in a mildly intoxicated state. My favorite part was when someone turned to me and asked, "What did you take!?" - And I said I had a

bottle of soda! Overall, the experience was enjoyable, but the quality of sleep I had that night was not optimal. Not only did I toss and turn, but I was not able to sleep more than five hours when I would have otherwise been able to sleep seven or eight hours without the soda.

Since this day, whenever I see someone drinking Coca-Cola or other advertisements for the beverage, I consider it as a possible way to get high, often reflecting back to this experience.

Combining with Other Drugs

ALCOHOL

See the *Alcohol* chapter.

AMPHETAMINES

Please see the *Amphetamines* chapter.

BENZODIAZEPINES

See the *Benzodiazepines* chapter.

CANNABIS

Some users who may feel as if they are *too high* from cannabis can have some of that discomfort mitigated by consuming something sweet. This could help quell some of the discomfort that is felt.

A friend of mine who is diabetic told me that cannabis can help with control of blood sugar. CAUTION! This should not be taken as medical advice. Please see a doctor if you want to help treat diabetes with cannabis.

CAFFEINE

This combination of drugs is usually enjoyed together, commonly already mixed in soda or as a little added sweetener to a coffee. This combination can create a two-fold stimulatory effect. Some people love this rush as it is affecting different parts of the brain to induce pleasure simultaneously.

KETAMINE

Please see the *Ketamine* chapter. Sugar has a seemingly strange ability to negate the high associated with the drug.

NICOTINE

This may be just a placebo effect, but something I have noticed is that nicotine is not as enjoyable when following a low/zero-carbohydrate lifestyle. When I followed a standard high-carbohydrate diet, I think smoking cigarettes was far more enjoyable. If I smoke cigarettes without carbohydrates as a source of fuel in my body, I feel more anxious and stressed.

OPIOIDS

I have known many people to turn into massive sugar addicts after having been addicted to **opioid** drugs. I can recall watching one former user adding 20 packs of sugar to his coffee! Perhaps sugar has some effect on the opioid receptors in the brain? Generally speaking, sugar is consumed for quick energy. If an opioid addict is highly intoxicated, they may be more likely to reach for a high-sugar product to give them the very basic sustenance to sustain themselves while highly intoxicated. Also, their ability to realize that the sugary substance is unhealthy has been significantly diminished.

When I have taken oxycodone or hydrocodone previously, I often get “opiate-munchies” as I call them. As long as I do not have a stomach ache, my appetite increases. I would not eat as much as I would from getting the munchies from cannabis or benzodiazepines, however there is a general pleasure from eating – especially something sweet. Eating usually weakens the opioid high.

PSYCHEDELIC DRUGS (LSD, MUSHROOMS)

Sugar can be a very helpful drug to sort of pull a psychedelic user out of a difficult trip. Sometimes the user may appear stuck or lost in their own mind. Perhaps their blood sugar is low, and so having a sugary drink or something sweet to eat may give them the light jolt of energy they need to pull themselves back to a coherent version of reality.

STIMULANT DRUGS – GENERAL COMMENTS (Amphetamines, cocaine, MDMA)

I find sugar has value when providing energy while under the influence of stimulant drugs such as amphetamines or cocaine. Occasionally, I have found myself sapped of energy while still highly stimulated on drugs. Consuming sugar can bring back some of the energy that was depleted by these stimulants. A sugary drink can bring welcome relief to the user suffering from anxiety or other unpleasant feelings as a result of **over-stimulation**. In some instances, it has even brought back a high to an enjoyable level!

While sugar can replenish lost energy, I believe it is nowhere near the best choice. Being extremely well-nourished with a large meal of varied healthful foods has guided me through stimulant use better than sugar ever has as a supplement. On days or nights when I plan on using stimulant drugs, I will eat a much larger meal than I otherwise would, give myself plenty of time to digest and absorb nutrients, then ingest the drugs. This keeps the euphoria flowing and the energy levels high while simultaneously dodging most unpleasant side effects. For me, sugar is best used as a secondary resource if energy levels start to plummet.

Personal Opinion

SUGAR IS A POWERFUL DRUG

I consider sugar to be a powerful drug. Some have remarked that it is “More addictive than cocaine”. This may be a bit of a stretch, but a few arguments can be made to show just how powerful it is. If 60% of Americans are overweight or obese, and obesity is most often caused by consuming high-sugar food and drinks, would it not be the easiest to just cut out sweet foods and drinks? Of course! However, it is easier said than done due to sugar’s powerful drug effects. Many who try to go on diets to lose weight have partial success and then end up **relapsing** back onto high calorie sweet food.

Much to the criticism I have faced from others, although I did not create this analogy, I still like it – sugar is in some ways like a “new cigarette”. What do I mean by that? Decades ago, people did not think smoking was unhealthy, so many people continued to do it. Advertisements were on TV glamorizing the act and it seemed almost everyone was indulging. As negative health effects started to come into view such as addiction, troubled breathing, and heart problems, studies emerged which branded cigarettes as bad for your health. The tobacco companies fought back, but had to eventually concede: Nicotine, especially when smoked in cigarettes, was bad for you.

I hope that a similar revolution can be seen with sugar. People seem to be vaguely aware that sugar is unhealthy, but judging by the amount of obese people in my country, they seem to not care. Either that, or they do not know just *how* unhealthy this drug can be. As more and more studies come out, it is clear that sugar may be even more unhealthy than we previously thought. Just like the tobacco companies fighting these studies, the processed food industry is fighting back as well. They want to keep sugar in their foods, and by extension, addiction to their products.

SUGAR AS A GATEWAY DRUG

On a different topic, sugar seems to be the biggest **gateway drug** out of all of them! It is most commonly remarked that **cannabis** or **alcohol** is a gateway drug to more serious and addictive drugs. The way I see it, sugar, and to some extent caffeine as well, are the first substances people consume in their lives that have a powerful mind-altering effect on the brain. The flood of dopamine can produce a mild euphoria and stimulation that can cause the consumer to search for the substance over and over again.

Children are a prime example of early exposure to sugar as a drug: Take out the trash? Clean your room? Wash the dishes? Here is your sweet reward! Children desire the sweets because it tastes good, while simultaneously reinforcing good behavior. The effect of rewarding a child with sugar is more powerful than rewarding a child by letting them play with their favorite toy, because the sugar has a direct effect on the chemistry of the brain via dopamine, the reward-and-pleasure area. The reward of sugar is what I believe might begin to train the brain to accept other mind-altering substances as a reward, perhaps even leading to future endeavors with alcohol as a reward system. Pass your midterm? End of the

work week? Met one of your weekly goals? Time for a drink! I would be curious to test this hypothesis in real life, but due to the fact so many have consumed sugar in their youth, it would be hard to find a control group who has not!

WHAT CAN WE DO ABOUT SUGAR?

Sugar should be consumed *much* less frequently than it is now. This would lessen the compulsive desire to consume more, and therefore the negative health effects of consuming sugar would be less common. Sugar can be enjoyed as its own individual drug at certain times as it can produce stimulation and euphoria, but when it becomes a habitual consumption it is much the same as any drug addiction. With my current lifestyle, sugar is not a part of my diet; hardly any carbohydrates are, in fact. I essentially follow a modified version of the ketogenic diet and I have never felt better. If I do make the occasional exception and consume sugar, it is rare and has a much more pronounced psychoactive effect, while simultaneously causing indigestion.

If you are a regular user of the drug, I suggest going two weeks sugar-free to see how you feel. If possible, extend that time even longer!

BETTER YET, GIVE IT UP ENTIRELY!

The sugar industry, as I like to call it, made up of all the big cereal, candy, and other processed food suppliers, have no interest in your health. They want money – and lots of it. They will sell you whatever you can, and you will like it because it tastes good, feels good, and makes you want to eat more of it.

If you can break out of this mentality, you can be free!

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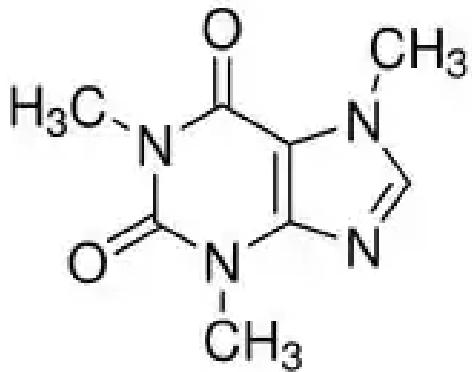
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Caffeine (Coffee, Tea, Dark Chocolate)



Caffeine molecule, and the lifecycle of coffee. It is missing two things though: the person drinking the coffee, and the person (likely a slave) who had to pick the coffee beans, because that is the reality of the situation [CoffSlaveBrazil]. It is important to be aware of the ethical sourcing (or lack thereof) of your drugs.

Caffeine is a legal drug that is consumed by about *ninety percent* of the world in one way or another [FDACaff 2007]. Many who consume it develop some level of dependence or addiction. Its effects are primarily stimulatory: increasing wakefulness, inhibiting sleep, and for some users, providing increased focus.

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[LIVE] MODERATE-HIGH DOSE OF CAFFEINE, MIXED SOURCES, NO TOLERANCE (~300-350MG?)

HABITUAL COFFEE CONSUMER, CONSUMING A CUP OR TWO OF COFFEE DAILY

DARK CHOCOLATE

Combining with Other Drugs

[O] ALCOHOL

- BENZODIAZEPINES
- CANNABIS
- KETAMINE
- LSD (and some other psychedelics)
- MDMA
- NICOTINE
- OPIOIDS
- SUGAR
- STIMULANTS (AMPHETAMINES/COCAINE)

Personal Opinion

WHY IS CAFFEINE SO POPULAR?
FROM CAFFEINE ADDICT TO ABSTINENT

Sources

Introduction

THE MOST POPULAR DRUG

Put simply, caffeine is everywhere and almost everyone is consuming it. To give some frame of reference of just how popular of a drug it is, coffee is the second most valuable worldwide legal exported product after oil [PBS*Coffee*]. As for tea, it is the most widely consumed beverage in the world next to water. In the US, it is found in approximately 80% of households [AwakeDoc]. According to the United States **Food and Drug Administration (FDA)** at least 90% of the adult world consume caffeine, and 80% of adult Americans take the drug *every single day* in one form or another [FDA*caff* 2007]. When I first stumbled upon these statistics, questions sprung up in my mind pertaining to this drug and its rampant popularity. How is it that this drug has managed to circulate so deeply into society? Why does everyone seem to enjoy it so much? Why are other drugs not as acceptable?

GETTING HIGH ON CAFFEINE

In setting out to find answers to these questions, I discovered much about caffeine. It is undoubtedly a drug. While perhaps not as powerful as **cocaine**, **amphetamines**, or other (usually illegal) **stimulants**, it still has strong effects and I have experienced it personally. I know that if I do not consume caffeine for a couple weeks and keep my **tolerance** low, then consume a caffeinated beverage or food, I feel mild **intoxication** and even a little euphoric high. The feeling that caffeine elicits when I am intolerant to the substance makes me feel surprised that such a drug is even legal! However, just like with any drug, continuous and consistent use increases tolerance and mitigates the euphoria and the feeling of intoxication decreases. To the daily consumers of caffeine, they might appear surprised or doubtful that it is even possible that caffeine can cause such an intoxicating effect, but this is the nature of tolerance and this can be related to almost any drug.

THE CAFFEINE-FREE CHALLENGE

If you are reading this and a habitual caffeine consumer, which is statistically *very* likely, I would like to challenge you: put down any caffeinated substance (chocolate, coffee, energy drinks, etc.) for a full two weeks, and then after your tolerance has returned to baseline, go back to your normal dose of the drug (maybe start with half a dose if you are drug-sensitive!). I can almost assure you that the effect it will have on you will be profoundly different than during regular use. If you are unable to put down the caffeinated substance you enjoy on a daily basis, and *still* doubt that caffeine is a drug, you may have to do some rethinking!

THERE ARE OTHER NATURAL AND LEGAL STIMULANTS AVAILABLE

Do not think you will be able to function without some kind of stimulation? While my first recommendation to try to get more energy would be a change of diet, getting proper sleep, and exercising, there are other legal plant-based alternatives. Caffeine from coffee or tea is not the only legally available plant stimulant. Maca root, yohimbe, ginseng, and cordyceps mushrooms are just a few of the other natural alternatives that can produce increased energy. From experience, they seem to have even fewer addictive qualities than caffeine.

History

MYTHOLOGICAL ORIGINS OF CAFFEINE

There is an ancient Chinese myth which first explains caffeine consumption. Legend says that Emperor Shen Nong discovered the effects of tea by chance. Tea leaves are said to have blown into his cup of hot water and by a happy coincidence the love of tea was born. There are other myths surrounding this supposed emperor that might reduce credibility, such as that this happened in the year 2737 BCE, but it is a fascinating legend all the same. As for coffee, it is said the goatherd Kaldi observed his goats behaving agitatedly after eating the berries of a bush. After trying them himself, this discovery of the coffee bean was made [MethylXan].

REAL ORIGINS OF COFFEE

What is not legend, is that infusions of coffee with boiling water began around 1000 CE in Ethiopia [MethylXan]. The tradition has been refined over the years to come to the process we have today.

THE BOSTON TEA PARTY – INCREASING AMERICAN CONSUMPTION OF COFFEE

It was the Boston Tea Party in 1773, where American colonists dumped countless boxes of tea into the water which really drove up American consumption of coffee.

RECENT NEWS OF SLAVE LABOR AMONGST COFFEE PLANTATIONS

Companies Nestlé and Jacobs Douwe Egberts, which accounted for 39% of the total global coffee market in 2016, admit that coffee beans from slave labor plantations have ended up in their products [GuardCoffSlave].

THE PROFITS OF THE COFFEE INDUSTRY

In 2018, the North American coffee industry generated the highest coffee revenue of the year out of all territories at about \$77 billion dollars, with the South American country of Brazil following second, generating approximately \$43 billion dollars [CoffStats].

Legal Status

CAFFEINE IS LEGAL EVERYWHERE!

Coffee was banned in some countries throughout history, but presently, caffeine is unregulated and widely available throughout the world.

Route of Administration

ORALLY

Caffeine can pass easily into the body through various methods of consumption. Obviously, the most common form of ingestion is oral. Tea and coffee are consumed by many, and as the caffeine from these drugs passes through the stomach into the intestines, it is absorbed into the body.

The duration in intolerant users versus [tolerant users], moderate dose (about 100-150mg/a cup of coffee), empty stomach
Come-Up: 10-20 [10-20] minutes

Main Effects: 3-6 [2-4] hours **Peak @ + ~20-40 minutes after dose**

Come-Down: 1-2 [1-2] hours

High dose (300mg+) intolerant users could see a total duration over 12 hours, increasing difficulty getting to sleep if consumed too late in the day.

INSUFFLATION

Far less common of a method would be to **insufflate** the drug. I have done this on multiple occasions using caffeine pills with reproducible effects. The rush of caffeine comes on a bit stronger and is a little bit shorter in duration. There is perceptibly more euphoria at first, but from the few times I have done this, I experienced slight anxiety at the peak due to

the rapid ingestion of caffeine. The only rationales I can see for someone insufflating caffeine is because of a full stomach, delaying onset of oral administration, or for a short-acting burst of stimulation. Every time I have done this my sinuses have suffered for days.

INHALATION (Vaporization/smoking)

There are some products that exist which resemble electronic cigarettes that do not contain any nicotine. Instead, they contain caffeine so that a person may get an instantaneous caffeine rush. These devices are quite uncommon and I have never seen them personally, but I do know that they exist.

SUBLINGUALLY

Caffeine gum exists. While some of the caffeine may be swallowed and therefore absorbed orally, it seems that some of it can absorb through the lining of the gums.

Duration of Effect

COME-UP

Compared with other drugs, caffeine can actually have a pleasant come up of effects. Euphoria may be present, perhaps as a result of satiating a craving, and early stimulation is pleasurable.

MAIN EFFECTS AND PEAK

As the drug is usually in liquid form, even with oral consumption, the peak can be approached fairly rapidly. Main effects include stimulation, increased focus, energy, and wakefulness. Anxiety can be present if too much caffeine is ingested.

COME-DOWN

The comedown is not as sharp as other drugs. There may be a slight decrease in mood and slightly less energy.

HANGOVER

Intolerant users will likely not expect a hangover, but tolerant users will likely characterize their hangover the next day as a craving for more of the drug. If the caffeine caused you to become sleep deprived, you may sleep poorly and have a perceptible hangover the next day.

AFTERGLOW

I have not noticed a perceptible **afterglow** from any level of caffeine consumption. There are some users who may be able to put themselves in the caffeine mindset after they learn the feeling, without the influence of the drug, but this is not exactly an afterglow.

Dose Comparison

My definition of having a LOW TOLERANCE for caffeine as stated below, would equate to about one small (8 oz/25 mL) cup of coffee per day, or one double espresso, perhaps 70-100mg of caffeine/day.

BEFORE YOU TAKE THE DRUG

There is little preparation that needs to be done before taking caffeine, and statistically speaking, chances are that if you are reading this, you are probably familiar with how the drug will affect you before you take it! My greatest recommendation would be to have a general idea of *how much* caffeine you are about to ingest, so you know what effects to expect, and you are budgeting for your future. For example – do not drink four espresso's right before you want to go to sleep!

LOW DOSE – LOW TOLERANCE (20-50mg)

Intolerant users may notice effects, but these effects are barely perceptible if there is any level of caffeine tolerance for the user. The stimulation is mild, likely not impacting sleep, as long as it is ingested at least several hours before bedtime. There is likely no increase in heartrate, and perhaps a subtle increase in focus. I usually do not feel the urge to be very productive at this dose.

MODERATE DOSE – LOW TOLERANCE (~100-150mg, about one average cup of coffee)

With an about average dose of caffeine, I feel more awake and stimulated. My heart rate increases slightly and I *feel* more focused with slight elevation in mood. There is a desire to be more productive and accomplish tasks.

HIGH DOSE – LOW TOLERANCE (250-350mg, two or three cups of coffee)

I try to avoid high doses of caffeine when possible, because the side effects can be very uncomfortable, especially because I keep a low tolerance. While normal doses of caffeine lead to perceived heightened productive focus, high doses for me cause a lack of focus. There could be anxiety and restlessness. I get easily distracted and occasionally hyper-focus on small tasks or details which lead to the feeling of wasted time once I become aware of this. Thoughts do not flow coherently and it can be difficult to carry on a conversation. These unpleasant effects can persist for 4-6 hours depending on how much was consumed. As time passes, some of the drug may leave the body, achieving what a moderate dose of caffeine would feel like, as mentioned above. Residual stimulation can last late into the night, especially when intolerant to the drug, giving an insomnia-like effect.

VERY HIGH DOSE – LOW TOLERANCE (400+mg, four+ cups of coffee)

This will likely be uncomfortable for almost any user with low tolerance, but especially for those with nonexistent tolerance. Anxiety is likely at this level, and sensitive users may experience mild paranoia. There may even be feelings of fear, even if there is nothing to be fearful of. There will be profound dysphoria. The ability to focus on tasks will be impeded tremendously, which is usually the opposite of what the caffeine consumer is looking for. Conversation can be hard or impossible. Sweating is likely. Even if this dose was consumed early in the morning, the intolerant user will likely be unable to sleep at bedtime. Every time I have accidentally taken this dose of caffeine, I am *quite* unhappy for at least four or five hours. Avoid.

Physiological Effects

APPETITE

Coffee can have an appetite suppressing effect, especially in the intolerant user. There have been individuals that go on “coffee diets” where they replace a meal with coffee. These have had varying degrees of efficacy in terms of weight-loss, especially in the long-term.

DIGESTION

Coffee will interfere with my ability to digest food. It can cause heartburn or indigestion when consumed after a meal, so I usually prefer to consume it before, on an empty stomach, that way it enters my body smoothly. Caffeine pills more easily assimilate into my digestive system regardless of whether or not there was food present. Drinking hot tea can seemingly increase or decrease digestion depending on the individual.

NAUSEA AND VOMITING

Drinking green tea on an empty stomach will sometimes cause nausea. A few friends have shared this experience with me. Coffee can make intolerant users nauseous on rare occasions, or if the dose is too high. Coffee is a strong acid, so those with weaker stomachs may have trouble consuming the beverage. Those who are particularly sensitive may be prone to vomiting upon ingestion, though this is very rare. My suggestion for those who struggle with nausea from coffee would be to explore caffeine pills if the desire for caffeine still exists. I have not known anyone who takes caffeine pills to experience nausea – unless they consumed *far* too many.

URINATION

Caffeine has diuretic properties, which means it can cause the body to urinate more frequently. My mother described this as one of the things she likes least about coffee! After she had her usual dose of two cups, she would need to make sure she is nearby a bathroom for at least the next few hours as she will have to urinate several times! She has since given up coffee, in part for this reason. I personally notice this effect to some degree with a moderate dose of caffeine. Higher doses cause this effect to be quite obvious in most people.

DEFECATION

Caffeine containing products, but especially coffee (including regular *and* decaf) in my experience, can produce a laxative effect. This effect will be far more obvious in intolerant users as their bodies are not accustomed to the drug. For those who consume the drug regularly, I know some people who experience severe constipation when giving up their caffeine habit. Their bowels had grown accustomed to the effect of caffeine and now that it is no longer present, bowel movements slow down. These effects usually pass in a few days.

RESPIRATION

With regular or low to moderate use of caffeine, there does not seem to be a significant impact on breathing. At higher doses, sometimes my breathing can become a bit shallower, but it usually does not feel problematic. If anxiety or paranoia occurs at this dose, shallow breathing may become a more noticeable issue. Taking slow and steady breaths can help mitigate some of these ill-effects.

CARDIOVASCULAR

Heart rate will increase slightly with low to high doses of caffeine. Usually, only in very high doses of caffeine or when users have no tolerance, is there any significant increase to heart rate. Those who have underlying heart conditions may want to consult their doctor before consuming caffeine.

SENSATION

Caffeine does not seem to increase or decrease sensory perceptions of any of the five senses at common doses.

EXERCISE (WEIGHT LOSS AND INCREASED ENDURANCE)

If I am a habitual caffeine consumer and do not have my daily caffeine, I am much less motivated to exercise. I will be more driven to run a farther distance, lift heavier weights, and stay in the gym longer than usual if I take my daily dose of caffeine. For these reasons, I believe caffeine may be helpful for those who want to lose weight through exercise.

CAUTION! If you are overweight, obese, or have a pre-existing heart condition, seek the help of a medical professional to let you know if it is safe to exercise while ingesting caffeine. Caffeine increases heart rate, which could lead to heart issues if there is a known stress on the heart.

There is some science behind this effect for improvement of endurance in those consuming about 400mg of caffeine for average bodyweight. In a 1,500-meter run, runners ran an average of 4.2 seconds faster when they consumed caffeinated coffee, compared to decaf. For cyclists, caffeine was shown to be superior to carbs or water before a workout by 7.4%, compared to 5.2% in the carb group. For high intensity sports, caffeine was shown to improve rugby passing accuracy, 500-m rowing performance, and soccer sprint times [CaffExer]. Due to this effect, the amount of caffeine is restricted for Olympic athletes, though the limit of caffeine is equivalent to around eight standard cups of coffee.

ANALGESIA

When caffeine is combined with pain-relievers like ibuprofen or acetaminophen, there may be enhanced levels of pain relief. I do not know if I have personally witnessed this, but there are testimonials to this scattered on the internet. There are also some sources which will say that caffeine will have no effect. I do not notice any reduction of pain when caffeine is consumed on its own.

LIFESPAN – LONGEVITY

Do caffeinated beverages shorten or lengthen your lifespan? When asked this question, I always like to bring up a short story that addresses this issue...

In Sweden, King Gustav III (1746-1792) was agitated by the consumption of caffeine among his people and wanted to prove it was a poison. He enlisted two murderers who were sentenced to death to prove his point. While imprisoned, one man was told to drink coffee every single day, while the other was told to drink tea. The King appointed two doctors to monitor the prisoners to see who died first. Interestingly, both the doctors and the King died before either of the prisoners! The tea drinker succumbed to death at the age of 83, while the coffee drinker was reported to outlive the tea drinker [CaffWorld]. Whether you believe this story is true or not, from what I have witnessed among the elderly, caffeine consumption does not seem to decrease longevity. My 87-year-old grandmother will still have caffeine on occasion. There are reports of centenarians who drank coffee every day until the day they died! This may not be true for everyone, so if you regularly want to consume caffeine, do it at your own risk!

Psychological Effects

STIMULATION

What does it mean for caffeine to be a stimulant drug? Loosely defined, a stimulant is a drug that increases activity in the central nervous system. It usually increases wakefulness and inhibits sleeping. Caffeine is different from other stimulant drugs, however. It does not necessarily banish tiredness, rather it seems to mask it. If I consume caffeine while I am drowsy late in the evening, I will still feel tired even though I may be more awake. Taking a stimulant like amphetamines will eliminate the drowsy feelings that I had much more effectively.

AWARENESS

If a caffeine user is focused on a task, they may have a slight decrease in awareness of the environment, while others may be more aware of small sounds or sensations. For the caffeine addict who has yet to consume caffeine during the day, awareness of external events may drop until the drug is consumed. As for the awareness of the thoughts and feelings of others, since caffeine is not overly intoxicating, it will not often inhibit the user from noticing the thoughts and feelings of others like some drugs might.

MOTIVATION

Caffeine has the ability to motivate an individual in the short-term. It can assist the user in accomplishing trivial tasks, running errands, or working. Personally, I do not find caffeine conducive to long-term motivation. I do not necessarily feel the need to advance my life any further when under the influence of caffeine, though it may be helpful for planning. Abstaining from the drug can help me reorient my goals, even if they may not be easy to accomplish.

FOCUS AND ATTENTION

These are some of the effects that people seem to really want to use caffeine for. Caffeine seems to increase my ability to focus on tasks that I sometimes may not want to do. Laundry, cleaning, and other basic errands all feel easier with the addition of caffeine. Tasks that I *do* enjoy doing, such as researching and writing, feel more pleasurable, especially before a serious caffeine addiction develops.

ANXIETY AND PARANOIA

Caffeine can cause anxiety for people depending on dose or sensitivity. Caffeine-induced anxiety is extremely unpleasant, as it can make users, stressed, irritable and restless, and it is usually unexpected. If the user is experiencing this, eating a nutritious meal can prove helpful for mitigating anxiety. Only in rare, extreme cases with unintentional consumption of high doses (300-400+mg) while intolerant, have I experienced paranoid thoughts. This is sometimes paired with a feeling of dread, fear or foreboding. It usually incapacitates me – which is the exact opposite effect I am looking for when consuming caffeine!

SLEEP QUALITY AND DREAMING

Having caffeine too late in the day for intolerant users can cause them to have trouble sleeping at night. Tolerant users usually do not find this a big problem, and some will even say, “I could have a cup of coffee right now and go to sleep!” Regardless of tolerance, if caffeine was consumed too late in the day, usually my quality of sleep is impacted. I say this in contrast to when I have taken multiple days off the drug, and I feel as though I begin sleeping deeper and more restfully. Dreams are also harder to remember when caffeine is consumed closer to bedtime.

DECISION MAKING

Unlike inhibitory drugs such as **alcohol** or **benzodiazepines**, caffeine does not appear to positively or negatively impact my ability to make decisions. While under the influence of the drug, I may become more likely to make a quick decision, which is not always the best one. For particularly heavy caffeine addicts, in the morning, before their drug has been taken, they may be more prone to poor decision making due to the agitation of not having the drug.

DISINHIBITION AND SOCIABILITY

With low to moderate doses, seemingly with or without tolerance, I have generally found a slight increase in sociability. While inhibitions may not necessarily be lowered, there is a greater likelihood to be more extroverted and talkative. This is not as prominent as the more notable intoxicating “social drugs”, like alcohol, **GHB**, or **cocaine**. I find this especially

noticeable if I abstained from caffeine for several weeks and then have a low dose. The stimulation, euphoria, and increased sociability is almost on the same level as a very low dose of cocaine.

MEMORY

I firmly believe that in the most sober state of mind, memory is best preserved, but caffeine does not seem to take away too much from the ability to store or recall events in short or long-term memory. If the dose was high or very high, there may be a slight impact.

HYPERSENSITIVITY/HYPOSENSITIVITY

A somewhat rare phenomenon, some people are hypersensitive to caffeine, and will achieve very strong effects with a relatively low dose. Conversely, there are hyposensitive individuals who seem to have a permanently ingrained tolerance and need a higher dose to derive positive effect even when they are intolerant because they have abstained from the drug for a period of time. If you have not consumed caffeine before, start with a low dose (perhaps 50mg or even less, 1/3 or 1/4 cup of coffee) to make sure you are an individual that is not hypersensitive.

TOLERANCE – TOLERANT USERS VERSUS INTOLERANT USERS

To those who have a caffeine habit, I doubt you feel the caffeine buzz you may have felt before when you first started consuming the drug, if you can even remember it. When I have been addicted to caffeine, there was no euphoric effect after a certain point. The coffee brought me stimulation and focus while satiating a craving, which is all I really wanted as I maintained the habit.

When there has been no tolerance, there are times I have taken the drug and felt positively euphoric, almost with an **amphetamine**-like bliss, but not as focused. I can become increasingly sociable and talkative and almost use it as an intoxicant at social events. My emotional states may even be heightened, whereas other drugs may inhibit emotions.

Comparison to Similar Drugs

AMPHETAMINES VERSUS CAFFEINE

Amphetamines (most commonly referenced throughout this book is Adderall) are illegal to possess without a doctor's prescription, but they do have a remarkable way of increasing attention, focus, and productivity. There is also a bit of a euphoric buzz to the drug. The focus seemingly lasts longer than caffeine, but has more side effects. At higher doses, while focus is still prominent, side effects include sweating, anxiety, and appetite suppression. Caffeine at higher doses can be uncomfortable, with less focus, but does not induce sweating or appetite suppression nearly as much.

Amphetamines can cause boosted attention span with daily use for extended periods of time, sometimes weeks or months, but after a person grows tolerant to the effects of caffeine, they are likely less focused after a shorter period of consistent use. Amphetamines have a stronger addictive nature to them, likely due to the increased euphoria, making stopping consistent use (**withdrawal**) potentially stressful, with fluctuations in mood and potentially depressive feelings. From observation, caffeine withdrawal does not nearly as significant of symptoms as amphetamine-based drugs do. Caffeine also does not have anywhere near the severity of a hangover or **come-down** that amphetamine use does. Finally, when factoring in health, there is some evidence that amphetamine use may cause neurotoxic damage [NeuroTox], making caffeine the safer choice.

COCAINE VERSUS CAFFEINE

The "Rich Man's Caffeine" as some might call it, is overall less functional than actual caffeine, personally speaking. I believe I work more productively and efficiently when on moderate doses of caffeine compared with moderate doses of cocaine. The cocaine high is also *much* shorter than the caffeine high. The euphoria is much more obvious with cocaine, even amongst those who use on a fairly regular basis. While caffeine is often thought to be addictive, when next to cocaine, it is almost laughable to consider for the general population. For me, I can do a few bumps of cocaine and not have a strong desire to continue taking the drug, but if I cross this threshold, the desire to repetitively dose cocaine increases *substantially*. It follows then, that the hangover from cocaine is also much worse. As for cost, while a 3\$ coffee from a local café may provide several hours of comfortable stimulation, it may cost about a user 20-30\$ in an intolerant individual to maintain stimulant effects for a similar duration with cocaine, and for a tolerant user, perhaps 50-70\$ or more.

Overdose Effects and Lethal Dose

LETHAL DOSE

The lethal dose of caffeine is estimated to be about five grams [MolecSumm 2011]. If the average cup of coffee has about 120mg of caffeine in it, then it would take about 40 cups of coffee to overdose and die. Needless to say, overdose from caffeine alone is likely very uncommon.

OVERDOSE EFFECTS

To genuinely overdose on caffeine, it is difficult and rare. The potential effects include vomiting, abdominal pain, fever, and panic attacks. The most troubling is probably the effect it has on heart rate. Anxiety about rapid heartrate is a common cause of panic attacks, which in turn can make the heart rate increase even further. The most extreme cases of caffeine overdose include delusions, hallucinations, and seizures [ODCaff].

If you truly believe someone is overdosing, seek medical attention as soon as possible. The most common means of overdosing on caffeine is through over-consumption of caffeine pills among those who have cardiac issues, or other physical sicknesses. I have never personally witnessed a genuine caffeine overdose, though I have seen many who experience difficult side effects.

Negating the Effects

THREE BASIC STEPS – BREATHE DEEPLY, DRINK WATER, EAT FOOD

Did you drink too much coffee? Perhaps you accidentally popped an extra caffeine pill while staying up late studying and not realize it? As stated in the *Dose Comparison* sections earlier in this chapter, high dose effects can be quite unpleasant, with side effects including anxiety, heart racing, restlessness, and incoherent thoughts. What I have found to be most helpful is to drink a cup or two of water to try to relax the body as soon as unpleasant effects begin. If this is not helping that much, eating *healthy* foods is the best option. The bigger the meal, the faster the **over-stimulation** will go away. Having been through this situation multiple times, I am amazed each and every time how powerful eating a solid meal can be for mitigating effects of caffeine.

If you are unable to eat, since caffeine does have an appetite suppressing effect especially at higher doses, try deep breathing. You will see me recommending this for most drugs that have unpleasant side effects. Breathe in for three seconds. Hold it for three seconds. Exhale for three seconds. Hold. Repeat. This has a calming effect whether someone takes drugs or not, and remembering to do this when uncomfortably under the influence of drugs is a blessing.

The mere passage of time will allow the bad high from excessive caffeine consumption to go away.

Addiction and Withdrawal

ADDICTION

“I can’t do *anything* without my morning cup of coffee” - The classic caffeine addict :)

If we have not said this before, I am sure we know someone who has. If it comes to a point where the user says they cannot function without the drug, this is evidence of addiction. In a society where people work long hours, have to take care of errands and children, and are often sleep deprived, caffeine is an ideal go-to drug. The intoxication compared to other stimulants, like cocaine or amphetamines, is mild, and it can be consumed daily with few unpleasant side effects. Of course, the fact that caffeine is a legal drug is also a huge plus for the general population!

So then, is caffeine addiction really that *bad*? Compared with other addictions, I do not believe so. I have had caffeine on a daily basis for months at a time with no easily noticeable consequences, aside from craving. The negative effects may have built slowly over time. With regular use, perhaps I was irritable without caffeine and my quality of sleep suffered,

but these were traditionally mild. What may have been the worst part of consuming the drug on a daily basis was that when I came off of using the drug, I experienced very mild **withdrawal** effects.

ADDICTIVE POTENTIAL

Perhaps the biggest contributor to caffeine's addictive potential is the sheer number of people who consume the drug. It is much easier to use this drug frequently if countless others are also using the drug frequently. Since the drug is often used in public, this heightens the potential even more. Additionally, the number of locations where the drug is available make avoiding the drug impossible. There are coffee shops, café's, restaurants, food stores... It is everywhere! There is also a greater social acceptance of the drug, which makes it arguably more addictive than cigarettes. I may receive critique for this, but aren't more people addicted to caffeine than cigarettes? Sure, caffeine is definitely healthier – but also more addictive.

LONG-TERM EFFECTS

When I consumed caffeine frequently for an extended period of time, I feel as though my mood was more unstable. Occasionally I felt balanced, but other times I was restless and agitated. My quality of sleep might suffer with frequent caffeine use. I had definitely developed a dependence on the drug. It was hard to be conscious of these effects while I was in the midst of use. This dependence led me to being unable to start my day without a dose of the drug. I detail my experience as a regular coffee consumer in the *Personal Experiences* section near the end of this chapter.

WITHDRAWAL

If you have tried to quit caffeine before, you may experience some of the common withdrawal effects such as headaches, fatigue, lack of focus, lack of energy, and diminished motivation. The real common ground between caffeine and other types of drug withdrawal is that it causes intense craving for the drug. The smell of coffee would *really* get the cravings going for me.

As for other withdrawal effects I experienced from quitting caffeine, they were relatively mild. I was never what I would define as a "heavy" caffeine consumer, consuming over 400mg a day. I usually averaged about 150-200mg (about one-two cups of coffee) from different sources such as chocolate, tea, coffee, or caffeine pills. This could explain why my withdrawal symptoms were mild. I had consumed this amount of caffeine for probably about three months on a daily basis. For withdrawal effects, other than craving for the drug, mild irritability was probably the most difficult. I usually consider myself a very calm person, but on the first day after cessation of caffeine, I was especially irate. Headaches, which are common for most with caffeine withdrawal, were scarce for me (I rarely have headaches for any reason), but there was definite laziness! It took extra effort to do mundane tasks like clean the dishes and clean my room. These subtle effects diminished over three to five days, and I would say by the sixth or seventh day, I felt back to **baseline**.

Another unpleasant side effect of withdrawal is constipation. After the body became so used to caffeine as a means to push the bowels along, if it no longer has the drug, there is a readjustment phase that may cause slight constipation for several days.

READJUSTING TO A CAFFEINE-FREE LIFESTYLE

Once caffeine has been kicked out of your life, try to keep it that way. For me, after a few days without caffeine, I reached a tolerable equilibrium. I feel a natural energy, a normal sense of motivation, and I start sleeping more deeply! I believe this was made easier by following a healthy diet, without sugars or processed foods. I also believe that anyone, regardless of what diet they follow, can be caffeine free and learn to enjoy it.

Personal Experiences

AFTER A 30-DAY CAFFEINE AND SUGAR BREAK – NO TOLERANCE

Every so often, desiring a higher level of sobriety, I will abstain from all drugs: illegal, legal, prescription, non-prescription, even caffeine and sugary foods. I enjoy the clarity of mind.

After having done a 30-day total abstinence, I decided to break the fast with a cup of black tea. If I recall it was a Lipton tea bag, and I brewed it rather strong. It may have steeped for 15 or 20 minutes before I took a few sips with an empty

stomach. Even the initial few sips were awakening! I felt wide-awake with an energy rushing through me that I do not remember ever receiving from a caffeinated substance.

After about 75% of the beverage was consumed over a 15-minute timeframe I would say I felt high. There was an amphetamine-like energy, but cleaner in feeling, with mild euphoria. It was the first time I could recall such a high from a caffeinated substance. I became very talkative with my friends and was acting a bit sillier than I otherwise would have shortly after waking up around 10:00 AM.

For a moment there was some concern that if I finished the remaining tea, I might feel over-stimulated, but I proceeded to finish it anyway! This euphoric caffeine high persisted for perhaps another two hours before the euphoria dropped off and left me with another three or four more hours of the familiar effects of caffeine. There was no edginess or anxiety that I sometimes experience with high doses of caffeine. It is worth noting that I actually do not believe this was too high a dose of caffeine (perhaps 70mg?), rather the 30-day run without caffeine or other drugs resulted in a significant tolerance drop that allowed me to feel such effects from just one bag of black tea.

Interestingly, this day stands out clearly to me. I can easily recall who was there, some of the topics of conversation, and some of the activities I participated in. I do recall that this was one of the times that I took caffeine, and it seemed to decrease my ability to focus, especially during the first two hours of the euphoric high. Overall, the experience was highly enjoyable, while not highly productive.

[LIVE] MODERATE-HIGH DOSE OF CAFFEINE, MIXED SOURCES, NO TOLERANCE (~300-350MG?)

I am currently having an experience with caffeine where it is both pleasant and mildly unpleasant. I brewed a cup of a beverage mixed with tea and coffee that was given to me by a friend. I used my eyes to measure what I believed to be about two tablespoons of this mixture and steeped it in boiling water before drinking it. Looking back, I may have steeped about four tablespoons. I also have not consumed coffee in a couple weeks.

I had a mildly high dose of caffeine for someone with little to no tolerance according to my estimate. My heart is beating rapidly and I can feel the blood rushing through my body. I feel some level of euphoric “high” from the beverage though it is very slight. There is a definite stimulated focus present, similar to the one acquired from a very low dose of amphetamine (Perhaps 5mg dosage of Adderall on a near empty stomach), however, with a less “organized” high than amphetamines. I feel scattered, though productive.

I had previously thought half a cup to a full cup of regular coffee was mildly enjoyable every so often. I have definitely consumed what I would call “too much” caffeine before. Today is fortunately not one of those days, but I would say I have had more than is desired. I would like to repeat this experiment with caffeine pills dosed to the milligram to give more accurate input per dosage.

T+1:30: I desire to try to accomplish many tasks at once. The anxiety felt from this level of caffeine level is minimal. I keep having feelings of distracted productivity, which sounds conflicted, but seems to accurately describe the way I feel. As I write, I feel like I am typing faster, and I might indeed be doing so, but I seem to be making more mistakes while typing than I normally do creating a possibly overall slower writing process. There is still some mild euphoria present and it makes doing the chores of the day a bit easier and more exciting. Although my desire for productivity has increased, my interest in the matters I am productive in seems to have waned slightly. I am not lacking interest; it just seems that my mind is moving faster than what I am trying to comprehend and therefore it is not setting in my brain as well as it would in a more sober mindset.

T+2:30: There is still stimulation present. There is some residual anxiety and small things that would normally not bother me are causing very slight agitation. The most enjoyable portion was probably the first 45 minutes after ingestion. I felt the most euphoric and excited, as reflected in my early typing of this segment.

T+3:30: There are slightly more negatives. The “high” is virtually gone, and I do not desire another cup to repeat it. The stimulation is still very present with a more scattered feeling. I am about to eat some food to see how the effect might change when sustenance is presented. On other stimulant drugs, I find I feel better after consuming some food. My typing still seems to be of a faster, more focused pace, but I am still making more errors than I would in a sober mind state. Focus is still heightened. After researching caffeine throughout the day, I believe I may have had nearly 300-350mg of caffeine on an empty stomach upon waking. This may explain some of the positive and negative effects that were felt earlier and currently since I have very minimal tolerance to caffeine

T+4:30: Eating has proved to be useful and calmed down some of the slight edge and anxiety that the caffeine stimulation was leaving me with. Despite it being approximately 4.5 hours after initial ingestion, there is still a residual unpleasant anxiety. I find it easier to get frustrated, and I am someone who is frustrated very infrequently. The food helped mostly to quell the jitters and stimulation, not so much for the mind-racing effects that I am still experiencing.

T+5:30: hours after caffeine consumption, I am finally very down. There are even slight hints of tiredness despite it being 5:15 PM. The food has digested even more and I had a conversation with a close relative that both may have led to a more relaxed mind state.

HABITUAL COFFEE CONSUMER, CONSUMING A CUP OR TWO OF COFFEE DAILY

General comments follow for when I was using coffee on an almost daily basis for several weeks. Settling into a new job, coffee not only became a helpful stimulant, but it became a social activity among co-workers to start the day. I had consumed about 8oz of coffee a day for the first five days on the job. I took a day off, then I believe I had coffee every day for the next two weeks! I went from a non-habitual caffeine user, using two or three times a month, to a regular consumer of the drug.

I felt like a part of the rest of the world. Was this really what so many people grow accustomed to? This was not so bad! But as the weeks went by, I began to notice the effects of a tolerance build. That same 8-ounce cup of coffee just was not picking me up to where it used to. The first few mornings definitely yielded a “high” of sorts, with a noticeable mood lift, but this quickly dissipated during the rest of the first 10 or so days, where the mood lift became much less perceptible. I felt a heightened focus during this period as well that was satisfying. Being able to accomplish tasks in a timely manner under the influence of caffeine was great! But even this improved focus did not last much longer.

Time continued, and the coffee continued to have an awakening effect. Perhaps it was decreasing in effectiveness, but I believe I had been consuming a little more coffee each time which may have skewed the effects so that I always felt a similar level of wakefulness. What I did notice was that after a few weeks, the enhanced focus was barely noticeable! Even on days when I would have a second cup of coffee, it seemed there was little assistance.

After about a month of this I felt as though I would not even be able to do my work day without it. Upon waking I felt more sluggish until I grabbed my coffee. At this point, I just accepted that I was consuming it every day. The negative effects were not very noticeable. Unfortunately, I ended up leaving the job shortly after this point and cannot recall what it was like to get off caffeine.

DARK CHOCOLATE

This experience was recounted the day after it occurred to provide higher accuracy. While on a small break from alcohol, caffeine, and other drugs, I decided to have a good portion of a dark chocolate bar in the later part of the evening. I had not had any caffeine containing products in 24 days and was aware of the approximate caffeine content in the chocolate. An internet search told me that 3 squares of 90% dark chocolate was the rough equivalent of 20mg of caffeine and I had about 9 squares – totaling 60mg of caffeine.

I had only slept about five hours the night before and so I was feeling a bit tired throughout my day at work. I was supposed to go out to a bar, and then go to a party where people were going to be taking **hard drugs** and drinking. At first, I was apprehensive, but I decided to go anyway since I felt like dancing even though I was not going to be taking any of these harder drugs or drinking.

The chocolate was taken around 6pm, and I did not start to feel effects until I was leaving for the bar at 745pm. How strange! I never remembered chocolate affecting me so. As the next two hours progressed, a heightened sense of stimulation increased. I felt very caffeinated! There was some euphoria to speak of as well, and an increased sense of focus.

By the time we got to the club at 11pm, I felt very high. I literally felt as if I had ingested some other drug besides caffeine. I was amazed at what not having a tolerance could feel like! There was even a slight intoxicated feeling, and I was dancing around rather energetically. I did not care if other people thought I looked ridiculous – I was deeply enjoying myself. When I was asked by a club goer what drugs I took, I said that all I had was a bar of chocolate. They looked at me like I was crazy!

This energized dancing continued for about two more hours before the effects began to wane. The slight euphoria that was felt had dissipated and my body began to feel rather tired. If I had eaten more food beforehand, I may have been able to stay until it closed at 4am, but by 2am, I was ready to leave.

Residual wakeful effects were felt until I fell asleep, but they were slight. The physical tiredness I felt from the day's activities combined with the dancing done at the club was enough to allow me to fall asleep quickly. I slept about 5-6 hours and it was fairly rejuvenating.

Let it be known that dark chocolate, especially with a high percentage of cacao *definitely* has caffeine! This is obviously more evident with a low caffeine tolerance since the caffeine content of chocolate, relative to the average cup of coffee, is still fairly low.

My other observation was that it took longer to digest than a cup of coffee. The saturated fat content of the chocolate is high, which could impede digestion. Also, the bar was a solid, whereas coffee, tea, or other caffeinated substances are usually liquid and thus digest more quickly.

Update: After rehydrating, I still feel residual stimulation 18 hours later. I am much more motivated at work than I otherwise thought I would have been. I feel more awake than I should considering all the energy I expelled yesterday.

Combining with Other Drugs

ALCOHOL

CAUTION! Some believe that having caffeine while intoxicated from alcohol can create a sobering effect. While this may *feel* true to some degree by increasing wakefulness, driving is still NOT okay. Consuming caffeine will not rid the body of alcohol any faster. Much to my dismay, I have seen people consume a caffeinated drink and then insist they are "okay to drive" when moments before they had just finished their fifth or sixth alcoholic beverage (God forbid any more than that). Avoid.

Caffeine can also make it easier to drink more alcohol as caffeine repels some of the sedative effects. Alcohol can also make it easier to have more caffeine since it reduces the anxiety of high caffeine consumption. It can also make for a worse hangover in the morning due to the increased drinking. I try to only combine alcohol and caffeine if I am exhausted before a social event, but still plan on consuming alcohol so I will not be too tired.

BENZODIAZEPINES

Please see the *Benzodiazepines* chapter.

CANNABIS

This is how I used to start my day, every day, for months at a time. A few **hits** off a cannabis pipe and a cup of coffee or other caffeinated beverage. The caffeine counteracted the mild sedation of cannabis, while the cannabis counteracted the mild stimulation of the caffeine. It was quite an enjoyable way to start my day, but left me in a slight haze each time.

I would combine these drugs if I accidentally smoked enough that I became too drowsy or relaxed. The caffeine would address these two side effects perfectly.

KETAMINE

Please see the *Ketamine* chapter.

LSD (and some other psychedelics)

I find most psychedelics to be stimulating on their own – especially LSD. LSD provides a body lightness with clean energy for me. Occasionally mushrooms will give me a feeling of heaviness where it will require more effort to get my body to move. A *low* dose of caffeine has proven helpful in the past to help myself gain the illusion of energy needed for a walk or other physical activity when the **body load** was too great.

Again, I must emphasize the importance that the dose of caffeine be low, because a high dose of caffeine while consuming psychedelic drugs can cause a physical anxiety that may manifest quite unpleasantly in the psychedelic state.

I can even recall a specific experience where, after consuming several cups of coffee, with no tolerance to caffeine on a rather strong LSD trip, I began to develop strange feelings of paranoia that I had never experienced before. This had shaken me quite a bit at the time, but when I had deduced that the effects of high-dose of caffeine were likely the culprit, I began to talk myself through it. “Only a couple more hours before the primary effects of caffeine dissipate” I reminded myself. This calmed me down, but still, I must remind the reader how unpleasant the effects of a high-dose of caffeine can be on an intolerant user, *especially* while under the influence of a heavy dose of psychedelic drugs.

MDMA

To get maximum enjoyment from MDMA, I believe the drug is best used on its own, without combining it with other drugs, even with something as mild as caffeine. Caffeine can have a slight dulling effect on some of the empathetic feelings and euphoria of MDMA. If the intention would be to take MDMA at a social event, such as a club or festival, caffeine may be helpful, as MDMA can create a **body load** for some people and make it difficult for them to move. Having a low dose of caffeine can provide energy to dance and socialize, without taking away too much from the MDMA experience.

Be aware the MDMA and caffeine both have stimulant properties, so there is a chance that the heart rate will increase. It is usually not uncomfortable, especially if the user has slight caffeine tolerance, or if both doses are kept fairly low.

NICOTINE

This is some of my friends’ favorite combination of substances. The most picturesque image to them is drinking a coffee while smoking a cigarette. When I asked them why they enjoyed it so much I was told that the nicotine really boosts the stimulating power of caffeine which makes it a great way to wake up in the morning. I have tried this mixture on countless occasions as well, and while it had some level of enjoyment while I was a cigarette smoker, now this combination would leave me with some residual anxiety.

OPIOIDS

I have had opiate-addicted friends who swear by caffeine to stop them from doing the infamous “**nod**”. Nodding out is sometimes a sensation desired by opiate addicts because of the blissful dream-like euphoria they may feel, however they become distant from the world. Their eyes are usually closed and time seems to pass them by. If a large enough dose of caffeine is had, they will still experience the euphoria of the opiate-high, but it will be harder to reach a physical nod and keep the user more awake. This can be dangerous, as it allows the opioid user to ingest more opioids since they are more wakeful. Be **CAREFUL!**

SUGAR

Please see the *Sugar* chapter.

STIMULANTS (AMPHETAMINES/COCAINE)

CAUTION! Mixing caffeine with stimulants such as amphetamine or cocaine can be dangerous. All three of these drugs cause a stimulatory effect by increasing heartrate, therefore if they are mixed, they can have a **cross-potentiating** effect. Of the few times I have combined stimulants at high doses, they have all been very uncomfortable, and resulted in restlessness and anxiety, and in some extreme cases paranoia. I would avoid combining stimulants if possible. In extreme cases of **over-stimulation**, a benzodiazepine drug, such as **alprazolam** (Xanax) can be given to counteract effects.

CAUTION! Mixing drugs in an unprofessional environment can be dangerous!

Personal Opinion

WHY IS CAFFEINE SO POPULAR?

Again, I must highlight how powerful it is to know that most of the world indulges in this drug. I suppose this is logical, as the drug is generally very forgiving: the dose needed for desired effects is low, with minimal side effects, and a very subtle hangover. While it is a drug that is quite easy to form a habit with, judging by the 80%+ of people in the United States, the cost of addiction seems to be minimal, unlike addictions to **hard drugs**.

I theorize that a lot of people do not have the healthiest diets that they possibly could, which can increase fatigue, requiring the need for a stimulant to supplement. An unhealthy diet might also result in decreased focus or attention, both of which can be perceptibly improved by caffeine. Exercise may be harder to pursue if there is a lack of energy, even though exercise has been shown to help improve attention span [WGU]. People are also often *busy*, with jobs, hobbies, school, family, friends, and basic needs. They are often not getting the sleep necessary for optimum health, due to busy schedules. Yet again, caffeine is *cheap*, *legal*, and *easy* to reach for.

FROM CAFFEINE ADDICT TO ABSTINENT

Is it such a bad thing to be addicted to this drug? I believe being dependent on any drugs, whether they are “soft” or “hard” drugs, is inhibiting human potential. Interestingly, I say this having been addicted to caffeine for more of my adult life than not (and as I edit this now in 2021, I have been taking caffeine for several months! No judgements!), but it is something that I still believe. When I abstain from caffeine, after a few days, it is as if I come out of a slight haze. For someone that has never eliminated caffeine from their life, they may not even notice, but because I have fluctuated between abstinence and addiction to caffeine, it is what I grew to observe. My mood, sleep quality, energy levels, sociability, and productivity. The most difficult part is the first few days.

Again, as I urged in the beginning in the *Introduction*, I urge you here, at the end, if you are a habitual caffeine consumer (and you most likely are if you are reading this), try to give up caffeine for two weeks and see how it makes you feel! Do not feel bad if you cannot give it up, but then you could acknowledge the possibility of having a caffeine addiction. :)

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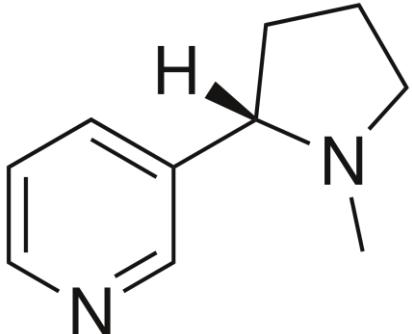
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Nicotine (Cigarettes, Cigars, Vaporizers)



Nicotine molecule, and cigarette packs that indicate some of the diseases that develop from excessive cigarette smoking.



Some sample nicotine vaporizers [FDAVapeNic]

Nicotine is a notoriously addictive legal stimulant drug, available most commonly in cigarettes and electronic cigarettes (vaporizers/ENDS), and less commonly in cigars, hookah, and tobacco pipes. It is often combusted (smoked), or heated to a temperature to vaporize the drug, and then inhaled for consumption. Effects usually do not last more than a few minutes, and what seems to be the most favorable effect of the drug is the brief headrush that alters consciousness.

Slang: (For Cigarettes) Cig, Ciggy, Nic Stick, Cancer Stick, Bogie, Fag (old/European term), Stogie

Slang: (For Electronic Nicotine (ENDS)) Vape, Vaporizer, Tank, E-Cig, Puff

“Cigarette smoking causes more deaths each year than HIV, illegal drug use, alcohol use, motor vehicle accidents, and fire-arm related incidents *combined*.”

-The CDC

Introduction

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- AND IF ALL ELSE FAILS...

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MY ELECTRONIC CIGARETTE ADDICTION
ADDICTION TO CIGARETTES VERSUS ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)
LONG-TERM EFFECTS
CIGARETTES – WITHDRAWAL
ENDS – WITHDRAWAL

Personal Experiences

[LIVE] SMOKING A CIGARETTE

ELECTRONIC CIGARETTE – THE FIRST TIME

EXPERIENCES WITH HOOKAH

CIGARETTES – THE RAPID RETURN OF CRAVING AFTER ABSTINENCE AND ENDS
EXERCISING AFTER VAPORIZING (E-CIGARETTE) VS AFTER A SMOKED CIGARETTE
CHEWING TOBACCO (DIP)

[LIVE] SMOKING A CIGARETTE [This is an experience from a friend – not my own]

Combining with Other Drugs

[O] NICOTINE + OTHER DRUGS (GENERAL)

[X] ALCOHOL

[O] AMPHETAMINES

[X] BENZODIAZEPINES

[X] CAFFEINE

[X] CANNABIS

[O] COCAINE

[X] KETAMINE

[O] LSD

[X] MDMA

[O] OPIOIDS

[X] SUGAR

Personal Opinion

THE DEADLIEST DRUG

DISAPPOINTING

THE MOST PLEASURABLE – WHEN USED WITH OTHER DRUGS

WAS THERE EVER A SATISFACTION TO SMOKING?

THE IDEA OF AN “ENJOYABLE CIGARETTE” IS A LIE

Sources

Introduction

WHY SMOKE CIGARETTES?

Why would anyone consider smoking a cigarette? Everyone knows they are bad for you and addictive... right? I remember thinking this through much of my younger life. Having spent years in school, being told over and over again just how harmful cigarettes would be, so there was no way I would ever try a cigarette – I was determined. However, when I went to college, **curiosity** and **peer pressure** got the best of me one night when I was drinking alcohol, I finally tried it. “Try this!” someone said. “The headrush feels amazing when you drink!”

I was hesitant at first, but a few of my friends had already tried and subtly encouraged me to try as well.

I remember how I enjoyed the headrush that was described. Most thoughts about how unhealthy the act was dissipated. “It was just a few puffs; it can’t really hurt,” echoed in my mind. I told myself this and similar things to give myself comfort about what I was doing. I ended up smoking on and off for about six years!

HOW MANY PEOPLE SMOKE CIGARETTES?

Approximately 1.1 billion people in the world are cigarette smokers [WHOcig]. This means that about *one in every seven or eight* people worldwide smoke cigarettes. For the observer who is reading this book, they may think it an impossibility that there are that many active smokers in the world. If research is done, one will discover that outside of America, there is a much greater ratio of smokers to non-smokers, so just because it is not easily observable around you, does not mean that it does not exist.

CIGARETTE SMOKING IS THE LEADING CAUSE OF PREVENTABLE DEATH

According to the CDC, in the United States, cigarette smoking is the leading cause of preventable death. Smoking harms almost every organ in the body and shortens life expectancy. It also causes more deaths each year than HIV, illegal drug use, alcohol use, motor vehicle accidents, and fire-arm related incidents *combined*. Based on 2017 data, smoking was related to roughly 480,000 deaths in a year – which boils down to about one in every five deaths [CDCtob].

ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)

Often called e-cigarettes or vaporizers, consumption of ENDS has boomed in popularity in recent years. Vaporized nicotine has been marketed as a tactic to get people to stop smoking cigarettes, or simply as a “healthier alternative”. I have observed adolescents, some no older than 14, using electronic cigarettes. I can understand the appeal to a degree: Some flavored nicotine products taste good, they give an altered state of mind, and they can be consumed without parental knowledge, since they are not very **intoxicating**. When I recall my teenage years, I had developed a little bit of a rebellious nature. I wanted to do things that I was not *supposed* to do. This idea may also be reflected in some of the young minds who partake in the consumption of nicotine. That, combined with the peer pressure of friends, may be causing young people to be picking up the habit more and more frequently.

History

FIRST USE OF TOBACCO – NATIVE AMERICANS

It is believed that tobacco plants grew in the Americas more than 8,000 years ago. Around 2,000 years ago, Native Americans began to use tobacco spiritually and medicinally [Aca Hist]. They were also likely smoking a different type of tobacco than the one that is mass produced in the present day, as the type they ingested was rumored to have **psychedelic** properties.

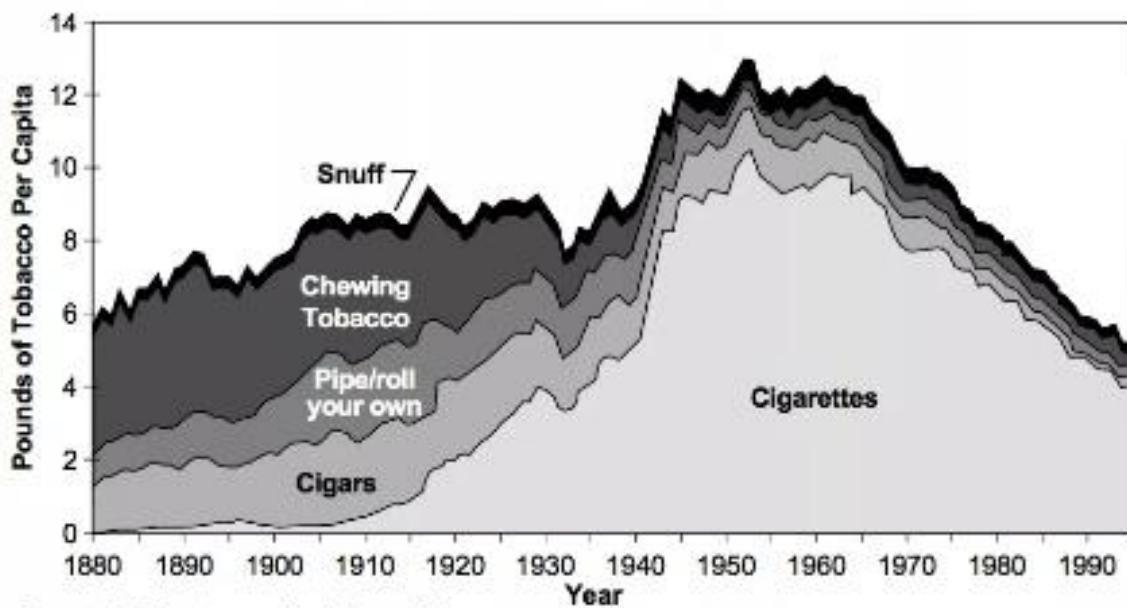
MASS PRODUCTION OF CIGARETTES

According to some accounts, the paper cigarette crossed into France in the 1830's, though it could have happened sooner. It was the French that originally began to mass produce cigarettes [HistToba 1993], and indeed the word “cigarette” itself is French in origin. There is some debate on the real origin of the cigarette, but some think it was developed somewhere in or near Turkey.

DIFFERENT TYPES OF TOBACCO USED OVER TIME

This is a graphic which illustrates different types of tobacco that have been consumed from 1880-1995

Figure 1
Per capita consumption of different forms of tobacco in the United States, 1880-1995



Source: U.S. Department of Agriculture, 1996.

Source USDA 1996

This shows how cigarettes gradually boomed in popularity in the 1940's 50's and 60's, but after some new information about the health effects of smoking was distributed, a rapid decline of consumption began.

This data map is old (nearly 25 years!), but I believe it would continue on a downward trajectory until the modern day, but see a spike in vaporized nicotine use in the last 10 years (See the below graph).

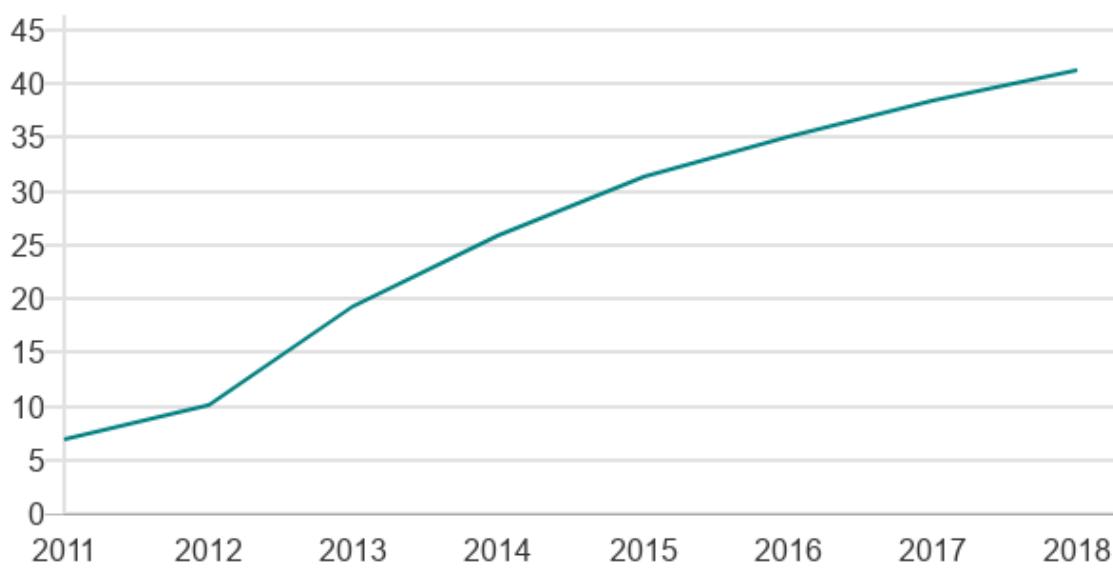
THE FIRST ELECTRONIC CIGARETTE

The first commercially successful electronic cigarette was developed in Beijing, China by Hon Lik in 2003. It is believed he created the device after his father passed away from lung cancer as a safer alternative to cigarettes. The company he worked for developed the device and changed the name to Ruyan which loosely translates to "like smoke". Electronic cigarettes did not start gaining much traction until they spread into Europe and the United States in 2006 and 2007 [HistVape].

Since its inception in the early 2000's, electronic nicotine delivery systems (ENDS) have spread rapidly.

Number of vapers globally

Adult smoking population of vapour products (millions)



Source: Euromonitor International

BBC

We can see just how much nicotine vaporizing has infiltrated the nicotine industry as time has gone by. There has been a steady increase in use through recent years.

THE CURRENT NUMBER OF NICOTINE CONSUMERS WORLDWIDE

As was said before, there are still about 1.1 billion people, which is about one in every seven people, who smoke cigarettes worldwide [WHO tobacco]. There are an estimated 41 million ENDS users (as of 2018) [CurrNic]. While 41 million ENDS users does not sound like much compared with 1.1 billion cigarette smokers, consider that the number of ENDS users was only 10 million seven years ago.

Legal Status

LEGAL SMOKING AGE

As of December 20, 2019, in the United States, the legal age to purchase nicotine and tobacco products is 21. Throughout the rest of the world, the minimum age to buy nicotine and tobacco products varies from around 16-21 [WikiSmoke]. In many regions, there is no enforced smoking age, despite the fact that there is an enforced age for buying nicotine and tobacco products, meaning that even children and adolescents can legally smoke if they come across nicotine.

SMOKING RESTRICTIONS

Some countries and regions have smoking restrictions to stop people from smoking cigarettes or using ENDS in public places, such as restaurants, bars, malls, or parks. Please do research on the local laws if you decide to ingest nicotine in a region you are unfamiliar with.

Route of Administration



COMBUSTION (SMOKING)

Nicotine is most commonly smoked, in the form of a cigarette. The average cigarette takes about 4-7 minutes to smoke, which I factored into the **duration of effect**, which is further explained in the next section.

Effects in an intolerant user versus a [tolerant user] - one cigarette

Come-Up: 10-30 [10-30] seconds

Main Effects: 7-15 [5-8] minutes **Peak @ + ~45-60 seconds after dose/first puff**

Come-Down: 5-10 [2-3] minutes

I believe this drug has the shortest duration of effect in the book. For a tolerant smoker who smokes quickly, they may only achieve perceptible effects for about five minutes total. Some cigarettes are longer in length or burn slower, which can extend the experience by possibly a couple minutes.

For proper smoking technique, see the *Safety and Suggestion for Various Routes of Administration* chapter.

VAPORIZATION (ENDS/E-CIGARETTES/VAPES)

The next most common way I have seen nicotine used is in electronic cigarettes. What differs between these devices and combustible cigarettes is that a cigarette is a finite unit, whereas if someone is using a vaporizer, they could take one big hit, or continually puff on the device for 15-20 minutes, or more. This extends the duration of effect for approximately how long the device is being used in a tolerant user. Due to the strength of nicotine content in some vaporizers, one long hit could bring a headrush to an intolerant user for several minutes. Compared to smoked nicotine, effects may be somewhat cleaner, mild, and shorter in duration.

Interestingly, after an **ENDS** session, I would occasionally feel short of breath, reminiscent of when I would wake up after having smoked countless cigarettes the night before. This seems to vary depending on the type of device used, the type of nicotine used, and the quantity that was consumed. It is remarkable, because even after chain-smoking multiple cigarettes, I was not as short of breath as I was after a brief session with certain types of ENDS. Other users have reported the same, while yet others still report the opposite. Either way, they feel toxic.

BUCCAL

Using chewing tobacco, or “dip”, as it is sometimes called, will absorb through the membranes in the mouth. A user will “pack a lip” or put a pinch of chewing tobacco (sometimes it comes in prepackaged doses) between their cheek and bottom teeth. Nicotine will seep into the mouth for an alternative route of absorption. A spit cup is usually present so that a person can spit out the saliva that contains the nicotine. The saliva should not be swallowed. A tiny bit will likely not do that much harm to the stomach, but a larger amount can induce nausea and vomiting.

TRANSDERMAL

There are some products designed to help people quit smoking such as nicotine patches and nicotine gum. The drug can pass **transdermally** (through the skin) via the nicotine patch. This usually consists of a moderate dose of nicotine that is distributed into the body slowly over a long period of time to help reduce cravings for cigarettes.

USING MULTIPLE FORMS OF NICOTINE ROA SIMULTANEOUSLY

A friend of mine smoked a cigarette while wearing a nicotine patch because she said she forgot she was wearing it. She reported a very intense nicotine feeling akin to a brief psychedelic trip (some may call it nicotine poisoning). She commented that the lights on the highway looked strange and the trees appeared to move on their own. She said it was not a pleasant feeling, even scary at times. Avoid mixing different nicotine products together as the resulting experience may be unenjoyable and cause an inhibiting intoxication.

Duration of Effect

This example specifically references a cigarette

COME-UP

Honestly, this is the part of the nicotine experience that I find the most enjoyable. There is a sensation of a light rushing through the body as the first couple puffs are taken off the cigarette. There may be a slight mood increase and an initial satisfaction of having a craving satiated (if a regular user). This “joy” lasts for about one or two minutes.

MAIN EFFECTS AND PEAK

From the time the peak is reached in the first minute, that initial rush from the come-up does not really return. There will be a headrush sensation, and a feeling of increased blood pressure. There may be feelings of stimulation, relaxation, relief of anxiety, or in some cases heightened anxiety. Some users will feel despair or sadness. Others will feel mild euphoria. It is during this phase of peak where being under the influence of other drugs, such as **stimulants** or **opioids** can make for a more enjoyable cigarette experience.

COME-DOWN

The transition back to baseline is not as smooth for me compared with other drugs, though it is still very mild and very brief. I may be left with a slight restlessness or irritability. I may even desire another cigarette. There is some gratitude for having satiated the craving.

HANGOVER

The only time I have ever experienced a nicotine hangover is if I had ingested a very high amount the night before (like smoking a pack of cigarettes). I may have a slight headache upon waking, and it may be a bit harder to draw breath. Compared to other hangovers, it is extremely mild, and more physical in manifestation rather than mental.

AFTERGLOW

I do not know of anyone who would say there is an afterglow from consumption of common nicotine products.

Dose Comparison

BEFORE YOU TAKE THE DRUG

Anyone who may have issues breathing via asthma, lung infection, or pneumonia should abstain from smoking, as it could make conditions worse. Avoid using cigarettes inside, as they can leave a smell in a household that can persist for hours or days (or even weeks or months) depending on the intensity of consumption (ENDS usually do not have a lingering smell). It shows regard for the feelings of others if you ask those around you if it is acceptable to smoke nearby.

If you are about to smoke a cigarette for the first time – my advice would be to not do it, as the effects are hugely disappointing, but if you insist... make sure you know the proper smoking technique to maximize effects. Know that there is a chance you will become a regular smoker after just one cigarette. Finally, please be aware of all the potential illnesses and issues you may cause yourself if you continue with this habit. There is a good chance that you have some idea, but thoroughly researching may help you change your mind about that first puff.

For the smoker to avoid smelling like smoke, a light perfume, cologne, or other body spray can be brought along. It may also help to have a “smoking jacket” that is worn specifically while smoking, so that the smoker can more easily prevent the rest of their clothes from smelling like smoke.

Traditionally, dose comparison in other drug chapters in this book is listed as LOW DOSE, MODERATE DOSE, HIGH DOSE, but for something like a cigarette, I believe the best comparison would be between what it feels like to be TOLERANT versus INTOLERANT

SMOKING A CIGARETTE WITH NO TOLERANCE

I can remember the first time I went to buy a pack of cigarettes. I had smoked a few cigarettes on occasion before, and did not want to ask people for free cigarettes constantly when I went out drinking, so I wanted to come prepared. I bought a

pack of Marlboro Reds, notoriously strong cigarettes, and instead of waiting until the alcohol fueled event that night, I lit one up while driving home.

The headrush was astounding. I think I had to pull over because it was almost overwhelming. I felt dizzy and intoxicated for the duration of the cigarette and about two minutes after. While not particularly euphoric, it made me begin to understand why cigarettes were consumed – I felt different, and I liked it (at the time). I do not believe I ever had a feeling this strong from a cigarette ever again after that first one.

SMOKING A CIGARETTE WITH TOLERANCE (Cigarette addiction)

When I was a habitual smoker, the time I really enjoyed a cigarette most was when I had not smoked one for several hours, such as the “morning cigarette,” - the first cigarette of the day after a night of sleep. Only then was I graced with some mood lift. It would give me a feeling in my body as if the blood was pumping at an accelerated rate, coupled with a slight headrush. The headrush itself was not extremely pleasurable, more of just an altered state of mind. A tingling sensation would be felt in my hands and feet. The most satisfying effect of smoking a cigarette was that it diminished the craving I felt before I finally consumed one.

Throughout the rest of the day, every cigarette that followed was usually what I like to call a maintenance cigarette. In other words, the actual feeling of pleasure or enjoyment it provided was slight and mostly just satiated the craving of another cigarette. Smoking two or more cigarettes in rapid succession, or **chain-smoking**, was usually still unable to bring me the headrush feeling I desired. In a way, I was **chasing the high** and never got the effect that I wanted.

Physiological Effects

APPETITE

Smoking a cigarette while my stomach was empty would cut down my desire for food. It is said that people will lose weight if they start smoking, possibly due to the appetite suppressant effects. Conversely, I have observed firsthand that if people quit smoking, they will gain weight back. I would NOT recommend starting smoking with the intention to lose weight! The cigarette habit is arguably worse for your health.

DIGESTION AND ALTERED EFFECTS BASED ON STOMACH CONTENTS

If I smoked a cigarette when I had an empty stomach, the feeling was usually much less pleasurable, sometimes even unenjoyable. It is as if my body did not have the proper store of energy to supply me with a positive buzz. Conversely, if I smoked a cigarette after a large meal when my stomach was very full, the feeling was much more enjoyable. I have been told that cigarettes increase the ability to digest food, which may or may not be true. What I do know is that when I was a smoker, I looked forward to my “after-meal cigarette” because the feeling was so much more enjoyable.

NAUSEA AND VOMITING

Cigarettes seem to rarely cause nausea, unless the user is particularly sensitive and intolerant. If there is already nausea present in the individual, unlike cannabis, which can help mitigate nausea, nicotine seems to exacerbate it. Even if I picture in my mind the idea of cigarettes settling my stomach, it usually does not help. If the nausea was caused by bad food, too much alcohol, or other drugs, smoking cigarettes may increase the nausea to a level where vomiting may be induced.

URINATION

There is perhaps a slight increase in frequency of urination, but my perception of this may be purely influenced by placebo.

DEFECATION

When I was intolerant to the effects of nicotine, if I had not defecated during the day, the nicotine usually caused a bowel movement. There were several times I can remember being halfway through a cigarette, and having to sprint inside to use the bathroom! It was usually satisfying to defecate in this situation. This effect is usually not as strong for the regular nicotine consumer, but if the regular user stops using, they likely will experience mild constipation.

RESPIRATION

One of the things cigarette smoking is most notorious for is impacting the ability to breathe. From experience, smoking three or fewer cigarettes a day usually does not make for a *perceptible* decrease in breathing, though it likely still has a

negative impact on the lungs. When I smoked 5+ cigarettes on a daily basis, I began to notice that it was just slightly harder to draw breath. It was not an obvious effect unless I was looking for it. On nights where I would drink or take drugs, the frequency of my smoking increased, which allowed for noticeable difficulty with breathing when I would wake up the next day.

CARDIAC

My heart rate will increase when I smoke. If tolerance to nicotine is low, the increase of heart rate will be more substantial (maybe 20-30% above normal). For those who smoke frequently, it may be harder to notice the increase in heart rate. Nicotine also increases blood pressure, which may contribute to some of the light-headed or dizzy feelings that are associated with cigarettes.

SENSATION

With regular smoking, comes a decrease in ability to smell or taste. There seems to be little effect in auditory or visual senses. Personally, I notice a slight increase in tactile sensation during the come-up effect of nicotine, but I have not found others that observe this. Long-term use is known to reduce the sensations of feeling, especially in the fingers and toes.

EXERCISE

Interestingly, I have actually smoked part of a cigarette while on a long run! I remembered thinking how ludicrous of an idea it was, and then thinking about how uncommon it must have been, and then deciding it was something that I was going to do. A friend of mine biked by my side and we passed the cigarette back and forth while I was running. The result: Running was made *much* more difficult. I suppose I was more likely to inhale the cigarette deeply as I was breathing more rapidly. The headrush, stimulation, and light-headedness were all felt instantaneously and quite unenjoyable compared with a cigarette smoked while inactive. Avoid.

There are many who smoke cigarettes and exercise at different times. What I have noticed is that if I have a regular cigarette habit, exercise becomes more tiring at a faster rate. I will not want to run as far or workout for as long. Breathing also becomes more laborious. I have a more in-depth description in the *Personal Experiences* section at the end of this chapter.

BODY TEMPERATURE

When the temperature was cold outside, if I smoked a cigarette, it would make me feel colder. This made it more unenjoyable to smoke cigarettes outside at the time, but of course this did not stop me during my cigarette addiction! This effect was particularly undesirable if I had an empty stomach or had not eaten in hours and then tried to smoke a cigarette in the cold. Conversely, if I smoked a cigarette when it was hot outside, I felt a slight increase in body temperature. As long as I was not sweating profusely, this effect was not bothersome.

Psychological Effects

STIMULATION OR SEDATION

I have these two terms next to each other in other drug chapters as well, as to show just how different the effects of one drug can be. There are some who classify nicotine as a stimulant, as it can cause an increase in heart rate and wakefulness, and while I agree with this to some degree, I have also noticed nicotine to cause sedative effects as well. For me, on some occasions, after I finish a cigarette, I am left with a profound laziness and tiredness. I can recall in the early years of my cigarette smoking that I would go smoke a cigarette and then immediately lay down as I believed it helped me fall into a nap, and it did. My conclusion for the effects it has on myself, would be that nicotine has immediate stimulatory effects, but lingering sedative effects.

AWARENESS

If someone is taking a smoke break and *not* using their cell phone, they may be more likely to pay attention to their surroundings. Since nicotine is usually not overly-intoxicating, generally speaking, awareness of the environment and feelings of others does not seem to be impacted negatively overall. There may be a noticeable drop in some aspects of awareness for those who have a constant cigarette habit, as they are less aware of the smell they are generating and how long it can linger on their hands, face, or clothes.

MOTIVATION

Even though nicotine can have initially stimulatory effects, after I would smoke, I would feel a laziness or lack of motivation. If I had tasks to complete, sometimes I would procrastinate. Cigarettes seem to slow me down from making progress in areas of my life that I want to advance myself in. It also takes several minutes to fully ingest the drug, which make them a substance that causes procrastination just to use it.

FOCUS AND ATTENTION

It is difficult to say whether cigarettes alone helped me increase focus, because usually I would use them in conjunction with caffeine or other drugs while I studied or worked. It seems as if nicotine was helping me pay better attention to whatever I wanted to devote myself to, but this may have been placebo.

MEMORY

I remember having a psychology teacher in school tell me that nicotine increased the ability to store memories in the short-term. Some of the class laughed as one of the students explained that the reason he got such good grades on his tests was because he was constantly chain-smoking as he studied. While this could be true, I would certainly not turn to nicotine for this reason! Long-term use of nicotine is unhealthy for the brain.

ANXIETY (ANXIOLYTIC AND ANXIOGENIC)

Nicotine can be used as a way to deal with a stressful situation. I have often heard the phrase, “I need a cigarette!” almost exasperatedly, depending on the severity of the stressor. Nicotine can be used as a type of self-medication to cope with anxiety-related situations. Doing so can train the brain to become dependent on the drug whenever a situation emerges that causes stress, and a habit develop or be made worse.

Sometimes, when I used to smoke cigarettes, I was left with a general restlessness and irritability after the cigarette was finished. It is almost as though the cigarette *caused* me anxiety! How bizarre, I would think, that something that allegedly relieves anxiety might actually induce it. It is partly these experiences that helped me to eventually quit smoking. Whether cigarettes contribute to anxiety or seem to mitigate it seems very unique to each smoker.

DISINHIBITION/SOCIALIBILITY

In general, since nicotine has a very mild intoxicating effect, it does not seem to greatly lower inhibitions, especially compared with drugs like alcohol or cocaine. The drug also does not usually create desire for extroversion or sociability unless the user is a person who would behave in such a way in a sober state of mind. There are some who make friends over cigarettes, perhaps on smoke breaks at work, or outside of a club. Since people are usually standing around and smoking, sometimes conversations can be started, which means cigarettes are contributing indirectly to increased sociability.

DECISION MAKING

Again, since nicotine is hardly intoxicating at an average dose, the drug does not directly impair decision making. However, if the decision was made to consume nicotine on a daily basis, perhaps there is less of an appreciation of health. This can indirectly lead to further decisions to sacrifice proper health, as in not eating well or exercising, resulting in long term negative health effects for the smoker.

SEXUAL

Nicotine does not seemingly increase or decrease sexual desire in the short-term. There are some that look forward to an “after-sex cigarette” believing it to be more pleasurable. This could simply be because the blood is flowing more rapidly through the body after sex, **dopamine** has been released, and thus the effects of nicotine are magnified.

SLEEP QUALITY AND DREAMING

Nicotine use, especially shortly before bed, will decrease the quality of sleep that a smoker may have. For those who have a nicotine habit, they may not notice a distinct difference, but after quitting, they will likely notice an increase in sleep quality. Nicotine can make it harder to remember dreams, and seemingly alter them slightly. When it comes to the nicotine patch, a device often used to help users quit smoking, users are told not to wear it while they sleep, as it can cause bizarre dreams – and this has been confirmed by several people I know personally.

Overdose Effects and Lethal Dose

LETHAL DOSE

How much nicotine does it take to kill a person? I have never heard of someone overdosing from nicotine personally, however it is possible.

For an adult human, approximately 500-1000mg of nicotine may be lethal, and if a cigarette contains about 10mg of nicotine, someone would have to *eat* 50 cigarettes for this to be a problem.

What is more likely is if a nicotine liquid (such as what is used to fill **ENDS**) spills onto a person. Nicotine can pass through the skin and cause poisoning this way. The best advice would be to wash the area of the skin that made contact as much as possible.

OVERDOSE EFFECTS

Overdose effects include vomiting, eye irritation, nausea, dizziness, **tachycardia**, and headache. If you believe you or someone you know is experiencing a true nicotine overdose, contact your local poison control center or go to the emergency room [WikiNicky].

Negating the Effects

Did you ingest too much nicotine and are now experiencing discomfort? What can you do?

THREE BASIC STEPS – BREATHE DEEPLY, DRINK WATER, EAT FOOD

Fortunately, the peak effects of nicotine only last for a few minutes in most situations, with unpleasant lingering after-effects not lasting for that much longer. First, take some deep breaths to try to clear the drug out of the body faster.

Drinking some water will likely be the next most helpful option to mitigate the effects of nicotine. Eating healthy food could be helpful as well, but usually by the time the individual is done preparing food, the negative effects of the drug will have dissipated.

AND IF ALL ELSE FAILS...

Of course, as with any drug mentioned in this book, simply waiting for the unpleasant effects to go away is a guaranteed method of success, it just takes longer and requires patience.

Addiction and Withdrawal

MY CIGARETTE ADDICTION

Looking back on my own life, I want to say it amazes me that I ever became addicted to cigarettes, but after writing this book I suppose it does not.

I had members of my family who smoked for years, and when my mother talked about it, she always made the habit seem so disgusting. Even though I knew it was unhealthy, I knew it would not kill me if I just had a *few* cigarettes... Right? I told myself I would never be a regular smoker. I will just keep my smoking to drunken intoxications and drug-induced escapades. Of course, this did not last.

When I grew to adulthood, it was a habit I picked up, perhaps as a way to exert control over my own life. It felt empowering to use cigarettes, and a part of me thought it was fashionable or “cool” possibly. I ate well. I exercised. My grades in college were acceptable. I will just quit later. My definition of later changed the longer I smoked. “I will stop next week... Oh, but I have exams! Maybe next month... Oh, but summer is coming up! Okay, when the summer season is over, then I will stop!” It is amazing what I told myself to justify the addiction.

I am fortunate that I never grew to be one of those “pack-a-day” smokers. To me, that was what a *real* smoker was. As long as I was not smoking *that* much, it was not a problem. What was five or six cigarettes a day anyway? I could not deny the negative effects that I noticed over time. My sleep was less restful. My mood fluctuated throughout the day. The cravings were very real and it hindered my life to satiate them. But the worst feeling was the impeding effect cigarettes had on my breathing! The sensation of not being able to draw a full breath was stressful! I was someone who liked to go on long runs. How could I do this?

This was still not enough to stop me. When drugs are mixed with cigarettes, there is a doubly pleasurable effect in the brain. Since I was doing drugs frequently at this time in my life, that meant the cigarettes were not going anywhere anytime soon. These habits continued for some time until I began to wean drugs out of my life. I would quit cigarettes or drugs cold turkey from time to time just to prove I could do it, but it was only recently when I had a better handle on my life that I was able to fully eradicate the habit.

MY ELECTRONIC CIGARETTE ADDICTION

I believe the e-cigarette and other ENDS more easily facilitate addiction to nicotine than smoking cigarettes. Depending on who you speak to, some may say ENDS are more socially acceptable and others think they are not as bad for your health. From my observation, there seems to be less shame in ENDS use versus traditional cigarette use.

The ease of use of the drug is probably a bigger problem. It was easy to use ENDS in bars or restaurants before, but now, new regulations exist in some locations that prohibit the act in public places. Users continue to use despite these restrictions. Individuals who use ENDS can more easily hide their habit than a cigarette smoker. They can smoke in the bathroom, in the office, or right before walking into a room, and be virtually odor-free, whereas if someone smoked a cigarette it would be obvious. The smell of cigarette smoke is unappealing to many people, but ENDS vapors are less offensive, making it easier for non-users to approve of. Sometimes the aroma is sweet-smelly and almost delicious, with such flavors as "Mango, Peach, Pineapple".

When I used my e-cigarette, non-smoking friends usually did not care if I used it in their house or cars. I was able to go to the bathroom at work and puff away instead of requesting permission to go outside for a cigarette. Also, it was easier to dose the drug in vapor form rather than as a cigarette. When I was a cigarette smoker, I rarely liked to smoke a whole cigarette. A full cigarette was usually too much and I did not enjoy it, so I would typically just smoke half of one. Now with an e-cigarette, I can take as few or as many puffs as I wanted and not feel like I was wasting anything, as I did when I would throw half a cigarette away. Here, the ease of use facilitated the ease of addiction.

ADDICTION TO CIGARETTES VERSUS ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)

For cigarettes, their addictive power was much stronger. It rivaled that of other drugs that I have been addicted to. When trying to stop, the thought of smoking would flood my brain. The concept of me outside, sitting down with a cigarette... just seemed so picturesque and wonderful. Of course, it was never like that. The cigarette would lock into my mind until I smoked it. The image of me lighting it, envisioning this perfect image of me smoking, how pleasant it would feel... The reality though is that it never felt that pleasant. It never felt like the picture in my mind. It only ever satiated a craving.

ENDS addiction was far milder for me comparatively. The "perfect picture" in my mind that cigarette cravings caused were far more powerful than cravings for vaporized nicotine. I craved ENDS too, of course, but that made sense for any habit that you partake in every few minutes from when you wake up until you go to sleep. Cigarette smoking happened at rigid times and only outside. ENDS could be used wherever and whenever. They were also more socially acceptable. Many of my friends at my job would use it "just here and there" so it felt like what was normal. Getting past the ease of use and social acceptability was the biggest hurdle for e-cigs. Once I overcame that, it was resisting the urge to partake every time I saw someone else indulging that was the most difficult. I used ENDS on-and-off for perhaps three or four years.

LONG-TERM EFFECTS

What are the health effects associated with long-term smoking? From basic advertising, many are familiar with the stereotypical yellow teeth or nails, a sharp cough, and potential cancers. There could be issues with the heart, and some may become vulnerable to stroke, or brain damage. These severe effects usually only occur after someone has been smoking for decades, but is not impossible in younger individuals or those who have only smoked for a few years.

My sense of smell and taste was also significantly inhibited when I smoked on a regular basis. The most uncomfortable long-term effect experienced was a sudden realization: After I had been smoking for several months, I could not take a deep breath! It stressed me out, but was not powerful enough to make me quit smoking at that time. The general consensus here should be, "Quit while you are ahead," because this habit could very well kill you.

CIGARETTES – WITHDRAWAL

As I said earlier, I was never what I would call a "heavy smoker", but I will admit I definitely experienced some withdrawals. Thinking back to other drugs I have experienced withdrawals from, I believe nicotine was the first. After a few months of continuous smoking, usually about five cigarettes a day, the first time I tried to quit, I remember thinking "This will be easy. I have great willpower. I will quit right away!"

It was not easy. I was able to go one day successfully, but the next, I thought of every rationalization and justification of why *just one* cigarette would be okay. I tried and failed quitting multiple times. The image of a cigarette, bringing me peace and relaxation, passing the time... it all just seemed so good and irresistible. How did I ever get to a point in my life where I craved something like this? The cravings would come for sometimes 10-20 minutes straight, and other times I would be distracted with activities and the thought of smoking would be pushed far from my mind.

I did not seem to be as irritable or angry as some who try to quit cigarettes claim to be, but I must stress how *powerful* the craving was after just a few months of regular smoking. Thinking back to it now, as I write, I am brought right back to the image of me smoking a cigarette and the pleasure it could provide.

ENDS – WITHDRAWAL

The withdrawal from ENDS (vaporized nicotine) was far easier to handle. There was some of that picturesque imagery that I had when craving cigarettes, but the desire was just not as strong. Having to separate the “I can do this anywhere” and “Everyone else is doing it” feelings was the most fundamental.

I tried and failed countless times to quit ENDS. I probably would have quit on my own, but I had a massive change in lifestyle that really caused me to break from routine and abandon use. To this day, I have used an ENDS a few times, but only when heavily intoxicated.

Personal Experiences

[LIVE] SMOKING A CIGARETTE - Dismantling the cigarette

Time of experience: January 2014. Having not smoked for a while, believing myself “done” with cigarettes, I wanted to write a report on my “last cigarette”. Despite these intentions, I resumed smoking shortly after this event! I had some ill-feelings towards cigarettes going into this which may lead to some bias in the experience report. Occasional follow-up commentary is provided in “[]” (brackets):

Time: 17:06, Temperature: 15 degrees F outside, sun is setting, a rather clear day

Mood: Heavy, unsure, unfocused, distracted [This was a time in my life where I was confused about my future and struggling to “discover” myself so to speak]

Before the experience: I haven’t smoked a cigarette in over... 10 days or more, with a slight desire to feel its effects. I do like the act of smoking in itself, but the feeling after a cigarette is rather meh. Today I’d like to try a “write as I go” with the cigarette. I’ve heard cigs can be more addictive than heroin, as a type of convenience and ease of access. Smoked on/off about 1.5-2 years

Feelings: Decent headspace, a lot to think about today, mildly hungry, but feeling okay. Cigarette is a Camel Crush, which has a ball to burst to add additional menthol, but I don’t think I’ll burst it. Someone had suggested I write the drugs. I’ve tried a few, now the cigarette

Examination: As if never seen, the cig looks like a little stick cylinder, I would like not enjoying the physical act of smoking so much, but I will just try it.

Setting: Parked car, with heat on, outside is ~15 degrees F, no music, I might close my eyes a bit and see how I feel.

@5:27 on car, how will I feel...? hmm

Base Time (T) 0:00: Light up cigarette, strange yet familiar burnt taste

Burns the back of the throat a bit

~1 second inhale to the lungs

T+1: Multiple puffs. Tingles around the body a bit, toes have a numbness from the cold. A slight relaxation comes over, and a mild anxiety. Unrelated: I get a call from an unknown phone number. [The timing of this was really bothersome as I had committed to this report already. I politely told the telemarketer “no thank you” and hung up]

T+3: Closing my eyes ruins the fun of smoking! Half done with the cigarette, deeper inhales, more leg/foot tightness/numbness

T+5: A little heart racing, anxiousness

T+5: Finishing smoking, slight unpleasantness, fresh air breaths feel better, but foot tingling/sleepiness is still felt.

After the cigarette:

T+7: Slight edginess, yawn. That was overall quite unenjoyable.

T+8: Cough up some mucus, and an awkward desire for another cigarette...

T+9: Strange awareness, sounds from the outside sounded a bit distant. Cold feet.

T+11: Walk back inside, still edged feeling. I want to not feel this non-clarity. Strong urge to defecate is present. Blow out some loose mucus into a tissue. Body feels chilled

T+12: Toe extremities still numb, likely from cold + cigarette.

T+13: Defecating, still feel as if my heart is beating at an accelerated speed

T+14: Hunger still present, but altered in a strange way. Awkward confused state. Feel like I should somehow mitigate this poison.

T+15: Sounds are still a bit off/distant/misplaced. More mucus dislodging from nose, in the helpful way. Vision a little fuzzed when focusing on a door. Feeling a tightness in my body.

T+18: Baseling, still a bit anxious feeling, feet noticeably coldish

T+21: Still a bit off, feet circulation returning a bit.

T+30++: Hydrating helps feeling of poor circulation, still the awkward uneasiness is present. I guess this is what a cigarette feels like with no nicotine tolerance. Feeling a bit distracted, bit of a waste of time in a way, but it was helpful for me to see the experience written.

In comment, I did enjoy the first couple minutes after the cigarette was lit. The *instantaneous* gratification of the cigarette was enjoyable. But the next 20 minutes after smoking were somewhat less enjoyable, giving unpleasant side-effects as well as the desire for another cigarette very soon after smoking the first one!

Overall, a highly “not worth it” experience and it was mildly agitating, but I am quite glad it happened because now I can share it with any who may be interested.

ELECTRONIC CIGARETTE – THE FIRST TIME

I had actually quit cigarettes for two full years. I smoked them on only two separate days during this period of abstinence, and only while I was high on other drugs to amplify drug effects. I first tried an e-cigarette at a new place of work when meeting a new coworker. It hit me fairly hard. After just two puffs on this device, I felt almost as if I had smoked half a cigarette all at once! Having no tolerance, this accompanying headrush was so intense, that I had to hold onto the railing as I walked up the stairs for at least a minute for support. It took several minutes before I felt sober.

Having enjoyed the feeling, it was not soon after that I purchased the exact same device. It was small, sleek, and easy to use. After just a few days with regular puffing, the initially enjoyed head-rush faded greatly. A week later if I really wanted to feel a similar head-rush I would have had to take several rapid puffs which would cause throat discomfort by drying it out. The pain was not worth the pleasure. What started as a powerful headrush, soon just became a slight head buzz. I was vaping just to do something.

HOOKAH – A MORE SOCIAL FORM OF NICOTINE



Hookah is traditionally regarded as a more social way of consuming nicotine, as many people do it in groups. There are hookah bars or clubs where people can go just to enjoy the drug. The device is sometimes setup with multiple hoses to facilitate sharing. Even non-habitual nicotine consumers will sometimes partake in the act of hookah smoking at a hookah bar.

bar or similar location. Several of my friends who have never smoked a cigarette or even an e-cigarette have indulged on multiple occasions.

A typical session could last anywhere from a few minutes to a few hours. For those who engage in the activity for a longer period of time, they may develop headaches as the experience progresses, especially if intolerant to the effects of nicotine. Otherwise, there are usually few unpleasant side effects.

The buzz feels a bit different to that of nicotine containing substances such as cigarettes or e-cigarettes. It seems to come on more smoothly and without as much anxiety. The effect is also not as powerful as a cigarette. It can make for a fun event with friends, even though there are more positive health-oriented activities people could participate in.

CIGARETTES – THE RAPID RETURN OF CRAVING AFTER ABSTINENCE AND ENDS

I decided to quit smoking during a particularly profound LSD experience one day and did not look back. I would not have considered myself a heavy smoker, perhaps five cigarettes a day, but I had been using on and off for a period of 3-4 years at the time. I recently picked up an e-cigarette habit and used it fairly often, puffing consistently throughout the day for about four months. It was something I would do just to fill time. If I did not have it for a day, cravings were still very minimal, much less so than when I had used cigarettes and tried to stop.

Recently I challenged myself to a 30-day sober streak, no caffeine, no alcohol, no other drugs (recreational, prescription, or over the counter). The only exception was nicotine. But for good measure, I tried to cease nicotine use as well. The e-cigarette ended up being far easier to stop than I thought. I just did not use it the first few days.

One of my friends at work was smoking a cigarette and I asked him for one, having left my e-cigarette at home so I would not use it. He gave one to me and I smoked it. I found it a good way to break up my shift at work, and I thought it would end there. This was not the case. I had an old pack of cigarettes I had bought a few months prior and smoked maybe two more. That night I got home I smoked another from my old pack.

I woke up the next morning, surprised by how the cravings had returned! I am sure many smokers and former smokers can relate to what it is like, having quit for a period of time, and then picking it up again – how strong the urge is to go back to regular use. I thought I would be immune, having only smoked a few cigarettes in the last two years – only when heavily intoxicated on various substances.

What was probably the most surprising was that these cravings were not nearly as strong when I stopped using my e-cigarette. Why is this? Was it the added chemicals in cigarettes? Did my mind-body miss the flavor and sensation of cigarettes this much? I was not sure of the reason, but I kept desiring one just to pass the time. Far more is this desire to smoke cigarettes after just two of them, than even when I had puffed on an e-cigarette constantly for days in a row and then stopped. I am not sure if this is something others have encountered or it is just me, but whatever the situation I am going to stop now as the cravings are still not anywhere as intense as when I smoked for a few years and tried to quit. The one major confounding variable is probably my not using other drugs, even caffeine or alcohol, so I am desiring some level of consciousness alteration, as this is what I have trained my brain to find normal over recent years. Even then, it is still noteworthy that ceasing an e-cigarette after several months proved to be far easier than quitting cigarettes again after resuming smoking for just a few days.

T+24:00: I did not meet my initial goal for yesterday – I smoked a few cigarettes! This morning however, I awoke more determined. I did not take any puffs from my e-cigarette either. Will update later.

T+36:00: A day and a half passed last update: Quit a job that has been hindering me for a while. Used this as an excuse to smoke a cigarette! Typical nicotine smoker can find any reason to have a cigarette! Especially when trying to quit. I will not be going out the next few days, and I refuse to buy a pack, so maybe the next four days will be cigarette free. Let's see if I can go without the nicotine as well.

Recalling this experience sometime later... I definitely remember starting to smoke cigarettes again

EXERCISING AFTER VAPORIZING (E-CIGARETTE) VS AFTER A SMOKED CIGARETTE

Believing vaporized nicotine to have a much less damaging effect on the lungs, I tried to go running after an afternoon of particularly heavy vaporizer use. I was constantly taking in large clouds of smoke and holding it in to do smoke tricks. When I attempted a 4.5 mile run later in the day, I certainly felt the effects. I had some chest tightness near the end of my

run, something that I never experience when I am free of nicotine. The tightness continued for a few minutes after I finished. Some deep breathing helped to clear it away, but it was noticeably uncomfortable.

This feeling still pales in comparison to when I was a smoker and a runner. If I had smoked 3-4 cigarettes earlier in the day before running, I would not only the chest tightness I described above, but also a shortness of breath, a headache, and an overall lack of energy while running.

CHEWING TOBACCO (DIP)

Mind state: Positive

Nicotine tolerance: Moderate E-cig smoking throughout the day

I always thought in my head that packing a lip of chewing tobacco was "gross". This was ingrained in my belief system since I was younger, but of course, I am always willing to try new drugs or ways of doing them! I removed my preconceived notion that it was disgusting, and put a small pouch in my lip. It tasted rather unpleasant at first, but once I grew accustomed to it the unpleasant taste subsided.

At the suggestion of a friend, I had a cup with a paper towel in it to hold my spit. The paper towel was used to prevent a spill if the cup was knocked over. And what do you know, after a couple spits, I knocked the cup over and nothing spilled out! Good thing I listened to that advice.

After a few minutes, I felt the familiar effects of nicotine. A slight warmth, an increase in heartrate, and a very mild relaxation. Over the next 40 minutes, I spit maybe 20-30 times. In the beginning, there was a lot of saliva production, but as my mouth got used to it, the spitting diminished to once every few minutes.

Common for me on nicotine, there was a slight edginess to it as well. A mild anxiety, perhaps equal to the relaxation, therefore giving a very neutral experience. I had been sitting playing a game for the majority of the experience, but when I stood up, I felt a stronger headrush.

I guess I would equate the experience to the first 2-3 puffs of a cigarette persisting for the duration the lip was packed. I was told that the dose lasts about as long as the flavor, which also subsided after about 40 minutes. I spit it out afterwards and washed my mouth out.

Overall, the experience was something worth experiencing, if only to get a new experience in this book, but not for me. The best part, compared to inhaled nicotine, was how even the buzz was and how long it lasted. Despite this, I still prefer the e-cigarette. A 6/10 at best.

Make sure you spit out the saliva if you try this! I was told swallowing too much can cause stomach discomfort, leading to possible vomiting. In nicotine insensitive users, the chance of these unpleasant side effects is probably greater.

[LIVE] SMOKING A CIGARETTE [This is an experience from a friend – not my own]

This user smokes a pack of cigarettes a day

4/6/15 - 11:17 AM

Initial craving manifested around 20 minutes after waking up.

Cigarette Brand: Marlboro 83

Setting: Backyard, Sunny day, ~52 degrees Fahrenheit.

T=0: First few pulls are mildly enjoyable; my initial craving to smoke is satisfied.

T+1: The taste does not mix well with the residual tooth paste from brushing my teeth.

T+2: Sudden urge to purge my bowels. It's hard to ignore the need to use the bathroom. The smoke is beginning to feel harsher on my throat. I feel mildly uncomfortable.

T+3: Halfway through the cigarette now, I'm half inclined to put it out. The laxative effect seems to have slightly subsided, but the urge is still there. My mouth is noticeably dry, with a not so lovely taste on my tongue from the smoke. The smell is pervasive, sticking to my fingers which I'm not particularly fond of.

T+4: Reaching the end of the cigarette now; each pull feels progressively harsher on the back of my throat and less desirable.

T+5: The last few pulls bring on the expected headrush from the first cigarette of the day.

____Cig Finished____

T+6: Fresh air feels nice to breathe, though my throat still feels a bit tight. The smell has stuck to my fingers and hoodie and it smells pretty gross. The headrush has an effect on my visuals, not enough to impair me, but enough to be uncomfortable and slightly dizzy. The room seems to be spinning. I have to sit for a minute to regain a sense of normalcy.
T+7: Already considering a second cigarette as my oral fixation doesn't seem satisfied; the cigarette didn't last long enough. My hands need something to do while sitting outside.

Things I've noted -

The laxative effect felt from a cigarette seems only amplified when combined with coffee/caffeine, as does the satisfaction of smoking.

The headrush described at around the 7th minute occurs predominantly in the morning with my first cigarette and much less often throughout the remainder of the day.

I'm more likely to chain smoke a couple cigarettes upon waking up than I am at any other point in the day. Despite the undesired headrush, one cigarette does not suffice at times.

-Overall, in spite of smoking on average a pack a day, I find the act of smoking a cigarette to be more discomforting than satisfying. It leaves a foul taste and smell, hurts my throat and lungs, and at times leaves me feeling dizzy. Yet, why do I smoke? I find it incredible how I can logically decide that cigarettes are in no way entirely enjoyable or positive but still can't manage to kick the habit.

Combining with Other Drugs

NICOTINE + OTHER DRUGS (GENERAL)

Personally, I have combined nicotine with a significant amount of substances and suffered no immediate ill-effects (dangers), other than perhaps some slight nausea. I have used psychedelic drugs, opioids, stimulants... and many other substances in conjunction with nicotine safely. No immediately severe or ill effects were noted. In fact, the effects of the primary drug I was under the influence of may have been amplified in some cases.

This also makes the addictive effects of nicotine even more powerful. Your brain associates the instant hit of nicotine with an enhanced feeling of the drug, creating double the pleasure in your mind. This is perhaps why it is so hard for drug addicts to quit smoking while still abusing their drug of choice, especially in the case of opioids.

ALCOHOL

Please see the *Alcohol* chapter.

AMPHETAMINES

Remembering this combination brings me back to my experiences in college when I would take a moderate dose of Adderall to study, and my only break would be to smoke cigarettes. It was extremely easy to smoke and not perceive any ill-effects. Any cigarette-induced anxiety was not present. It also did not seem to inhibit my breathing. The cigarette seemed to boost the effect of the amphetamines, and I always recall going back inside to study and focusing like a machine for the next ten minutes. Adderall usually gave me machine-like focus, but the nicotine made it noticeable.

The craving for cigarettes also increased. When I used to smoke an average of five cigarettes a day, I would regularly be smoking at least 10 on days when I ingested Adderall. Snorting the drug made the effects more intense and increased the desire for nicotine even more.

BENZODIAZEPINES

Please see the *Benzodiazepines* chapter.

CAFFEINE

Please see the *Caffeine* chapter.

CANNABIS

Please see the *Cannabis* chapter.

COCAINE

Cocaine increases the craving for nicotine for me. There is no question. Also, each cigarette that is smoked does not seem to hurt my throat or lungs. It is as if the smoke enters my body pain-free, and the cocaine buzz is amplified. Perhaps it is

due to the anesthetic nature of cocaine that makes inhaling a cigarette easier. If I have used nicotine anytime recently, when I do cocaine, the high will feel incomplete without the addition of nicotine. Once the cocaine begins to exert its effect, I will want to chain-smoke until I am out of cigarettes. The effects are much less enjoyable if I am intolerant to nicotine.

KETAMINE

Please see the *Ketamine* chapter.

LSD

While under the influence of LSD, I have previously found the act of smoking to be fascinating. When having mild visuals on LSD, the smoke seems to take on a beautiful appearance to me. I very infrequently have "hallucinated" on psychedelic drugs, where something is seen that does not exist, but in the case of smoke, it tends to take on shapes of objects that are fascinating to me. Being able to make my own clouds of smoke has taken on an element of fun. This is what I found to be the most positive.

The negatives of smoking nicotine cigarettes on LSD far out weight the positives. Aside from the first few puffs which give a mild head-rush, the rest of the cigarette leaves an unpleasant taste in the mouth that is more noticeable on LSD than on other substances or in a sober mind state. Aside from the taste which impacts my mind state more dramatically when under the influence of LSD, I find that the feeling that results from a fully smoked cigarette to be inhibiting. There is a mild residual anxiety and jitteriness that resides after a nicotine cigarette. Friends of mine enjoy the head-rush feeling provided by the cigarette, but I have often disagreed. Now that I no longer smoke cigarettes, I highly doubt I would find the headrush enjoyable.

It is also worth mentioning, that on a particularly powerful LSD trip, with perhaps over 1000mcg consumed (10 **hits**), I ended up quitting cigarettes for more than two years.

MDMA

Please see the *MDMA* chapter.

OPIOIDS

The pleasure that can be felt by combining these two drugs together is remarkable. It almost feels as if these two drugs were designed to go together. There is a reason why so many heroin addicts are also cigarette smokers. Nicotine seems to greatly boost the effects of opiates for the duration that the drug is consumed. From what I have witnessed, this makes the drugs increasingly more addictive when used together.

Since nicotine is so useful at creating a powerful intoxication with opiates, it is not uncommon for someone **nodding out** on heroin to have burned holes in their pants from letting a cigarette drop onto their leg. A friend once showed me a pair of shorts he had that had perhaps 20 burn holes in it from letting their hand fall to their leg while sitting and smoking, burning a hole. He laughed it off as nothing, just a side effect of a "good nod". **CAUTION!** There have been instances where people have set their house on fire because of the heightened effects that cigarettes brought while high on opioids. If this combination will be indulged in, please make sure the environment where use occurs is free from combustible material.

SUGAR

Please see the *Sugar* chapter.

Personal Opinion

THE DEADLIEST DRUG

As was stated in the introduction, cigarettes smoking is the leading cause of preventable death in the United States (and many other countries too, most likely). It causes more deaths than all illegal drugs and alcohol combined. Why is their use still so widespread? Why were they ever allowed to be produced in the beginning? The profits that cigarette companies have made off the simple pleasures of people creates an anger inside of me.

DISAPPOINTING

Nicotine is such a disappointing drug. The first minute or two for me is just slightly blissful as the drug works its way into the brain for a headrush, but then the next 10-15 minutes or so is mostly unenjoyable as the body tries to rid itself of the toxin that was just ingested in order to get back to baseline. There is a constant feeling of, “Will this get better?” as the cigarette is smoked, but the feeling really never does seem to genuinely get better. When I have smoked previously, sometimes I was just left waiting for the feeling to end, as if I have wasted time.

THE MOST PLEASURABLE – WHEN USED WITH OTHER DRUGS

I cannot deny the pleasure I have felt while consuming nicotine when I was high on other drugs – usually opiates or stimulants. The sensation that nicotine was boosting the desirable effects of the drugs I had taken reinforced the behavior of smoking. This would cause me to smoke almost compulsively. It made a “sober” cigarette feel overall unenjoyable.

If my body is without nicotine for an extended period of time, even when hard drugs are consumed, I do not feel as strong of an urge to use it. If you are someone who ingests hard drugs on a regular basis (few times a week to a few times a month) and you used to be a nicotine consumer, stay away from it! Do not worry. The high will still be enjoyable, and nicotine only gives the illusion of a more pleasurable high.

WAS THERE EVER A SATISFACTION TO SMOKING?

The only other satisfaction that nicotine has every brought me was when I was addicted. When I craved nicotine, smoking a cigarette or using an ENDS would make the craving go away. That was satisfying for the next 30-60 minutes until the craving came back. It is a pointless cycle, and if you have the chance, breaking out of it as soon as possible is usually a good idea!

THE IDEA OF AN “ENJOYABLE CIGARETTE” IS A LIE

If you are a cigarette smoker, what if the cigarette actually does not make you feel good, and it is all just a misconception of conditioning and media bias? Please consider this as you smoke your next cigarette today. :)

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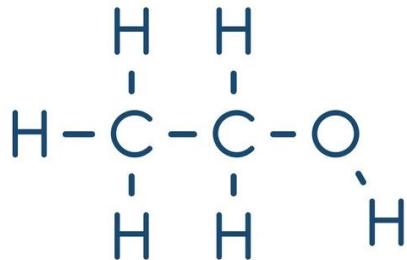
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Alcohol (Ethyl-Alcohol, Ethanol)



A molecule for ethyl-alcohol, followed by one shot, one glass of wine, and one beer, which are each approximately one standard drink.

Alcohol (Ethyl-Alcohol) is the primary legal intoxicant of the world. It is found in low concentrations in beer and wine, and in higher concentrations in hard liquors such as vodka, rum, whisky, tequila, and gin. It is commonly found in bars, restaurants and people's living spaces. Low doses cause a sense of relaxation and well-being, while high doses cause impaired motor function, lapses in memory, and poor decision making.

Slang: Booze, Alk, Sauce, Juice, Water, Brews

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[O] BENZODIAZEPINES

[X] CAFFEINE

[X] CANNABIS

[X] COCAINE

[O] GHB

[X] KETAMINE

[X] LSD

[O] MDMA

[O] MEPHEDRONE

[X] OPIOIDS

[O] NICOTINE

[O] SUGAR

Personal Opinion

THE LEGAL INTOXICANT OF THE WORLD

THE REAL GATEWAY DRUG

AS A REWARD FOR GOOD BEHAVIOR

THE OCCASIONAL DRINK

Sources

Introduction

ALCOHOL IS EVERYWHERE

Despite alcohol causing more deaths than all illegal drugs combined [AlcKill], it seems consumption of alcohol is almost encouraged in our society today. Advertisements for it are seemingly everywhere: on billboards along highways, in television shows and commercials, and in reading material such as newspapers and magazines. When families gather together, such as for holidays or other celebrations, alcohol is usually available. If people say they are going out to dinner, a couple of alcoholic drinks can be part of that ritual. Nighttime social activities that include bars or clubs are centered around alcohol. There is no escaping it.

THE DESIRE TO FEEL EFFECTS FROM ALCOHOL IS NOT JUST UNIQUE IN HUMANS

Is alcohol forced upon us as humans, or do we genuinely enjoy the effects? The answer may lie somewhere in the middle. Interestingly, by observing another closely related animal species that consumes alcohol, we may have an answer. On a small island in the Caribbean, velvet monkeys will drink alcohol (by stealing it from vacationers) at varying levels. Some do not have any at all while others drink occasionally. Another 12% are described as “steady drinkers” and 5% will drink to the last drop – the “alcoholics”. According to the BBC, these patterns are somewhat similar to the human habits of alcohol drinking [BBCStudios]. This fascinating similarity of enjoying alcohol which is shared between us and monkeys, shows that the desire for alcohol or other mind-altering chemicals may be imbedded into our genes.

UNSURE IF A DRINK CONTAINS ALCOHOL?

Being aware of the alcohol content of your beverage of consumption is important because it can help you determine your level of intoxication as you consume alcohol. At places such as bars, clubs, or concerts where alcohol is sold in mixed drinks, the alcohol content is often unknown as several types of alcohol may be mixed together with different concentrations making it difficult for a person to determine their level of intoxication. Some single mixed drinks may have the equivalent alcohol content of three or more **standard drinks** making it very difficult to determine the drinker's level of intoxication.

However, if you buy alcohol in bottles, boxes, or cans, the alcohol content is supposed to be displayed conspicuously. If a beverage says it contains "10% ABV," this means 10% of the beverage is made up of pure alcohol by volume. When the alcohol content is specified by a "proof" it is twice the number of its percentage of alcohol. For instance, if a bottle of vodka is "80 proof", it means that the ABV is 40%.

HOW IS ALCOHOL COMMONLY FOUND?

Many are familiar with the basic types of alcoholic beverages. Aside from Kombucha, the weakest beverage is beer, which is usually around 4%-6% ABV. Next is wine, roughly 12%-15% ABV. Finally, harder liquors such as vodka, gin, whisky (whiskey), tequila, and rum are usually 40%-45% ABV. These are among the most popular. The highest ABV alcohol I have ever seen is on Everclear, a grain alcohol at 95%.

As I used to be a bartender, some of the more commonly ordered mixed drinks at bars that I have seen are:

Mojito – a rum-based drink. Light alcohol content

Bloody Mary – a spicy vodka-based drink. Light alcohol content

Cosmopolitan – a sweet vodka-based drink. Medium alcohol content

Margarita – a tequila-based drink. Medium alcohol content

Old Fashioned – a whisky-based drink. Medium-to-high alcohol content

Manhattan – a whisky-based drink. Medium-to-high alcohol content

Martinis – a gin or vodka-based drink. High alcohol content

Negroni – a gin-based drink. High alcohol content

The above alcohol contents are basic guidelines. There are regulations for how much alcohol should be in certain drinks, but some bartenders have their own style and may alter the alcohol quantity in drinks.

WHAT IS THE GLOBAL COST OF ALCOHOL?

Alcohol is a powerhouse of profits and costs in the world. In 2017, the global alcoholic beverages market was valued at \$1.439 trillion dollars [AlcGlobe]. Alcohol is also the leading risk factor for premature death and disability in the 15-49 year old age group [LeadAlc].

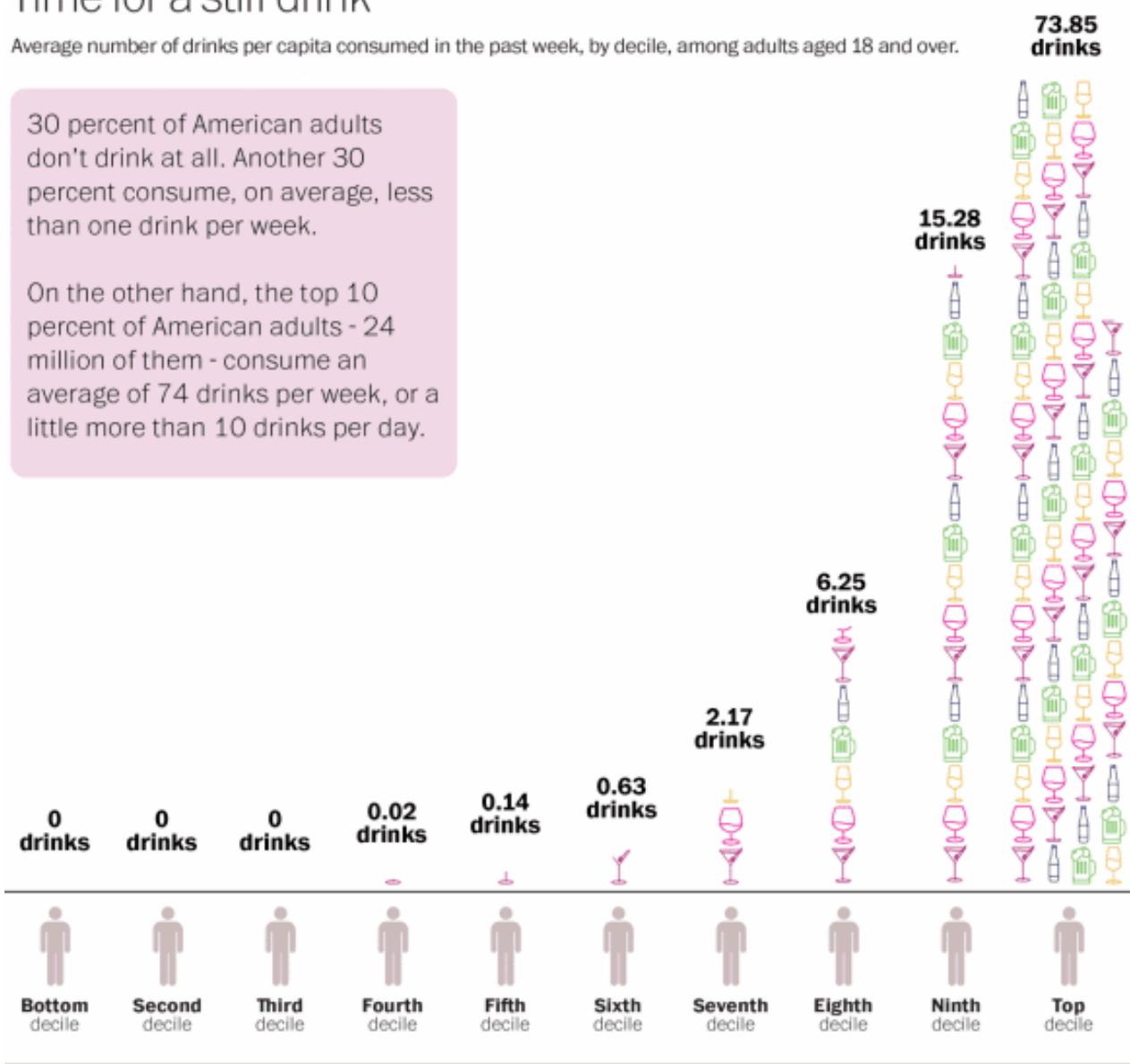
HOW MANY PEOPLE ARE DRINKING ALCOHOL?

Time for a stiff drink

Average number of drinks per capita consumed in the past week, by decile, among adults aged 18 and over.

30 percent of American adults don't drink at all. Another 30 percent consume, on average, less than one drink per week.

On the other hand, the top 10 percent of American adults - 24 million of them - consume an average of 74 drinks per week, or a little more than 10 drinks per day.



[WASHINGTONPOST.COM/WONKBLOG](http://WASHINGTONGPOST.COM/WONKBLOG)

Source: "Paying the Tab," by Philip J. Cook

The first time I saw this image, I thought it was a great visual representation. The top 10% of drinkers in the United States consume more than *10 drinks per day*, while the bottom thirty percent of Americans do not drink any alcohol at all. As about half of the American population is drinking at least some alcohol on a regular basis, then it seems that a sizeable amount of the population is.

IS ISOPROPYL ALCOHOL A DRINKABLE ALCOHOL?

Alcohol (ethyl-alcohol) describes a specific chemical make-up – the typical chemical we ingest when we drink “alcohol”.

CAUTION! Not all alcohol is the same. Isopropyl alcohol (Isopropanol), which is usually found in rubbing alcohol is not to be consumed as it can cause dangerous health effects! Neither is methyl-alcohol (methanol) which could cause hazardous effects, such as permanent blindness in humans, depending on levels of exposure.

History

WE EVOLVED TO BE ABLE TO TOLERATE ALCOHOL

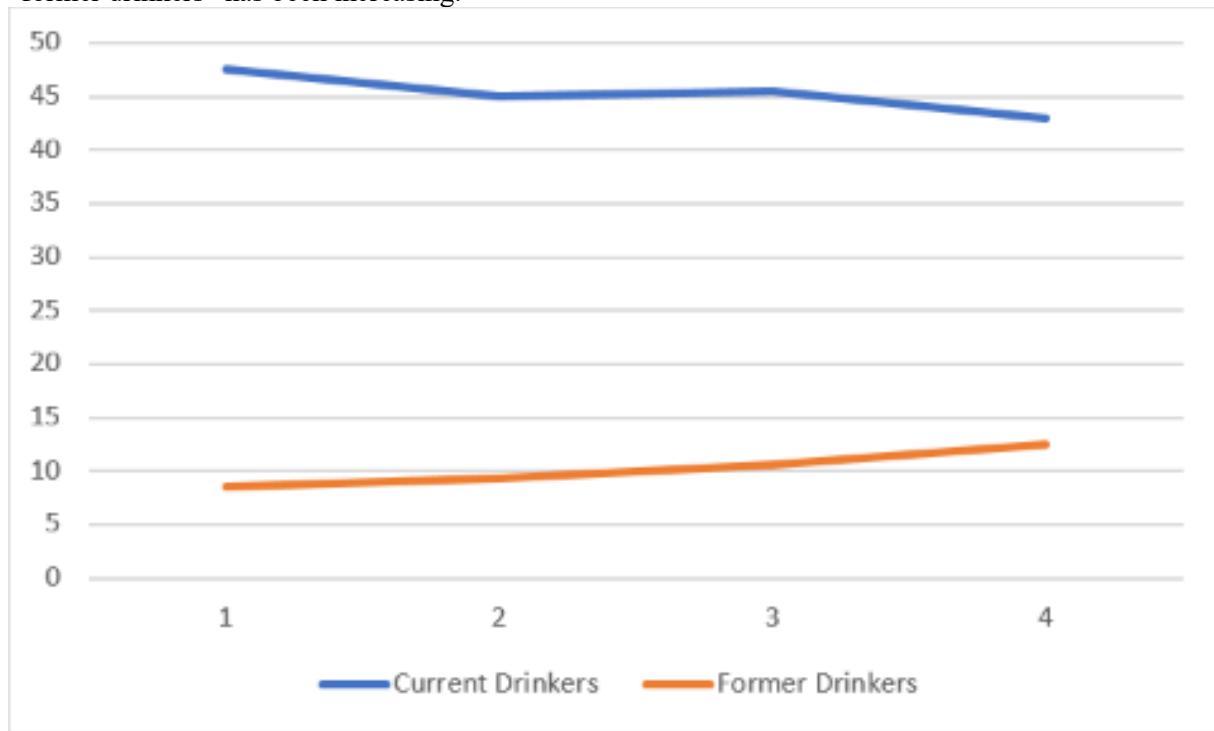
It is believed that millions of years ago, one of our ape ancestors developed a taste for fermented fruit that had fallen from a tree. It was their consumption of these fruits that helped lead to a change in a gene to make ethanol digest 40 times faster. Perhaps in a way, this is why the consumption of alcohol is preadapted for humans [NatGeo 2017].

EARLIEST EVIDENCE OF ALCOHOL MANUFACTURE

The earliest evidence of alcoholic beverage consumption was in a rice wine that originated in Jiahu, China, in about 7,000 BCE... nearly 9000 years ago [NatGeo 2017]. Beer is another old alcoholic beverage made by humans, with evidence of its manufacture dating back more than 7000 years [BeerHis].

IN RECENT YEARS, LESS PEOPLE ARE DRINKING ALCOHOL

The number of current drinkers has been decreasing slowly from 2000-2016, while the amount who are considered "former drinkers" has been increasing.



Source WHO – Global status report 2018 on Alcohol.

I made this graph. Apologies for missing labels. The 1-4 indicates the years from 2014-2017. The Numbers on the Y-axis correspond to the percentages.

It seems that as time is moving on, more and more people are swearing off the drug, and labeling themselves as "former drinkers".

Legal Status

PROHIBITION

Alcohol was not always legal in the United States. From 1920-1933, during the prohibition era, alcohol was banned constitutionally from being produced, imported, or sold nationwide

LEGAL DRINKING AGE

As for the present day, in the United States, individuals must be at least 21 years of age to legally purchase alcohol. If bars or restaurants are caught serving underage individuals, they may lose their liquor license which usually has a large negative effect on profits for the establishment.

Other countries have the drinking age set lower, such as at 18 years old in the United Kingdom. Still other countries either have no drinking age, or ban the substance altogether.

LEGAL LIMIT TO DRIVE WITH ALCOHOL

In addition to the legal status of possessing alcohol, the legal status of operating a vehicle while under the influence of alcohol should be discussed. In most of the United States, if you are attempting to drive and get pulled over, you are legally drunk at 0.08% BAC (Blood Alcohol Concentration). This can get you a DUI (Driving Under the Influence), which carries severe penalties such as suspension of a driver's license, and in some cases, time in jail. After doing several trials with breathalyzers, it takes me about 3-4 **standard drinks** consumed rapidly to reach a BAC over 0.08%. I am roughly average weight, 80kg (175 lbs.) and height 178cm (5' 10"), with a slightly faster metabolism than average due to frequent exercise.

The legal BAC differs in countries worldwide, from 0.00% in countries like Brazil, Paraguay, and Pakistan, all the way up to 0.10% in the Cayman Islands [LegalDrunk].

Route of Administration

ORAL (Drinking)

The RoA most often chosen for alcohol is oral consumption (drinking). You put the alcohol in your mouth, you swallow it, and the process of getting absorbed into the body begins.

For an intolerant user, low dose (2 drinks) versus [high dose (~6 drinks)]. Assume low food content in stomach, and all alcohol is consumed *at the same time*. Note that this is unusual. People may take two to three hours to finish six or more drinks. This would elongate the duration of main effects.

Come-Up: 10-20 [7-15] minutes

Main Effects: 1.5-2 [4-5] hours **Peak @ + ~30-40 minutes after dose**

Come-Down: 30-60 minutes

It is said that unlike other drugs, alcohol has a linear rate of elimination. This translates to every drink you have requiring about an hour to get removed from the body. Two drinks = two hours until baseline. Six drinks = six hours until baseline. Based on my experiences, I agree with this to a degree, however food contents of stomach, general health, metabolism, and other factors need to be taken into account when determining duration for various doses.

OTHER ROA

From my experience, rarely is alcohol consumed any other way. For fun, we can add a few examples:

Alcohol can be “smoked” or “vaporized” so the fumes enter the body through the lungs creating a nearly instantaneous effect [AlcVape]. This is allegedly dangerous due to rapid absorption, but I have no direct experience. Avoid.

Alcohol can also be consumed intrarectally. That is, putting alcohol in one's rectum so that it may better absorb into the blood stream for rapid and concentrated absorption. This method is also referred to as “Butt Chugging”, “Plugging Alcohol”, or “Beer Boofing.”. This method is far less common, but more effective at delivering a stronger effect with a smaller dose more rapidly than oral consumption.

According to one Erowid.org user, after trying just one shot of gin (diluted in water) rectally administered, he described a drunken intoxication as if he had *four* times as much liquor [Erowid1to4]. Take this as a word of warning. Consuming alcohol by this RoA could be four times stronger than simply drinking it. Based on past experience, diluting alcohol above 15% ABV is highly advised, as alcohol can burn through the mucous membranes in the rectum if it is not diluted.

Duration of Effect

COME-UP

The come up on alcohol is quite easy to endure. There is usually a slight sensation of warmth that spreads from the stomach to the extremities of the body. There may be a tingling sensation as well. Some users will experience initial relaxation after just a few sips. As the drug is usually consumed slowly over a period of time, the consumption is gradual and directly correlated to come-up as more of the drug is ingested.

MAIN EFFECTS AND PEAK

As alcohol is usually consumed over a period of time, it is hard to pinpoint a specific peak, but it usually indicates a specific level of euphoria, sociability, and relaxation. Some users become energetic, while others become sedated. The initial effects of alcohol are usually the most enjoyable. After the peak, the enjoyment of the drug drops off rather significantly for me. Subsequent drinking usually does not bring back the enjoyable effects, and I am left **chasing the high**.

COMEDOWN

If the dose was low to moderate, alcohol will slowly leave the body and the user will likely smoothly approach baseline. With higher doses, a user may be left lethargic and irritable when the main effects wear off. They may have stomach pain or other negative health issues.

HANGOVER

Likely everyone's least favorite part about consuming alcohol – what will happen when I wake up in the morning?!? Almost all of us who have drank before have experienced it. The tangible consequence of drinking. Mild hangovers usually consist of a headache, laziness, lack of motivation, and dehydration. Sometimes these side effects can be remedied by a few cups of water, and a good wholesome meal.

For those who engage in very heavy drinking (8+ standard drinks), hangovers can be much worse: headache similar to a migraine and a stronger urge to not get out of bed. In extreme cases, there may be mild alcohol poisoning, which can cause a user to vomit, rendering it difficult or impossible to drink water or eat food – two of the best hangover remedies - until symptoms begin to ease. The most uncomfortable hangover effects from heavy drinking I have achieved were a racing heart and paranoia.

Another major contributor to a hangover is a loss of electrolytes. The most popular ones are salt, potassium, and magnesium. Consuming these electrolytes before drinking can help mitigate a hangover. Consuming them while hungover can help as well. Your body loses electrolytes when you drink alcohol. Replacing what was lost can make for an easier recovery.

AFTERGLOW

It may have just been placebo, but rarely after a night of moderate drinking (perhaps 3-4 drinks), I will seemingly be in a positive mood for the next day. When I have mentioned this to other individuals, not one other person has been able to directly relate.

From a different perspective, alcohol may have an afterglow effect of increased socialization. There have been some who are usually quiet in work, school, or other events. If alcohol is consumed at a party, this may cause this person to be more

social. Upon returning to work, school, or wherever they were before the party, they may be more social than they were previously, even with no alcohol present.

Dose Comparison

Please keep in mind that age, bodyweight, sex, food contents in stomach, and any underlying diseases may factor in to how strong of an effect alcohol can have. Generally speaking, alcohol will have a stronger effect on those that are older, female, of low bodyweight, and with low/empty stomach contents. Those suffering from underlying liver or cardiac issues may be more susceptible to the effects of the drug, as well as the negative health effects.

BEFORE YOU TAKE THE DRUG

Number one – if you even considering drinking at an event, please – do not drive. Should you have the misfortune of getting a DUI, it is a massive expense. Not only this, but you could also put your life and countless other lives in danger. In the worst situation, get a taxi or Uber. Letting your car get a ticket or towed is arguably better than risking lives while driving.

If you believe that you will be consuming a moderate to high amount of alcohol, make sure food was consumed recently, or bring food with you to the event as alcohol can irritate the stomach. If you are worried about alcohol-breath (which can be especially bad when combined with certain foods), bring along some gum, toothpaste, or another breath freshener. Bring fresh water with you if you do not expect for it to be provided. Try to plan how much you will drink ahead of time, especially if you have to attend an event the following day that will require you to not be hungover. Keep **electrolyte** supplements on hand, such as magnesium, potassium, or sodium, because the necessary minerals are often lost when consuming alcohol. A multi-vitamin that contains B-vitamins or vitamin-C may also be helpful.⁸

LOW DOSE – NO TOLERANCE (1-2 standard drinks)

Effects are mild at this dose, but easily controlled. There is a build in euphoria, a very slight decrease in inhibitions, and a mild warmth that radiates from the stomach. Decision making is hardly impaired. Feelings of relaxation can also make this level of intoxication desirable. Some users may become more extroverted and talkative.

MODERATE DOSE – NO TOLERANCE (3-4 standard drinks)

This is my preferred dose of alcohol. People usually become more extroverted at this dose. Inhibitions are further decreased. There is some impaired decision making. Driving at this level is likely a bad idea (and likely illegal!). Motor skills are usually intact, but there may be some slips in coordination. The euphoria is most noticeable at this level.

HIGH DOSE – NO TOLERANCE (6-8 standard drinks)

Alcohol begins to feel a bit dysphoric and unenjoyable at this point, depending on the user. Recalling memories, the next day when high doses were consumed the night before might be a bit more difficult. Time seems to feel as though it is passing faster. Decision making is definitely impaired. Speech may start to slur. There is some **analgesic** (pain-killing) and **anesthetic** effects. In line with that, my face feels a little numb when I touch it at this dose. Some users do not realize they are getting too talkative or loud. Self-awareness decreases. For those with addictive tendencies, the desire to keep using the drug is most prevalent at this level. **CAUTION!** Driving should *not* be attempted under any circumstance.

VERY HIGH DOSE – NO TOLERANCE (10+ standard drinks)

For the intolerant user, this dose can be dangerous. Drinkers will likely be slurring their speech to such an excess that they are incoherent. Decision making is significantly impaired, and any rational thought process has likely been abandoned. Drinkers will usually be unable to walk or perform basic tasks. Short and long-term memory will be significantly diminished. **Black outs** can occur at this level. Falling into unconsciousness is possible at this stage. If you notice this, turn the sufferer onto their side in **recovery position** to prevent possible **asphyxiation** from vomiting.

CAUTION! Driving should (obviously) *not* be attempted under any circumstance, though I am sure there are some with severe alcohol addictions that drive after this much alcohol has been consumed.

EMPTY VERSUS FULL STOMACH

The difference between having an empty versus full stomach when consuming alcohol is tremendous. Two drinks with a completely empty stomach provides similar effects to five or more drinks with a full meal. Even though the effects may be stronger, it seems that alcohol dissipates faster on an empty stomach. This is more of a cause to worry if someone wants to drive, thinking they “only had two drinks” but could be even more intoxicated due to the drug being absorbed more effectively due to an empty stomach.

Physiological Effects

APPETITE

I do not think that alcohol directly affects appetite either positively or negatively. Some people will consume alcohol as an appetite stimulant, but I have not noticed the drug to work in this way for me. Indirectly, alcohol makes me care less about what I am eating so I may be inclined to overeat or eat foods that I normally would not, similar to a mild case of the **munchies**.

DIGESTION

Alcohol slows down my digestion. It can cause heartburn or acid reflux, which makes for an unpleasant sensation, especially if there is hard alcohol climbing back up my esophagus. These negative effects are more noticeable when I drink alcohol while eating food. Usually, I try to consume alcoholic beverages before I eat a meal. Not only does this usually make for a better digestive experience, but the effects of alcohol are also stronger when consumed this way, requiring less alcohol to achieve a desirable level of intoxication.

NAUSEA AND VOMITING

To the inexperienced alcohol drinker, if the ABV of alcohol is high, tasting or even smelling the beverage can be nauseating. Once a user grows accustomed to alcohol, nausea is rare. It is most common when higher doses of the drug are consumed or if alcohol is consumed with unfamiliar foods. This can cause indigestion which results in nausea. In extreme cases, vomiting can occur, although this usually only happens when very high doses of alcohol have been consumed. Vomiting can also be a sign of alcohol poisoning, which is essentially a mild form of overdose. The body of a drinker is expelling alcohol because it has been poisoned and does not want any more of the substance.

CARDIOVASCULAR

From my experience, from the time I first start drinking alcohol, my heart rate seems to increase. Generally speaking, the more alcohol I drink, the higher my heartrate. Interestingly, after a night of heavy drinking when I have woken up the next day, my heart rate has been quite high. I remember looking at my FitBit and noticing that it was over 100 bpm for several hours! There was no longer an intoxicating effect, but perhaps this was my body’s response to expedite the drug out of my system.

RESPIRATION

As alcohol is a depressant drug, it can slow breathing. This is usually not life-threatening, but if the dose of alcohol is very high or when combined with other depressant drugs such as benzodiazepines or opioids, the risk of harm increases. If you are the friend of someone who likes to abuse depressant drugs and alcohol simultaneously, please keep a watchful eye on the person.

EXERCISE

I wrote an experience report about this at the end of this chapter in the *Personal Experiences* section for what it feels like to drink alcohol very shortly after a long and intense cardio session. It was *very* unenjoyable. Avoid

But what is it like to exercise while *currently* under the influence of alcohol? I used to run every day without missing a day. I have gone on stretches for over a year with this consistency – never failing. It is usually only a mile or two, but

some days it will be longer. I can remember one day when I had procrastinated my daily run for later in the day, and found myself drunk before the activity was performed. Well, that was certainly a time to create a new experience!

I had probably had four drinks very shortly before running. Everything about the run felt disoriented. I was mildly nauseas. There was increased difficulty with keeping my feet moving, since they felt heavier. Breathing was not as deep or satisfying. When I finished, my stomach did not want anything put inside, but I gave it some water. There was no euphoric “**endorphin** high” that I usually get following a run. I actually felt a bit sick. There was a headache, as if I ran myself into an immediate hangover, and it was generally unenjoyable. It took over an hour to fully recover. **CAUTION!** Running drunk is dangerous! Avoid.

SENSATION

As alcohol can have mild analgesic or anesthetic properties, it follows that senses will be dulled. There is little change to sensory perception at low doses, but when the dose increases to moderate or high, there may be some numbing of the tactile senses. The sense of taste or smell may be dulled. The quality of sound perception may decrease, and vision may start to blur.

ANALGESIA AND ANESTHESIA

Long ago, alcohol was actually used as a general anesthetic! It would be given to an individual at very high doses because it would dull sensations of pain. Of course, this was very dangerous because individuals under the influence of high doses of alcohol could behave rather erratically, especially during a surgery, which is when this would sometimes happen! While I would never recommend this drug for medicinal use, except perhaps to kill bacteria, I have definitely been aware of the pain-killing effects of alcohol. Muscle soreness and mild injuries fade to the back of the mind when alcohol is involved. I can feel my face getting a bit numb, as well as parts of my body. These pains usually come back stronger after the alcohol wears off, however.

COORDINATION AND MOTOR SKILLS – DRIVING

At low doses, this is not a significant issue, but when the amount of alcohol reaches a moderate to high dose, coordination can be affected. Drinkers may be more prone to knocking things over or stumbling, even if they can behave as if they are not intoxicated.

CAUTION! Although there are legal limits in various nations for how much alcohol can be in your blood if the police find you, really no amount of alcohol should be in your body if you are driving. This rings true for any other drug as well. Being under the influence can cause impaired judgment and coordination. If you are planning on driving later in the night, try to follow the one-drink-one-hour rule until at baseline, or better yet – do not drink at all! Alcohol will always be there. It can be fun, but it is more fun to be safe and protect your life, the lives of those around you, and the lives of people on the road.

Psychological Effects

STIMULATION OR SEDATION

Some drinkers will say that consuming a drink or two before bed will make it easier to sleep. I personally find this low dose of alcohol to be mildly stimulating. While I have been able to sleep on this dose of alcohol, I would much prefer to use it earlier in the evening as it gives me a light energy. Higher doses of alcohol can cause sedation. Very high doses can produce unconsciousness, which can be dangerous, due to the risk of asphyxiation.

AWARENESS

As the amount of alcohol increases, awareness of surroundings decreases. This lack of awareness could lead to increased risk for harm, as drinkers may not pay attention to cars when crossing the street, or may be more inclined to perform activities that they are not physically capable of doing. In some cases, drinkers may not be aware of how much they are

drinking which can lead to over-intoxication and unpleasant effects. They will also likely not be as aware of the thoughts and feelings of individuals around them. In some ways, this can make alcohol a selfish drug.

MOTIVATION

During the time of intoxication, I may feel powerful. There may be a desire to accomplish tasks and set goals, but when alcohol wears off, rarely are these goals sought out. Alcohol can be disappointing in this regard. The drug probably has a greater reputation for robbing people of motivation, as it is much easier to have a drink than it is to pursue a passion.

SOCIABILITY

One of the main reasons that I believe alcohol is a social drug is because it makes it easier for others to socialize. Introverted people may become more extroverted. Those that are typically quiet may become more talkative. Friends may open up to each other about issues that are bothering them – in some cases they may open up to complete strangers! Alcohol can serve as social lubricant to help individuals talk to each other at bars and clubs who may not have started talking to each other without the assistance of the drug.

SLEEP QUALITY AND DREAMING

Some people will have a drink or two before bed, believing this to relax them into sleep. It may help, but others report a mild stimulating effect when consuming low doses of alcohol that can keep them awake into the night. Alcohol lowers my deep and REM sleep time, according to my FitBit, and gives me an overall less restful sleep. I would say it would be better for sleep quality to have alcohol fully out of the system before sleeping (one-drink-one hour). This is usually hard of course, because most people usually drink alcohol in the evenings.

ANXIETY

Alcohol has **anxiolytic** properties. When someone is stressed out, it is not uncommon to hear, “I need a drink!” as there is often an association with anxiety being mitigated with alcohol. I do not believe this in itself is a problem, if it is done infrequently, but there is a chance this could lead to problematic behavior. Alcohol as a coping mechanism when dealing with a stressful situation can lead to drinking whenever there is a problem. For those that do not have addictive tendencies, an occasional “stress drink” or two might be okay.

How does alcohol calm anxiety? It stimulates the **GABA** receptors in the brain, which can have a calming effect on stress and anxiety. **Benzodiazepines**, such as **alprazolam (Xanax)**, which are often prescribed for anxiety disorders, also stimulate these receptors. **CAUTION!** Do not mix benzodiazepines and alcohol.

MEMORY

With low to moderate doses of alcohol, there does not seem to be a significant impact on memory. High doses can lead drinkers to forgetting some events that may have occurred while intoxicated. Usually, if someone else was there, they will be able to trigger the memories, and the drinker may react with an “Ah yes!” as if they suddenly recall the event. Very high doses can lead to complete lapses of memory, known as **Black outs**.

BLACKING OUT

This usually occurs with exceedingly high doses (10+ drinks) of alcohol, or when alcohol is mixed with another substance such as cannabis or benzodiazepines. I will admit to having blacked out a few times, which is an unsettling feeling. It can happen where the last thing I might remember from the night before is my second or third drink, then I wake up with a, “What the fuck happened?!?” feeling rushing through my head. Attempts are made to recall the previous night to no avail. The next step generally involves contacting friends or other acquaintances I believe I spent the night with to determine what happened. This can sometimes be the most painful part, as this is where I might find out what sort of fun or terrible things I might have done. It is bizarre to me that people actually enjoy the feeling, and I have had some come to me almost joyfully and say “I think last night was good, but I do not remember one minute of it!” Just like the TGIF Katy Perry song. Avoid very high doses of alcohol.

DECISION MAKING

Should I drive? Should I have another drink? Should I have sex with this person? While intoxicated, answering these questions may become difficult. I would even recommend writing some tough decision-making questions down, and then writing the answers to them BEFORE you start drinking! This will help you shed light on whether or not something is a good idea. Save the paper you wrote on, so if you perhaps made the *wrong* decision that night, you will have notes to look over before your next alcohol adventure. I have practiced this before, and I am always shocked at what my drunken self thinks might be a good idea during the time I was intoxicated. Writing about and considering negative outcomes has caused me to drink less at certain times, saving me from experiences where I may have drunk to excess and made bad decisions.

Another suggestion would be to ask a trustworthy friend who is sober what may be appropriate in a given circumstance. If they are not at the same event as you, send them a text or give them a call. Hopefully, they will be able to help you rationalize what a good decision may be.

SEXUALITY

For me, low to moderate ingestion of alcohol can lead to a perceived enhanced sexual experience and desire for sex, but orgasm quality seems to suffer. The duration of sexual episodes may be extended due to the inhibiting effects of alcohol. Very high doses of alcohol (8+ drinks) can sometimes cause a lack of a desire and an inability to perform. **CAUTION!** Since alcohol can impair decision making, please be very careful about making the decision to have sex with someone if you or he/she is drunk. Try to imagine the same situation in a sober mindset. Would you still make the same decision?

ALCOHOL DOES NOT AFFECT EVERYONE THE SAME WAY

Although many who drink alcohol, myself included, report initial feelings of relaxation or a mild sense of well-being, these feelings are not shared universally. Some drinkers become aggressive or violent. Others become sad, stressed, or emotional. There are people known as “angry drunks” or “that person who always cries when they drink”. Some enjoy alcohol so much, that they develop an addiction to alcohol called alcoholism. These last few examples are usually the outliers, and most people seem to behave according to dose indications (low, moderate, high) listed in the *Dose Comparison* section earlier in this chapter.

DRINKING ON CONSECUTIVE DAYS – NO TOLERANCE

This happened to me most often in college. I would get drunk at parties for two or three consecutive nights. Although I was younger and more resilient to the negative effects of alcohol, I could tell that when I did this, I was not operating at my best. Each consecutive day waking up after drinking would be more uncomfortable than the last. I could tell my sleep quality was suffering. Laziness and anxiety increased. Even when sober, time would pass by in a bit of a haze. Food would help tremendously, but I would often eat less in the evening so I would not be too full to drink – and thus the effects of alcohol would be stronger. My emotional state would waver after each consecutive night of drinking, and the hangovers would increase in severity. It seemed to drain the energy from me. Avoid.

TOLERANCE TO ALCOHOL

As with any substance, tolerance can form. Someone who drinks frequently (once or twice a week) who goes out drinking with someone who drinks infrequently (less than once a month) may need twice as much alcohol to feel just as drunk as the infrequent drinker. Also, when there is tolerance to alcohol, many of the pleasurable effects are diminished, while undesirable side effects are increased. Keeping the dose of alcohol low, especially if drinking on a regular basis, can help with keeping tolerance to alcohol low. Also, just because you have a tolerance to alcohol, it does not mean that your BAC is within legal limits. Having more experience consuming alcohol does not mean you will be a better driver!

Overdose Effects and Lethal Dose

LETHAL DOSE

One source says the lethal dose in a 75kg human is 13 shots of 40% ABV hard liquor [CC]. I have personally taken eight or nine shots at almost the exact same time, and do not think I would have died if I had a few more, based on how I was

feeling. I have also seen people take 15 shots in a short span of time. Perhaps if all 13 shots were consumed at the exact same moment, it would be life-threatening? Your mileage will vary!

Another source says that the lethal dose is when the BAC reaches 0.45%, this is approaching risk of death. For a 75kg (165-pound) person, this is about 20 drinks [AAA]. This number seems closer to what a lethal dose might be based on personal experience and watching others drink excessively.

OVERDOSE EFFECTS

Many are aware that consuming high doses of alcohol can cause vomiting or unconsciousness, which may be indicative of an overdose, but there are other signs as well.

Seizures, trouble or slowed breathing (less than eight breaths in a minute), decreased heartrate, decreased body temperature, and difficulty remaining conscious can all be indicators of an alcohol overdose. If an overdose is not handled in a reasonable time, or if the dose is high enough, permanent brain damage or death are possible [AlcOD].

Leaving a person alone who has consumed too much alcohol is dangerous, as they could vomit while unconscious, which could potentially result in death by asphyxiation. If you MUST abandon this person, at least ensure they are in the **recovery position**.

COMPETITIVE DRINKING

When compared with drug use of other drugs, it seems that the competition for consumption of alcohol is stronger than with other drugs. There are a few times that my friends and I have made a game out of insufflating lines of drugs, but these are usually mild in terms of threat of harm. Alcohol can be much more dangerous, as people may compete to prove which user can consume the greatest volume of alcohol. **CAUTION!** This is dangerous, as users can drink themselves to death, just by trying to prove they can drink more than another person. This is why I put this segment in the *Overdose* section!

Negating the Effects

LINEAR EFFECTS – WHEN DOES THE BUZZ END?

Alcohol is one of the few drugs that has an almost linear way of leaving the body – like the one-drink-one-hour rule that was mentioned earlier. For other drugs, when they reach their peak effect, they perhaps persist for a few hours, and then seemingly drop off in effect. With alcohol, effects will seem to gradually diminish over time. Because of this effect, it can be more difficult to negate the effect of the drug, as high doses may linger around much longer compared with other drugs.

CAFFEINE

CAUTION! Caffeine can be helpful, but it is important to note that this does *not* decrease the BAC, therefore it is NOT safe to drive just because caffeine was consumed while drunk. Caffeine can only ever make a person *feel* less drunk.

THREE BASIC STEPS – BREATHE DEEPLY, DRINK WATER, EAT FOOD

Food and water could be helpful at lessening the effect of over-intoxication. High-fat foods can absorb alcohol that is still in the stomach and help to decrease some of the effects. This can also speed up metabolism, to help the drug leave the body a bit sooner. Deep breathing should be done in any circumstance where too much alcohol was consumed, as this can make it easier for the drinker to return to a functional state, since their rate of breathing will likely be depressed.

NEGATING A HANGOVER

As soon as you wake up following a day of drinking, water should be a top priority. Alcohol can have a dehydrating effect, so replacing lost water is important. Also, because of this dehydration, electrolytes can be lost. Electrolytes, such as

sodium, potassium, and magnesium, are vital to healthy function of the human body. Taking an electrolyte supplement can be helpful, but so can simply drinking salt water (although the taste takes some getting used to).

Next, eating is important. This may help to soak up residual alcohol while also giving the body nutrients that were depleted from intoxication. Healthy food options would be the most ideal.

Addiction and Withdrawal

ADDICTIVE POTENTIAL

Since alcohol is very low on the list of drugs that I enjoy, to me the addictive potential is low. Personally, I believe there are just so many drugs more enjoyable than alcohol, so I know I would never become addicted to it. If I try to imagine that it is the only drug that I know, I can easily see why the drug can become addictive. It can create mild euphoria, a sense of well-being, and relief from anxiety. Whatever stress an individual might be facing can be diminished with some alcohol. It is also quite socially acceptable, as it is legal in almost every country, which makes it easier for individuals to drink excessively if they are in a position where they cannot use drugs, such as police or correctional officers.

HOW LONG DOES IT TAKE TO DEVELOP AN ADDICTION?

I have been questioned about how long it takes to become physically dependent (addicted) to alcohol - and how often must a person be drinking for this to happen. I believe the answers are dependent upon the individual, but several forums were counseled and personal opinions were provided.

Drugs-forum.com, a forum for substance users and abusers to talk about problems, states that it can take months or years of drinking heavily for a *physical* dependence to form. Some argument is made that after a few days to a week of heavy drinking some dependence can form in line with increased tolerance. One user describes the experience as feeling a level of mental dependence after only about a week of consumption [DFtopic1]. I believe that just like any pleasure-inducing activity, alcohol can become mentally addictive for an at-risk individual almost instantly. Please be careful if you have an addictive personality.

WHAT TO DO IF ADDICTED TO ALCOHOL?

If someone enjoys the effects of alcohol tremendously, and begins having it on a regular basis, they could become addicted to it and could also be said to be suffering from alcoholism. I did a chapter on *Addiction* earlier in this book. There are support groups, doctors, and many sources of information that speak on the topic and aim to help those struggling with alcoholism to cure themselves and live a healthier sober lifestyle. The most popular group is probably Alcoholics Anonymous (AA) where any alcoholic (or friend of an alcoholic) can go to learn more about the addiction and try to achieve remission. It is free to attend, though they ask for optional donations. It has helped many alcoholics through the years. Other treatment options with allegedly greater rates of success are therapy and rehab, but they are usually more costly for the alcohol addict.

Just like not every person who tries heroin becomes a heroin addict, not every person who tries alcohol becomes an alcoholic. When searching online, it is difficult to determine the amount of people that have an addiction to alcohol. I was able to find some statistics about "Heavy Drinking" which is defined as having spent five or more days binge drinking (four or more drinks at a time) in the last month. In 2018 in the United States, 6.6% of adults 18 years of age and older reported engaging in heavy drinking in the last month [NIAAA 2018].

LONG-TERM EFFECTS

It was long thought that only heavy drinking was harmful for health in the long-term, however even light to moderate alcohol consumption on a regular basis can increase risk for certain types of cancers. Long-term heavy drinking can lead to liver disease, pancreatitis, various cancers, early aging, anxiety, and depression [WikiLong]. The worst I have seen of this personally is a family member who consumed vodka on a regular basis at high levels. He is an alcoholic and obese,

developed gout, and is not satisfied with life. It is a struggle to witness, but only so much can be done to a user who does not want to help themselves.

ANTABUSE – TREATMENT FOR ALCOHOL ADDICTION

One option for the treatment of alcohol addiction is Antabuse (disulfiram). This drug prevents alcohol from being adequately broken down, which can cause very unpleasant effects when someone tries drinking. Drinking alcohol while taking Antabuse can cause nausea, vomiting, sweating, throbbing headache, respiratory difficulties, chest pain, rapid heartrate, blurred vision, and confusion [Antab]. Treatment is only effective if the alcoholic takes Antabuse each day, therefore it is prudent that the alcoholic actually desires to stop drinking before attempting this treatment, as they may conveniently *forget* to take the medication.

WITHDRAWAL – DELIRIUM TREMENS (DT's)

In extreme cases of alcoholism, where a person is heavily addicted for an extended period of time (months to years). Delirium tremens can occur when ceasing consumption after a period of heavy drinking [DelTrAlc 2013]. It is most common in people who consume 4-5 pints of wine, 7-8 pints of beer, or one pint of “hard” alcohol (such as vodka or rum) every day for at least several *months*. Delirium tremens are most prevalent in those that had an alcohol habit or alcoholism for more than 10 years [DelTrAlc 2013].

Symptoms of Delirium Tremens most often occur about 2-4 days after the last drink and may persist for up to 7-10 days following abstinence. Some symptoms include body tremors, agitation, irritability, decreased attention span, fear, hallucinations, restlessness, mood changes and confusion. Seizures may also occur as a result depending on how severe the Delirium Tremens were in an individual. As for other withdrawal symptoms that occur that are not so extreme, there could be anxiety, depression, fatigue, headache, insomnia, nausea, and sweating [DelTrAlc 2013].

HOSPITALIZED WITHDRAWAL - TREATMENT

For treatment of severe withdrawal, when a patient is admitted into a hospital, they may be given sedative benzodiazepines such as diazepam (Valium) or lorazepam (Ativan). Anticonvulsants may also be prescribed to tone down the agitation that comes with withdrawal. It is also recommended that someone once treated for severe alcohol withdrawal not consume alcohol again, as the withdrawal can come back with an increasing intensity upon resuming consumption of alcohol after addiction [DelTrAlc 2013].

Alcohol is one of the few drugs which has a withdrawal that can be lethal.

Personal Experiences

[LIVE] FOUR STANDARD DRINKS OF SAKE – ALONE AT A RESTAURANT

Mood was a little off today. Didn't sleep well, and still recovering from a sinus infection the week before. I think my brain is still recovering from drug use a few days prior.

T=0: Start sipping hot sake. Stomach is very empty. I had a small meal 6 hours ago. Properly hydrated.

T+4: My body feels warmer after just a few sips. I begin to feel some of the effects, but they are very mild. A light relaxation passes over me. It feels a little artificial, but it is welcomed because of how I was feeling.

T+8: My stomach feels especially warm. I can feel the alcohol spreading to the rest of my body: down my legs, to my arms. One standard drink has been consumed at this point. There's a slight pang in my stomach, probably from putting straight alcohol in it without having had any food!

T+14: Music sounds different. I feel my inhibitions lowering, a desire to be more social is increasing. I can really feel how much stronger the drug affects me on an empty stomach. Just shy of two drinks and already I would say I was fairly buzzed.

T+17: No lack of coordination or apparent impaired motor function yet

T+20: My cheeks feel warmer and I feel a bit euphoric

T+25: 2.5 drinks in, feeling a little euphoria, urge to urinate is present probably from drinking So much water before I got here, compounded with the diuretic effects of alcohol. Feeling hungry now too! Going through various emotional states thinking about past memories and the future that could be. It's been said that alcohol can amplify emotions, and where I am now, I can see that. I do definitely feel like I am in an altered mind state which changes my emotions.

T+30: Physical relaxation is still present; music sounds different to me. There's a strange motivated effect where I feel as though I want to get things done, but I don't have energy to do them. This could be more a reflection of the mood I was in before drug consumption, that now I am more aware of after a few drinks.

T+37: 4 drinks have been had. I would say I feel a bit drunk. The effect is enjoyable, but I am still craving food because I haven't eaten in many hours! When I walk outside, I am very appreciative of how nice the weather is today. It's early spring and the temperature is beautiful.

T+45: Feeling good. Definitely notice a slight impairment of coordination, but nothing that would appear obvious to an outsider

T+50: Finally eating some food. Definitely noticing increased impairment.

T+52: sometimes as alcohol takes hold of me, I go through periods of dysphoria with the euphoria, but nearly an hour in I feel a rather balanced effect.

T+55: I realized I hold some anger towards myself for making some dumb decisions in my past, but I can also make peace with these thoughts realizing everything will be okay at some point in the future.

T+60: I don't think it's the alcohol that lets me make this peace with myself, but I am in a good mood at the moment. I have some self-reflection of past regrets, things I wish I did, then I remind myself there is still time. Is this the alcohol providing this feeling of well-being? Either way, I am okay with how I feel right now. I feel like if I had 2 more drinks, I wouldn't enjoy the effects as much. Four drinks are an ideal level for me (on an empty stomach!) though I do feel a bit more intoxicated than I would have expected.

T+67: The food I am eating is giving me energy. Almost finished with dinner, craving a sugary food! Eating seems to have diminished the effect of the alcohol, or perhaps it has just been the passage of time?

T+80: Satisfying my craving for sweets, definitely still intoxicated. Enjoyable effects still present. I feel a numbness on my face when I scratch an itch. There is undoubtedly a slight analgesic affect that I am experiencing.

T+95: This slice of cake is so sweet! Intoxicating effects are decreasing. I think it has to do with the passage of time and the consumption of food

T+120: Effects subsiding. I feel a bit drained, though that could also be as a result of my recent food intake. A kind of drowsy sensation sweeps over me

T+127: Not in a bad mood, but definitely not euphoric. I feel the effects of the alcohol lingering still, but they are not as enjoyable at this point.

T+145: Feeling more back to baseline. Mood feels as though it is no longer influenced by alcohol

T+180: now almost 2.5 hours after my last sip. It seems the alcohol was quick to hit me and quick to dissipate, likely as an effect of eating a large meal. Feeling nearly sober.

ALCOHOL – THE FIRST EXPERIENCE

I first became intoxicated from alcohol several years ago. It was the first drug I encountered, besides caffeine or sugar. I do not know how much I drank, but I vaguely recall having a good time. There was a house party at one of my friend's houses and I proceeded to drink as much as I could, which was probably 7 or 8 **standard drinks** between beers and mixed drinks, over several hours.

Personal conversation was made with mere acquaintances that I would usually save for close friends. I made statements about people that would usually be considered rude and disrespectful. Looking back, while sober the next day, I really was surprised I behaved the way that I did. However, I suppose when I really think about it, based on my upbringing and my then-current knowledge about alcohol, I suppose my conduct was not so out of character. This experience was detailed in the *About Me* chapter in the beginning of the book.

HAVING TWO BEERS

There are of course many other experiences with alcohol that I can recall, but choosing which ones would be most helpful for this book is a bit difficult

This account comes from a time when I was a more seasoned drug user. The list of unique drugs that I have consumed numbers at least 70, so now when I drink alcohol, I am far more conscious of what effects are taking hold of my body.

Desiring a very rare alcohol buzz, I decided to purchase a 24-ounce can of beer – roughly the equivalent of two standard drinks. I had not eaten anything for the last six hours so my stomach was quite empty. I then slowly sipped the beverage for the next 40 minutes until completion.

Even with the first few sips, I felt a mild relaxation take hold that began in my head. As I finished the first half of the beverage, I felt a mild warmth radiate out from my stomach up my torso through the rest of my body. Unlike other drugs which are much smaller in size, be they pills or powders, beer takes up a much larger volume in the stomach, which can be felt throughout consumption, especially with multiple drinks.

By the end of just two beers with such an empty stomach I would say I felt slightly drunk. I had not lost motor coordination, but I felt slowed down, with a bit of mental fog. There were hints of euphoria present and I felt an overall sense of ease.

About an hour and a half post- consumption, I ate a meal and a majority of the intoxicated effects were diminished to almost nothing by the time I finished 15 minutes later. My research has led me to conclude that the intoxicating effects of two drinks usually diminish within two hours without food, however I do think that the consumption of food expedited the process. Three hours post-consumption I felt completely baseline. There were few residual after-effects such as a slight tiredness, but nothing incapacitating. I can only imagine the two beers affected me so because I have such a low alcohol tolerance.

ALCOHOL AND EXERCISE

Being a frequent runner, there were several times when I have found myself running in the evening before getting ready to drink. Usually I will drink a bunch of water after returning, and then eat a small meal.

On this particular occasion, I decided to just have a glass or two of water, and start drinking alcohol maybe 20 minutes after finishing a particularly quick eight-mile run. Normally I would run three or four miles with at least a few hours before drinking, so this particular instance stood out to me. I felt good after running, as I normally do, and still had energy to party. I proceeded to take five shots of whiskey in the next twenty minutes. At this point, early in my college experience, I had never drunk whiskey before and had limited experience with hard alcohols in general. As the alcohol began to take hold, I lost control. I could barely speak. I blacked out soon after.

Friends told me what happened the next day. I was sweating profusely and soaked through my entire shirt. I began vomiting uncontrollably. I altered in and out of consciousness and was acting ridiculous. I suppose one logical explanation was that my body was looking for a source of energy to absorb after the run, and when it couldn't find any food, it absorbed the alcohol more quickly, which in turn caused some quite unpleasant side effects.

Fortunately, I did not hurt myself or anyone else. The greatest consequence was the massive headache I woke up with the next day. I really cannot recall a time I was more hungover! Undoubtedly this resulted from severe dehydration and lack of energy. However, the one positive thing I learned was not to mix intense cardio physical activity and consume alcohol shortly after!

Combining with Other Drugs

AMPHETAMINES

I have taken **Adderall** and drank on multiple occasions. Perhaps amphetamines are not as fun as cocaine, but they are certainly cheaper, longer lasting, and usually produce less of a hangover for me. I traditionally like amphetamines without the influence of other drugs, but if I was tired and my friends wanted to go to a social event that involved alcohol, I would take an Adderall, perhaps 10mg IR. Be warned, it is much easier to keep drinking past the point you normally would stop because the sedative effects felt from alcohol are significantly diminished by amphetamine's stimulatory action.

Drinking while under the influence of amphetamines produces an altered drunken state. Things I would not normally do while drunk may seem more available to me now, which is not necessarily a good thing. Impaired decision making is amplified, even though I have the sensation of making good decisions. It becomes harder to rationalize what may be a good or bad idea compared with consuming just alcohol on its own. Adderall can change my behavior enough on its own, but when combined with a drunken state, effects become increasingly unpredictable.

BENZODIAZEPINES

CAUTION! Alcohol and benzodiazepines are both depressant drugs which could lead to unpleasant effects or a combined drug overdose!

Low dose (1mg Clonazepam, 2 drinks)

An experience that I do remember, I dosed about 1 milligram of clonazepam (Klonopin) and had about 2 glasses of wine. I felt extremely relaxed and a mild euphoria ensued. The night was overall enjoyable, but still not very memorable. I did not black out, nor did I act like a fool, but my inhibitions were significantly lowered and I felt more open to conversations I would not normally have had while under the influence of these substances independently.

Low dose (.5mg Alprazolam, 3-4 drinks)

When I have combined these drugs on a few occasions, it has actually caused dysphoria. A dose of each drug when taken on their own would have provided some mood lift and relaxation, but when combined I have felt some general unpleasantness. It has happened on a few occasions now, so I no longer combine these drugs. This is probably for the best as combining these drugs can have dangerous consequences.

Moderate (Arguably HIGH) doses of each (1.5mg Alprazolam, 5-6 drinks)

This experience happened before I was too aware of the effects of combined drugs. I had taken alprazolam in conjunction with alcohol and went to a social event which resulted in a complete blackout shortly after arriving. I ingested approximately 1.5mg of Alprazolam (a high dose for an intolerant user) and then went to a bar and consumed several drinks. I found that I actually do not remember the period of time from *before* I even had the first drink! That is to say I blacked out even before mixing alcohol and benzodiazepines together! I might have had about 5-6 drinks total, as my friends have reported, but it seemed that my memory was retroactively affected. Friends of mine also told me I was behaving strangely and rather ego-centric. I like to think I do not act like this very often but it was communicated to me that I did on this particular occasion! I happened to say some things that my friends had said were "insulting" or "downright rude" and this quite upset me. I woke up the next day with a mild hangover, but nothing some hydration and good food could not fix. I did wake up with a "What the hell happened last night!?" feeling that was very unsettling. I quite dislike when drugs make me black out.

Benzodiazepines can also be given to combat withdrawal effects from alcohol. I know that jails will provide **chlor diazepoxide** (Librium), to reduce alcohol withdrawal symptoms.

CAFFEINE

Please see the *Caffeine* chapter.

CANNABIS

Please see the *Cannabis* chapter.

COCAINE

Please see the *Cocaine* chapter.

GHB

CAUTION! This combination is notoriously dangerous. Alcohol and especially GHB lower inhibitions to such an extent that people think it is “okay” to keep increasing the dose of both of these drugs. Even before I had tried taking GHB on its own, I had people telling me to never mix it with alcohol. I was curious, but have never tried mixing them.

According to Erowid's GHB vault, “low dose alcohol with low dose GHB is not particularly dangerous... but at higher doses vomiting, respiratory depression, and suppression of gag reflex can occur” [EroGHB]. This would make it easier for someone to asphyxiate, choking on their own vomit.

In fact, all of these symptoms were directly observed in a friend of mine. After spending a night at a party taking several doses of GHB, he came home and thought it would be a good idea to buy a six-pack of beer to *relax*. Even though it had been at least three hours since his last GHB consumption, apparently the effects still lingered. The last thing he remembered was starting to drink the fourth beer, when he blacked out. Fortunately, his roommate came home shortly after. My friend was vomiting uncontrollably, mumbling incoherently, and rolling around the floor. His breathing had slowed so much his roommate was worried my friend would die. And indeed, when the paramedics arrived, that’s exactly what they told him would have happened.

I tried this combination myself and kept my doses low. I had perhaps two glasses of wine and one mL of GBL (my usual dose is 1.5mL). I felt amplified effects of both drugs, but no dangerous effects worth noting. I could see how danger could increase as my inhibitions were lowered, my ability to make healthful decisions decreased, and I felt more of a desire to continue dosing with either drug. I stuck to my upper limit and what I said I would do. The experience was overall enjoyable. Use EXTREME caution. Or better yet, just do not mix these drugs together in any quantity. It is simply not worth the risk.

KETAMINE

Please see the *Ketamine* chapter.

LSD

Please see the *LSD* chapter.

MDMA

As MDMA is frequently consumed in a social setting where alcohol may be present, these two drugs are often mixed together. Personally, alcohol takes away from the effect of the MDMA too much for it to be enjoyable for me. When I have mixed them, I notice a nearly immediate decrease in the MDMA high. Empathetic effects decrease and the euphoria is taken down several levels. There is a definite increase in intoxication, and perhaps a slightly elevated desire to dance, though that may just be my desire no matter what substances I have taken!

MEPHEDRONE

I had been wanting to take an oral dose of **mephedrone** for a while, so I was grateful when I finally found a clean source. It had been very difficult to locate a source of good quality mephedrone after the recent ban on the drug. I tried this drug very few times – once orally before the ban, and a few times more recently, just sniffing 10-20mg at a time. As it happened to come to me again after a long time, I indulged.

On this particular evening I had set out to go bar hopping with a few close friends in one of our favorite spots. I thought it would be an ideal time to try this drug at a higher dose insufflated. I planned to drink much less this night to feel stronger effects from this drug. I was in a positive mind state and I made sure to keep myself well-fed before the experience because for me, if stimulants (such as amphetamines, MDMA) are in my body without a source of food energy, they make me feel like shit, no matter if the quality of the drug is good.

After two or three drinks at the first party, I took my first bump. I started small, probably doing just 15mg. The effect was slight, but noticeable. I felt a noticeable energy increase, a slight mood lift, and an increased desire to dance. Compared to amphetamine, I did not really feel the heightened sense of focus, but I did not feel scatter-brained either.

Several nose bumps were taken in the next few hours. The alcohol I was slowly consuming seemed to take the edginess and irritability out of the drug that comes with cumulative doses of 50-60mg.

The last two bumps I had taken before leaving were a bit larger, probably totaling 30mg. The cumulative dose was about 100mg over the course of three hours. Perhaps six drinks were consumed gradually over the same time period. The last two bumps were definitely the most euphoric. On the train home I felt motivated, energetic, and optimistic. I wanted to do productive things with my life. Inhibitions were lowered as the desire to be social increased. I messaged old friends to say hello. I felt positively euphoric.

This high feeling lasted for about 30 minutes before a rather abrupt drop-off was felt. I could feel my heart beating in my chest – the unnaturally stimulated feeling that I dislike. I felt anxious and uncomfortable. I wanted to quickly take something to mitigate the feeling. My jaw was clenching. My feet were tapping. I felt tweaked out. The anxiety lasted for another hour, and the irritated stimulation for another hour and a half afterwards. It was difficult to sleep. I felt restless. I managed to get a couple hours of poor-quality sleep, and awoke with a slight irritability. Overall, the positives of the experience did not outweigh the negatives.

OPIOIDS

Please see the *Opioids* chapter.

NICOTINE

When I drank alcohol more regularly and smoked cigarettes, I admit I quite liked this combination. A cigarette smoked on its own would occasionally give me a slight anxiety with the enjoyable headrush. Alcohol gave me feelings of relaxation. This alcohol-induced relaxation quelled the anxiety given from cigarettes and made it easier to smoke even more. There are many of my friends who say they “only smoke when they drink” because that is when nicotine is most enjoyable for them.

Please be warned for the avid nicotine addict that wishes to quit, I would avoid smoking even if you keep it to “just when you drink” because that can turn into a nicotine relapse quickly. Indeed, many times I have quit nicotine, only to “smoke when I am drunk” and ended up with a full nicotine habit in just a few days.

SUGAR

Is there something out there that can make the taste of alcohol not so foul?! Yes. Just add a little sugar and suddenly alcohol does not taste as bad. Sugar is wonderful at masking the bitter taste of alcoholic beverages and other substances. As a warning, it does make it easier to drink more because of how much smoother the alcohol goes down. For someone intolerant to sugar, sugar can have the effect of increasing intoxication when combined with alcohol.

Personal Opinion

THE LEGAL INTOXICANT OF THE WORLD

I have mixed feelings about alcohol. It can be a powerful drug, but somehow it is still legal throughout most of the world. There have been several countries who have banned the substance throughout history, but most of the time these attempts are in vain. When I create images in my mind of people using alcohol, usually they are happy, excited, or experiencing something new and fun – much like what I see in advertisements. These advertisements are meant to paint a picture in the mind, but rarely depict reality. The unfortunate case is that there is a darker side of alcohol, where some drink their

problems away and others depend on the substance just to operate normally. That is something that is not shown in commercials.

The truth is that the drug exists, and it makes trillions of dollars for the alcohol industry. What can go up against this powerful titan? Alcohol will not go away no matter how many groups try to take it down. This is why I believe the best defense is *education* and *harm reduction* – the purpose of this book. The more knowledgeable we are, the less likely we will fall victim to the ill effects of this omnipresent drug.

THE REAL GATEWAY DRUG

My first experiences with potent mind-altering substances came from alcohol. It is partly the impression alcohol left on me, such as lowered inhibitions, euphoria, and increased sociability, that lead me to trying a multitude of other drugs. It is because of this, and what I have observed in others, that alcohol is more of a **gateway** drug than any of the others. Although I usually do not like to use the term, I really believe it fitting for this widely available *and legal* substance. I can clearly remember the first time I tried cannabis, something I said I would *never* do. I was drunk with some of my friends in my dorm room at college, and one of them pulled out a glass bowl filled with cannabis. Multiple times I denied the drug, but because I was intoxicated from alcohol, I eventually gave in.

AS A REWARD FOR GOOD BEHAVIOR

Similar to how children are rewarded with sugar for doing something like making their bed or cleaning their room, I believe that alcohol is almost like the “adult sugar” to be given as a reward. Finished the work week? Moved into a new house? Won a game? Why not have some alcohol! I do not think this is necessarily a bad thing, but it is definitely something I have observed. I believe this reinforcement causes humans to “settle” with whatever misfortune they are confronted with. If the option exists to have a drink and temporarily ignore a problem, it lowers the bar, so to speak.

THE OCCASIONAL DRINK

As much as I prefer other drugs, I still enjoy the occasional drink, mostly when I am out socializing as a tool of relaxation. Sometimes it makes me feel worse in the long-run rather than better, so these drinks are had very rarely and mostly with friends. Once I had discovered a multitude of other drugs, I used to think alcohol was the enemy. I saw it as the drug used most by the world and I “rebelled”... and took other illegal drugs as a way to express my anger with the alcohol industry. How silly. It is important to be mindful of consumption practices, whether the drug is legal or not. There can be a time and a place for almost anything. Being smart with use is most important. Moderation is key.

ALCOHOL IS USED AS A TOOL OF CONTROL

I believe alcohol is used as a tool to control people.

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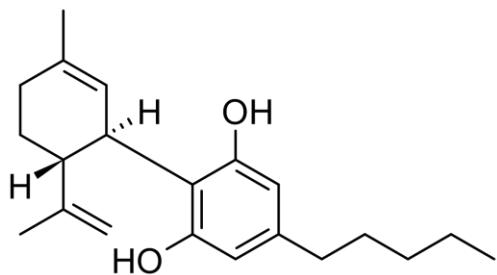
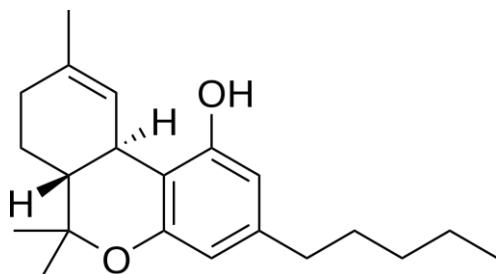
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Cannabis (*Cannabis Sativa*)



Top left is a $\Delta 9$ -Tetrahydronannabinol (THC) molecule. Bottom left is a cannabidiol (CBD) molecule. On the right side are what the various leaf structures are of different strains of cannabis.

Cannabis (*Cannabis Sativa*) is a natural drug that can grow in a variety of climates, both indoors and outdoors. It contains various cannabinoids and terpenes that create the psychoactive effects, most commonly: $\Delta 9$ -tetrahydronannabinol (THC) and cannabidiol (CBD). There are different strains of cannabis with different levels of these (and many more) cannabinoids, which create a wide variety of effects. These effects can range from sedation to stimulation, and from pleasant psychedelia to paranoia.

Slang Terms: (For cannabis) Pot, marijuana, hemp, weed, grass, green, nug, tree, leaf, bud, flower, ganja
Slang Terms: (For a frequent cannabis user/addict) pothead, stoner

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MODERATE DOSE, HIGH-THC FLOWER (~10-15% THC), NO TOLERANCE (2-3 hits, 5-10mg?)
HIGH DOSE, HIGH-THC FLOWER (~15-20% THC), NO TOLERANCE (5+ hits, 15+mg?)
HIGH-CBD FLOWER (HEMP) (0.3% Δ9-THC or less), NO TOLERANCE (varying number of hits)

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Personal Opinion

MY FAVORITE

IT IS UNLIKELY YOU ARE SMOKING “LACED” CANNABIS

CANNABIS AS AN ESCAPE

CANNABIS LEGALIZATION

Sources

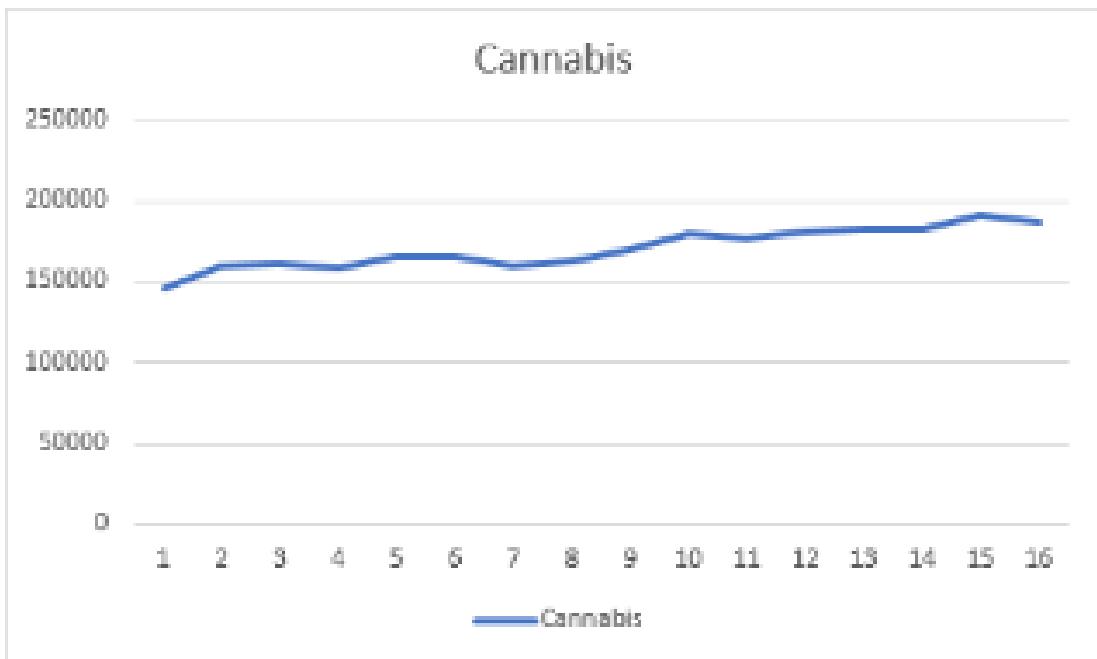
Introduction

WHAT IS CANNABIS?

Cannabis sativa is the most commonly used illegal drug in the world, which is why I saw it fitting to place it right after the top four legal drugs in this book. It is gaining a greater degree of acceptance, especially in the United States, as people are becoming more open-minded to its effects. With the recent spread of legal CBD-based products and hemp flower, which looks exactly like traditionally cannabis flower, just with very low levels of THC and high levels of CBD, even more people are becoming aware of this plant-based drug.

WORLDWIDE CANNABIS USE IS ON THE RISE

According to a compilation of data from the World Drug Report from 2002-2019, cannabis use has been on the rise:



On the X-axis, 2002-2017, Multiply Y-scale by 1,000 to get the number of individuals using the drug. I specifically looked at every world drug report to make this rather awful looking graph, but the point is still conveyed.

According to the most recent data, nearly 190,000,000 have used the drug [WDR 2019]. This could be due to recent legalizations and decriminalization, especially in the United States. As more and more people are using this drug, I believe this reinforces the fact that education about cannabis is now more important than ever.

WHAT DOES CANNABIS LOOK LIKE?

The cannabis “flower” is the part of the plant that is often smoked



It can be put in a glass pipe or bong, rolled into a joint or blunt, or vaporized to allow a different kind of smoke. It can even be cooked into high-fat foods like butter or oil to be made into brownies or cookies for a high that is much longer in duration.



Cannabis joint



Cannabis cookie – which looks like any other cookie!

Cannabis can also come in a concentrated form, such as hash or wax, where levels of THC are much higher than in traditional cannabis flower. Concentrates can be smoked out of a hash pen or dab rig, among other devices. Concentrated cannabis products are usually consumed by those who already have a very high **tolerance** to cannabis.



High quality cannabis wax on the left, versus lower quality on the right. The closer to a bright yellow, the purer the product is traditionally speaking.

WHAT DETERMINES THE EFFECTS OF CANNABIS?

There are hundreds of strains (types of the plant) of cannabis that exist. Unless purchased from a formal dispensary where the strain is clearly labeled, it cannot be guaranteed that what was purchased from a drug dealer was the strain it was advertised as. I have known drug dealers that have simply made up names of cannabis strains to try to sell their product, like “Green Destiny” or “Purple Power Punch”.

Different strains have different quantities of various cannabinoids (explained in the *Effects* sections below) that make up the different effects. Even with the correct strain information, it is still hard to determine exactly how much THC, CBD, or other cannabinoids make up the plant, due to confounding variables such as where it was grown, and how carefully the grower tended to it. Some strains can make a user feel more creative or energetic, while others may cause drowsiness and laziness.

Some of the more popular strains of cannabis are Blue Dream, Sour Diesel, Northern Lights, Green Crack, and Girl Scout Cookies. There is essentially a whole library of strains that can be explored, and my personal favorite for this is www.leafly.com. They have a cleverly laid out list that communicates what effects one might expect from consuming a certain strain, and depending on where you live – even which dispensary to get it from!

DIFFERENT TYPES OF CANNABIS: CBD-RICH HEMP VERSUS THC-RICH WEED

Most individuals that were smoking cannabis 20 or more years ago will say that the strength of cannabis is much stronger today than it used to be. Levels of THC are seemingly higher now than they have ever been before. These can lead to some unpleasant side effects such as anxiety or paranoia that are described later.

Recently, there has been a boom to the cannabis market in the form of hemp, which can be loosely defined as having a level of Δ9-THC that is below a legal limit (around 0.3%, where most THC-rich cannabis has 10-20% THC). This type of cannabis is 100% legal in the United States, but because it looks, smells, and tastes exactly like traditional THC-rich cannabis, it has caused a variety of problems with law enforcement. While it still exerts effects on the user, the psychoactive effects are more relaxing and less intense due to the lack of THC.

HEMP – LESS THAN 0.3% Δ9-THC DOES NOT MEAN LESS THAN 0.3% TOTAL THC

When buying from hemp companies, it is worth noting that the amount of Δ9-THC does not add up to the total THC. I smoked some product that was allegedly 0.1% Δ9-THC, however, when I checked the product listing, I found there was over 4.0% of total THC. Where did the other THC come from? There is another cannabinoid called tetrahydrocannabinolic acid (THCa) which will turn into THC when combusted. Therefore, to find the total value of THC, the values of THCa and Δ9-THC should be added together. Cautious users will search out lab reports from the company that provided the hemp to determine the true value. Of course, it is possible that these reports were altered, which is why finding trustworthy suppliers is of great importance.

MEDICAL USES OF CANNABIS

With growing number of states and countries approving medical marijuana, what are some of its medicinal uses? In the United States, the FDA has only approved cannabis for treatment in rare forms of epilepsy. Cannabis has also been used to treat Alzheimer's, cancer, Crohn's disease, eating disorders like anorexia, nausea, and pain [WebMD].

According to the American Cancer Society (ACS), cannabis can be helpful for combatting nausea which is as a direct result of cancer. It can also help with treating some of the neuropathic pain associated with the disease. More recently, there is research that indicates that THC and CBD slow growth or cause the death of cancer cells. At the moment, human studies are still in the works, however, evidence of the death of cancer cells has been found in animals from the use of cannabis [ACS].

A family member of mine has fibromyalgia, and she indicates that cannabis has helped her tremendously with dealing with the pain associated with the disorder.

History

FIRST DOCUMENTED EVIDENCE OF THE PSYCHOACTIVITY OF CANNABIS

The Chinese people were also the first to record the psychoactive effects of cannabis. It was said that taking many seeds could cause one to commune with spirits as early as the first century CE (Year 100). Still, the population of China that enjoyed cannabis as a “giver of delight” only amounted to a small portion of the population, that paled in comparison to alcohol, or the even more dominating opium use that spread later [HempHis 1980].

FIRST WIDESPREAD MEDICAL USE

In the 1830's, Irish doctor Sir William Brooke O'Shaughnessy was studying in India and discovered that cannabis extracts could lessen stomach pain and help with vomiting. As time progressed, throughout Europe and parts of the United States in the late 1800's, cannabis extracts were sold in pharmacies and doctor's offices with the intention to treat stomach problems and other ailments [HistoMJ].

REEFER MADNESS

A movie was produced in 1936, entitled Reefer Madness (Original title: Tell Your Children), that tried to depict what would happen to teenagers should they consume “dope” (cannabis). It showed kids getting involved with hit-and-run

accidents, suicide, attempted rape, and descent into a type of psychotic “madness”. Harry Anslinger, the commissioner of the Federal Bureau of Narcotics during the prohibition era, said that marijuana induces violence, and connected it to black and Mexican people [BusIn]. Racism with respect to drugs that caused fear in others was a powerful tactic at the time, and was rather successful at curbing use of the drug.

SOME GOOD NEWS ABOUT CANCER AND CANNABIS

Fairly recently, according to www.Cancer.gov, “Cannabinoids may cause antitumor effects by various mechanisms, including induction of cell death, inhibition of cell growth, and inhibition of tumor angiogenesis invasion and metastasis... Cannabinoids appear to kill tumor cells” [CancGov]. More research is needed, but so far, cannabis has shown promising effect for helping patients living with various forms of cancer.

Legal Status

CANNABIS

Interestingly, more and more states of the United States are implementing the use of medical cannabis, yet the drug still remains **Schedule I** in the eyes of the **DEA** under the Controlled Substances Act of 1970 - having *no currently accepted medical use* and a high potential for abuse, the same level as **heroin**, **LSD**, and **MDMA** (ecstasy). It is even higher on the list in the scheduling system than **cocaine**, a Schedule II substance, which reportedly still has some medicinal value as a local anesthetic. Despite the federal level of scheduling, several U.S. states have legalized the drug for recreational use, something I never imagined when I first started using the drug years ago.

As for the rest of the world, cannabis is legal in Canada, and has been decriminalized in much of South America and parts of Europe. It is completely illegal in most countries of Africa and Asia. For medical use, several countries in South America and Europe approved the drug, as well as all of Australia.

PENALTIES

Penalties vary greatly by region. As was said in South American countries, where most of them have decriminalized the drug, penalties are non-criminal and can be equated to a traffic violation, but in some Asian and Middle Eastern countries, possession of the drug even in small quantities can lead to years of imprisonment at minimum.

HEMP FLOWER

Hemp flower, which is cannabis with less than 0.3% Δ9-THC and usually a higher level of CBD, is legal nationwide in the United States. It looks, smells, and tastes just like Δ9-THC-rich cannabis, so this has caused many incidents for users who are in possession of the drug, as they are sometimes arrested by mistake. It reportedly does not cause intoxication due to the lack of Δ9-THC. While some strains are under the 0.3% Δ9-THC limit, there are other strains that have higher levels of THCa which is turned into THC upon combustion of the plant material. Some hemp strains can have 5.0% or higher levels of this cannabinoid, which can yield effects similar to traditional cannabis. This is one way that hemp producers can exploit the law and produce a drug that still gets people high but is under the legal limit.

Route of Administration

COMBUSTION/SMOKING

Cannabis is most often smoked. It can be rolled up in small thin rolling papers to resemble a cigarette and is often referred to as a joint. If the cannabis is rolled into the paper from a cigar, it is usually called a blunt. It can be smoked from a pipe or bowl (most often made of glass, but can also be made of plastic or wood), or in a water bong.



This is a cannabis blunt, rolled with tobacco leaf.

If you do not believe the drug is affecting you properly, make sure you are inhaling correctly. Check the *Safety and Suggestion for Various Routes of Administration* chapter in PART II of this book for some advice.

Duration in an intolerant user versus a [tolerant user] (moderate dose, perhaps two **hits**):

Come-Up: 0-15 minutes [0-10]

Main Effects: 40-120 minutes [20-60] ~+**10-20 [5-15] minutes after dose until peak**

Come-Down: 60-120 minutes [10-30]

The come up can take longer in intolerant individuals (up to 15 minutes). Take time between each hit – perhaps at least 10 minutes - and avoid smoking consecutive hits, as this can cause a user to become uncomfortably high.

VAPORIZING

Vaporizing cannabis is a process that involves heating the herb or hash to a high enough temperature that the THC and other cannabinoids are effectively vaporized out of the herb. As they are inhaled from the vaporizer, the user may achieve a cleaner “high”, usually felt more in the front of the head rather than throughout the body. Extracts like hash oil are usually vaporized in pens or other portable vaporizers, but they can also be used in **dab rigs**.



Dab rigs are for cannabis users with a very high tolerance. If someone with a low tolerance takes a hit off of a dab, they may experience what could be described as a brief but powerful **psychedelic** trip.

Duration of vaporized cannabis is roughly equivalent to smoked cannabis, sometimes a little longer.

ORALLY

Cannabis can also be eaten. For best effect, cannabis should be decarboxylated (check online for more information), then it should be heated to a high temperature, while mixed with a fatty substance such as butter or oil for several hours. It can also be boiled into a tea, as long as there is a fat-containing substance, such as cream or oil, for the THC to bind to.

Effects differ slightly when consumed orally. Aside from a longer duration of action, oral effects can create a heaviness in the body. Users may describe a greater “body high” than “head high”. Some users who are more prone to anxiety or paranoia from smoked cannabis may not experience these effects if it is orally consumed at equivalent doses. Body temperature is better regulated than from smoking. Sedation is increased. Appetite is increased for a longer period of time. Eyes may still redden. Physical and mental relaxation is likely. Users may become quiet and introspective, or may become increasingly sociable. Pain-killing (analgesia) is more powerful.

Empty stomach, intolerant versus [tolerant] user (moderate dose, perhaps 5-10mg)

Come-Up: 30-90 minutes [20-70]

Main Effects: 4-8 hours [3-5] ~+**1-2 hours after dose until Peak**

Come-Down: 2-4 hours [1-3]

Full stomach, intolerant [tolerant] user

CAUTION! If you are not feeling an edible after three hours, do not start eating more! Effects may still be coming up!

Come-Up: 90-180 minutes [60-180] (sometimes even longer!)

Main Effects: 5-10 hours [5-8] (usually milder in effect than when ingested on an empty stomach)

Come-Down: 1-3 hours [2-4]

If you are inexperienced with edibles, start with half the recommended dose and wait three hours. Eating too high a dose of edibles can make for an uncomfortable experience that could last hours. To increase the likelihood of having an enjoyable experience, find out if the person supplying the product to you has consumed it before, and what they recommend.

Duration of Effect

COME-UP

As the drug is usually smoked, the come up is rapid and can be a bit jarring for the intolerant user. It will start with a bit of a light-headed rush, with a mild warmth that spreads throughout the body. Consciousness will change rapidly and thoughts may become a bit scattered. Some users will come-up in just a few minutes, while in some more rare circumstances, the come-up can take 15 minutes or more. For the novice, waiting until effects *might* be felt is a good idea.

MAIN EFFECTS AND PEAK

Once the peak is reached, as long as the dose was kept low, the high should be controllable. Relaxation, hunger, creativity, and euphoria may be some of the positive effects experienced. Introspection and self-reflection may also occur. If the dose was too high, introversion, **dissociation**, anxiety, and paranoia are potential effects.

COME-DOWN

As the drug winds down, there is usually a sense of relaxation, even if the dose was too high. There may be a warm and comfortable sensation, usually coupled with laziness and possible sedation. Compared with other drugs, the come-down from cannabis is much more tolerable, generally speaking.

HANGOVER

With infrequent use, there is little hangover to speak of. Waking up after a night of cannabis consumption, a user may find themselves groggy or lazy, but rarely are there negative emotions. Depending on the lifestyle of the individual, this effect can arguably be enjoyable.

AFTERGLOW

I have experienced this a few times, usually after an oral dose of cannabis. Even after the high has faded, I have awoken the next day in good spirits. My mood was generally optimistic throughout the day and I felt an underlying sense of well-being.

Dose Comparison

The following effects are from the smoking of traditional high-THC cannabis (perhaps 15% THC), as opposed to hemp (high-CBD cannabis) unless otherwise specified.

BEFORE TAKING THE DRUG

I believe the best preparation before cannabis use is to be aware of all the possible effects. Also, have some idea of what your tolerance will be before ingestion. If you take the drug infrequently, start by consuming just one or two hits and waiting for about 15 minutes to see if the high will be enjoyable. I would make sure there is some food in the stomach, as this can help with some of the anxiety, if you are prone to it. If you are in a position where it would not be appropriate to have bloodshot eyes, carrying some eyedrops can be helpful to remedy the problem. If you are vulnerable to the appetite enhancing effect of the drug, bring some snacks with you. Surrounding yourself with people that you are comfortable with can make for a more enjoyable experience.

LOW DOSE, HIGH-THC FLOWER (~10-15% THC), NO TOLERANCE (1 hit, 2-4mg?)

For the intolerant user, this will likely be the most enjoyable dose, especially when smoking high-THC cannabis. Sounds and colors may appear slightly enhanced. The body or mind may feel relaxation. Eyes usually do not redden. Things that are not usually funny may seem more comedic. There is little psychedelic headspace. Perspective may become optimistic and anxiety may diminish. Slight increase in appetite.

MODERATE DOSE, HIGH-THC FLOWER (~10-15% THC), NO TOLERANCE (2-3 hits, 5-10mg?)

Some users will experience anxiety or paranoia with even a moderate dose. The advice is always to start low. Heart rate may accelerate slightly. Body temperature may regulate (less sweating in heat, feeling warmer in cold). Heightened appreciation for music and nature. Eyes may redden. The body or mind may feel increasingly relaxed. Getting the “giggles” is possible (laughing at things that are not very funny). Appetite is increased, as is the palatability of food. Dry-mouth is possible.

HIGH DOSE, HIGH-THC FLOWER (~15-20% THC), NO TOLERANCE (5+ hits, 15+mg?)

Most users will experience anxiety or paranoia at this dose. Heart rate may increase further causing more anxiety. Body temperature will likely still regulate. Eyes will become obviously red. Relaxation may come across the mind and body, but there is a greater likelihood of stress or agitation. Laughter is unlikely. There is a greater tendency for introspective thinking and unsociability. Appetite is increased further. Breathing may become shallow. The mouth will become dry. Heavy intoxication occurs at this stage.

HIGH-CBD FLOWER (HEMP) (0.3% Δ9-THC or less), NO TOLERANCE (varying number of hits)

It is rare to get a high from THC when smoking even modest amounts of high-CBD flower, unless the level of THCa is too high (see *Introduction*). There is physical and mental relaxation. Stress and anxiety decrease, and mood may be elevated. Sedation is possible. Users may become more sociable. There may be some body temperature regulation. Muscle soreness and general pain may lessen. Generally speaking, the greater the amount of high-CBD flower that is smoked, the greater effects of what was just listed.

High-CBD cannabis is said to be all the positives of high-THC cannabis except without intoxication. Smoking excessive amounts of high-CBD cannabis (several grams) can yield a THC-like intoxication – described above and below, due to the consumption of actual THC!

ORAL DOSING, INTOLERANT USERS

One article found that an oral dose of 7.5mg of THC reduced stress in healthy volunteers, but 12.5mg increased negative mood overall [SciDir]. Speaking from past experience, I can tolerate 5mg of THC orally consumed quite well without tolerance. Having 10-15mg can be a bit more uncomfortable for me, but not overall terrible – however, I am biased as I do generally enjoy cannabis.

Physiological Effects

APPETITE

If you have consumed cannabis before, perhaps you are aware of the “**munchies**”, or the nearly insatiable desire to eat while under the influence of the drug. For me, appetite is increased even if I was full after eating a short time before ingesting the drug. Food will also seem to taste more pleasurable. I can easily eat past the feeling of being over-stuffed. Eating usually decreases the cannabis high.

DIGESTION

Digestion seems to be easier and more relaxed when under the influence of cannabis. Foods that usually cause indigestion are typically not as bothersome. This is one of my personal favorite physiological effects of cannabis.

NAUSEA AND VOMITING

Whenever I had a queasy stomach as the result of something unusual that I ate or other drugs I had taken, I knew that if I smoked a little cannabis, the nausea would pass much faster. Sometimes, the results were almost instantaneous! It seemed to have a settling effect on my stomach contents, no matter how full I felt. This is one of the few effects I miss from when I was a consistent user.

RESPIRATORY

Aside from the fact that smoke is being put into my lungs, cannabis seems to have an effect where my lungs feel more open. It seems to make breathing easier, whereas many other drugs can cause shallow breathing.

CARDIAC

If a high dose has been taken, the drug can cause a significant increase in heart rate, which usually subsides after the peak of the effects have passed. Low to moderate doses can seemingly have a relaxing effect. I do not believe there is any significant strain on the heart from the drug on its own. Blood flow is seemingly increased as evidence by the regulation of body temperature.

BODY TEMPERATURE REGULATION

If I feel physically uncomfortable, possibly from excess sweating, my body temperature feels more balanced after the drug has been taken. If I feel cold from being outside, smoking cannabis can make me feel warmer. I believe this balancing effect is unique only to cannabis. Ingesting most other drugs will only make body temperature sensations feel more misaligned.

EXERCISE

I absolutely adore the way cannabis makes me feel before, during, and after I exercise. If I use the drug before I run, it feels as if the blood is flowing more smoothly through my body. I feel more flexible, even though I do not think I *actually* am. My breathing is deeper and I feel as if I can run farther. My body temperature seems more stable, so I usually sweat less. What makes running even easier is that I am distracted by being high. I can get caught up in a long run and not even realize it while high on cannabis. The biggest downside to combining cannabis with exercise is how dry my mouth can get while in the middle of the activity! **CAUTION!** Exercising while under the influence of drugs can be dangerous!

Upon completion of physical activity, the combined endorphin rush and cannabis intoxication is quite euphoric. As an added bonus, ingesting the drug seems to relax my sore muscles, potentially making it easier to recover.

ANALGESIA

Cannabis can also be used to feel relief from pain. Rarely have I ingested cannabis for the purpose of pain-relief, but it is definitely a side effect I have noticed if I have been in pain in one way or another. Unlike opiate-based analgesics, where I simply do not even know that pain exists, with cannabis it is different. While high on the drug, it is not that I do not feel the pain, but more that I am distracted away from it – as if the concept of pain is more distant. Focusing on the pain will bring it back to almost full effect, but if I proceed to stay busy on tasks in front of me, the pain is a mere afterthought (depending on the severity of pain).

SENSATION

With low to moderate doses, there is an amplification of taste. Foods seem tastier and more pleasurable. Smell may be enhanced as well. Touching various materials or other people could prove more pleasurable. It is unlikely that there are changes in visual or auditory perceptions at this dose. Higher doses can lead to mild auditory changes.

Psychological Effects

STIMULATION OR SEDATION

Cannabis is truly interesting in that the effects can vary widely between individuals, doses, and strains. Usually, the lower the dose, the more stimulating the drug. Higher doses can lead to greater levels of sedation. This is not always true, as one time I smoked a high dose of the strain called “Green Crack”, and I was uplifted and energetic - I felt chatty and I could not stop talking! Finding your ideal strain, dose, and time of day, will let you control your experience depending on what you are looking for. When I was in the middle of heavy frequent cannabis use, I had strains that gave me energy for the morning, and strains that made me want to fall asleep instantly at bedtime.

AWARENESS

There is a range of effects that can occur in the user, from hyperawareness, where they may possibly jump at small noises or movements, to an apparent lack of awareness where they do not perceive what is happening around them. Lower doses tend towards hyperawareness, while higher doses may lead in the opposite direction. Effects vary greatly between individuals. There is usually a higher awareness of the thoughts and feelings of those around a user, however, sometimes the user can become more introspective or self-centered, seemingly ignoring the emotions of those around them.

DISINHIBITION AND SOCIABILITY

Cannabis can sometimes break down walls for people, and make it easier for them to open up to others in social settings. The drug can also have quite the opposite effect, causing introversion and make it difficult for a user to communicate. This is usually dose dependent, with low doses tending towards increased sociability, but some users will become

introspective and noncommunicative even with a low dose. Others may become very extroverted, even with high doses, but usually only if they are familiar with the effects of the drug.

ANXIETY AND PARANOIA

Possibly the most common unpleasant side effects from consumption of cannabis is the anxiety or paranoia that may result. These sensations can be extremely uncomfortable, as they usually spring up abruptly after consumption of the drug when it is least expected. A user may get quiet and introspective, sort of “stuck in their own head”. Not everyone will experience it. Some users get paranoid from the time they first try the drug, and for others, such as myself, I only began to develop anxiety and paranoia after several years of consistent cannabis use. Some users can tolerate only one or two hits before the paranoia sets in, while others can take a great number of hits and be anxiety-free. Unfortunately, the only real way to determine if you are prone to anxiety from cannabis is to try the drug.

For the habitual user, once the body has grown accustomed to frequent use of THC, the drug usually has a very pleasant anxiolytic effect. Care should be taken, as this can lead to apathy, and **emotional blunting**.

High-THC strains tend more towards anxiety, but high-CBD strains (hemp) may help reduce anxiety. There are countless anecdotal reports of users who cannot tolerate traditional cannabis because THC levels are too high, but find that when using hemp, which is low in THC, they are able to enjoy the drug again.

SEXUAL

At low doses of high-THC cannabis, a heightened sexual effect is usually produced. It feels as though the blood is flowing more freely throughout my body and tactile sensations are amplified. Breathing is deeper and orgasm is arguably more prominent and enjoyable. At higher doses, personally I can become introspective and unfocused. If I am easily distracted, my sexual performance may suffer.

Consuming hemp (high-CBD low-THC) cannabis has almost always led me to positive sexual experiences.

DREAMING AND SLEEP

If I am intolerant to the effects of high-THC cannabis and go to sleep with the residual effects of a high, occasionally this will elicit fascinating and lucid dreams. Sleep quality may improve depending on the dose.

With high-CBD low-THC cannabis, if I smoke before sleeping, usually I find I have a more restful sleep. Conversely, friends of mine comment that even high-CBD cannabis will impede sleep quality. I do not seem to notice a change in dream intensity with purely high-CBD cannabis, unless a very high dose was consumed that caused a higher amount of THC entering my body.

When I was highly tolerant to cannabis, characterized by daily smoking multiple times a day, I experienced a suppression of my dreams. After I smoked for a week and built up tolerance, my dreams would fade. It would be rare that I even remembered a flicker of what I dreamt about that night as long as I maintained my habit.

Some nights I would lay down to sleep and feel like I closed my eyes and opened them moments later, when in fact a full six-hour sleep had happened. This poor quality of sleep due to high tolerance can cause me to be a little less aware throughout the day. The power of having a restful sleep should not be underestimated.

MEMORY

With infrequent low-dose use, effects on memory are not very noticeable. There may be a very faint haziness, but events that transpired while under the influence are usually easily remembered. Even with occasional high dose use, if high doses can be tolerated, memory is usually not impeded very much. When it comes to frequent consumption of the drug, that is when life starts to pass by a little faster. Events become harder to remember. Both short and long-term memory are impacted. **Black-outs** from cannabis on its own are very rare, and are usually more prominent when mixed with depressant drugs like alcohol, **ketamine**, or **benzodiazepines**.

DECISION MAKING

Unlike other drugs where high doses can cause a user to make bad decisions, high doses of cannabis can make a user reflect on decisions they are about to make a bit more deeply. Rational thinking is not usually abandoned as it might be with alcohol or benzodiazepines. There have even been times where I have used the drug to *help* me make decisions in my life! Please keep in mind that cannabis can still be an intoxicant and will not necessarily help a user make important decisions.

FOCUS AND ATTENTION

Unlike stimulant drugs, such as amphetamines or caffeine, cannabis usually does not increase my attention span or ability to focus. I knew several friends in college that stated that low doses helped them study or write papers, but I felt it usually made me easily distracted. Almost everyone I have spoken to has agreed that higher doses will deprive a user of the ability to focus.

Having smoked hemp flower, I had a sensation that I was focusing harder on the task at hand, although this may have easily been placebo.

MOTIVATION

If the drug is used infrequently, there is likely minimal impact on overall motivation. Perhaps infrequent use can even serve as an aid to help with life motivation. The real issue comes with frequent use, as it can cause a user to become more withdrawn and avoid pursuing what matters to them. Since cannabis relieves anxiety, any worry about pursuing a passion in life can be dulled. While there exist frequent cannabis consumers that are successful in the traditional sense of the word, I believe it is more likely for a user to be deprived of motivation when the drug is used consistently.

TOLERANCE COMPARISON – HIGH VERSUS LOW

Just like having a high tolerance with any drug, THC tolerance is remarkably the same. As tolerance increases, the positive effects decrease. No matter how much cannabis I smoke, I will never get to as much of an altered state of mind as I do when I have not smoked for weeks and then ingest the drug without tolerance. The intoxication is very different. With high tolerance, ingesting the drug feels more like “maintenance” work, as if I am just trying to maintain a light buzz throughout the day. My default high may be introspective with frequent use, but it is malleable to my surroundings. Some of the appetite enhancing effects decrease. Memory is impeded, both short and long-term. Emotions may become blunted; less happiness, less sadness, less excitement. Motivation is decreased. Creativity stagnates. Physical and mental relaxation are still typically present.

For a detailed report on what it feels like to use the drug with no tolerance, see the *Personal Experiences* section at the conclusion of this chapter.

HALLUCINATIONS

Cannabis is sometimes classified as a “hallucinogen,” which is how LSD or magic mushrooms are often classified. I think this is a bit of an overstatement. While it does not fit into the stimulant or depressant category well either, to call it a hallucinogen may be misleading.

Personally, I have hallucinated only one time while very high on cannabis. While walking down the road late at night in the dark, I swore I saw a cat. A friend of mine, looking in the same direction as me, did not see it. After blinking a few times and adjusting my vision, it was gone. I remember staying there for a few minutes, insisting that I really saw one, but when I think back to the memory, I believe it was just a hallucination. I doubt that hallucinations would occur for the average user, perhaps only in hyper-sensitive individuals.

PSYCHEDELIC EFFECTS

Psychedelic drugs can cause me to look at myself from an outside perspective, perhaps noticing aspects of myself that I was not fully conscious of when sober. I occasionally get these sensations from cannabis, though they are usually minimal, unless high doses are consumed. There is sometimes a certain level of empathy that exists, where I feel I can better relate to those around me. Thoughts can feel more profound, and a user may occasionally be graced with epiphanies.

CBD VERSUS THC – A BBC DOCUMENTARY

While rare to find, what I have learned is how important it is for cannabis to have balanced levels of CBD and THC. One of the best illustrators of why this is can be found in a BBC documentary, *Should I Smoke Dope?*

Nicky Taylor, the researcher in the documentary consumes cannabis on camera for research purposes. She experiences different types of highs throughout the film, but the most interesting part comes in the end when she gets pure injections of the drug. She is given pure intravenous THC and her experience is unpleasant. She describes feelings of being at a funeral, but worse. It was depressing, morbid, and frightening – remarking she is on the verge of panic. The fear in her face was indicative of these effects.

Interestingly, when she is given an injection of 50% THC and 50% Cannabidiol (CBD), she bursts into a fit of giggles. She can hardly take the experiment seriously. She tries to answer interviewer questions and is constantly seen laughing.

More research is likely needed, but it is clear from Nicky Taylor's perspective, a balance of CBD and THC can create more enjoyable drug effects, while pure THC on its own can be troublesome [BBCcan 2008].

POSSIBLE EFFECTS FROM TERPENES

Terpenes are secreted from the same glands that cannabinoids such as THC and CBD come from. They can give aromas of pine, berry, citrus, and mint. There are currently over 100 varieties of terpenes that have been identified in various quantities in cannabis, each with unique aromas, tastes, and effects [LeafTerp].

Myrcene, also found naturally in mangoes and lemongrass, can provide a relaxing effect [LeafTerp]. When I purchase hemp flower, if I am lucky enough to see the lab report about terpene quantities, this terpene is usually in the highest concentration.

Terpinolene, also found naturally in nutmeg, cumin, and lilacs, can provide a more stimulating effect [LeafTerp].

Exploring different strains can show how terpene content may influence the effect of each strain. To find a strain that is right for you, explore reputable hemp vendors that display the terpene contents of their products. Explore online to find out what some of these effects might be, and how they relate to THC or CBD. If you live in a state with legal cannabis, sometimes dispensaries know the amount of various terpenes are in a given strain.

Comparison to Similar Drugs

CIGARETTES VERSUS CANNABIS - BREATHING

Some say that smoking cannabis is just as bad as smoking cigarettes. Searching online provides conflicting views. From personal experience, when I smoked cigarettes, I would *feel* the pain of not being able to breathe well. Even though I was never a very heavy cannabis smoker, I never felt pain when breathing, even during intense running sessions immediately following a heavy smoke session.

Any shortness of breath from excessive smoking of cannabis the night before usually dissipated quickly after waking. With cigarettes, when I smoked many the night before, I was sometimes short of breath for several hours after getting out of bed.

On a side note, at my highest level of cannabis consumption (perhaps 3+ grams per day), I did develop a bit of a smoker's cough. Occasionally I would cough out some mucus and it would sound very unattractive.

CANNABIS VERSUS SYNTHETIC CANNABINOID (SPICE/ INSENCE/ K2)

Originally, when I began writing this book, I wanted to include a chapter on synthetic cannabinoids, but I don't think it is in the "Big 12". Due to a drop in popularity, I have since omitted the chapter from this volume until the next. Just because the name "synthetic cannabinoids" sounds remarkably similar to a fake version of the cannabis plant, does not mean that the effects are the same.

Synthetics could produce some truly otherworldly effects that were at times absolutely terrifying. If I accidentally took too high of a dose, there was paranoia like I never have experienced in my life from any other drug. Low doses may occasionally have been pleasant, but the effects dissipated in 15-20 minutes, meaning that consistent dosing was prominent – therefore increasing the chances of accidentally taking a high dose resulting in a bad trip. There are also hundreds of different chemicals that made up the category of "synthetic cannabinoids". They are almost all poorly researched, and therefore very dangerous, as no long-term study had been done to verify their safety.

Occasionally, some of these drugs will turn up in the news, usually sold under a brand of CBD product, but for the most part, thankfully, these drugs are no longer on the shelves.

Overdose Effects and Lethal Dose

LETHAL DOSE - EVEN THE DEA SAYS CANNABIS WILL NOT KILL YOU

According to a DEA report by Chief Administrative Law Judge Francis Young when encouraging lawmakers to reschedule cannabis, he said, "Nearly all medicines have toxic, potentially lethal effects... But marijuana is not such a substance" [MariOD 201X].

In his report, he continues to state that the estimated **LD50** in human subjects is 1:20,000 to 1:40,000, meaning that a marijuana user would have to consume 20,000 to 40,000 times as much marijuana that is contained in one typical marijuana cigarette. The smoker would theoretically, "have to consume nearly 1,500 pounds of marijuana within about 15 minutes to induce a lethal response" [MariOD 201X].

But what about a pure concentrated dose of THC fully extracted from the plant? At the maximum dose of THC given to monkeys, 900mg/kg, there were no reported fatalities [PharmacoCan 2004]. This means that a 30-pound monkey (around 18kg) was able to withstand about 16 grams of pure THC. If we extrapolate this to a human model, then an 80kg (175-pound) human may be able to tolerate more than 70 grams of pure THC!

OVERDOSE EFFECTS? CALM DOWN, YOU WILL BE FINE

On a lighter note... having a panic or anxiety attack? Think you might overdose and die? Maybe you smoked too much or had a massive dose of edibles by accident and feel extremely uncomfortable? Always remember this cannabis rhyme that I made up to calm you down:

No matter how high.
You still will not die.

-Me :)

Negating the Effects of the Drug

Oh no, it seems you have smoked too much or eaten too many pot brownies. We know you are not overdosing based on the information that was just stated in the previous section, but now you are feeling anxious and paranoid. Rational thinking is inhibited and the mind is plagued by racing thoughts that are often unpleasant. What can you do?

There are three techniques that I will use to help with unpleasant side effects from excessive high-THC cannabis consumption:

THREE BASIC TECHNIQUES

Deep Breathing – Take long and slow breaths. Three second inhale. Three second hold. Three second exhale. Three second hold. Repeating this over and over has brought me relief from many anxiety inducing experiences, whether drug-related or not. Next, I drink some water. This is more effective if my stomach is relatively empty of food content so the water can be absorbed quickly. My final recommendation would be to eat! Perhaps there is already a sensation of the "munchies" side effect from cannabis (increased appetite). Eating while high has helped me many times to lessen the power of the high.

ADDING CBD?

For another alternative to negate the THC high, if available, you can add CBD to the mix. I mention this separately because it is likely less of an option for the average user who experiences unpleasant THC effects. I first learned of this as an option from watching the BBC Documentary, "Should I Smoke Dope" cited in the *Psychological Effects* section above. Since THC has "psychotic" effects and CBD has "anti-psychotic" effects, if you are able to smoke some high-CBD low-THC cannabis (hemp flower), this might help with mitigating some of the anxiety or paranoia associated with high THC levels.

OTHER DRUGS

In extreme cases, a benzodiazepine, such as alprazolam (Xanax) or clonazepam (Klonopin) can be given with relative safety. Some users may recommend alcohol as it usually has a relaxing effect on the user, but it could increase irrational thinking and lead to a more unenjoyable experience. **CAUTION!** Please be careful taking drugs for the purpose of alleviating the painful effects of another drug.

Addiction and Withdrawal

MY CANNABIS ADDICTION

I have heard daily users say, “Marijuana is not addictive! I can stop whenever I want to!” While this may be true for some, just like any pleasure-producing activity, be it sex, eating, smoking, exercising, or gambling, it can still be addictive. If it feels good, humans tend to want more.

I would say that at some points in my life, I have been addicted to cannabis. It was not to the extent of other drug addictions I read about that were arguably more powerful, such as addiction to opiates or alcohol, but I would definitely make sure that every day I had my drug. I would not let anyone tell me that I had a problem with the drug, even if all I could think about was smoking it. And why would I think it was a problem? I had money in the bank and I had friends. My participation in activities did not wane and I attended school or work promptly.

Over time, there were certain undeniable negative effects that began to build up. The most obvious effect I noticed was that I would not be able to sleep without it. Hours would be spent lying awake at night if I did not have my bedtime smoke. Dreaming was also impossible as a regular user. When it came to daytime hours, I would also feel restless and a little anxious if I did not have my fix. Cannabis immediately quelled any stressful thoughts that I had.

Even worse than effects on sleep quality and anxiety, was the lack of desire to move forward in life. As I continued using cannabis regularly, tasks took longer to complete, motivation was lacking, and procrastination was rampant. Beyond this, my short and long-term memory was greatly impeded, and time seemed to feel as though it was passing quickly. It was like pressing fast-forward: During a timeframe of what felt like two or three days, four or five may have actually gone by. I did not *forget* exactly what happened each day, more that it would take more effort to recall what had happened. With heavy daily use, months passed by in what felt like weeks in a “haze”.

MY WITHDRAWAL

If we say something is addictive, does it have withdrawal effects? Withdrawal effects from THC have been much milder compared to other drug withdrawals I have gone through. Even when I smoked cannabis daily for months, it was still easier to stop that addiction than it was to stop a two-week opioid habit. It may have only been easier because I was never a very heavy cannabis user. My habit may have maxed out at about 1-3 grams of cannabis flower each day, whereas heavy users may smoke 7-10 grams a day, or more.

The dominating withdrawal symptoms I experienced after the full effects of high-THC cannabis subsided were heightened anxiety, irritability, and mild insomnia. Due to my generally calm nature, it was a bit easier to shrug these effects off. Some may say that withdrawing from cannabis decreased their appetite. For me, unlike most users experiencing cannabis withdrawal, I would say it did not decrease my general appetite, but I was definitely less likely to eat to an “over-stuffed” state as I would when I was high on cannabis. Food was also less palatable during withdrawal, which made sense because food tasted extraordinary while I was high.

Other symptoms I noticed were that I seemed to sweat more, whether I was doing non-strenuous activities or heavy exercise. Again, this was logical to me because I would sweat less when I was smoking frequently.

The first few nights after cessation, I can recall clearly how I lied in bed for sometimes two or three hours before falling asleep. My brain seemed to be on overdrive, thinking about anything and everything, keeping me awake for hours. When I did fall asleep, the intensity of dreams I had were sometimes incredibly lucid and overwhelming.

The duration of withdrawal was incredibly short for me. The anxiety, decreased food appreciation, and effects on sleep took about three or four days to stabilize. Craving for the drug persisted for about 10-15 days following last use, but was only a hindrance for the first five or six days. This process was likely helped along by the frequency of physical exercise I was indulging in.

How did I keep off the drug despite having constant urges to use it? I did some reading on cannabis dependence and the ill-effects it can cause. Some simple self-coaching made it easier for me to give up the drug. Celebrating small victories (day-by-day) and reminding myself how much I want to clearly *remember* what happened each day in my life motivated me further. I also liked living life clear-headed and without that haziness to slow me down. I wanted to be successful, and I knew frequent daily cannabis consumption would not allow me to do so.

I caution against the daily and heavy use of cannabis, even though there are others that claim they experience ill-effects of any kind.

WITHDRAWING FROM HEAVY USE

From my observation, what I consider to be the heaviest users are those that smoke THC concentrates such as hash oil or wax. These concentrates can have a 10-20x potency of THC per gram over standard cannabis flower, making it even more addictive and more of a concern when it comes to withdrawal.

Friends have told me they experienced much more powerful withdrawal effects than I am familiar with upon cessation of this type of heavy habit. Severe insomnia, significantly decreased appetite, and borderline anxiety or panic attacks were some of the worst symptoms described. One former heroin addict said that when he stopped using hash oil, the craving for the drug was almost as powerful as it was for opiates when he ceased using heroin.

EXTREMELY HIGH DOSE AND LONG-TERM USAGE OF CANNABIS

Recently, there have been high-level cannabis users that have experienced a rather bizarre sickness: Cannabis Hyperemesis Syndrome (CHS). Defined: “[CHS is a] recently discovered, poorly understood condition theoretically caused by heavy, long-term cannabis use. Its acute ‘hyperemetic’ phase is characterized by vomiting, nausea, severe gastrointestinal discomfort, and compulsive bathing, although it may be preceded by a period of milder symptoms like morning nausea, consistent urges to vomit, and abdominal pain” [LeaflyCHS].

Most casual and even moderate users need not worry. Symptoms are reported to manifest after *years* of chronic use. Fortunately, treatment is easy, and most CHS sufferers can reverse symptoms completely after a short time (usually in days). Cessation of use will usually lead to a complete reversal of symptoms [LeaflyCHS]. This may be very hard for the avid cannabis addict, but the positives of sobriety likely outweigh the negatives of consistent use.

Personal Experiences

For all the below experiences, assume high-THC cannabis was used unless high-CBD, low-THC was specified.

[LIVE] CBD – A SUBLINGUAL EXPERIENCE

A vial of 100mg of CBD concentrate was obtained from a reputable source, said to be active sublingually and when smoked. It was roughly a few drops of liquid per milligram of CBD. Tolerance to all drugs was very low. First time using a cannabis-based product in several months, likely highly sensitive.

T=0 to T+15: I would venture to guess I dosed 8-15mg as a rough estimate. The effects came on lightly and quickly. Within a few minutes there was a rather pleasant sense of well-being. I feel good. At peace. Relaxed, but somehow also lightly stimulated. No feelings of heart rate increasing or edginess. In fact, there are hardly any negative emotions at all. Little things that are nagging at my mind have dissipated.

T+1:00: I had slept very little the last two nights so I was feeling a little edgy and groggy before the experience. The CBD removed these feelings almost entirely. As I write now, nearly an hour after ingestion, I would say I feel like the negative effects of sleep deprivation seem to have been minimized. I don't feel as fully recharged of course, but having the unpleasantness of being poorly-rested taken away, CBD has surely helped make up for the lost ground. There's a positive mood lift. I would not say I feel an inner warmth or glow as one would when high on opiates, neither is there disinterest or apathy as one would find with sedatives like benzodiazepines. Rather there is an awakened motivation. I feel a drive to do things right and improve myself as a person.

T+1:15: I would say I feel a slight buzz, but no intoxicated effects like I would say I feel on a comparable dose mg of THC.

(Six hours after ingestion, effects mostly subsided)

I feel the need to state that although the effects above were profound and surprising, they were very mild. When other individuals have tried sublingual CBD, they admit a range in effect from "little to nothing" up to effects similar to what I felt. This experience was surprisingly enjoyable.

UNCONTROLLABLE LAUGHING

One of the first few times I smoked, I can remember laughing so hard saliva literally fell out of my mouth. The fit of laughter was uncontrollable and there were tears in my eyes! I knew people could get the “giggles”, or little fits of laughter while high, but this was extraordinary. My jaw even hurt after the laughter passed. Going into a fit of laughter has happened a few times since this experience, but never to this intensity, and usually only around trustworthy people when my tolerance was low.

EXPERIENCES WITH ANXIETY/PARANOIA (Long-term use/Addiction)

About a year or so into my cannabis consuming career, smoking began to give me feelings of anxiety. These seemingly started out of nowhere, with no cause to directly pin these feelings too. I had heard cannabis could make people anxious or paranoid, but I never experienced it before. It was a really surreal sensation. I tried ways to make the drug more comfortable for myself. Exercising before smoking usually lessened the anxiety, but I could not exercise every time I wanted to smoke – that would be too much. I had heard taking a break from weed might help, or stopping altogether, but I was a **stoner** and I liked the lifestyle. I did not want to stop, so I just smoked through it. I would smoke less because I did not want that “too high” feeling that consisted about me worrying about what I was doing with my life or any other stressors. One thing that did seem to help was to try different strains of cannabis. Occasionally I would find one that was more enjoyable than other ones and produced less anxiety. Other times I would just mix a bunch of strains together in an attempt to cancel out some of these effects. This had some effectiveness too, but sometimes it made me even higher and more anxious or paranoid! Looking back, it almost amazes me at the lengths I went to just to maintain my status as a daily smoker.

Upon looking this up, I learned that other frequent cannabis users also experienced similar effects. Was it that users just built up a huge sensitization to these negative effects? Not necessarily, no. Other users have used heavily for 10 or more years without the negative effects that I felt. So, what happened? I still do not know. There was nothing particularly scarring or negative going on in my life at the time, that I can recall. What caused this? Was the THC content too high in the cannabis I was smoking? After some research, perhaps this was the answer. However, I theorized that the drug made me dissatisfied with my current position in life over time. The initial fun wore off, and the drug wanted me to get more serious with life. I still do not know what caused this, but fortunately, I only experience anxiety now when taking high doses – something I avoid.

In the end, what really solved the problem was taking a long break from the drug – approximately six months. Now, with a permanently low tolerance, I enjoy the drug much more, with a much lower dose and frequency of use.

TAKING 1-2 SMALL HITS PER WEEK AND NO TOLERANCE

It should be noted that I had not used cannabis for several months before I tried this. These recent experiences with cannabis have been most enjoyable. I had forgotten what it was like to get truly high. Only taking one hit per week makes for a very enjoyable high. I feel euphoric, awake, and motivated. The reason I only need a little hit to achieve desirable effects is likely because of the high-potency strain I have been smoking combined with the lack of tolerance.

One week I tried taking three hits with this minimal tolerance. The effects were far less enjoyable. I experienced anxiety and felt incapacitated for about 20-30 minutes. Motivation was down. The euphoria was there, but masked by a lot of the negative effects. The overall experience was unenjoyable.

At a later date, I tried two consecutive hits. These caused an effect that was somewhere in the middle of the one and three hits just mentioned. The effects were stronger than just taking my preferred single hit, but overall enjoyable, despite slight anxiety. I was mildly intoxicated. It amazes me to think that when I had a high tolerance, I could regularly take 15-20 of the same size hits and not get as high as I felt with no tolerance.

VAPORIZING THE DRUG

What I recall from vaporizing cannabis is that the high is usually more clear-headed. I do not feel as “hazy” as when I smoke a similar quantity. One characteristic that was especially prominent was how the high could sneak up on me. I would be consistently pulling on the vaporizer for several minutes, take a few minutes break, then all of a sudden, I would be extremely high! Changing the temperature on the vaporizer would alter the effects, as different cannabinoids vaporized at different temperatures. For further information, I suggest exploring online.

EATING A CANNABIS BROWNIE

Recalled experience – The day after

It had been years since I have eaten a cannabis brownie. I have a very good personal friend who is notorious for her quality of baked goods – so naturally, I requested a brownie!

She knows me fairly well, and knows that my tolerance to THC was nonexistent (maybe one or two smoked hits of cannabis a month). I was given a brownie, and told to take half. I split it with a friend and helped him move into his apartment that day.

Having only slept a few hours the night before, I was a bit tired. There was a light dose of caffeine involved in the morning. The brownie was consumed around lunch time on an empty stomach.

In about 30 minutes, I was feeling a hint of an effect. A subtle pleasantness throughout my body. Very subtle. The physical act of moving up and down stairs carrying heavy boxes helped give me energy behind the high. If I sat down for a few minutes, I started to feel a little lazy.

Conversation flowed easily. I was extremely talkative! Rambling about this or that, while trying to keep a focused conversation. This could be because I was seeing friends that I have not seen in weeks due to recent travel restrictions, but felt at least partly related to the drugs.

I found myself alone a few times, away from friends because they went to perform other tasks such as driving or moving furniture. My thoughts drifted, and I found myself in a very mild psychedelic headspace. As if I had taken perhaps a 50 ug dose (half a standard tab) of LSD. I had a strong perspective change, and thoughts flowed to past events that troubled me. Thoughts also flowed to current events that troubled me – such as being temporarily out of work. I was able to positively reflect on both past and current troubles, allowing for a feeling of relief and a powerful, beautiful high.

Some alcohol consumption happened, to celebrate moving into a new place. I had a few drinks after the stronger effects of the brownie came over me, which of course caused intoxication, and also diminished the high from cannabis slightly. Smokable cannabis was passed around in a bubbler, and I was hesitant at first since I did not want to get too high, but I took a small hit – and it was tremendously enjoyable. Games were played, laughs were had, a couple more hits were taken, and a comfort was felt that was unfamiliar. Socializing during this time is a rare pleasure, even without drugs.

The munchies were powerful. I ate junk food that I normally would not have! It was extremely satisfying, and I do not regret it. Usually, I would feel a bit slow the next day, from eating unfamiliar food, but I woke up feeling absolutely fantastic. Sleep was restful. Dreams were lucid and intense, but beautiful.

I even feel a slight afterglow, writing this now, recalled from the day prior. Music is enhanced, mood is elevated, and motivation is high. Overall, a very worthwhile experience.

Combining with Other Drugs

GENERAL COMMENTS ABOUT DRUG COMBINATIONS

Cannabis is rather safe to mix with most drugs, meaning that it does not interact with other drugs as dangerously as some other known substances. For instance, when mixing opiates and benzodiazepines, two drugs that depress the heart rate, one could risk falling into a coma or dying. Similarly, mixing cocaine and amphetamines, two drugs that increase heart rate, could cause serious strain on the heart that might result in heart attack or death. From my experience, when taken in doses from low to high, cannabis does not generally seem to increase the risk of death, nor create other ill-effects when safely combined, however, there is the potential for mental discomfort due to a possibility of having a very intense experience. **CAUTION!** Some people will experience extreme anxiety or panic attacks on high doses of cannabis, which can be quite uncomfortable while under the influence of other drugs. It can cause users to behave erratically, so it is worth noting that the user should still dose appropriately.

ALCOHOL

Only at lower doses do I find this combination enjoyable. Perhaps a light smoke before dinner where a couple drinks may be consumed. Higher doses of both drugs can tend to what some call the **spins**. This is a slang term for having an unenjoyable drug experience by mixing cannabis and alcohol. Effects include dizziness, nausea, loss of coordination, and

sedation. For me to get to the level where I am spinning, I probably need to have 6+ **standard drinks** and maybe 3-4 strong hits of cannabis while intolerant. This is such an uncomfortable experience! In my early days of partying, I fell asleep at several parties due to the power of this drug combination.

BENZODIAZEPINES

Please see the *Benzodiazepines* chapter.

CAFFEINE

Please see the *Caffeine* chapter.

KETAMINE

Smoking cannabis while under the influence of ketamine can make for some strange effects. This combination is one of the more difficult ones for me to put into words, possibly because it has been so long since I have indulged. Cannabis (2-3 hits) can add to the detached feeling that ketamine (~50mg) provides. Ketamine can also relax some of the anxiety that comes with cannabis if the user is accustomed to it. In extreme circumstances, the combined effects of the drugs can cause a powerful psychedelic trip, that may or may not be enjoyable, depending on the user's tolerance to either drug. I would not recommend a user to smoke cannabis the first time ketamine is tried, unless they are already quite tolerant to its effects.

MDMA

Please see the *MDMA* chapter.

NICOTINE

I have been a nicotine user (cigarettes and vaporizers) during most of the time that I was a cannabis addict. I thought the drugs paired very well together in terms of relaxation. Smoking a cigarette sober from any substances would sometimes create a restlessness when I finished it. However, if I were high on cannabis, that unrest when finishing a cigarette was rarely there. I am fairly confident that smoking two different drugs simultaneously adds to the negative health effects on the lungs.

OPIOIDS (Heroin, prescription pain-killers)

See the chapter on *Opioids*.

PSYCHEDELIC DRUGS (LSD, mushrooms)

If I am a frequent daily consumer of cannabis, it seems that cannabis can lessen some of the effects of psychedelic drugs. However, I believe the inverse is then true: If I consume cannabis infrequently (not more than a couple times per month) and then proceed to smoke while **tripping** on psychedelics, I find the effects of the trip to be dramatically heightened.

Some of my friends who are regular cannabis users refuse to trip without cannabis, saying that cannabis helps calm the nerves and can also reduce the likelihood of a “**bad trip**”. Some have found the opposite, that smoking cannabis while tripping takes them to this “bad trip” territory. Individual results definitely vary. Having tripped with and without the supplementation of cannabis many times, I find that a psychedelic trip can be enjoyed on its own, or with the use of cannabis. The trip feels different if these drugs are mixed together, but the trip is also easier to recall without the use of cannabis or other drugs.

For some, the experience of smoking cannabis can be different after a powerful trip. Some people report that using the drug now makes them paranoid or anxious when it never did before, while others report enjoying cannabis more than before they tripped. It depends on the person and the type of trip that was had, but this does not seem to be as uncommon of an effect as I had originally thought after conversing with some friends.

STIMULANTS (AMPHETAMINES AND COCAINE)

Personally, this combination seems to lessen the unpleasant side effects produced by these various stimulants.

Occasionally when I take amphetamines like Adderall or other amphetamine-like drugs, my heart rate increases and I experience sweating. My body feels a bit tense and I experience brief bouts of anxiety. Cannabis helps lessen all of these side effects, making for a far more enjoyable high. Sometimes I even feel as though smoking cannabis boosts some of the effects of stimulant drugs, but others have disagreed with me.

Consequently, stimulants mitigate the relaxing effect of cannabis, however, I believe if someone is using stimulants and cannabis in conjunction, they are more likely desiring the effects of the stimulant over the effects of the cannabis.

SUGAR

Please see the *Sugar* chapter.

Personal Opinion

MY FAVORITE

There will definitely be a stronger bias in favor of this drug, as I have often considered it my favorite. People always look at me incredulously when I tell them this: “You tried over 100 different drugs, and your favorite is weed!?”

Cannabis makes my body feel relaxed when it is tense or uncomfortable. It makes my mind feel calm when it is feeling unease. It makes me feel like I can breathe deeper and excel at physical activity. Sometimes, it even brings me confidence and motivation where it is lacking.

As long as I keep my use of cannabis sparing (perhaps no more than once a week), I seem to derive all these benefits. This is only if I ingest a reasonable amount of the drug. If I consume too much THC from high-THC cannabis, I experience almost the opposite of all the aforementioned positive effects. High-CBD, low-THC cannabis is usually preferable for me if I am looking to derive stable effects. The subtle alteration of consciousness is usually not serving as an impediment.

A high-THC strain is welcome occasionally for the purpose of a mild psychedelic trip!

IT IS UNLIKELY YOU ARE SMOKING “LACED” CANNABIS

In the beginning when I began to smoke cannabis, I had people caution me about getting “laced” cannabis, meaning it was **cut** with other drugs. In other words, it was insinuated that cannabis could have other materials or drugs hidden inside to either increase potency, make the buyer become addicted to some drug, or make a quicker profit. There may be other reasons why a dealer could lace cannabis, but these seem to be the most common. In other drugs, such as cocaine or heroin, which tend to come powdered, it is much easier to hide other substances discreetly such as baking soda, sugar, or other drugs. Cannabis is harder to hide other materials in due to its unique appearance, different from most other commonly used drugs.

Since other drugs could arguably be more expensive than cannabis, it only adds to the unlikelihood that your product was cut. In rare cases, drug dealers will actually tell users that their product is cut and try to sell the cannabis for a higher value, depending on their clientele.

In some instances, rather inexperienced users have smoked really potent cannabis (too high of THC) and experienced uncomfortable side effects. These could include paranoia, anxiety, dissociation, confusion, forgetfulness, panic attacks, or accelerated heartrate. It is worth noting that THC alone can cause these effects, but unexpecting users may try to blame an additional drug or chemical as a lacing agent, when in reality it is just too high a dose of THC for the user with low tolerance.

CANNABIS AS AN ESCAPE

Out of the “popular drugs”, I.e. opioids, cocaine, or benzodiazepines there is less of a tendency towards escapist thoughts with cannabis. Perhaps I think this now because I am at a point in my life where I am more driven and motivated than I used to be. I have used cannabis as an escape before (see the *Addiction and Withdrawal* section earlier in this chapter), but I always felt like I would be able to stop at any time. When using other drugs as an escape, such as benzodiazepines or opioids, I would not want to stop – and that is where I feel the difference is.

CANNABIS LEGALIZATION

As time progresses, it seems that more and more states in my country are legalizing cannabis for recreational use. This is something that I never would have imagined. On my last trip to California, I passed by a dispensary. I was in awe – how could a place exist that lets you buy this drug? Naturally, I bought some and was not disappointed. It was so liberating to be able to smoke cannabis that was legally purchased in a state where it could legally be consumed.

I still experience frustration with cannabis as a Schedule I drug, because by definition, the drug has no approved medical use. Many countries throughout the world no longer see the drug this way. There are scientific papers published that clearly indicate that cannabis has medical benefits, but still the drug remains Schedule I, on the same level as MDMA, LSD, and heroin. Alcohol, which has been proven over and over to be more harmful is still legal, but cannabis is not. My

hope that by the time this book is published, we will be one step closer to legalization in the United States, and eventually – the world.

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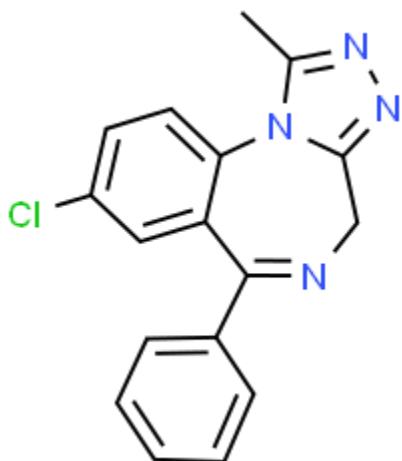
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Benzodiazepines (Ativan, Valium, Xanax)



This is an alprazolam (Xanax) molecule, next to varying doses of prescription alprazolam.

Benzodiazepines are a more recent class of anxiolytic tranquilizer drugs that help mitigate anxiety and induce sleep. They are available by prescription, but some doctors are becoming more hesitant to prescribe them as they have a greater risk of dependence. Benzodiazepines are usually prescribed on an as-needed basis or for short-term treatment (perhaps a few weeks), however, some doctors prescribe these drugs on a long-term basis – sometimes for years consistently.

Slang (for Xanax): Bars, Footballs, Z-bars, Sticks, Xans

Slang (for Chlonazepam): K-pins

Reagent Kits - Alprazolam



In all three, virtually no reaction. Mandelin is yellow by default, and the Mecke showing black/grey may be a slight reaction or it is picking up on pill fillers.

Drugs Covered in this Chapter:

Alprazolam (Xanax) - [Slang: Zannies, Z-bars, Bars, Sticks, Nax, Zans, Footballs, Hulks (green pills)] - Likely the most commonly known benzodiazepine, it acts fairly rapidly with moderate strength.

Chlordiazepoxide (Librium) - The first benzodiazepine. To my knowledge, the only drug of its class not to end in -zolam or -azepam. It is sometimes given when alcoholics are withdrawing from alcohol.

Clonazepam (Klonopin) - [Slang: Klonnies, K-pins, Klonz] - This seems to be prescribed more often to treat anxiety related disorders for daily use as opposed to alprazolam. It is slightly longer acting than alprazolam.

Diazepam (Valium) - [Slang: "Mother's Little helper", V, Val] - The second benzodiazepine ever created. Comparatively long acting, and popular in the 1960's and 1970's. It is still available today, though it seems to be prescribed more rarely than other more recently developed benzodiazepines.

Lorazepam (Ativan) - A very rapid-acting benzodiazepine, usually prescribed for panic attacks.

Temazepam (Restoril) - A long acting benzodiazepine, most often prescribed for sleep. It is fairly uncommon

Etizolam (Etilaam) - [Slang: Etiz, Etizzy, E] - Etizolam is technically a thienodiazepine, a close chemical cousin to benzodiazepines, similar in effect, and not available by prescription in most countries. It gained popularity in online communities where it could be purchased on the internet with questionable legality.

Non-benzodiazepine sedatives:

Zolpidem (Ambien) - Ambien is usually prescribed to treat insomnia. Some users will force themselves to stay awake after taking the drug, allowing for recreational hallucinatory effects.

Eszopiclone (Lunesta) - Another drug that is prescribed for insomnia. It does not seem to be as potent as a roughly equivalent dose of Ambien, and may have more of a recreational effect.

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BEFORE TAKING THE DRUG

LOW DOSE – NO TOLERANCE (.25-.5 mg)

LOW DOSE TAKEN REGULARLY AS PRESCRIBED (~0.25-0.5mg, daily)

MODERATE DOSE – NO TOLERANCE (0.5-1mg)

HIGH DOSE – NO TOLERANCE (2mg+)

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HIGH TOLERANCE ADDICTION – WITHDRAWAL CAN KILL

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CLONAZEPAM – JUST A RANDOM DAY (1mg)

DIAZEPAM – UNMEMORABLE (10mg?)

ALPRAZOLAM AS A DRUG TO MITIGATE THE STRESS OF A POWERFUL PSYCHEDELIC TRIP

COMBINED WITH ALCOHOL – AND NEXT DAY EFFECTS

ZOLPIDEM (AMBIEN) – TAKEN WITH INTENT TO STAY AWAKE AND HALLUCINATE (20-30mg)

ESZOPICLOL (LUNESTA) - AS A RECREATIONAL DRUG, NOT FOR SLEEP (Oral, 3mg)

Combining with Other Drugs

[X] ALCOHOL

[O] AMPHETAMINES

- [O] CAFFEINE
- [O] CANNABIS
- [X] COCAINE
- [X] KETAMINE
- [X] LSD
- [X] MDMA
- [O] NICOTINE
- [O] OPIOIDS
- [O] SUGAR

Personal Opinion

MY PROBLEM

THE PROBLEM WITH USING BENZODIAZEPINES FOR ANXIETY

BENZODIAZEPINES CAUSE ANXIETY

PRESSING FAST-FORWARD ON LIFE

POTENTIAL USES FOR BENZODIAZEPINES

Sources

Introduction

CAREFREE AND PEACEFUL RELAXATION...

Deep relaxation, relief of stress, and a pleasant way to go to sleep. All of this sounds wonderful, does it not? These are just some of the feelings that users report from benzodiazepine drugs such as Xanax or Valium. For many who live a high-stress lifestyle while also having a poor sleep schedule, these drugs may sound like a blessing. Unfortunately, I will tell you now - this is most certainly one of those "too good to be true" situations.

...OR POTENTIAL CONSEQUENCES?

Effects of benzodiazepines are far from being completely positive, as there are some quite profound consequences to even occasional use. Probably the most inhibiting is the effect it has on memory. When taken infrequently and at low doses, this effect is not quite apparent. However, should there be a build of tolerance due to frequent use and an increase in dose, this effect becomes quite apparent. The events that transpire during benzodiazepine drug experiences will be hazy, causing a user to think very hard about what may or may not have happened. High doses cause **black outs** – complete lapses in memory with no recollection of any events. The passing of time can also appear to happen alarmingly quick. Weeks can pass in what feels like days.

In addition to mitigating anxiety, which is one of the dominant reasons many individuals turn to this drug, there seems to be a mitigation of all emotions. While this drug makes me less anxious, angry, or upset, I also do not exactly feel happy or good-spirited. There is a general blunting of all emotions.

Arguably the worst aspect of this drug is its ability to cause **addiction**. Despite the **DEA** in the United States **scheduling** benzodiazepines as **Schedule IV** (one of the lowest rankings, least dangerous, available), supposedly having a low potential for abuse or dependence, I have personally witnessed some very extreme benzodiazepine addictions that were born out of a legitimate prescription from a doctor. What is worse, is that the **withdrawal** from these drugs can persist for weeks or months in extreme situations, and can be frightening to witness. Following long-term high-dose use, benzodiazepine withdrawal is one of the only drug withdrawals that can be lethal.

A CASUAL APPROACH TO THESE DRUGS

Even considering these negative effects and risks, compared with other prescription drugs, there seems to be a more casual approach to benzodiazepines. I have seen it multiple times, in a group of friends or on a television show, when someone is being a little bit anxious or displaying unnecessary agitation, friends may joke, "I think you need a Xanax!" This is undermining the potentially destructive nature of these drugs. It is equating a bout of anxiety with a quick fix, and even if that individual does not take a Xanax, it certainly plants a thought in their mind and the minds of those around them.

BENZODIAZEPINES IN POPULAR CULTURE

Benzodiazepine use goes further than the occasional mention on television. They have been mentioned in popular movies like The Wolf of Wall Street, American Psycho, and the most recent Rambo: Last Blood. As early as 1966, benzodiazepines have been mentioned in music beginning with The Rolling Stones recording “Mother’s Little Helper” referencing Valium and the potential to overdose on the drug. In modern day music, rather than cautioning against use, this class of drugs seems to be more glorified. In the song “Sicko Mode” by popular music artists Drake and Travis Scott, we hear Drake rap the lyric, “I did half a Xan, 13 hours ‘til I land, had me out like a light”. This referencing the sedative power of the drug, and how helpful it can be to get to sleep. This song has over 750,000,000 views on YouTube, undoubtedly having had an influence on at least a few listeners.

IS THERE A PROBLEM?

Taking all this into consideration, are these drugs problematic? Benzodiazepine use is seemingly on the rise, with a 67% increase in prescriptions in the United States from 1996 – 2013 (most recent data) [Vice]. This increase is likely because it seems that people are more anxious now than ever before. About 40 million adults, or 18% of the United States population, is suffering from some form of an anxiety disorder [ADAA]. With some news sites calling benzodiazepines a type of new opioid epidemic,

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It is more important now than ever before that people understand what these drugs can do before taking them.

RELATIVE EQUIVALENCY OF VARIOUS BENZODIAZEPINES

As there are many different benzodiazepines, I provide a rough equivalency list to give a frame of reference between different drugs in this class. It is only a rough approximation. Keep in mind the short versus long-acting potential. Long-acting benzodiazepines will appear weaker at equivalent doses, but have a longer duration of effect.

0.5mg Alprazolam (Short-acting)
10mg of Diazepam (Long-acting)
5mg Bromazepam (Long-acting)
0.5mg Clonazepam (Medium-acting)
1mg Lorazepam (Very Short-acting)
20mgs Oxazepam (Long-acting)
20mgs of Temazepam (Long-acting)

The source I used also added drugs that have a similar benzodiazepine-like effect to the equivalency list such as the sleeping pills:

20mg Zolpidem (Ambien) - I personally think 10mg of Ambien is more appropriate.
3mgs Eszopiclone (Lunesta)

Estimated equivalencies were found at [BenzEqui 2007]. Potential duration of action was summoned from memory and experiences witnessed.

According to the World Health Organization, etizolam at 0.5mg is roughly equal to 0.5mg of alprazolam [WHOEtiz 2015]. From my experience, 0.5mg of alprazolam is closer to 1mg of etizolam, but I have noticed different users respond differently.

Alprazolam doses and descriptions will be used throughout the majority of this chapter as it is the most common drug of the benzodiazepine class and I am the most familiar with its effects compared to other benzodiazepines.

PURE POWDERED BENZODIAZEPINES

CAUTION! In some instances, individuals have come across pure powdered forms of benzodiazepines (usually on the internet). In the case of alprazolam, this is not a pill of Xanax crushed up into powder, but the actual active drug, alprazolam, in pure form without any fillers, before it is made into a pill. This may be more cost effective if it is found, but it is also vastly more dangerous.

It is very hard to eyeball exactly what a pure 2mg dosage of alprazolam might be in powdered form and most milligram scales cannot accurately measure it. To give some frame of reference, if a clump of powdered alprazolam the size of the tip of a match stick was sitting before you, it could be approximately 20mgs or more (10 Xanax bars) depending on purity. The drug in this form is not to be taken lightly, as an individual doing a “taste test” might find themselves unconscious for hours as just a little bit of the drug on the tip of the finger could be potent enough to be worth several milligrams of

alprazolam. Use of **volumetric** dosing can be very valuable in this instance. See the chapters in *PART II – Safety* for more information about volumetric dosing.

TEST THE DRUG

CAUTION! Just because it looks like a legitimate prescription pill, does not mean it was made in a legitimate lab! Please refer to the *Safety Part 1: FAQs* chapter, Q2 for information about testing the drug to make sure it is indeed a benzodiazepine. Unfortunately, many **reagent kits** do not pick up on benzodiazepines, but some can indicate the presence of other drugs, such as **fentanyl**. There are drug dealers that own **pill presses** that allow them to make custom pills with whatever drugs they desire which look exactly like traditional benzodiazepine drugs, most commonly Xanax “footballs” and bars. According to the test, at the beginning of this chapter, there is no reaction with the three major kits, which is typical for alprazolam, and a good indicator that there are no active **cuts**.

History

THE PRIMARY TREATMENT OPTIONS FOR ANXIETY BEFORE BENZODIAZEPINES

There were several treatments for anxiety related disorders before benzodiazepines: initially paraldehyde, chloral hydrate, the bromides, finally culminating in barbiturates. And from the 1920's until the mid 1950's, barbiturates were practically the only tools used in the treatment of anxiety [HistAnxiol 2011].

THE FIRST BENZODIAZEPINES

Leo H. Sternbach (1908-2005) could be accredited as having synthesized and introduced the first benzodiazepines, including chlordiazepoxide and diazepam. He had first begun research as a Polish chemist in the 1930's and 40's, but with the Nazi's anti-Semitic persecution, he was forced to move to the United States where he continued his chemical research. He stumbled upon chlordiazepoxide allegedly by chance, having used a different compound than originally intended in the final stages of the reaction [HistAnxiol 2011].

The 1950's and 1960's were significant decades for the treatment and recognition of anxiety related disorders. With the publication of the first edition Diagnostic and Statistical Manual for mental Disorders (DSM-I) in 1952, and the introduction of the drug chlordiazepoxide in 1960, prescriptions of the drug took off. This lead the anxiolytic class of drugs to being the most widely prescribed in the world [HistAnxiol 2011].

Advertisement for Chlordiazepoxide in the early 1960's [HistAnxiol 2011].



APPROVAL OF XANAX

A patent was filed for the approval of alprazolam in 1969, and by 1981, it gained FDA approval as a Schedule IV drug where it has remained. Because alprazolam was fast-acting, it was the first benzodiazepine to be approved for panic disorder in 1990 [XanProve].

THE RISE OF ETIZOLAM

A more recent compound, Etizolam, has become available to obtain online "for research purposes only" since around 2009. It was not "illegal" in the United States, and thus was available online from many sources as long as the intention of the purchaser was not for "human consumption". Despite this, the drug has been legal in other countries and is prescribed for anxiety related conditions. This is a more recent addiction to benzodiazepine-like drugs.

Legal Status

BENZODIAZEPINES ARE LEGAL – BY PRESCRIPTION

Benzodiazepines are prescribed in many countries, and thus if you have a legitimate prescription from a doctor, whether or not the doctor that prescribed the drugs is legitimate, then they are legal to possess. From here, people may sell their prescription pills to various individuals, which would then be illegal.

LEGAL STATUS

Benzodiazepines are currently Schedule IV in the United States, meaning they have a low risk of dependence and low potential for abuse, which I find laughable, in the darkest possible way. They have accepted medical use [DEADFBenzo]. Benzodiazepines are Schedule IV in Canada as well, and in the UK, they are Class C. Internationally, they are Schedule IV drugs with

AVAILABLE WITHOUT A PRESCRIPTION?

In some countries such as Mexico or India, it is supposed to be available by prescription, but can be available in some pharmacies without a prescription. Friends of mine who went on a recent trip to Mexico said that the drug was no longer easy to come across this way and that obtaining the drug through this manner was more popular several years ago (2017 and earlier).

Route of Administration

ORALLY

Benzodiazepines are typically taken as prescribed: orally. The greater the contents of food in the stomach, the longer it can take the drug to absorb. On an empty stomach, the initial effects of a short-acting benzodiazepine, such as alprazolam, can usually be felt in about five to fifteen minutes.

Duration for an intolerant user on an empty stomach versus a [full stomach] with alprazolam, approximate dose: 0.5-1mg
Come-Up: 10-30 [30-60] minutes (occasionally longer depending on just how full the stomach is)

Main Effects: 4-6 [5-7] hours **Peak @ + ~20-40 [40-80] minutes after dose**

Come-Down: 3-7 [3-7] hours.

In some cases, trace residual sedative effects can be felt long into the next day. Having food in the stomach will weaken the effects, but can also draw them out.

INSUFFLATION

I often hear of users who insufflate benzodiazepines, but since benzodiazepines are **fat soluble**, it is inefficient to insufflate them, as the membranes in the nasal cavity are more conducive to having **water soluble** drugs pass through. This is not to say that snorting benzodiazepine drugs like alprazolam would be completely ineffective, and indeed some of the drug will make it into the brain this way, but it would be shorter in duration and less potent. If a faster onset is desired, I would advise to take the drug via the sublingual route, if the user can get past the foul taste.

BUCCAL/SUBLINGUAL

If I want a slightly more rapid onset of effect over oral administration, I will take benzodiazepines this way. There are benzodiazepines that are actually formulated for this particular RoA, but if you try to take a standard alprazolam pill meant for oral absorption, it will still be effective, it is just that the taste is absolutely FOUL. I try to leave the pill between my gums or cheek so it is further from my taste buds. Leaving the pill to dissolve under the tongue is a much more difficult task to accomplish. From my understanding, this is the most useful method to quickly absorb as much of the drug as possible if the stomach is full.

Duration in an intolerant user with alprazolam for buccal administration, approximate dose .5-1mg

Come-Up: 5-20 minutes

Main Effects: 3-5 hours **Peak @ + ~10-30 minutes after dose**

Comedown: 3-7 hours. In some cases, trace residual sedative effects can be felt long into the next day

Duration of Effect

COME-UP

Compared with other drugs, the come up is rather smooth. The body is gently eased into anxiolysis. For the unfamiliar user, in rare circumstances, this abrupt change in consciousness can actually cause a brief rise in anxiety, but this will fade as the peak effects take hold.

MAIN EFFECTS AND PEAK

When the peak has hit, the anxiety relief is most pronounced. This will persist for several hours, unlike other drugs where once the peak is reached, many of the positive effects subside. Any perceptible euphoria from benzodiazepines will fall rapidly once the peak is reached. Many users, such as myself, do not achieve a euphoric state when under the influence of the drug.

COMEDOWN

The drug will generally bring the user back to baseline quite smoothly and gently. If use is infrequent, even amongst users with mildly addictive tendencies, there is little desire for repeat dosing. Although the effects of the drug may feel absent, there is likely still an imperceptible relief of anxiety which lingers for the duration of the after effects.

HANGOVER

With infrequent use, there is no real hangover to speak of. Perhaps if the drug was taken late at night, there may be some grogginess and general laziness upon waking, but it is usually not unenjoyable.

AFTERGLOW

Afterglow effects are hardly present with this class of drugs. I suppose a user could try to take away the feelings of relaxation felt while under the influence, and apply them to their life when not taking the drug. Sometimes, just knowing that it is possible to not feel anxiety through drug use, can help teach an individual how to better handle anxiety without the user of drugs.

Dose Comparison

All the described effects will be attributed to alprazolam unless otherwise specified, as this is the most common drug of this class and I am most accustomed to its effects. Most other benzodiazepines exhibit similar traits, just with different durations of effect. For a list of equivalent doses to other benzodiazepines, please see the end of the *Introduction*.

BEFORE TAKING THE DRUG

I believe it is always important to plan ahead, *especially* when dealing with drugs like benzodiazepines. Knowing that low doses are prescribed for daily anxiety, it may make the user feel as though there will be no effect on life after the effects wear off. This is not necessarily true. The memory impeding effects with a moderate dose can last into the next day. If there is studying to be done, or special memories to create, avoid taking the drug before the event, and sometimes even the night before. If prone to oversleeping, take a very low dose, take the drug early, or do not take it at all, as benzodiazepines can have very strong sedative powers. If prone to addiction, make sure you have *only* as much as you want to take, before it is taken. Have a friend save the rest of the drug, as benzodiazepines can cause users to compulsively redose.

LOW DOSE – NO TOLERANCE (.25-.5 mg)

Those who take this class of drugs as prescribed, at a low dose on an “as needed” basis, will likely suffer the least consequences. There will be a mild sense of relaxation, and perhaps an overall sense of well-being. Stress and anxiety will diminish slightly. Memory is not heavily impeded. **Emotional blunting** is not as prominent. As soon as “as needed” turns into a daily basis, difficult negative side effects may arise even from a dose this low.

LOW DOSE TAKEN REGULARLY AS PRESCRIBED (~0.25-0.5mg, daily)

As the drugs build up in the body, relaxation can persist throughout the day. Stress and anxiety levels are down, however, mild emotional blunting begins after some time after consistent use. Craving may develop in users more prone to addiction. Time may seem to move faster. It is generally recommended not to take this class of drugs for longer than a few weeks on a consistent basis.

There are some who question whether taking their prescribed dose of benzodiazepines will result in addiction or dependence after taking it for a period of time. The simple answer is – it *is* possible. How long does it take? There is some debate about this. I have known someone personally to take 0.5mg of clonazepam a day for a couple months, who said she felt no **rebound** anxiety (small withdrawal) upon cessation. I also know someone who was given a two-week alprazolam prescription who had pretty substantial rebound anxiety after the prescription ended. The real danger is when prescriptions are continuously written for consecutive months with the potential for increasing dose levels and severe tolerance build.

MODERATE DOSE – NO TOLERANCE (0.5-1mg)

This class of drugs is excellent for taking away anxiety. Unfortunately, as was stated in the *Introduction*, these drugs also seem to rob the user from many other emotions as well. It is hard to feel thoroughly content, happy, or pleased when there are hardly any feelings to describe. Emotional blunting is far more noticeable at this dose. Time will feel like it is moving slightly faster. Decision making may be impaired slightly. Sedation is possible.

HIGH DOSE – NO TOLERANCE (2mg+)

CAUTION! I highly advise to avoid this dose if you are intolerant! A full Xanax bar (2mg) will cause significantly impaired memory, both short-term and long-term, from the time the drug is initially felt, until after the main effects wear off. Of course, there is no anxiety present, but emotional blunting of other feelings is extreme as well. Decision making is impaired at this level. Driving should not be attempted. Having even one alcoholic drink at this dose can cause a user to behave even more irrationally or blackout, completely forgetting the entire experience. Unlike the above duration of effect for a moderate dose (about 6-10 hours start to finish), a high dose will extend the effect sometimes well over twelve hours. Sedation is strong and noticeable shortly after taking the drug. Some users may lay down for a “nap” and end up sleeping for ten or more hours. Users will also often wakeup from sleeping still feeling groggy and potentially disoriented or intoxicated. Time will feel as though it is moving much faster. Avoid.

Physiological Effects

APPETITE AND DIGESTION

I had thought it was placebo at first, but after consulting with friends who experienced something similar, it seems that benzodiazepines increase appetite! I get a *very* mild form of “**munchies**” similar to those observed on cannabis. I will not eat nearly as much as I would while high on cannabis, but it definitely seems to feel as though there is more room in my stomach. Digestion seems to be smoother, even with foods that do not digest as well. Indeed, sometimes benzodiazepines are prescribed to enhance digestion.

NAUSEA AND VOMITING

I have not personally known anyone to develop nausea while taking this class of drugs. In fact, nausea is usually diminished with a low to moderate dose. If I have a mild stomachache, it is usually relaxed by taking these drugs. Vomiting is even less likely from my experience, again due to the stomach-settling effects of the substance.

RESPIRATION

With low to moderate doses, my breathing does not seem to be impacted. At higher doses, my breathing rate may be slowed, but it is difficult to notice. For those who are combining benzodiazepines with other sedative or tranquilizing drugs, such as opioids or barbiturates which can also slow breathing, **CAUTION** it is respiratory depression that can most often lead to overdose. Please be careful if making the decision to combine these classes of drugs together!

CARDIAC

My heartrate will slow slightly with low to moderate doses. Heartrate depression is more noticeable at higher doses and can be dangerous when combined with other drugs which slow heartrate.

URINATION

This class of drugs seems to increase the ease of urination. Whether this effect is because the drug is relaxing the body or by some other mechanism of action, I am uncertain.

DEFECATION

A friend of mine has recommended benzodiazepines if there is constipation. She was given an uncommon benzodiazepine drug as a prescription to treat constipation associated with Crohn's Disease and other digestive disorders she had. I was told that these drugs will relax the intestines and make it easier for feces to move through comfortably.

EXERCISE

Out of the drugs mentioned in this book, I believe benzodiazepines are more agreeable for combination with exercise than many of the other options. **CAUTION!** This is my personal opinion of course. Exercising while under the influence of drugs can be dangerous – be careful! While running, it seems my body feels more relaxed and I am more easily able to keep a solid pace without tiring. The sedative powers of these drugs disappear, and there is an almost energized sensation. Moderate to high doses will of course lower motivation to exercise, and can increase danger of self-harm if exercise is attempted.

Psychological Effects

ANXIOLYTIC PROPERTIES – EMOTIONAL BLUNTING

As was stated earlier, this is the likely effect that is desired when people consume this class of drugs. I believe that the majority of people do not like feeling anxious, which makes this class of drugs more seductive. Benzodiazepines can effectively eliminate anxiety. In the same vein, while these drugs may seemingly diminish negative emotions, positive emotions are also limited as well. Happiness, joy, and general pleasure can decrease in value.

SEDATION

The next most popular reason people desire this drug is likely for its sedative qualities. Especially in intolerant users, this drug will cause drowsiness, even at low doses. Moderate to high doses can cause a user to sleep for many hours. For me, I usually sleep six to seven hours a night, but when taking a moderate dose of benzodiazepines, I will sleep between eight and nine hours. Even if a loud alarm goes off in the morning, it may not actually awaken me.

SOCIALITY

A low dose of this drug can increase sociability and talkativeness. A user may feel more extroverted, so it can be easy to open up to others and have conversations with those they are unfamiliar with. Some users will take this drug for the purpose of reducing social anxiety. However, taking a high dose can cause a user to be a bit more distant, even though they might not have reservations about communication. Following conversations can be more difficult at this dose, and even give the impression of being introverted.

DECISION MAKING

This drug can have a strong impact on the ability to make decisions, such as whether or not to drive while under the influence, or if having sex with a stranger is a good idea. Benzodiazepines can inhibit rational thinking to such an extreme, that upon reflecting on what was done the night before (if I was lucky enough to remember), the question can arise, "What was I thinking?" Try to avoid being in this position as much as possible. Plan your night before you go out and set limits and *stick to them*. In some extremes of blackouts, people may act very unlike themselves. I have known users to steal from stores, hurt themselves or others, drive into some far-off location, or unintentionally kill themselves.

AWARENESS

Awareness of surroundings will typically decrease. This could lead to dangerous circumstances, such as a stove being left on while cooking or not seeing a stop sign while driving. Awareness of the feelings of others also seems to decrease. Users who may typically perceive sadness, concern, or displeasure in others may no longer be able to observe these effects when under the influence. I believe benzodiazepines to be a more self-centered drug compared with other drugs like cannabis or LSD.

MOTIVATION

Going hand-in-hand with the reduction of anxiety, these drugs can seemingly rob a user of the motivation to complete tasks, especially when taken on any kind of regular basis. As anxiety can be caused by a lack of motivation, it seems as

though taking benzodiazepines can cause a vicious cycle where more anxiety can be created in the absence of the drug due to a decrease in motivation.

FOCUS AND ATTENTION

With very low doses (0.25-0.5mg), there may be a slight increase in focus, if the desire exists to pursue a focused task. It is as if the drug can calm racing thoughts that may be otherwise lingering in the background which prevent constant focus. Sometimes, after waking up from a night of benzodiazepine-induced sleep, I will seem to function with greater focus. Higher doses will cause an ADD-like reaction where it will become more difficult to focus on a task.

MEMORY

I find that one of the most vulnerable and frightening circumstances a person can be in is where they are physically conscious but mentally unconscious. From what I have seen, there is no other drug more capable of inducing this state than benzodiazepine drugs. As stated in the *Dose Comparison* section above, with infrequent and low doses, the memory impeding effects are not as perceptible. When the dose grows past 2mg in an intolerant user, memory begins to get hazy. Time will seemingly move faster, and reflecting on a past day's events when the drug was used may be difficult. If the drug is taken on a regular basis, these amnesic effects will only grow in strength. There are some users who were addicted that will say weeks of their life went by in a blur, and they are not able to recall much of anything.

SEXUAL

As the senses do not seem to be heightened, there is not a marked increase in sexual pleasure. Any anxieties or nerves which some may have before sex will evaporate making the experience easier. Orgasm does not seem any more profound than when sober. As decision making is inhibited, a user may find themselves participating in sexual activity with someone they otherwise would not have while sober. Please be aware that this is a possible side effect.

SLEEP QUALITY AND DREAMING

Benzodiazepines can seemingly induce a relaxing sleep. If they are taken infrequently, and at a low dose, it can provide a well-rested effect upon waking in the morning. From my experimentation, tracking on my Fitbit, it seems that alprazolam will increase the amount of deep sleep *and* REM sleep – which seems to be a good thing. I had previously thought that the drug was only physically restful, making it easier to sleep deeply, so seeing an increase in average REM sleep was shocking for me. Indeed, sometimes I feel a bit replenished after a small dose before bed, but taking a moderate to high dose will likely cause an almost hangover-like effect of grogginess that can persist for hours into the next day. Of course, my FitBit could simply be reading my heartrate incorrectly, and I am not in REM sleep at all.

TOLERANCE

Tolerance to this class of drugs is truly remarkable. Fortunately, I do not have much experience with tolerance myself, but I have witnessed it. I once knew someone who was on a 20-30 Xanax bar (40-60mg alprazolam) daily habit! Apparently, the drug had no anxiolytic effect at this level, and he was just taking it to avoid withdrawal.

This is an extreme example. I have had other users tell me that when taken as prescribed, starting at perhaps 0.25mg a day, tolerance began to build after several weeks. The doctor then increased the dose to 0.5mg a day so a similar effect can be derived. **CAUTION!** Increasing the dose over time will likely lead to dependence which could result in withdrawal upon cessation of use!

Comparison to Similar Drugs

AMBIEN VERSUS XANAX

While zolpidem (Ambien) did make me tired and ease me into sleep, I would wake up feeling a bit groggy on a 10mg dose (standard pill). A dose of 5mg produced less of this hangover effect, but it did seem that minor grogginess was still noticeable for a few hours. Sometimes, I would wake up feeling refreshed, but admittedly, I was not often taking zolpidem with the intention of getting a good night of sleep. I know the drug to have a negative impact on REM sleep, so while the user may find themselves getting a restful sleep of the body, the mind is not recovering in the way that it needs to comparably with a night of sober sleep.

It does work to put a person to sleep, but side by side with benzodiazepines like alprazolam, I think the alprazolam (at about .5mg) might be a more effective sleep aid, allowing me to wake up feeling refreshed and more productive. If I go

above 1mg of alprazolam, I am greeted with the familiar grogginess that zolpidem provides. I should also mention that some friends feel the exact opposite: that zolpidem is a better sleep-aid than alprazolam.

LUNESTA VERSUS XANAX

Eszopiclone has a more recreational effect rather than producing sedation from my experience. There is a benzodiazepine-like buzz, possibly even more euphoric, and decreased inhibitions. There is almost a mild drunken intoxication that takes hold, and I remember I did not want to lay down because I enjoyed the feeling. I believe that when I fell asleep on an average dose (3mg), I awoke slightly groggy in the morning, but it was not unpleasant.

BENADRYL VERSUS XANAX

Diphenhydramine (Benadryl) is a popular OTC anti-histamine. It is an active ingredient in many sleeping medications due to its sedative powers. The usual recommended dose is two pills (50mg) for an adult human, however, taking just one can provide relief of anxiety similar to that of alprazolam. The sedation is still present, but not as powerful. If a user derives euphoria from alprazolam, they may also get similar effects from diphenhydramine. **CAUTION!** Please do not mix these drugs, as the sedation can compound, leading to potentially dangerous side effects.

MITIGATING OPIOID WITHDRAWALS

CAUTION! It is dangerous to try to wean off of an addiction to one drug with another drug. The intervention of a medical professional is advised. Despite this warning, after a two-week binge on U-47700 (a fully synthetic short-acting opioid), I was experiencing mild opioid withdrawal symptoms! As I had never withdrawn from opioids before, the feeling was certainly uncomfortable. It would take another week to get any more U-47700, and I was not about to find any other opioids on the street because I never trusted them. I found a friend to supply alprazolam, and taking low doses of the drug throughout the day made opioid withdrawal bearable. The restlessness, anxiety, perspiration, and irritability were lessened to about 20% of what they were when the symptoms were most severe. More importantly, the craving for opioids was nearly non-existent! I maintained the use of alprazolam for several days before I reached baseline with regards to opioid withdrawal. No cravings followed.

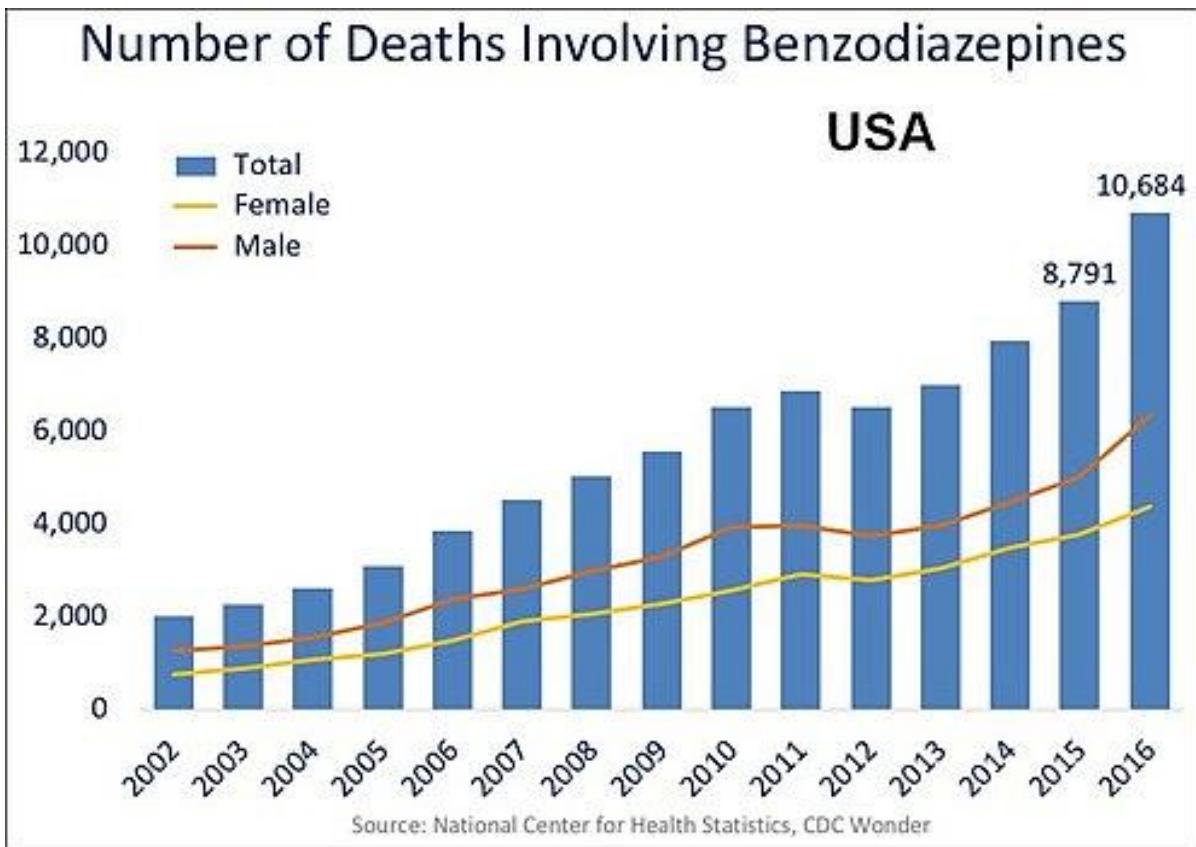
For those who have more serious opioid addictions, much greater caution should be observed if the desire is to wean off the drug with benzodiazepines. Buprenorphine (Suboxone, Subutex) or methadone may be more effective treatments for acute withdrawal. Of course, asking a medical professional would be the best course of action.

Overdose Effects and Lethal Dose

OVERDOSE EFFECTS

As I have never personally witnessed a benzodiazepine overdose, I turned to the FDA to provide this information for me. Overdose effects manifest as confusion, diminished reflexes, impaired coordination, and in extreme circumstances – coma [FDAXan 2017]. It is difficult to overdose on benzodiazepines on their own, as the lethal dose is quite high, but as can be seen in some celebrities who may have combined these drugs with others, incidence of overdose increases.

Benzodiazepines have been found in the toxicology reports of deceased celebrities such as Michael Jackson, Whitney Houston, Brittany Murphy, and Heath Ledger.



COUNTERACTING OVERDOSE

Flumazenil is a benzodiazepine antagonist, which means its effects can effectively reverse the sedative effects of a benzodiazepine overdose. Care should be taken, as administration of this drug can lead to immediate seizures [FDAXan 2017]. This drug is usually only available in a hospital setting, which is why it would be prudent to tell paramedics about which drugs were taken if an overdose occurs so they can best treat the individual.

LETHAL DOSE

In rat models, the **LD₅₀** of alprazolam is between 331-2171 mg/kg [FDAXan 2017]. If we extrapolate this to an 80kg (175-pound) human, on the low side of the data, this means it would take 26+ kilograms (more than 12 pounds) of the drug to produce a lethal overdose. Humans are different than rats of course, but this example is merely to show just how relatively safe the drug could be with regards to lethal overdose. This does not take into account the possibility of a permanent coma, which is possible with exceedingly high doses of benzodiazepines.

Negating the Effects

DID YOU TAKE TOO MUCH?

Now that you know an overdose is highly unlikely based on the previous section, if you took too much, either by accident or on purpose, you may be feeling quite sedated. My number one recommendation would be to sleep it off. Lay down in a comfortable place, and inform any friends or anyone who might be looking for you that you will be unavailable for a period of time (perhaps 12 hours or more). When taken at reasonable doses, benzodiazepines are already long-lasting drugs, but high doses can have effects that linger for more than 24 hours in extreme cases.

TAKING STIMULANT DRUGS

CAUTION! Great care should be taken when mixing drugs. Do extensive research (beyond this book), if you are debating on taking a stimulant to counteract the effects of benzodiazepines.

Taking stimulant drugs, such as **caffeine** or **amphetamines** may help to counteract drowsiness, but this should only be done as a last resort if wakefulness is necessary. Benzodiazepines are quite amazing at neutralizing the effects of stimulant

drugs. I have known friends that have taken too much alprazolam, then taken Adderall (amphetamines) to combat the effects, only to end up taking more alprazolam, creating an oscillating cycle where high doses of both drugs are taken. In one instance, one friend said he took 200mg of Adderall in one day because the alprazolam was so strong at overpowering the stimulation! Why would anyone do that if the drugs cancel each other out? Aside from searching for a euphoric effect, both amphetamines and benzodiazepines impair decision making. This puts the user's health at risk and can make for a very unpleasant hangover the next day.

Unlike other drugs, my suggestion for the "basic three" that you may have seen in other chapters will not help too much here. Breathing deeply, drinking water, and eating healthfully are usually helpful in diminishing drug effects, but with benzodiazepines I do not believe these tactics will be very successful in this regard. Having a meal may help the drug metabolize a little bit faster to get it out of the body, but it likely will not have a tremendous impact. It may just help to induce sleep.

Addiction and Withdrawal

MY BRIEF ADDICTION

This was only with two weeks of etizolam (close relative to alprazolam) use. I was always a strong believer that benzodiazepines were addictive drugs, so I would never take them regularly, but I ended up with a small habit.

Most people who later developed an addiction to drugs probably had some thought similar to this. What started as one pill once a week, turns into one pill twice a week. Then perhaps there are a few days where I take two pills in one day for "fun", thinking to myself – there is no way I could develop a habit. Before I realized it, now I am taking 2-4 pills a day (2-4mg), every day. Suddenly, I have come to the realization that I have real cravings for the drug, but now I no longer want to take it! What do I do? I justify my actions. I say to myself, "Well, it is just one more day – I will quit tomorrow!" These are the famous words of almost any addict who believes they will quit at their next convenience.

Fortunately, I did realize that I was developing a pretty serious habit after that second week. My reading online told me I would not experience any terrible withdrawals because the duration of the addiction was so short, so I just quit on the spot – grateful for the self-control I could exhibit.

Withdrawals were slight, as I was not physically dependent on the drug, only mentally. I was irritable and anxious for a few days, and sleep was more difficult, but it was certainly not an unbearable experience.

ADDICTION

Thankfully, I have never experienced long-term addiction to benzodiazepine drugs personally, but I have witnessed them in a friend. Due to daily dosing at a moderate to high level, while factoring in tolerance, my friend never seemed to be mentally present. Their speech was continually slurred, and they had little recollection of events that transpired days previously. Their emotional state was dull and empty. It took extra time to respond to questions that were asked. If asked how they felt, they would say they felt good, but it seemed they just felt *not* bad. It is very hard to reason with someone in long-term use, as their rational thinking and decision making is so significantly impaired.

LONG-TERM EFFECTS

It was long thought that after the effects of benzodiazepine drugs wore off, there would be no more lingering effects, however one Harvard study has observed this is not necessarily true. According to the study, extended use of benzodiazepines may increase risk of dementia and Alzheimer's disease - both memory related illnesses. It was noted that the greater the usage of benzodiazepines, the greater the likelihood was to develop these diseases [HarvLongBenz 2014].

WITHDRAWAL – AN EXPERIENCE

A close friend of mine described his withdrawal process to me one time. He had been taking alprazolam as a sleep-aid and clonazepam as a day-time anxiety moderator. Some doctors will prescribe multiple types of benzodiazepines, although it is uncommon. I was a bit baffled by this, thinking that surely doctors now must be aware of the harmful effects of benzodiazepine withdrawal when high doses were administered. My friend replied that there was little caution from the doctor, and that the doctor would prescribe the drugs anyway - over the first year, the doctor escalated the dosage up to 8mg of clonazepam a day, and 4mg of alprazolam at night.

At this point my friend began buying extra pills off the street saying that not even 20mgs of alprazolam would satisfy him. His tolerance had increased dramatically. He said when he switched doctors to one who would not prescribe him these drugs at the doses his former doctor had given him, he began getting fits of withdrawals so bad he had to be hospitalized. He experienced violent seizures, hallucinations, anxiety, severe paranoia, and insomnia. He said when he was first detoxifying from the drugs, there were days when he would stay awake, praying for sleep to come and for the voices in his head to stop. It took about four weeks for the violent symptoms to resolve, and now, 10 months later he believes he still has mild residual anxiety as a result of taking these drugs on and off for the better part of two years. I hope this story serves as a word of caution for those who are taking these drugs on a regular basis. They are not to be taken lightly and can cause extremely violent reactions upon cessation in the dependent user.

HIGH TOLERANCE ADDICTION – WITHDRAWAL CAN KILL

CAUTION! From my knowledge, people can die from strong withdrawals from two major classes of drugs: alcohol and benzodiazepines. It should be noted that death from withdrawal is very unlikely, usually only occurring if the user has had high doses of fast acting benzodiazepines like alprazolam or lorazepam consistently for years at a time and then use is abruptly ceased.

IF I AM ADDICTED WHAT CAN I DO?

As the abrupt cessation of benzodiazepine drugs can cause intense withdrawals, it is usually not recommended to quit **cold turkey**. A common suggestion is to try to **taper** off the drug. Essentially, this is a process where less and less of the drug is taken each day until no amount of the drug is taken. Those who are addicted to fast-acting benzodiazepines such as alprazolam or lorazepam may have success tapering with diazepam, a long-acting benzodiazepine. For the first week, perhaps 100mg of diazepam is taken a day, then for the next week 80mg, and so on, until no diazepam is taken. This will help lessen the severity of withdrawal. **CAUTION!** Medical supervision is greatly advised as it can be difficult to have the self-control to taper off the drugs on one's own. It may be hard to find a doctor that can help with this, but with enough research it is usually possible.

Personal Experiences

[LIVE] ETIZOLAM – WITH MILD TOLERANCE

Referenced above in *Addiction and Withdrawal* section.

Minimal tolerance. Lacking motivation in life at this time, making it easier to abuse these drugs.

I had taken about 12mg over the last 2 weeks, and none for the last 48 hours. Sleep quality last night was poor

Taken at 13:15, ~1-1.5mg

Let it dissolve mostly in my mouth.

Effects built slowly over the first 30 mins,

T+45: A slight relaxation has kicked in. Also, just a general “I don’t care about much” feeling has risen that I don’t enjoy too much. Time seems to pass by a bit quicker, undoubtedly due to the impeded memory effects caused by all benzodiazepines and similar drugs.

The breeze outside feels pleasant, but I am experiencing minimal, if any euphoric effects. The numbness of benzodiazepine drugs has never been a huge enjoyment for me. I much prefer stimulants or opioids if I am chasing euphoria. There’s a definite physical relaxation that I enjoy. My body feels peaceful and digestion is smooth. I quite like the way benzodiazepines can calm indigestion or upset stomachs.

I debate taking the other half of the pill but I do not think I will.

T+1:00: Feeling rather tired, likely as a result of the fact I only slept 3 hours last night after a day of hard work and intense exercise

T+1:15 I definitely feel the anxiolytic effects, but this more related to the general overall feeling of apathy.

T+2:00: Just napped for about 30 mins, the nap was brief but a bit refreshing, however now I have some “out of it” feelings, definitely attributable to the fact that I took a tranquilizing drug after only a minimal amount of sleep last night. Relaxation persists, some euphoria, more than before. Definitely feel the need for some coffee or ginseng before my job because I feel quite like a zombie!

T+2:15: Drinking a couple cups of water helped perk me up a bit. I was feeling a little dehydrated. Time still seems to feel as though it's passing quickly. An effect of benzos that I have never liked. Life can feel like it's moving quickly enough without drugs.

T+3:00 – just found out a few minutes before I'm supposed to be at work that I wasn't needed. Makes me feel a bit agitated, but that emotion seems to be dulled like all the others. Stomach has settled nicely. It was rather agitated after taking a heavy dose of anti-biotics this morning.

T+315: – whether by hydration or the simple passing of time, the effects seem to be subsiding gradually. I still feel a slight numbness and that time is passing by more rapidly than it otherwise should.

TEMAZEPAM – INTRANASAL AND SUBLINGUAL (~20mg?)

I had never heard of this drug before I stumbled upon it quite by accident one day. Being the curious experimenter that I was, I briefly looked up the drug online and found it was somewhat active intranasally. I snorted some of the powder since it came already crushed up in a capsule. I did not feel as much from the half capsule I snorted, so I proceeded to put the rest of the powder under my tongue. The taste was unpleasant, but not horrendous. Perhaps 15 minutes later a very mild relaxation came over me. I remember being in a car on a long ride and just staring peacefully out the window. The feeling was slight, but noticeable. Perhaps a higher sublingual dose would have allowed for more of a high. Much beyond the car ride that day, I do not recall besides a generally relaxed demeanor. Not because I was intoxicated, but simply because the drug did not leave a significant impression on me.

CLONAZEPAM – JUST A RANDOM DAY (1mg)

Having the desire to have a peaceful day, and curious about the effects of Clonazepam on its own, I ingested a 1mg tablet.

There was a light meal in my stomach from perhaps an hour prior but my recollection of this experience is a bit impeded as the event was not too recent.

I did not feel much for the first 20 minutes, but then a light peacefulness began to build for the next 20 minutes. The relaxation was slight, but definitely noticeable. Anxieties melted away. I was shockingly productive. I had thought the drug might have knocked me out right away, but instead I felt rather clear-minded. There was even a mild euphoria present, though I could not discern if the euphoria was as a result of positive effects stemming from the drug, or the abolished negative emotions of anxiety that the drug allowed. The euphoria was more noticeable than that of Alprazolam, though since their mechanism of action is so similar, the feelings may have been attributable to an external source or some other confounding variable. Either way, the positive mind state was enjoyable. This high lasted for perhaps 5-7 hours - longer than that of a comparable dose of Alprazolam. There were also lingering effects for about another 5 hours, of just mild relaxation and positive mind state. I will admit I did enjoy the experience.

DIAZEPAM – UNMEMORABLE (10mg?)

I admit that when I saw someone had this, I merely consumed the drug to add to my collection of experiences. I knew Diazepam was less potent than other benzodiazepines I had tried. I do not remember feeling much aside from a slight relaxation throughout the day, not very different from a possible placebo effect. This experience was recalled after much time passed from drug ingestion, likely the reason why this experience description is so short!

ALPRAZOLAM AS A DRUG TO MITIGATE THE STRESS OF A POWERFUL PSYCHEDELIC TRIP

At a past music festival, I decided to indulge in the consumption of more than 10 unique drugs in a weekend - specifically focusing on different psychedelics. I took 2C-B, LSD, mushrooms, and 4-AcO-DMT and had a marvelous time. One of my friends, who had a serious addiction to prescription opioids like Roxicodone and benzodiazepines like alprazolam and clonazepam, was there too. The day was going well until he started getting distressed. I am not sure what set him off exactly, as he's secretive about his usage and may have been ingesting chemicals I was not aware of, but he began becoming aggressive to me and my other friends who were at the festival with me. On such a significant number of psychedelics, my emotional state was more fragile and I angered easily. I very rarely get angry, so I left the site. Upon coming back several times, I still found him loud and inappropriate with my close friends, which caused me to get more vocal. My trip was thrown into an unpleasant spiral of thoughts, not unbearable, but overall unpleasant to the level where I desired to discontinue.

One Xanax bar (2mg) was thrown in my mouth to help me relax and fall asleep. I did not expect it to have such a strong effect! I was shocked when approximately 15 minutes later I went from a psychedelic headspace, to a slurring, stumbling, generally inebriated person. The alprazolam totally eliminated any stimulating and psychedelic feelings I had. Within the next 15 minutes I was inside a tent and fast asleep. I awoke perhaps 6 hours later to daylight and heat, a little bit dazed, but in decent spirits overall.

COMBINED WITH ALCOHOL – AND NEXT DAY EFFECTS

Despite ingesting a combination of 4 drinks of alcohol and 1-1.5mg of alprazolam in the evening, I didn't feel very mentally relaxed, but my body felt very physically relaxed. I felt a bit of a mental anxiety which surprised me. This effect built over the last few hours before I went to bed. It was easy to sleep, fortunately. I have felt this mental disturbance when combining alcohol and benzodiazepines on a few occasions, even in low doses. With this effect going to sleep, I thought I would wake up feeling similar in the morning.

[The following was written while currently under the influence]

Upon waking I still felt very out of it. Slow. I made a cayenne pepper lemon juice drink to help pick myself up. Then my mood has been improving since.

Despite sleeping 4 hours I feel fairly rested! I am definitely still slow. My short-term memory is lacking, but I have a very pleasant positive mood lift! This definitely feels as though it can be attributed to the lingering effects of alprazolam.

My mind feels relaxed. After a protein filled breakfast my energy is high! Excited for the rest of the day. Anything that might easily bother me seems nonexistent. So relaxed!

The day feels like it's passing by faster than normal. A day usually seems to pass faster if I don't sleep much the night before. The compounded effect with benzo use from the previous night has definitely amplified this.

ZOLPIDEM (AMBIEN) – TAKEN WITH INTENT TO STAY AWAKE AND HALLUCINATE (20-30mg total) Oral and insufflated.

Being the person who loves experimenting with new drugs that I have heard of, of course I had to try to meet the "Ambien walrus". What does this mean? It is sort of an urban legend, that by ingesting the drug and fighting the sedative effects, powerful hallucinations can occur – almost as if dreaming while being awake. Some say, you could run into the "Ambien walrus" as one of the hallucinations. Note: I never hallucinated anything substantial, but perhaps it was because my dose was too low.

Desiring stronger effects, I ate one or two 10mg tablets (I do not recall exactly), waited about 20 minutes, then snorted 10mg to boost the effects. The taste on the tongue was extremely bitter, worse than MDMA. The pain from insufflation is one of the worst as well! And the pill fillers clogged my sinuses substantially for at least 2 more days.

As for the experience, 10 minutes after snorting the 10mg dose, I began to get very sleepy - sleepy enough that I knew I wouldn't be able to just sit at my desk without falling asleep. I knew I had to get moving.

I went outside. I was not feeling very high, more so numbed out, similar to a benzodiazepine-like state, but not as euphoric. My mind was a bit disoriented and there were some feelings of intoxication. Confusion was present, and strange emotions kept emerging, but it was not unpleasant.

Walking around, I was getting a nodding doped-out sensation without the warmth or pleasure. My eyes were squinting constantly as my eyelids felt so heavy. As I was walking through the parking lot of my old apartment building, the ground kept getting fuzzier. As the minutes passed, the texture of the pavement changed into something resembling a field of tall grass, about knee-high. From this point on, my memory is extremely cloudy and I do not recall much of what happened later, other than my vision was swimming. I kept telling myself I had to go back inside after walking around for 15 or 20 minutes in fear that if I sat down, I could just fall asleep outside and I did not want to be discovered like that!

While there was no definitive walrus, there were indeed some minor textual visual hallucinatory effects as well as some minor auditory distortions. The effects may have been more significant, but due to the memory suppressant effects of tranquilizers, the experience is not very worthwhile - and anything "fun" that may have been hallucinated may not be remembered since high doses of zolpidem can impede memory so significantly.

ESZOPICLONE (LUNESTA) - AS A RECREATIONAL DRUG, NOT FOR SLEEP (Oral, 3mg)

I had tried taking Lunesta to sleep a few times, but derived little benefit from it as a sleep aid. I did however find it to have recreational potential as a random "fun" drug. It is benzo-like in its mechanism of action, affecting GABA receptors, encouraging anxiolytic and relaxant effects.

As for route of administration, please use oral consumption of this drug only. I heard insufflation is extremely painful and not worth it since the bioavailability is low, however I cannot attest to this since I have no experience.

One standard dose produced enjoyable effects, with a light intoxication similar to a few drinks of alcohol. There was increased sociability, lowered inhibitions, but without a notable toxic feel. Very mild euphoria was present, and effects actually lasted for about 4-6 hours, if my memory is correct. There was an extended-release covering over the pill, which likely helped extend the effects. I noticed a heightened sexual arousal aspect that may or may not have been due to direct activity of the drug.

I was surprised at the overall recreational potential with this drug. A friend of mine who was also experimenting with Ambien and Lunesta with me agreed: Ambien was more sedative, and a better sleep aid, but Lunesta was more of an anxiolytic that could also be used as a social drug.

After reviewing this experience years later, this was during a period when I was abusing drugs frequently. Lunesta is probably not as enjoyable as I once thought it was.

Combining with Other Drugs

ALCOHOL

Please see the *Alcohol* chapter.

AMPHETAMINES

This combination is in some ways self-defeating. Amphetamines are used to stimulate the mind and body, while benzodiazepines tranquilize it. The drugs will in some ways neutralize each other, while also providing intoxication. I have ingested this combination before at varying doses for experimentation and to achieve a high, however, I am not entirely sure the experience was worthwhile.

The heightened stimulation and focus that amphetamines give is robbed by benzodiazepines, and the peaceful relaxation that benzodiazepines provide is obscured by amphetamines. As for positive effects, any anxiety or restlessness that is typically felt from amphetamines will be diminished, and some of the euphoric buzz from amphetamines will remain. This combination has a tendency to make me feel very unlike myself. It is as if I am aware of how differently I am behaving, but only slightly. I also simply do not care. This combination has led me to make some poor decisions.

I believe the best use of this combination of drugs is for eliminating residual stimulation from amphetamines after the primary enjoyable effects have worn off. Indeed, for amphetamine overdoses, one of the first lines of defense in a hospital setting is intravenous benzodiazepines [AmphOD].

CAFFEINE

Being a caffeine sensitive individual, usually anything more than an average cup of coffee gets me *too* caffeinated. I do not like the feeling. While stimulation, heightened focus, and increased wakefulness are felt to a stronger degree than a low dose of caffeine, feelings of anxiety, stress, and irritability are also present. When I combine caffeine and benzodiazepine drugs, all the feelings noted above that caffeine provides, whether enjoyable or unenjoyable are tuned down. A relaxed stimulation is felt, but a higher dose of caffeine is required for me to feel something.

[This was recalled in the moment of intoxication] Being on this combination of drugs now as I write, with a low tolerance to each, I feel pleasantly awake. I know the memory impeding effects of benzodiazepines may make it hard for me to recall that I wrote this, but it is written honestly. The amount of caffeine I had is making my heart rate quicken, but only slightly, and this is not causing me discomfort, likely due to the addition of benzodiazepines.

Similar to the above-mentioned amphetamines, benzodiazepines can be used to neutralize the stimulating effects of caffeine so that sleep is possible at bedtime.

CANNABIS

A friend of mine first started using benzodiazepines in conjunction with cannabis because it felt “chill” and relaxing. I wondered why not just stay with cannabis on its own? To this she replied that her other friends were getting into taking alprazolam and so she ended up trying some. From there she began consuming this combination on weekends.

I too have tried mixing these drugs to see how I would feel. There is indeed a heightened sense of relaxation, different from either substance on its own. Also, it is worth noting that there are certain strains of cannabis, when ingested past a certain limit, that might cause anxiety or paranoia in some users. Benzodiazepines negate this side effect almost entirely, and allow a user to consume more cannabis than they might be otherwise used to. It is worth mentioning that sometimes the relaxing and intoxicating effects between the two drugs may synergize causing extreme drowsiness or sedation.

Another effect I have noticed is that both cannabis and benzodiazepines give me **munchies**. Also, as both substances have improved digestion for me and others that I have spoken to, a user may find themselves eating a greater quantity of food than if under the influence of either drug alone.

COCAINE

Please see the *Cocaine* chapter.

KETAMINE

Please see the *Ketamine* chapter.

LSD

Please see the *LSD* chapter.

MDMA

Please see the *MDMA* chapter.

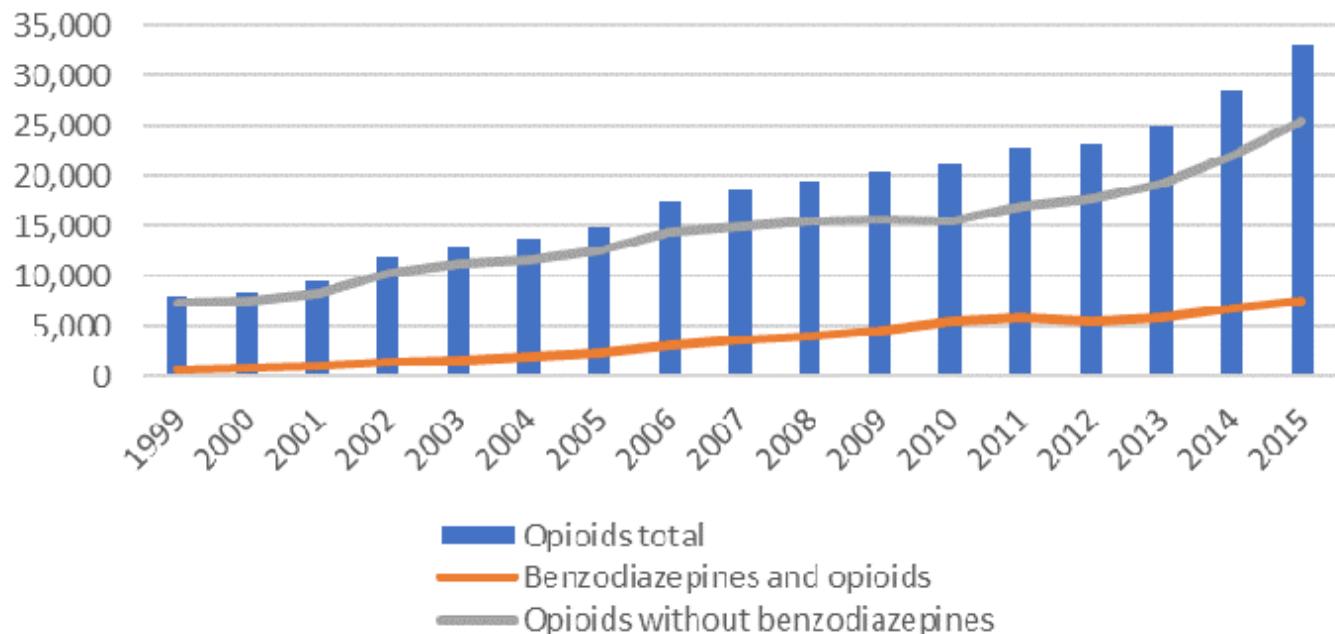
NICOTINE

Where nicotine can produce brief, yet noticeable increases of an amphetamine, cocaine, or opioid high, I do not find this the case when mixing nicotine with benzodiazepines. Based on previous combinations, I would have thought I would feel an enhanced relaxation when smoking a cigarette an hour after a dose of alprazolam. I thought it would be akin to the pleasurable headrush when smoking a cigarette while high on opioids, but I did not notice any potentiation of benzodiazepine effects. The only effect that I would say I noticed was that there was no "edge" to the cigarette. This is more a personal matter, but sometimes when I would smoke cigarettes, the accompanying headrush would give me some irritability, which although not unpleasant, was still not very enjoyable. This could be due to a rather low nicotine tolerance, but I did not experience this when under the influence of benzodiazepines, allowing me to smoke more cigarettes even though the benzodiazepine high was not amplified by the accompanying cigarette.

OPIOIDS

CAUTION! I find this one of the most notoriously dangerous drug combinations that exists. These two classes of drugs interact and cross-potentiate each other in such a way that is arguably more harmful than any other drug combination. I have known several people to overdose and die on this cocktail of downers. Very low doses of each can make for strong, long-lasting effects that can cause severe memory impairment and poor decision making.

Opioid Overdose Deaths Involving Benzodiazepines



Source: DrugAbuse.gov

Over the years, this combination has been implicated in an increasing number of drug overdoses.

That being said, even knowing the consequences, I have experienced this combination of drugs before, but *usually* with relatively small doses of each.

With no tolerance, and a dose of .5mg alprazolam and 10mg oxycodone, sedation is one of the strongest effects that I notice. Sometimes, opioids can give me a slight irritability, but that is absent when used in conjunction with benzodiazepines. Time seems to pass *far* quicker when these drugs are used together, creating a sensation of a wasted experience. The opioid **nod** is more noticeable and longer in duration with less of the drug, but as just stated, the high is not memorable.

With minimal tolerance, one day I got carried away taking etizolam and insufflating **U-47700** (a synthetic opioid). This was again during a point in my life where I was abusing drugs rather heavily, lacking purpose or direction. I had taken a few milligrams of etizolam, and decided to insufflate some U-47700 so that I could “chill”. I ended up in New York City, walking around highly intoxicated. I could not find the bus station, something that I traveled to on a nearly daily basis. The compulsive desire to keep taking U-47700 lead me to a state of incoherent intoxication. I had called a friend of mine, and the next day she told me that she could barely understand what I was saying the night before. She tried to help me find the bus station over the phone, but I kept interrupting her and behaving erratically. Eventually I found my way home, though I do not remember it. I woke up the next day with such a hangover from the excessive use of downer drugs, that I did not want to even move for two days after.

CAUTION! As just explained, since both drugs inhibit decision making, create euphoria, and impede memory, users may find themselves taking far higher doses of either drug than was initially planned. This can lead to accidental overdose, or placement in unsafe situations with the potential to harm oneself or another. Please be aware, that even if a dose of benzodiazepines was taken the night before, there could be lingering effects which persist into the next day, making the effect of opioid-based drugs stronger.

SUGAR

It was mentioned earlier in the *Physiological Effects* section of this chapter, but benzodiazepines seem to stimulate appetite. I would not say that I feel hungry while under the influence, but more that eating provides an additional pleasure that I do not want to miss out on. This is especially true with sweet foods – something I usually avoid while sober. While

under the influence of benzodiazepines, any care or concern about foods that are unhealthy is forgotten, and the compulsive desire to eat as much sugar as possible is the primary concern.

I will say I have eaten myself into discomfort, but because I was under the influence of alprazolam, I simply did not even care and instead fell asleep.

Personal Opinion

MY PROBLEM

I first discovered benzodiazepines when they were given to me to ease the come-down from heavy stimulant drugs and MDMA. I knew they were problematic for many users before ever taking these drugs, so I promised to keep their use to mitigating hangovers from other drugs *only*. That did not last, and I eventually began using them recreationally. I am fortunate that I never found them particularly *joyful* or euphoric, so my use was seldom problematic. That is, until I reached a point in my life where I realized I was not where I wanted to be. The realization of this caused me to want to self-medicate, and I focused on this particular class of drugs more than others.

Given my reasons for use, it is unsurprising that benzodiazepines have contributed to some of the more significant problems in my life. I have lost places to live, vehicles to drive, friends, jobs, and countless dollars and possessions due to the misuse or abuse of these drugs. Benzodiazepines have helped lead me to arrest and subsequently short stints in various jails. Despite these facts, I do not find them overall 'evil' or negative, there just seems to be a greater likelihood of abuse among those who choose to indulge in benzodiazepines recreationally, especially when feeling lost in life. Moderation is key. Doing too much can cause a person to act quite unlike themselves, say or do hurtful things, and black out quickly - Especially when mixed with alcohol or other drugs. Rediscovering motivation and purpose in life has caused me to put these drugs on hold for only very special times.

THE PROBLEM WITH USING BENZODIAZEPINES FOR ANXIETY

As for using the drug for mitigating feelings of anxiety (as is in the case of typical prescription), whether general or social anxiety, I believe this is the most dangerous use. This is problematic because benzodiazepines can *only* ever treat the symptoms of anxiety, never the cause. Whether you lost a loved one, or suffered another traumatic event, these drugs will only ever mask the feelings of pain inside. When the effects of the drug subside, the feelings will still need to be dealt with. Learning healthy coping skills is much more effective for combatting stress and anxiety than taking drugs.

I speak of this from past experience. I have taken these drugs off prescription to self-medicate anxiety that I had. It is certainly effective at mitigating anxiety, but while doing so, it numbs me to everything else. Any happiness, optimism, or serenity is also neutralized. And as I just stated, I had to deal with whatever negative circumstances were occurring in my life when I finally reverted back to sobriety.

My suggestion would be to try to deal with whatever the root cause is of your anxiety. Whether it is that you are in an unhappy relationship, have unaccomplished goals, or that you are just not trying your best in life - sometimes fixing these issues will yield far better results for your anxiety than any pill possibly could.

While too much anxiety and stress may cause me to function at a lower level, having too little anxiety and stress, especially from unnatural means like drugs, will cause me to function at a lower level as well.

BENZODIAZEPINES CAUSE ANXIETY

I believe the best way to discourage use of benzodiazepines for anxiety is to reorient the way these drugs are thought about. Instead of saying these drugs *cure* anxiety, I tell myself that these drugs will only ever *cause* anxiety. The anxiolytic effects of benzodiazepines are only ever borrowed. They must be paid back. **Medicating short-term anxiety will lengthen long-term anxiety.** This is not true for all people, but I believe the majority of people who self-medicate for anxiety, even with a legitimate prescription from a legitimate doctor, will have long-term consequences.

PRESSING FAST-FORWARD ON LIFE

I mentioned it several times and in almost every experience report written previously, but my least favorite aspect of these drugs is that they have the uncanny ability to make it feel as though time is moving faster, while me as the user, might be moving at a "normal" speed. This sensation only really occurs at moderate to high doses (1mg+ of alprazolam) or when the drug is taken repetitively for several days. I am not alone in feeling this. Others have agreed with me.

Life seems to move fast enough without the addition of drugs. Why make it feel as though you are moving faster?

POTENTIAL USES FOR BENZODIAZEPINES

It could be argued that taking a benzodiazepine drug for a one-off event like an examination or public speech is justifiable. This may be effective for some, but caution is advised because these drugs can have a potent intoxicating effect. While you are taking an examination under the influence, you may be more relaxed which may prevent errors from being made, but the drugs may also cause you to be more careless when answering questions. Similarly, while giving a public speech, your nerves may feel calmed, but you may say something you did not mean to say due to the lowered inhibitions from the drugs.

I always recommend making a list of pros and cons to see if it will really be a good idea to indulge in the consumption of these drugs. I would also recommend doing a trial run where the drug is used in a similar setting to see if it meets your expectations.

Perhaps the greatest use is in negating the effects of stimulants or psychedelic drugs when side effects such as increased heart rate, anxiety, or paranoia increase to uncomfortable levels. Whenever I am with friends who either have not taken psychedelic drugs, or that might be prone to a bad trip, I keep some of these tranquilizing drugs on hand. They are also helpful to induce sleep at the end of the night if a user is still awake from the residual effects of stimulant party drugs.

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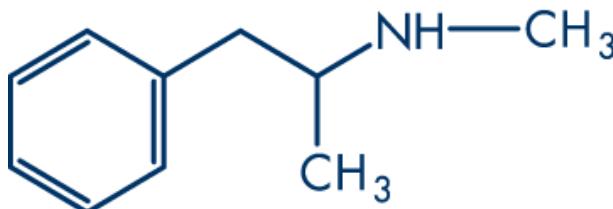
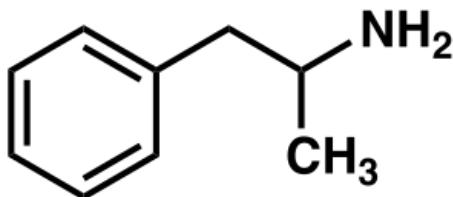
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Amphetamines (incl. Methamphetamine)



The top left molecule is amphetamine, with the molecule for methamphetamine below it. Adderall IR 30mg is in the top middle, with street-grade amphetamine (common in Europe) to the right. The other image in the bottom right is high-grade methamphetamine.

Amphetamines are commonly found in prescription ADHD medication such as Adderall, Dexedrine, or Vyvanse in the United States. In European countries, amphetamines can also be found as “speed” in a white powder or paste for purchase on the street. Methamphetamine (called “speed” in the United States), the allegedly more potent cousin of amphetamine, is believed to be more euphoric and addictive. They are considered stimulant drugs, capable of causing extended periods of wakefulness without the desire for sleep, as well as increasing heart rate and suppressing appetite.

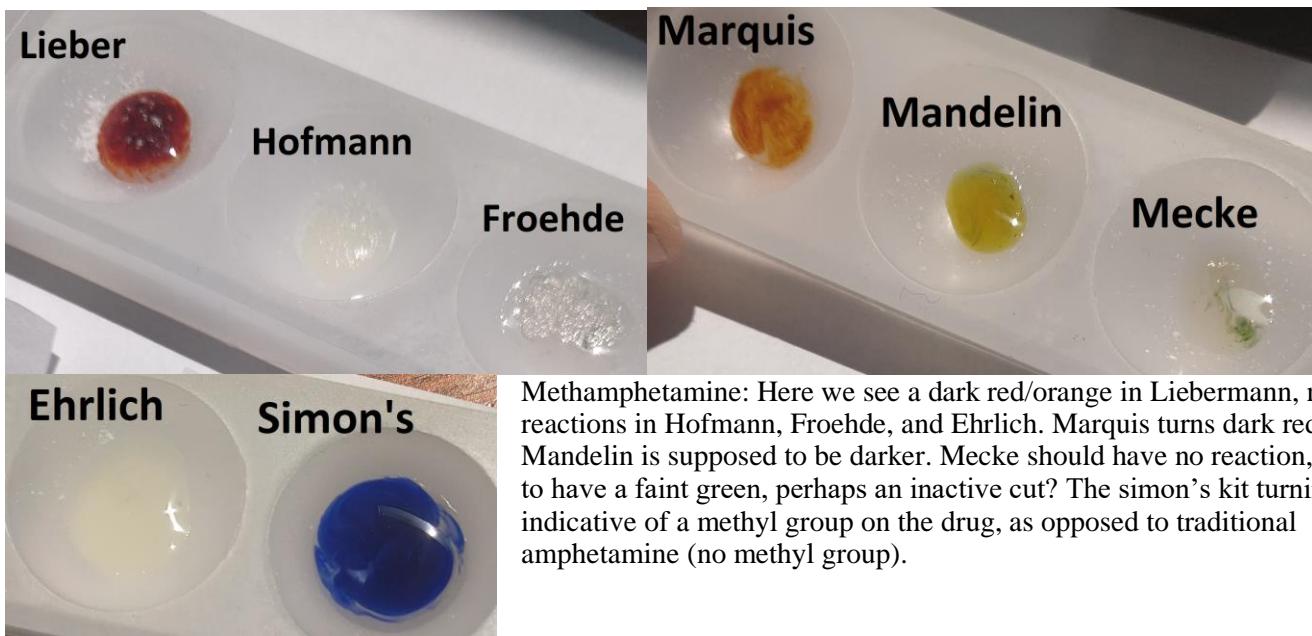
Reagent Tests



Adderall – Froehde kit emits no reaction, Liebermann turns a dark red, indicative of amphetamine, no reaction in Ehrlich. Marquis goes a dark red, Mandelin goes a dark greenish/brown, and Mecke is no reaction (reacts to filler?)



Street-Grade speed – No reaction in Hofmann and Ehrlich kits. Marquis turns deep orange, Mandelin turns a dark color, with a faint blueish hue almost, Mecke is picking something up, unsure.



Methamphetamine: Here we see a dark red/orange in Liebermann, no reactions in Hofmann, Froehde, and Ehrlich. Marquis turns dark red/orange. Mandelin is supposed to be darker. Mecke should have no reaction, but seems to have a faint green, perhaps an inactive cut? The simon's kit turning blue is indicative of a methyl group on the drug, as opposed to traditional amphetamine (no methyl group).

Drugs Covered in this Chapter

Adderall – [Slang: Adds, Addies, Vitamin A] - By FDA approval, Adderall can be prescribed to treat **narcolepsy** and attention deficit hyperactive disorder (**ADHD**). This drug is also commonly abused by college students desiring stimulation and increased focus for the completion of classwork. It is made up of a three-to-one ratio of **isomers** dextroamphetamine:levoamphetamine (elucidated in the *Comparison to Similar Drugs* section below)

Amphetamine (racemic) - [Slang: Speed (European), Speed Paste, Uppers] - **Racemic** amphetamine is a 50-50 mix between the two isomers – dextroamphetamine and levoamphetamine. It is commonly found in many European countries on the street as a party drug, but difficult to find in America where street methamphetamine is more popular. Typically, street amphetamine comes as a dry powder or wet paste that needs to be dried before administration, which is usually by insufflation.

Dextro-amphetamine (Dexedrine) – [Slang: Dexies, Dex, Dextro] - Often found as a prescription drug, it is used to treat attention disorders and narcolepsy. This is the isomer of amphetamine that is stronger and more psychoactive. This drug is prescribed less often than Adderall, due to its nature to be more euphoric and addictive.

Dex-methylphenidate (Focalin) - A slightly chemically altered version of methylphenidate (Ritalin). It has a very similar effect, with some users claiming it to be more euphoric.

Lisdexamfetamine Dimesylate (Vyvanse) - Due to the ease that Dexedrine could be abused, Vyvanse became a recent prescription drug formulated to be an extended-release version of dextroamphetamine that was harder to abuse. It cannot be insufflated like Dexedrine. Many report successes with increased focus while receiving minimal recreational benefit (less of a “high”).

Methamphetamine - [Slang: Crystal, Ice, Meth, Tina, Speed (America)] - Methamphetamine is believed to be more addictive than traditional amphetamines. It causes alertness, euphoria, insomnia and stimulation, which often times results in the user being unable to sleep for extended periods of time. While possible to get by prescription in some countries, it is quite rare.

Methylphenidate (Concerta, Ritalin) - Both Concerta (extended release methylphenidate) and Ritalin are approved to treat ADHD. Extended-release MPH is more commonly used in the present day due to its more difficult nature to abuse.

Phentermine (Lonanin) - Phentermine is available by prescription for weight-loss. It is chemically related to amphetamines, but is harder to abuse because it does not have as much recreational (euphoric) potential. It is also difficult to find compared to the much more psychoactive prescription amphetamines described earlier.

Pseudoephedrine (Sudafed) – No longer available over the counter (OTC) because of the Combat Methamphetamine Epidemic Act of 2005, this drug was commonly used to synthesize methamphetamine. It is a decongestant that can be

purchased from a pharmacy with proof of identification (in the United States) so purchases can be tracked. It has mild stimulant properties.

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DEXMETHYLPHENIDATE (FOCALIN)

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[X] BENZODIAZEPINES

[X] CAFFEINE

[X] CANNABIS

[X] COCAINE

[O] GHB

[O] KETAMINE

[O] LSD

[X] MDMA

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Sources

Introduction

AMPHETAMINE – FIRST IMPRESSION

When you think of amphetamine, what first comes to mind? Some may think of the prescription medications like Adderall or Vyvanse, typically used to treat ADHD in adults *and* children as young as six years old. Others may think of the chemically related and allegedly more addictive methamphetamine, which is purported to make users violent or insane. Regardless of what is first thought of, one thing is true for both drugs – they are powerful stimulants.

PRESCRIPTION STIMULANTS (USUALLY ADDERALL OR RITALIN)

If you mention ADHD drugs to college students, especially in the United States, they will likely be familiar with them. Many of them have taken these drugs to gain an advantage in school, and if they have not, they almost certainly know someone who has. Not only are these drugs stimulating, but they also seemingly increase the desire to perform school work, while simultaneously increasing focus. It is not just college students taking these drugs either. In the year 2018, it was estimated that 5.1 million individuals over the age of twelve in the United States abused prescriptions stimulants [SAMHSA], while 16 million adults are currently prescribed one of these drugs legitimately [WashTime].

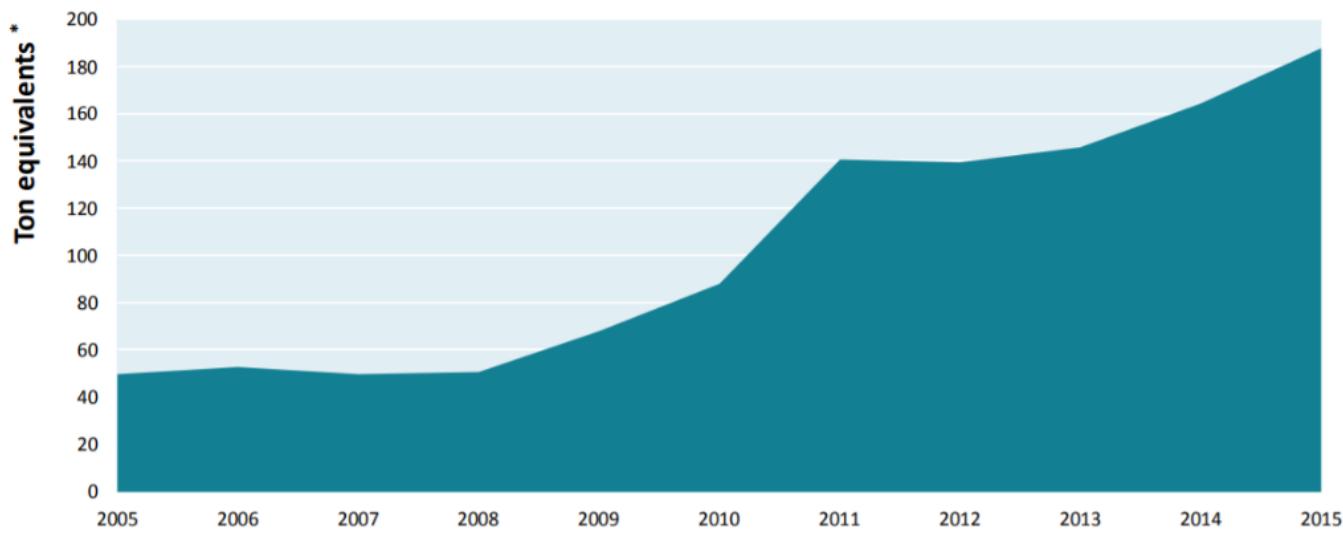
STREET METHAMPHETAMINE

In the United States, if someone mentions “speed” they are most often referring to methamphetamine. Some people have a very bizarre concept of what this drug can do. It is often associated with pictures of people missing teeth, having dry skin, and weighing less than 46kg (100 pounds). Most people are aware of its addictive nature, but it is actually not very far from traditional amphetamine in nature and effect.

DESPITE LAWS BANNING THEIR USE, THESE DRUGS STILL CONTINUE TO EXIST

By observing the increasing rate of seizures of global amphetamine-type stimulants ...

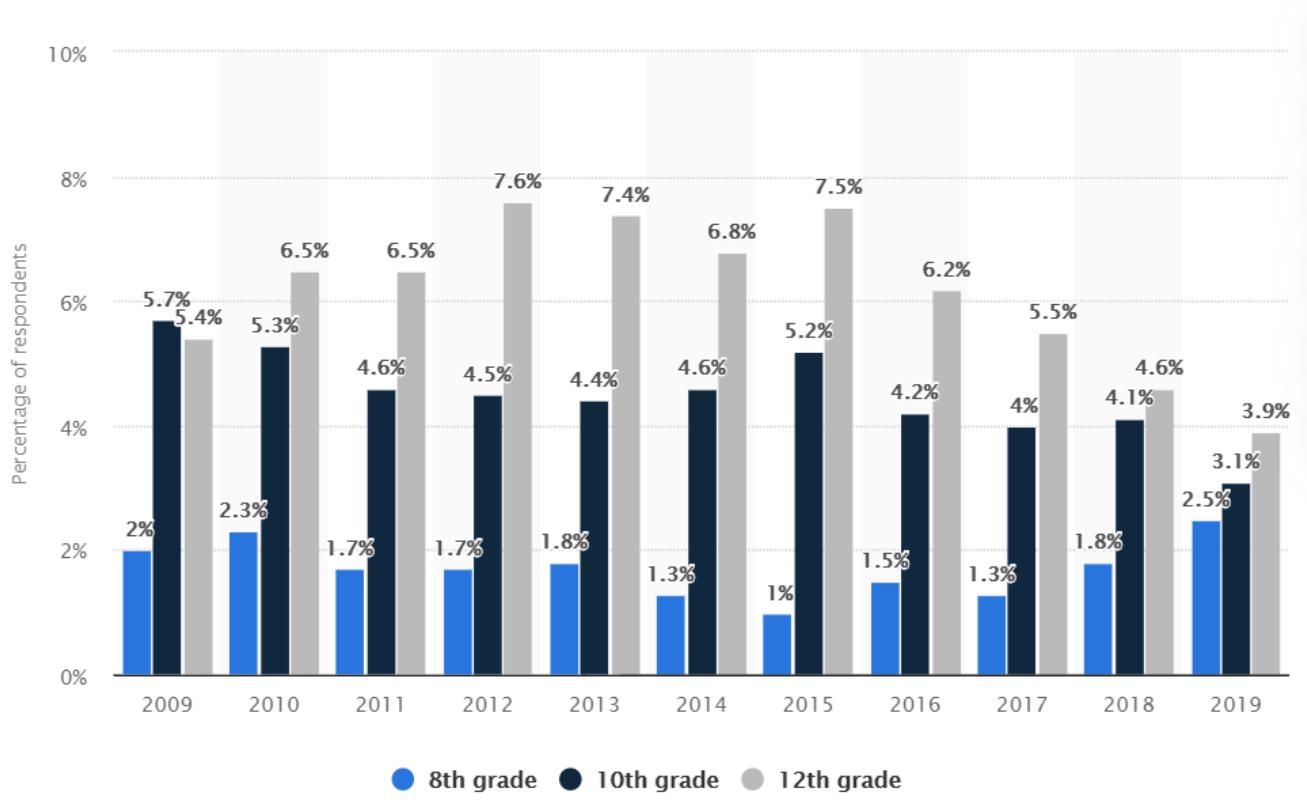
Global seizures of amphetamine-type stimulants (excluding ecstasy): 2005 - 2015



Source: World Drug Report 2017

We can see that they do not appear to be decreasing in volume according to recent statistics. This data only includes information for illegal seizures of amphetamine-type stimulants. Of course, this also does not take into account the amount of amphetamine-type stimulants that are *not* seized.

This is the percentage of school-aged children taking Adderall in recent years. Although there seems to be a trend on the overall decline, the consumption of this drug is still highly prevalent



Statista.com

It seems as though amphetamine use is not stopping anytime soon, so our best defense is education!

History

AMPHETAMINE & METHAMPHETAMINE – FIRST SYNTHESIS

Amphetamine was first synthesized in 1887 by Romanian chemist, Lazar Edeleanu, who originally named it phenylisopropylamine. Japanese organic chemist Nagai Nagayoshi isolated ephedrine from the ephedra silica plant and developed a method for synthesis. In 1893, methamphetamine was first synthesized [Wikipedia].

STIMULANT USE DURING WWII

Amphetamine was used by both the Axis and Allied forces in WWII. Adolf Hitler was said to start using the drug in 1937, eventually becoming addicted to it in the early 1940's. Perhaps this may explain some of his behavior throughout this time period [Wikipedia].

FORMER UNITED STATES PRESIDENT (AND OTHER CELEBRITIES) USE OF AMPHETAMINE

Dr. Max Jacobsen was found to have injected many high-profile celebrities with amphetamines throughout his career. The most notable would likely be President John F. Kennedy in the 1960's [NYTKen].

FIRST INTRODUCTION OF ADDERALL

Adderall was first introduced for prescription in 1996 by Shire Pharmaceuticals [HuffP]. It has seen a tremendous rise in popularity since its inception.

Legal Status

AMPHETAMINE & METHAMPHETAMINE

Amphetamines are scheduled in most countries including America and Great Britain, meaning it is illegal to buy or possess them without a prescription. In China, there is a ban on prescribed amphetamine-based medication that is fairly recent [Ero Amph 2015 (2)].

Amphetamine and Methamphetamine are **Schedule II** in the United States, meaning they have limited medical potential, and a high potential for abuse. In most countries, methamphetamine is completely illegal [WikiLegal].

PSEUDOEPHEDRINE – PRECURSOR TO METHAMPHETAMINE

Some of the precursors needed to make methamphetamine, such as pseudoephedrine, are regulated in a way that limits the amount that can be purchased. In the United States, identification needs to be presented so the number of purchased pseudoephedrine can be tracked. This is as a direct result of the “Combat Methamphetamine Act”.

Route of Administration and Duration of Effect

Owing to the fact that there are several types of amphetamines included in this chapter, I will try to elaborate a little bit on each of the most popular ones, and their relative RoA's.

PRESCRIPTION AMPHETAMINES – ORAL (IR versus ER)

Pharmaceutical amphetamines, such as Adderall and Dexedrine come in tablet or capsule form and are usually orally consumed. They are quite effective in this regard, but it depends on the contents of your stomach. Taking antacids such as tums, or a small amount of baking soda dissolved in water to alkalize the stomach before taking amphetamine might potentiate the effects, but care should be taken as this could produce altered effects or a heightening of unpleasant side effects. Urine pH can also determine strength of effects (See *Psychological Effects* section below). I can speak of these attributes from personal experience.



On the left is instant release Adderall (IR), and on the right is extended release (XR)

Prescription Adderall. Comparing a moderate-high dose – 20mg IR (instant release) to a [moderate dose, 20mg ER (extended-release)] with no tolerance, and near-empty stomach

Come-Up: 10-30 [20-60] minutes – The come-up can be extended depending on stomach contents

Main Effects: 3-5 [6-9] hours **Peak @ + ~45-60 [100-180] minutes after dose**

Come-Down: 2-4 [3-5] hours

For intolerant users, a single 20mg IR pill will be very effective, especially if taken on an empty stomach. This will likely be too high of a dose for the individual wishing to enhance their focus. The ER pill will not be as strong, but it will last much longer throughout the day. If it is taken too late in the day, sleep may not occur until the pill fully wears off.

ADDERALL – SUBLINGUAL

As a side note, one of the first few times I let the Adderall dissolve on my tongue before swallowing (sublingual to oral administration), I noticed the pill had an almost sweet flavor, masking some of the bitterness of the amphetamine.

Initially, this was shocking, as having taken Alprazolam (Xanax), MDMA, oxycodone, and a few other drugs sublingually, the taste is rather bitter and sometimes gag-inducing. I came to learn that Adderall actually has glucose in some of the instant release tablets, a simple sugar, which later raised some questions in my head. If the drugs are being given to children, and they taste sugary-pleasant, will this encourage early abuse? Will it increase the likelihood of abuse?

The duration of effect seemed to be similar in length to an oral dose, with effects peaking perhaps a bit sooner than a comparable oral dose.

ADDERALL - INSUFFLATION

When an Instant Release (IR) tablet of Adderall was insufflated, I found that it was not very painful (unlike some pharmaceutical drugs, such as zopiclone (Ambien), alprazolam (Xanax), or oxycodone, which can burn the nasal passages rather harshly). There was even a faintly pleasant smell with the Adderall! Might this also make it easy for children and drug abusers to ingest in this way?

Prescription Adderall, high dose for intranasal – 20mg

Come-up: 5-15 minutes

Main effect: 2-4 hours **Peak @ + ~10-20 minutes after dose**

After-effect: 1-2 hours

The effects of insufflated Adderall will be shorter in duration, but also more intense than with a comparable oral dose. ER Adderall could be used for insufflation, but crushing the beads will be more difficult. It will also clog the sinuses for a longer period of time, and seems to have an almost extended duration with more mild effects.

METHAMPHETAMINE – VAPORIZED

As I have never consumed methamphetamine this way, it is difficult for me to give information. Discussing with a former user, it was recommended to have the tip of the flame at least a quarter inch away, as you do not want to burn the drug, rendering it useless.

This website provides information about how to smoke methamphetamine:

<https://www.catie.ca/en/safer-crystalmeth-smoking>

ADDERALL – EXPLICIT DURATION OF EFFECT

COME-UP

Comparable to other drugs, the come-up on Adderall is fairly smooth. There is usually a pleasant easing into effects. The heart rate will start to increase, as will awareness. If drowsy, that feeling will quickly slip away. Focus will appear to heighten.

MAIN EFFECTS AND PEAK

The peak is characterized by heightened stimulation – quickened heart rate, sweating, and fast-moving thoughts. It becomes easier to focus on a task at hand, sometimes even making the task enjoyable if it usually is not. Despite the euphoria, there is a bit of **emotional blunting**.

COMEDOWN

If the dose was not high, the comedown is usually mild. After the main effects of the drug pass, I usually feel residual stimulation and heightened focus for several hours. If I was not well nourished with wholesome food during the experience, I may feel a bit dysphoric and unfocused.

HANGOVER

If a moderate to high dose was taken with little food on the previous day, this is the only time I have experienced an unpleasant hangover. I will feel drained, dysphoric, slightly irritable, and lazy. Eating healthy food usually remedies this problem quickly.

AFTERGLOW

When I have taken a high enough dose, if I am able to sleep, I may wake up still feeling some of the effects of the drug – usually just a very slight increase of focus that dissipates after a few hours. This is hardly an afterglow when compared to other drugs such as **LSD** or **MDMA**.

Dose Comparison

BEFORE YOU TAKE THE DRUG

Making sure you are well-hydrated and well-nourished is fundamental to having a positive amphetamine experience. Eating in advance is helpful, because amphetamines suppress appetite. The times I generally have found the drug unenjoyable is if I take the drug without any sustenance or take too high of a dose. Be aware that residual stimulation is quite possible, resulting in hours of wakefulness even if the body wants to sleep. Sensitive users will not sleep all night, even with moderate doses. For these individuals, keeping a **benzodiazepine** on hand may help for inducing sleep. Please

use **CAUTION** when mixing drugs. There is a possibility that performing basic activities will be difficult the next day. If you are taking amphetamines with the intention to perform a specific task (write a paper, learn something new, etc.), my recommendation would be to set yourself up in advance. Have a workstation fully equipped with whatever materials you may need for the day, that way when the drug takes effect, productivity will be high and distraction will be low. Consider silencing your cell phone or even turning it off.

LOW DOSE – NO TOLERANCE, ADDERALL IR (5mg)

There is some mood lift and a mild warm sensation of stimulation running through my body. I feel a bit more alert and sharper. I could easily switch between tasks without getting stuck, but focus is not dramatically increased. There is little to no sweating at this dose, and almost an anxiolytic sensation. Appetite is slightly suppressed. I could go extended periods of time without eating, but it is not difficult to eat when I start.

MODERATE DOSE – NO TOLERANCE, ADDERALL IR (10-20mg)

This was my “college dose”. I would break an orange 20mg pill in half, and take 10mg. I am able to focus more intensely at this dose, and it is difficult to break focus once I start on a task. There is the experience of moderate euphoria and I feel more productive. My tone of voice is lacking emotion when having conversation. Some have remarked that I can come across rude. Sweating is mild at this dose. Anxiety is very slight, but disappears in the background while focused on tasks. My appetite will plummet substantially.

HIGH DOSE – NO TOLERANCE, ADDERALL IR (30mg+)

I rarely took a dose this high, because it seemed the negatives began to outweigh the positives. The euphoria feels less prominent at this dose than a moderate dose. Any nervous tics I had, fumbling with hair/clothes, folding up a piece of paper, etc., were made much worse. There were extended periods of time wasted just to fumble with something. I would occasionally hyper-focus on a task, becoming so focused that I did not complete it. I would describe this dose as less productive than a moderate dose. Sweating is more pronounced and distracting. I am easily anxious and irritable. I have no appetite whatsoever. I do not desire conversation and if I do begin talking, I often zone in on details too much, or ignore a person completely. My tone of voice is monotone, and it can make me come across as apathetic and emotionless.

Physiological Effects

Although the effects of amphetamine and methamphetamine are similar, assume that the effects listed below are generally describing Adderall, usually with the dose taken as prescribed (orally). Many of these effects apply to similar drugs such as pseudoephedrine or methylphenidate, just at different strength.

APPETITE

I would describe myself as having a healthy appetite, so when I do not feel the urge to eat, it is a bit unsettling. Amphetamines rob me of this desire. Even if I do manage to make myself some food, getting it into my body becomes a challenge. My favorite foods will not even smell appealing. Taste buds are dulled, and food that is usually palatable is not as tasty. I always feel more enjoyable effects after having eaten, however.

DIGESTION

If I am lucky to be able to force myself to eat, I will experience a slower rate of digestion, especially if foods are eaten that do not usually digest well. While under the influence of amphetamines, food will seem to sit in my stomach for hours without moving, even if only a little bit was consumed. Usually, only large meals will slow my digestion to this extent when I am sober.

NAUSEA/VOMITING

I have never been nauseas or vomited as a direct effect of amphetamines, but I have also never taken a massive dose. Friends have reported that high doses (30mg+) will occasionally cause nausea if they are intolerant. Those with sensitive stomachs may want to consume a small meal, but the effects of amphetamines will be lessened if taken orally.

URINATION

As with other stimulants, there is increased difficulty when urinating. This is usually not noticeable at low or moderate doses, but when the dose gets above 30mg, it becomes noticeably more difficult. Exercising, such as doing a quick jog for a minute or performing some pushups, will usually loosen up the bladder muscle enough to allow urination.

DEFECATION

Amphetamines can also seemingly push things along on the other side. About half the time I take amphetamines, I will get the urge to defecate at some point during the early part of the experience. I may have several more urges throughout the experience, with varying degrees of fecal size or success. With high doses, sometimes diarrhea is a side effect.

DRY MOUTH (XEROSTOMIA)

At low doses, it is traditionally not an issue, however with high doses, dry mouth can be very problematic and persistent for the duration of the drug. It is a particular issue during over-stimulation, when eating food would be helpful to diminish the effects, as no saliva can be generated.

DEVELOPING OR EXACERBATING TICS

These tics are less common in the beginning of the drug effect, but as the drug continues taking effect and during residual stimulation on the come-down, it is particularly noticeable. A friend of mine will have a rapid blinking ritual every few minutes on a high enough dose of amphetamines. Others may start tapping their foot or fingers incessantly. I will more often fumble with my hair or my clothes when under the influence of amphetamines. It is worth noting that I do this sober, but it is not detrimental. This usually occurs with a moderate to high dose of the drug.

ANALGESIA

It seems that amphetamines have a slight pain-killing effect, although this may be placebo. The only time I can remember this being noticeable was when I had sore muscles from an intense workout the day before. Usually, this would plague me throughout the day making it harder to move, but while under the influence of amphetamines, I moved with ease. Was it simply that I was distracted from the pain due to increased focus, or was there another mechanism of action? I am not sure – but this effect was noticeable enough to be worth mentioning.

SENSATION

Amphetamines seem to be of the type of drugs that generally dull the senses. Auditory, visual, and tactile sensations do not appear to be enhanced. In fact, due to the increased focus that amphetamines give, these senses may be indirectly weakened. My sense of smell does seem to be a bit sharper, but this is likely only because amphetamines clear the sinuses, allowing for more scents to permeate into the olfactory bulb (the gland that sends messages to the brain about different smells). Due to the appetite suppressing effect of amphetamine, my sense of taste seems to be decreased as I do not desire food.

EXERCISE

CAUTION! It can be dangerous to exercise while under the influence of amphetamines. Since these drugs are stimulants, there may be a perceived increase in energy that may make the user want to run, dance, or move more than normal. This can be potentially dangerous for those who have an underlying heart condition. I describe the effects of pseudoephedrine and Adderall in the *Personal Experiences* section at the end of the chapter.

OTHER SIDE EFFECTS

These are more noticeable effects with moderate to high doses: Pupils may dilate, the jaw may clench or teeth may grind (bruxism), and sweating is possible. The body temperature could also increase, which can make a user feel cold in a chilled environment. This can be a particularly unpleasant sensation if this chilling effect is coupled with excessive sweating.

Psychological Effects

STIMULATION

What does it mean to be stimulated? General characteristics of stimulants are most commonly increased heartrate and wakefulness. There is a tendency to feel more alert and prepared. Stimulation and increased focus usually go hand in hand. The pupils may dilate, allowing more light to enter the eyes. Senses may feel sharper and more refined, especially the visual and auditory senses. Stimulation is usually what is sought after when a user is using amphetamines.

INSOMNIA

As amphetamines are stimulants, they can make sleeping very difficult! During a few nights in college, I took an Adderall to get just a few more hours of work done – sometimes after 11:00pm. Presumably, I had already taken about 10-20mg of Adderall earlier in the day, so adding another dose at this late hour caused a compounding effect. With a final dose that

late, I often found I was not able to get sleep until 8:00-9:00am. This was very hard on my body which was used to a normal sleeping time at around 12:00am.

CONCENTRATION AND FOCUS

Even though I tend to do work with increased feelings of productivity, the *sensation* of accomplishment is perceptibly absent. If I would have if I finished the task without the assistance of drugs, there is a greater sense of fulfillment. Amphetamines give me a sensation of an empty sort of completeness when goals are met.

AWARENESS

Due to the increased focus that amphetamines provide, users may find themselves less aware of their surroundings. There are times when entire conversations, activities, or events may transpire around me while I am intently focused on my computer – and I will not be able to mention even one thing that happened. Perhaps only a very loud noise or bright light could distract me when I am this focused. This lack of awareness can also be dangerous if a user is driving, as they may be more focused on the car in front of them or a particular street sign, rather than worrying about the entire driving experience.

Users will also be less aware of the thoughts and feelings of those around them. Amphetamines tend to decrease self-focused desires and dull the emotions, which reduces empathy and concern for individuals around the user.

MOTIVATION

It depends on how one defines motivation for this to apply to amphetamines. For the short-term, amphetamines seem to drastically improve my motivation. I *want* to complete tasks that I do not necessarily usually want to do. Whether it is cleaning the house or car, or filling out tedious paperwork, my motivation to finish is indescribable. However, when it comes to long-term goals, amphetamines are not as conducive. I may make some long-term plans to achieve some goals, but my motivation to complete them when the drug wears off usually dissipates. This desire to accomplish may be habit forming, causing users to take amphetamines regularly for extended periods of time to achieve a place in life that they aspire to be. Regular amphetamine use is very difficult to sustain. Avoid.

EMOTIONAL BLUNTING

This is one of the reasons that many drug addicts turn to drugs. They want to blunt their emotions, whether unintentionally or purposefully. There is definitely emotional blunting with amphetamines. I simply do not feel feelings as much. While there is a euphoric high, I do not feel particularly happy. I do not feel very sad either. I am distracted from my emotions by my newfound desire to get things done. This can be useful under certain circumstances, but it can also be quite inhibitory.

DISINHIBITION AND SOCIABILITY

What else traditionally happens in college besides studying that Adderall could have a use for? Partying. There were several times where I spent an entire Saturday doing work for much of the school week on a hefty dose of Adderall, and simply did not want to go to sleep. Being the party kid that I was at the time, I always wanted to go out and socialize. Sometimes, a supplementary dose of Adderall was taken to make sure I had the energy to party for the night.

Taking a low dose of Adderall (5mg) may add to sociability, but with moderate to high doses on its own, it does not make me more sociable, in fact, the opposite might be true. I can sit and listen to someone talk, but lack the desire to participate. My typical outgoing emotions are usually absent as well. Adding alcohol can help with increasing sociability.

MEMORY

If I reflect back on a day with heavy amphetamine use, I will remember small parts of what I was focused on, but remembering other aspects of the day will be difficult. Memories can be easily triggered if another individual who was with me that day mentions an event. When it comes to remembering material that was studied for a test or other purpose, it is as if my brain accesses the memories differently. It is not like remembering the material when it was studied sober – it is simply a different sensation. Whether or not memory has increased or decreased in ability is difficult to say.

DECISION MAKING (AND DISTRACTION)

As amphetamines are intoxicating, I believe they inhibit the ability to make good decisions. Users may find themselves doing things they would not usually do while sober. This can manifest in driving while intoxicated or ingesting more drugs, but it could also manifest in distraction. Users may find that they were planning on doing a certain activity, but end up deciding on something else.

SEXUAL

With Adderall, my mind may obsess about a particular sexual behavior, and take pleasure in this thought. If I orgasm, it is usually weaker and a bit disappointing.

ANXIETY AND PARANOIA

One side effect of high dose amphetamine use is anxiety. Users may find themselves irritable, restless, and anxious about events in their life, or seemingly nothing at all. Realizing that this is merely an effect of the drug may be the first step in trying to mitigate this anxiety. Paranoia usually only develops after very high doses of the drug have been taken, which may result in a user being awake for several days.

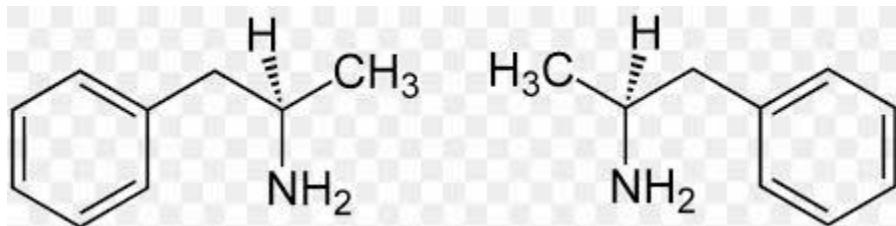
PSYCHOSIS

A friend of mine, who admits to being a drug addict, ingested at least 60mgs of pure dextroamphetamine over a four to five-hour period. He hadn't eaten much, and combined with the high dose of drugs, started to develop delusions, believing every time someone in the group said or did something it was for an alternative reason, possibly conspiring against him. He believed people were sneaking off and doing something, then lying about it. Despite him following us around, checking our messages, and asking us countless questions, he could not rationalize that there was no conspiracy. Lack of sleep, lack of food, and high dose amphetamines can lead to mild to severe amphetamine psychosis which we believe he achieved that night. The effects persisted for several days after and then dissipated.

Comparison to Similar Drugs

ISOMERS - RACEMIC (STREET) AMPHETAMINE, VERSUS DEXTROAMPHETAMINE (DEXEDRINE), VERSUS ADDERALL

What does it mean for a drug to be an isomer? Defined, drugs can be isomers of each other if they have the same chemical formula but a different chemical arrangement. Despite having the same formula, depending on the drug, these isomers may cause different effects. This is definitely apparent in amphetamines.



Even though these drugs are essentially mirror images of each other, the right isomer (dextroamphetamine) has different effects than the left isomer (levoamphetamine).

Street amphetamine (European speed) is a 1:1 mixture of the two isomers of amphetamine: levoamphetamine and dextroamphetamine. It is the least euphoric. There is a **ceiling** effect - taking higher doses does not necessarily increase euphoria.

Prescription amphetamine (Adderall) is a 3:1 mixture of dextro-amphetamine and levoamphetamine. It is much more euphoric, with an increased desire for focus and productivity.

Pure dextroamphetamine, which is rarely found in pure powdered form, is more often found as prescription Dexedrine is 100% dextroamphetamine. It is profoundly euphoric. The first time I came across this drug, I thought it was some type of MDMA relative. Not only was I high, but I wanted to tell everyone I was high, which is unusual behavior for me. Productivity increased. Sociability increased. I am still amazed that this can be prescribed to people – and it is becoming rarer for this to happen.

I cannot find any information if pure levoamphetamine is useful on its own. It seems to be that the higher the concentration of levoamphetamine, the less enjoyable the amphetamine experience, based on past experience.

ISOMERS OF METHAMPHETAMINE

When it comes to methamphetamine, similar to traditional amphetamine, it is dextromethamphetamine that is the desirable drug. In fact, levomethamphetamine is made into some over the counter (OTC) nasal inhalers in the United

States. This is because it has minimal psychoactive effect. Street methamphetamine can be a racemic 1:1 mixture, but some advanced chemists are able to synthesize dextro-methamphetamine on its own.



The drug contained in Vick's VapoInhalers is levomethamphetamine (levmetamfetamine)

METHAMPHETAMINE VERSUS AMPHETAMINE

Their chemical structures are nearly identical, so are their effects really any different?

Some will say that Adderall is the same as methamphetamine, and some will say that the two drugs do not share any similarities. The answer lies somewhere in the middle. Besides the fact that methamphetamine is usually found in its purest form, facilitating easier use for more rapid absorption via a different RoA (insufflation, injection, or inhalation (smoking)), having an extra methyl group attached to the amphetamine molecule does alter the effects.

According to one Reddit user, this methyl group will make methamphetamine more potent, faster acting, longer lasting, and more neurotoxic. There will also be serotonergic effects resulting in greater levels of euphoria (similar to MDMA, the MA in MDMA abbreviated for *methamphetamine* has serotonergic effects), where amphetamines usually do not display this characteristic [Reddit].

METHYLPHENIDATE AND ADDERALL

Methylphenidate (Ritalin), Adderall's early cousin for treatment of ADHD, was said to have more side effects than Adderall. It also is a bit shorter in duration, even when a comparable dose is taken. For stimulant equivalency, Adderall is roughly twice as potent as methylphenidate, meaning that a user will need half as much Adderall to achieve similar effects. Concerta, which is extended-release methylphenidate, has an even longer duration of effect than ER Adderall.

COCAINE VERSUS AMPHETAMINE (THE PRICE OF EUPHORIA)

Assuming cocaine is ingested by the most common method, insufflation, the duration is shorter. When I take cocaine, I may be high for perhaps 30 minutes before I am looking for another dose. There is a greater desire to continue dosing with cocaine. With Adderall, I can insufflate 10mg and achieve a similarly desirable high in terms of strength. The amphetamine high is less euphoric and longer lasting. I will not want another dose of amphetamines for another hour or more in most circumstances. My heart beats faster on cocaine, sometimes uncomfortably so. Cocaine is also far more expensive. I could use a half a gram of medium-quality cocaine in an evening, perhaps 50\$, whereas 40mg of Adderall, usually about 10\$, would keep me entertained for the same amount of time, or longer. This is the price of the increased euphoria that cocaine provides.

Overdose Effects and Lethal Dose

AMPHETAMINE – LETHAL DOSE

The FDA says that in very rare cases, less than 15mg of amphetamines can be lethal, but that some users could tolerate 400-500mg without overdose [FDAOD amp].

In rats, the LD50 for dextroamphetamine is 96.8mg/kg [FDAOD amp]. If we extrapolate this to humans, an 80kg (170-pound) human could tolerate 7.74 grams of the drug. I do not believe this is possible. Do not attempt, even with an extremely high tolerance.

METHAMPHETAMINE – LETHAL DOSE

According to quora.com, user Sienna says she was able to tolerate 500mg injections with tolerance. An 800mg injection caused an overdose that was life-threatening. Keep in mind this user had an extraordinary high tolerance to methamphetamine, regularly using over a gram each day [Quora]. User Tripy Shrooms on the same forum says that

in an intolerant user, 350-400mg of methamphetamine may be lethal when consumed orally, but only 200-275mg may be lethal via injection.

Please remember this is purely anecdotal evidence, and should be in no way used as a reference to *test* the limits of what the body can tolerate.

OVERDOSE EFFECTS

The overdose effects of amphetamine and methamphetamine are likely similar due to the fact they both act in the brain in a similar fashion. Hyperventilation, sweating through clothing, blurred vision, erratic twitching movements, and incoherent speech were all characteristics of a potential overdose [Quora]. Seek immediate medical attention if the symptoms are this severe. There could be cardiac damage developing as well.

According to one reddit user, if you have ingested enough methamphetamine to have a seizure, faint, or lose consciousness in any way, go to the hospital immediately. Another user says that when they overdosed their heartrate was over 280bpm! They experienced sleepiness and nausea, adding on that they would not be able to take even a few steps without losing breath. Someone else says not to smoke a cigarette if you believe you are near overdose, as nicotine can constrict blood flow and make the experience more uncomfortable or dangerous [Reddit2].

Negating the Effects

“I took too much. Help! What do I do?”

First, make sure it is not an overdose, as described in the previous section. Overdoses are very rare. If you are having panic attacks and anxiety, this is likely not life-threatening and controllable.

TAKE BENZODIAZEPINE DRUGS

Compared to other drugs, taking too high a dose of amphetamines can be very uncomfortable. With drugs like benzodiazepines, opioids, and alcohol, a high dose might just cause sedation, but with amphetamines, the opposite usually happens. The user will likely be *very* awake, and at times even potentially psychotic. Rational thought ceases to happen, and anxiety and paranoid feelings explode out of seemingly nowhere.

What can be done? I have found the most effective means to negate the uncomfortable effects of amphetamines is to take a **benzodiazepine**. Of course, we do not all have the luxury of having **Xanax** around us at all times, but it helps to know that even in hospitals, they give benzodiazepine drugs for amphetamine overdoses. **CAUTION!** Self-medicating with a different drug could have unpredictable consequences! Be careful!

THREE BASIC STEPS

If benzodiazepines are unavailable, taking deep breaths may be helpful. Breath in slowly and deeply while picturing relaxation, and then breathe out the same way. The goal is to relax your body. Amphetamine use can cause slow and shallow breathing. This will attempt to take control of that by deep breathing, ideally bringing some relaxation to the stressed user.

In addition to deep breathing, drinking water is very important. Do not chug water, even if you are sweating profusely, as this can seemingly confuse the body. Sip it slowly, while maintaining even breathing. If the sweating is excessive, add salt to the water. Sweating depletes electrolytes like sodium, so putting electrolytes back into the body will make for more peaceful function.

If you have been able to breathe and drink, perhaps eating is an option. A good meal will usually take the irritable anxious edge off a high that might be too intense. Amphetamines suppress appetite, but forcing food to get into the body is usually very effective for quelling uncomfortable emotions. If solid food is difficult to ingest, a sugary beverage may prove useful.

Addiction and Withdrawal

THE DESIRE FOR MORE (PURE DEXTROAMPHETAMINE POWDER)

While this is hardly an addiction by the traditional sense of the word, I did notice a lot of addictive tendencies that dextroamphetamine seemed to have as I abused it over a period of several days.

By the end of the third day of constant dextroamphetamine use and not a minute of sleep, I was seeing flashes of something in the corner of my eyes, but when I tried to see what it was, nothing was there. I experienced minor auditory hallucinations – little sounds were heard, almost as if someone were speaking, even in quieter environments. These minor hallucinations were easy to rationalize as not actually existing. I had minor feelings of paranoia and anxiety, but despite all these borderline psychotic sensations, there was an element of euphoria present that was not directly related to the drugs I had taken. It was as if my body was releasing endorphins or some other chemicals to make myself feel good while in an extreme state of sleep deprivation.

Had I not been so completely exhausted, my craving and desire to keep taking the drug would have persisted. There was a desire to explore my consciousness if I stayed awake “just a little longer”.

ADDERALL – ADDICTION AND WITHDRAWAL

Fortunately, I have never been addicted to amphetamines beyond the three days just mentioned, but I have known a few people that were. They said that they would be essentially unable to function if they did not have their drugs. Not having this drug essentially put them in a state of withdrawal: no motivation to do anything, anxiety, depression, and fatigue. Essentially, the opposite of everything that Adderall made them feel.

My one friend had this to say after having taken the drug for several years: “It took me about 4-6 months to recover...sometimes I wonder if I’m actually fully recovered or not. It seems like my body still thinks it’s a way I can overcome challenges.” He was taking about 40mg a day for three years.

It is said that amphetamines are not physically addictive, so there should be no physical withdrawal, but this is not always true. While definitely different from the withdrawal one might experience from opiates or benzodiazepines, there are still noticeable withdrawal effects from consistent amphetamine use.

Appetite will return, causing users in withdrawal to eat seemingly everything around them. Some may even develop eating disorders. Sleeping will also be much easier after amphetamines have cleared out of the body over several days. One Reddit user says she would sleep for 14-20 hours a day on days where no Adderall was taken [Reddit3]. To me, this seems like a clear physical withdrawal effect.

ADDERALL – LONG-TERM EFFECTS

While I have never used Adderall on a daily basis, I know several friends who have. They describe varying levels of addiction, depending on how frequently or how large of a dose was consumed. One friend told me that when he finished college, he stopped his prescription. For months, he was unable to focus on anything. His mood fluctuated, but was often negative. He used a variety of negative words to describe what this withdrawal was like. He said he would not recommend anyone take the drug for any amount of frequency.

Weight loss is another effect of consuming amphetamines over a long period of time. Appetite suppression and weight loss go hand in hand. It is impossible to gain weight if there are no calories being consumed. Noticeable weight loss will not happen after just one or two doses, but it becomes very apparent if a user has been taking the drug on a daily basis. The body can grow accustomed to this and regain appetite, but there will usually be at least some level of appetite suppressant effects.

METHAMPHETAMINE – ADDICTION

Again, I am grateful that I never experienced addiction to methamphetamine either. I have had multiple friends deep in addiction with this drug. One friend sticks out in particular. I had been over to his place many times, usually to acquire other drugs or for a brief social interaction. What I observed was upsetting, to say the least. His brain was seemingly very scattered. Conversations would start, and he would then branch off into other conversations that were usually unrelated. His entire apartment was quite a mess, and it was difficult to find a space of floor to step without treading on dirty clothes, random objects, or garbage. I always thought methamphetamine addicts would keep their living space pristine, but this was not the case for my friend.

He was also extremely paranoid. If I did not speak with a certain tone, he would be suspicious of me. I could not sound too happy, or he thought I was doing something sneaky. If I spoke too seriously, he thought something was wrong. He also had this habit of taking apart electronics and trying to put them back together again, but really, he ended up just

destroying a lot of electronic equipment. I felt uncomfortable every time I was in his presence, and nervous for what might happen to him. He ended up prostituting himself, and getting arrested for committing fraud. Several months ago, I found out he passed away.

METHAMPHETAMINE – WITHDRAWAL

This references the same user mentioned in the *Overdose Effects and Lethal Dose* section. Withdrawal effects that were noted included sweating, hallucinating, uncontrollable crying, and suicidal thoughts. Dry heaving and body aches were also fairly common. Some users will report feeling depressed or unmotivated for months after consistent heavy use [Quora].

Personal Experiences

[LIVE] ADDERALL - INSTANT RELEASE, 30mg

Drug/Dose: Adderall (3:1, isomer ratio), Split dose hour apart 15mg+15mg

RoA: Orally

Date/Time: 9:50AM

Diet: Strict carnivorous diet 5 of 7 days a week, usually OMAD (one meal a day) fasting some eating outside the diet occasionally (vegetables, fruits, junk food), but not the last few days.

Recent Drug Use: Caffeine on a nearly daily basis, low-dose pseudoephedrine (30mg) a few days ago, no other drugs, no caffeine today.

Mental: Feeling optimistic, unstressed from the coronavirus, comfortable, enjoying unemployment.

Physical: I was sick for a few days last week, but have felt 100% fine for the last few days, a bit sore and sunburned from hours of tennis, no other pains, HR average 66bpm, in ketosis, 90+ min REM, 70+ min Deep sleep last night, great sleep last few days. Stomach empty (lemon juice 2.5 hours ago on empty stomach, 3 drops oregano oil extract 20 minutes ago), was a little hungry before experience started, unusual before noon, did not eat as much yesterday for the amount of exercise I had.

Setting: Taking the drugs in my home by myself, but in the company of a partner.

Expectations/Questions: I think I will work in a more focused manner, liberated from distraction. I hope to develop a better system of organization. This drug took me through college, Will my lack of having caffeine today bother me?

Experience:

First dose (15mg)

T=0: Took half a 30mg pill, bit it once so it might break down faster, this pill doesn't have the glucose taste that I am familiar with from traditional Adderall. Feeling a little urge of hunger before swallowing the pill,

T+3: Do I feel a sensation already? This is likely placebo.

T+10: Definitely noticing some trace effects. My body is feeling warmer. Brain starting to feel stimulated.

T+13: More stimulated, a slight chill down my back. I was already awake before starting from having a full night of sleep, but now I am feeling a bit more wakeful.

T+17: Body is definitely warming up, heart rate still normal 64-66.

T+20: When I look at the clock, I am a bit surprised it has only been 20 minutes. News pops up on my computer, easy to ignore.

T+25: Breathing may be a bit shallower – I try to take my own advice and take deep slow breaths. My body has the sensation it feels right before it is about to start sweating, slight itch in various places.

T+30: More itching all over the body a bit surprised by it. Sinuses clearing a bit more. Still a bit hungry, surprisingly, not as focused as I thought I would be. A light sweat has broken out.

T+40: Feeling alert, a car drives my outside that grabs my attention, seemingly more rapidly than normal. Feeling a little emotional blunting. Feels like I am reading faster.

T+50: Focus feels a bit robotic, and time can either feel like it is moving faster or slower. There was an urge to defecate earlier in the day than normal, and I satiated the desire – definitely amphetamine related. I don't want to be unproductive. My phone usually distracts me – today I do not care for it. Euphoria is mild. Blood pressure feels increased, a slight "rushing" sensation through the body. I have hit peak. HR is 60bpm. Mouth is feeling a bit dry.

Second half of pill ingested (30mg total)

T+1:00: Ingesting the other half of the pill, total to be 30mg. My hands have started to sweat, maybe I was not fully at peak from the first dose.

T+1:02: The little pangs of hunger I was feeling are fading. I am sitting much more upright than usual, believing this will bring me even more increased focus.

T+1:08: Defecated again. Hands are shaking slightly. Sweating is increasing. Mouth is dry. Sinuses are clear.

T+1:10: A slight anxiety is creeping in, 30mg is usually a high dose for me. HR still 63bpm.

T+1:15: Normally I have taken at least one or two breaks to play a 10-minute game, but right now I do not have the desire. I want to accomplish things and complete tasks.

T+1:20: I definitely feel high, there is a bit of a euphoric rush at this dose which I did not feel from the 15mg alone. I became aware of a toe-tapping/leg-shaking that I was not doing earlier, very slight and slow, but noticeable. Sweating is increasing. Drinking water does not help too much for the dry-mouth sensation. Itchiness is still present, perhaps as the second dose is building in effect.

T+1:30: My heartrate feels increased, but it is still around where I started: 63bpm. There is some distortion of sound when I hear a bird chirping. A *very* slight chill has come over, I put my jacked back on that I took off at T+30. Anxiety seems to have leveled out. But the thought of sitting still and not doing anything causes me anxiety! Appetite has vanished.

T+1:40: Quite high, almost intoxicatedly so, but there is a clear-headed buzz. Enjoyable. Breathing is a bit shallower, when I notice this, I breathe more deeply, which creates relaxation. Continuing to feel a bit robotic and emotionless.

T+1:47: Playing a shooting game raised my anxiety, even though I was on the winning team. I suppose a high-stress shooting game is not the best on a high dose of amphetamines. My jaw has a slight clenching sensation.

T+1:53: Although I feel focused and euphoric, there is a slight craving for more, even though I know that this would not necessarily make the experience more profitable.

T+2:13: I am perfectly happy sitting here and researching. I like the feeling Adderall provides very much for this. I tried to sit outside and breathe peacefully. There is a slight chill and it is cloudy. I was outside for maybe two minutes before I went back in

T+2:18: Electrolyte supplement mix of potassium citrate and magnesium glycinate was consumed (I take multiple times a week). Not sure if it will help with the mild **bruxism** I am experiencing.

T+2:35: Still enjoying the heightened focus, I believe the electrolyte supplement was helpful for body relaxation.

Sweating seems to have decreased. Still a slight chill in my body. Sinuses have been remarkably clear, related partly to recent healthy diet choices, but definitely a part effect of amphetamine.

T+2:40: It has been remarkably easy to focus on writing my book. I am able to work linearly without jumping around like I might while sober or having had caffeine. I need to use less self-control to make myself work. It appears to be nearly automatic. I can summon memories to help me write seemingly with ease. I believe the magnesium helped with the bruxism.

T+2:55: There is perhaps a slight decrease in effect. I am still feeling very focused and motivated to complete tasks.

T+3:15: The euphoric high seems to have diminished already.

T+3:33: A slight come-down sensation is present, with mild restlessness, but not uncomfortable. The euphoric effect is now absent.

T+3:40: While robotic research and writing is still easy, I am finding it difficult to be creative. I have only been working on creative writing during the last half hour or so, but I find I am more likely to start fumbling with my hair or clothes as a means of distraction. Perhaps it would have been easier to be creative near the start of the experience.

T+3:50: Some lingering sweat and mild restlessness.

T+4:00: I have had a mild craving for nicotine since the experiment began. It was only mild as I have only consumed nicotine a few times in the last few months (only on drugs). If I had been a regular nicotine consumer, I am sure I would have indulged multiple times. I smoked two consecutive cigarettes and I am reminded of my habits in college, frequently indulging in Adderall and cigarettes. The head rush was enjoyable, but the outside felt cold. By the end of the second cigarette, my body was feeling cold (it is a chilly day relative for April in northeast America). Bruxism and sweating slightly increased. The effect of amphetamine seemingly increased. My heartrate shot up to 90bpm after the first few drags, and stayed that way for about 15 minutes.

T+4:10: As the nicotine buzz is fading, I am left feeling a bit more restless, and slightly agitated. Bruxism is decreasing. Based on what I remember from using amphetamine-based drugs without having eaten, I believe that eating is now my best option to make myself feel better, though my appetite is now lacking even more due to the combined effects of nicotine and amphetamine. Dry mouth and thirst increased. Drinking water helped for a short-term remedy. Conversation is not as fluid when I try to discuss with friends who just came over.

T+4:30: My kilogram of rib-eye steak and grass-fed beef liver, which I usually enjoy is much harder to eat. Saliva is difficult to produce. It does not taste appetizing to me today. Chewing the food is difficult.

T+5:00: I have made shockingly little progress with my meal, but my salivary glands seem to be working better. While it is becoming easier to eat, whether by the simple intake of calories, or by diminishing effect of the drug, I am still stimulated, and I keep needing to remind myself to eat.

T+5:30: Over the last hour, as I have been eating, some of the restlessness that comes from the residual stimulation of amphetamines without consumption of food has been subsiding. I am still quite stimulated and focused. Unlike with caffeine, where about 30 minutes into a meal the effects are noticeably diminished.

T+6:00: I am feeling like this food is bringing me life. While I was alert and aware of my surroundings from the drug, I did not feel "present". Food has brought me back to the moment. I am still stimulated and working robotically, however. As the food is digesting, there seems to be an increase in the sensation of stimulation, even though there is very little euphoria.

T+6:30: Still stimulated, but losing focus. The high has subsided, and I am feeling a bit restless and jittery.

T+7:10: A hot shower seemed to soothe some of the residual restlessness. I still feel very awake and stimulated. Playing a fast-twitch shooting game just raised my anxiety. I also seemed to perform worse than if I were sober or under the influence of just caffeine.

T+8:00: Still stimulated and still have a light sweat. Pushing myself to focus seems to increase productivity, but I am more inclined to be distracted at this point in the experience.

T+11:00: Still stimulated though it has decreased. Irritability and restlessness have mostly subsided. I have been able to remain focused on tasks that I wanted to focus on.

T+13:00: Although I have Xanax at my disposal, I will not to use it. I finally feel as though I achieved baseline. Very faint residual stimulation. Feeling physically and mentally relaxed, perhaps with a very slight mood lift?

T+15:00: After lying awake, I decided to make some food. Food usually helps quell caffeine, so I thought it might help banish the mild residual stimulation. I was able to fall asleep at, T+15:50, an hour and a half after I usually go to sleep.

T+23:00: I slept less than six hours when I usually sleep more than seven. It was not as restful, but I think I still feel a very slight residual stimulation

T+24:00: Even a full 24 hours later, I believe I am feeling the slight residual effects of the drug, increasing focus and wakefulness.

T+27:00: I believe I have reached baseline as a direct result of eating lunch. The bruxism from yesterday, combined with the excessive chewing, caused some jaw soreness today.

After-Thoughts: I was honestly surprised at how long the drug lasted. I was also surprised by the number of times I had to go to the bathroom for attempted defecation (five or six times?). I do not think it was anything I ate the day prior, as I ate how I typically do. While the experience was peaking, there was some difficulty urinating, but not much of a struggle. Even though I took 30mg between 10-11am, I was not able to sleep for fourteen hours. This is too high of a dose for me. The euphoric high was fleeting and only lasted for a couple hours. The agitation and restlessness, while mild, lasted for a bit longer after the peak effects decreased. It may have been related to not having caffeine after having it daily for a couple weeks. Eating is important! It made me feel *much* better, even seemingly boosting the effect of the drug as the food began digesting!

[LIVE] PSEUDOEPHEDRINE (PRECURSOR TO METHAMPHETAMINE)

Drug/Dose: Pseudoephedrine (PSE), 60mg + 60mg, 2:30 apart

RoA: Orally consumed

Date/Time: 4/4/2020, 9:05AM

Diet: Carnivore diet recently, not very strict, last night had sugary junk food

Recent Drug Use: Caffeine on a nearly daily basis, not today, 50mg diphenhydramine (DPH) last night, PSE maybe once last week

Mental: Positive mindset, a little tired

Physical: Slight congestion, otherwise healthy. Heart rate was normal (about 70bpm), REM 90+, Deep sleep 90+. High levels of positive sleep despite junk food and DPH before bed, stomach empty (aside from a slight possible residual food from late night snacking)

Setting: In a waiting area, waiting for my car to get serviced. Comfortable chair. No one with me. After the car was done, moved back home, sitting all day.

Expectations: I have taken this drug many times so I am familiar with its usual effects. Taking DPH last night may dampen some of the stimulation.

Experience:

T=0: Two pills swallowed with a glass of water. No food consumed. Heartrate: 70

T+15: Feeling a slightly more wakeful effect, trace stimulation.

T+20: Slight desire to be productive.

T+25: Barely perceptible tingle in my spine. Sinuses are getting clearer, easier to breathe.

T+30: Stimulation is not placebo, increase in focus, heightening awareness of environment.

T+37: Noticeable but mild increase in heart rate. Enjoying the increased focus while reading and writing. Slightly amphetamine-like (AMP), but less of a buzz.

T+50: Stimulated. Difficult to sit still and not want to do something. Sinuses are very clear. Some toe tapping. Reading is very enjoyable.

T+55: Trace anxiety, very easy to ignore.

T+1:00: I would not say the music is enhanced, but I have a desire to move to it. Having used PSE as a party drug, this is not overly surprising. Although I could sit back in the chair, I find myself leaning forward, hunching over my phone to read and write.

T+1:05: Focused reading on the coronavirus feels like wasted effort. I know it is not a good thing. Focused reading on learning something new feels better.

T+1:13: Standing up for the first time gave a head rush that seemingly boosted the stimulation. I enjoy typing on my phone. Writing would also feel good as well. Despite being able to breathe deeper, I found my breathing a bit shallow at times. Reminding myself to take a deep breath brought relief.

T+1:20: Definitely increased stimulation. Reminder – breathe deeply. Sometimes I am surprised this drug can be purchased OTC. Trace shiver in my body. More sensation of AMP-like stimulation, but without the euphoric buzz.

T+1:40: I have been glued to a book for 20 minutes, pulling my head up as if in a stimulant trance. If I had a coffee right now, I feel as though it would tread into over-stimulation. When not focused on reading, my thoughts are a bit scattered, moving from one thought to another. Heartrate: 72 sitting, average

T+2:20: The main effects I received lessened slightly. Stimulation is still present, with an increased desire for focus.

The box says to wait 4 hours between doses, but I am going to take two more (60mg) at T+2:30. Taken with a large glass of pure fresh lemon juice (coronavirus protection!). Acidity of the lemon juice may diminish some of the effects of the second dose.

T+2:30: Blood pressure feels like it is rising, stimulation increasing already, likely because the two pills were taken on an emptier stomach than the initial dose.

T+2:40: Stimulation rising, some mood elevation, slight “high”. Heartrate: 63 seated. Feeling comfortable, trace of anxiety, barely perceptible. Desire to focus is very high. Standing produces a temporarily heightened degree of stimulation. Even easier to breathe deeply, sinuses even clearer.

T+2:55: Time seems to be moving faster, especially when absorbed in various tasks.

T+3:10: When tasks are paused and I try to sit still, thoughts are very scattered. Stimulation is very apparent. Strong desire to be productive, but not extremely easy to focus on each task.

T+3:20: Sex happened – enjoyable, but perhaps the orgasm was less intense or altered somehow. Mucus in my sinuses loosened, and blowing it into a tissue allowed my sinuses to be clearer than I could have hoped for! Very easy breathing.

T+3:50: The slight elevated buzz I felt has passed, though I am still very stimulated. Background stress felt. There is a sensation felt in my eyes, difficult to describe. I can probably best describe it as this: if a higher dose of the drug was taken, my vision would start to blur. Light sweating.

T+4:35: I just laid down for about 20 minutes. Despite a sensation of stimulation, I felt the need to put my head down. I have not eaten yet (I usually eat once or twice a day) and it is around my feeding time. Perhaps eating will cause a boost in energy. Remarkably unfocused almost 5 hours after dosing. Perhaps related to the DPH taken 16 hours ago? Effects of DPH can linger in my body for quite some time.

T+5:00: I am desiring caffeine, but believe the stimulation will be overwhelming even if I just had one cup of coffee. Most of the effects have subsided. Sinuses are still very clear. I smelled flowers outside for the first time, though they have been in bloom for several days.

T+7:50: Just awoke from a half-hour nap. Stimulant effects definitely subsided. Going to have some coffee

After-Thoughts: The pseudoephedrine was stimulating, that much was clear. Perhaps just as much as 5-10 milligrams of Adderall after taking the second dose of two pills. The mood elevated “high” was much less however, but produced an interesting altered state of mind. The duration of effect was also much shorter – perhaps two hours of noticeable effect, then quick dissipation over the next hour, with residual stimulation for one more. I really enjoyed the clearing of the sinuses, especially since I ate junk food the night before which usually produces sinus congestion. Even now, eight hours after the last dose, it is still easy to breathe through the nose. Could be a useful alternative to caffeine, but even with a caffeine habit, I feel my focus was better than with PSE.

ADDERALL – THE FIRST TIME, AND CONTINUED USE IN COLLEGE

I can recall the first time I took Adderall very clearly. Being in college, of course I had heard about the drug. It had even been talked about in the school newspaper! At this point, the drugs I had sampled consisted of just alcohol, caffeine, nicotine, and cannabis, so I was rather naïve to the effects of other drugs.

When I visited a friend a nearby school, she told me how easy it was to get prescribed Adderall and how it helped her. I told her how I was getting behind in school work and how difficult it was to catch up. I had an 8-page paper due the next morning and had spent no time on it. She handed me a small orange oval-shaped pill and told me this was 20mg of instant

release Adderall. Her advice: make sure you've eaten earlier in the day, set yourself up for your paper, then take half on an empty stomach, and wait 20 minutes.

As soon as I got home, I was excited. Would this pill really magically help me finish a paper I knew little about, or was it too good to be true?

Not even a full 20 minutes after taking it I had started to feel the effects. I felt a bit warm, a slight burst of energy, and a heightened focus. It felt great! I actually *enjoyed* writing this paper! I never knew this feeling was possible. Why had I never tried this before? Something that normally would have taken me at least 8 hours was done in less than half the time – 3.5 hours. And to top it off, I received a 93/100 on it – an “A-”. Although I tossed and turned while I slept, I did manage to get a few hours of sleep that night, but it was not as rejuvenating as if I had a night of sleep without the drug. I woke up the next day with minimal residual effects. I was stunned to say the least.

Little did I know that I was experiencing a dopamine high that I would continue to seek, as well as a slight dependence on my little orange friend to get my schoolwork done. And so began my Wednesday ritual where I would sit in the school library from 10am until the evening and do all my schoolwork for the week. A friend even joined me, and we referred to ourselves as “Adderall buddies”. We worked well together, although that could probably be attributed to the amphetamines we were taking. Doing work this way felt strangely robotic, and even if I accomplished long papers or large projects, it didn’t feel nearly as satisfying as when I would accomplish these tasks while sober.

As months went on, I began to realize I had not done any studying or schoolwork unless I had taken the drug. This did not bother me because \$5-\$10 a week was a small price to pay to ensure all my school work was done. I was far from the only person who indulged in the pleasure of prescription amphetamines. It was talked about at parties and in dorm rooms, between friends and even by some professors! The Adderall craze was everywhere and I did not miss out.

ADDERALL – EXTENDED RELEASE (XR), 20mg

On another occasion with an extended release 20mg capsule, with the desired effect of studying, I was tremendously successful. Not very much of a high, but a heightened focus. The effect was milder than a similar dose of Adderall IR, and longer lasting. If the capsule was taken in the afternoon, effects would persist into the evening and occasionally cause difficulty sleeping.

I have also attempted to insufflate Adderall XR before. It is more challenging than Adderall IR to crush. Since the beads are small and round, finding an ideal surface and crushing instrument can be more difficult. Additionally, after the beads do finally get crushed, the powder clumps and clogs the nose, causing sinus issues days after. With equivalent milligram doses, the ER version is not as potent as the IR version. There also seemed to be an “extended release” effect even when used intranasally. This was likely due more to poor absorption, or because the drug ran down my throat before being effective. Avoid snorting Adderall XR.

ADDERALL – INSUFFLATION, 20mg

I had not done Adderall for months, and thus my amphetamine tolerance was very low. I ground up a 20mg orange pill and raked it into five long lines. I am still surprised how much powder a crushed little pill can create, even though I have done this many times in the past.

Only about 4 mg was ingested to start. Within 3 minutes I felt my senses became more sensitive. I felt a warm rush creeping out from my chest and head. The feeling was initially pleasant, and even had a mild anxiolytic feeling!

I proceeded to play video games for the next 20 minutes, gradually finishing the 20mg pill. I felt as if my reaction time had quickened. I was noticing some small details within the game. I felt a greatly heightened focus. My heart was beating much faster. I felt a slight shiver, and my body began to break out in a light sweat.

This feeling was not the most comfortable, but the dopamine rush created by the dose caused me to feel euphoric enough that the increased heart rate and mild sweat did not even bother me. I felt intoxicated, with a feeling of lowered inhibitions. I acted a little sillier, though this could be a reflection of the already good mood I was in leading up to the experience.

I felt the increased focus for nearly 90 minutes! In college, I feel as though I would have not felt it for more than an hour due to my raised tolerance. The residual stimulation lasted for at least four more hours. Having ingested the drug at 10pm, I clearly was not able to sleep for a while! The little sleep I got felt fleeting and not very restful.

I awoke three hours later still feeling trace effects from the drug. Writing about this now, I feel more focused than after having had a cup of coffee. There is no euphoria present, but I also did not wake up feeling hungover or “down”. It was an overall enjoyable experience.

ADDERALL – EXERCISING ON THE DRUG, 20mg

I had the desire to go for a run one day after taking 20mg of instant release Adderall. Not to lose weight, but because I had the energy. It was about 4 or 5 hours after consuming the drug and I was still feeling rather stimulated after finishing a college paper I had been working on. I normally consume a *lot* of food, but due to Adderall's appetite suppressant effects, I had eaten a bit less that day. My energy to run was still more than normal, and the run gave quite a rush! I was running about 3 or 4 miles a few times a week, and that day I believe I ran about four miles a little faster than usual. The amphetamines seemed to increase my energy! It felt wonderful.

I could take deep breaths and each breath felt good, but it required more thought – it wasn't as automatic. Amphetamines can sometimes make me take more shallow breaths than usual, particularly with higher doses, but at an ideal dose with exercise it seemed my airways were opened. This makes some sense medicinally, as some decongestant inhalers contain an amphetamine derivative used to open up the airways.

My body felt a rush, and shortly after I was done, I began sweating more than normal. The most alarming part was how quickly my heart was beating! I could hear it thumping in my ears, but other than this, I felt good.

CAUTION! My amphetamine tolerance was low, so I think I suffered more side effects than someone who would be taking the drug every day. Their body may be more accustomed to the drug. Still, please practice extreme caution if contemplating exercise, especially something vigorous, as the potential for over-exertion is possible, especially in those who do not exercise often. Exercising on amphetamines is not recommended.

DEXTROAMPHETAMINE – PURE POWDERED FORM

On another occasion I was fortunate to obtain pure concentrated dextroamphetamine. Before trying it, I was not even exactly sure what the drug was, but I knew it was some type of stimulant. Being the slightly reckless drug user that I was, I decided to insufflate 10mg of this unknown substance. It felt different than Adderall, so I thought it was something different than amphetamines entirely.

The initial effects crept up and I thought I had taken a small dose of MDMA. After 20 minutes following the initial ingestion, I felt a rushing euphoria. There was no empathy or other lovey feelings as one might find with MDMA, but the euphoria was still present. I wanted to tell everyone how good I felt, but I did not even know which drug to tell them that I had taken.

At the party I was extremely sociable. I talked to complete strangers like they were old friends. Music sounded wonderful. The come-down was smooth. I was surprised they prescribe this to people.

DEXTROAMPHETAMINE – POWDERED FORM, HIGH DOSE (60mg?)

I ingested high doses of the drug. Perhaps around 60mg insufflated? There was stimulation, but it felt somehow less potent than Adderall on this occasion. I believe it was because the dose had gone so high. I recall using this powder as a study aid in small doses. I experienced such an intense blur of vision, that I could not read or concentrate on typewritten material at a normal range from my eyes. I have otherwise perfect vision so this was alarming for me. I was worried that I would have impeded vision permanently. The anxiety-reducing effect of the amphetamines soothed the anxiety-causing effect, although that seems contradictory. Thoughts were very scattered and incoherent. While there was euphoria, overall, I did not enjoy this experience.

DEXTROAMPHETAMINE – PRESCRIPTION TABLETS (10mg)

Orally the effects were similar to the powdered dextroamphetamine I had sampled - very euphoric. I would sniff it more frequently than I would eat it. A half of a 10mg tablet provided the desired effect for me. Mood uplifted, energy levels

higher, and anxiety reduced. Sniffing provided more instantaneous and stimulating effects, even though it was shorter lasting. Orally, it provided an all-over body high of pleasantness. I am still stunned that this drug is prescribed to people! The euphoric aspects of it seem to overpower other medicinal uses.

RACEMIC AMPHETAMINE – STREET "SPEED" – EUROPEAN

Rare to obtain in the United States, street **speed** (slang for powdered racemic amphetamine) is far more popular in the United Kingdom and other European countries. It has a distinct smell and sometimes comes in a wet paste of varying colors, the cleanest/purest being bright white. The only RoA that was used was insufflation, but I have had friends report success with oral dosing. I do not claim that the quality of amphetamine paste I received was extraordinarily pure, but it did have an effect. I found the high less euphoric than Adderall, which has a 3:1 Dextroamphetamine: Levoamphetamine ratio, compared to the 1:1 ratio of racemic amphetamine. Both drugs were even less euphoric than pure Dextroamphetamine.

I suppose the heightened focus and stimulation was enjoyable, but nothing stellar in comparison to pure Dextroamphetamine. There also seemed to be a **ceiling effect**. Even if I used more of the drug, it did not give a more pronounced high. The side effects were just more noticeable – increased heartrate, anxiety, and agitation.

DEXMETHYLPHENIDATE (FOCALIN)

Focalin, mild but a nice high. Little urge for productivity despite it being an ADD medicine.

I tried Focalin XR (Dex-methylphenidate) on several occasions to see how it compared to Concerta (extended release methylphenidate). Having read it could be snorted, that is what I tried the first couple times. I crushed up a 10mg capsule of the little balls, with some difficulty that is usually accompanied by this process, and proceeded to begin insufflation. As this was some time ago, I do not recall much pain, but what I do remember is how much my nose became clogged. It made it difficult to breathe through the nose as I kept repeating insufflation throughout the night. The high was mild, perhaps relative to a light, unfocused amphetamine high. I did feel some effects, and they seemed to last for several hours, but it was not worth repeating.

Taking the drug orally provided a more pleasant body high, and comparative to insufflation, it was a relief not to have such a clogged nose. The effects lasted much longer, but felt less stimulating. In fact, I recall an almost lazy feeling that came over me on one occasion

METHYLPHENIDATE – EXTENDED RELEASE (CONCERTA)

I have not come across instant release methylphenidate, as it is now usually prescribed in the extended release formula, intended to be more effective in treating ADHD and harder to abuse.

Desiring a quicker and stronger high from what would otherwise be a long lasting, likely mild drug if orally consumed, I began to dissect the pill to make it able to be insufflated. The outer shell was most difficult to pull off, and the inner part that contained the active drug had a waxy paper-like cover around it. The multiple parts of the pill were carefully designed to extend the release of the drug slowly over a period of time to best treat ADHD.

Now that the active drug was separated, I tried pulling the outer waxy layer off with little success and just tried crushing the pill after that anyway.

Instead of breaking easily into a fine powder, the drug sort of crumpled around the wax, but I was able to get it into a consistency ready to be insufflated.

The drug went in, and the burn was rather painful, but short lasting. I was surprised when I felt a high come on, but it was at great cost to my sinuses. The waxy substance inside the pill seemed to have given the sensation that my nostrils were glued together! I could not breathe through my nose and the dried-out goo inside my nose that was created was so irritating that it greatly distracted from the high.

The high lasted for about an hour, provided mild euphoria, but nothing memorable enough to write more about. Between the physical side effects and the poor quality of the high, I did not desire to repeat this experiment again. Definitely not recommended.

PHENTERMINE – INSUFFLATED, Dose: ???

I found some phentermine pills on the floor of a club one time. After some research, I decided to insufflate one, and was greeted with stimulation, and a definite suppression of appetite. I can see why these are prescribed as diet pills. There was remarkably little euphoria, perhaps somewhat akin to the buzz I would get from taking pseudoephedrine when intolerant. Not worthwhile, Avoid.

PSEUDOEPHEDRINE – EXERCISING ON THE DRUG

I looked into it briefly, whether or not PSE would be useful at improving my ability to run. A few forum posts and mixed reads from various websites allowed me to conclude that this drug would indeed work as a powerful performance enhancer, especially in high intensity cardio training.

How effective would this be for me? Is it safe? If I use it in a race, would it be considered cheating? On one particular occasion, I was about to run a give-mile race. I had eaten a big meal the night before, had some caffeinated coffee early in the morning, followed by some bread for energy. I had never been able to get below 30:20 for a five-mile run when running on my own. How else could I give myself an advantage? I decided to see if PSE would help me break my own personal record. I also tried taking cayenne pepper and ground ginseng which I had tried on other occasions with some success. Thirty minutes before start time, I took two 30mg pills with my herbal blend.

I was feeling particularly pumped for the race on this day. Perhaps it was that, the caffeine, the good meal the night before, or the herbal supplement I made for myself that caused me to shatter my five-mile time by over a minute. I finished in 29:10, a time I had never thought I could achieve without extensive training. Was it the PSE? There are too many confounding variables making it difficult to know. What I do know is that my nose was extremely clear, my lungs felt open, my mind was ready, and my body felt like it was running extremely efficiently. Based on other runs I have gone on with the assistance of the drug, I feel it is safe to conclude that at least for me, this drug has a definite boost on athletic performance.

CAUTION: Exercising on stimulant drugs can be very dangerous. Stimulants speed up the heartrate unnaturally. Exercise, especially high intensity cardio-based activities like running or cycling, also stimulates the heart. If one has a weak heart, or is not accustomed to effects of these drugs, they may find that they damage their heart or other internal organs. Be careful!

Stimulant use plus exercise can also be an effective means to lose weight, however if a person is overweight and inactive, this may be one of the most dangerous times to combine the two activities. While an inactive person taking stimulants may feel more motivated than usual to exercise, it will put a great strain on the heart, which runs the risk of heart attack or other issues.

Combining with Other Drugs

ALCOHOL

Please see the *Alcohol* chapter.

BENZODIAZEPINES

Please see the *Benzodiazepines* chapter.

CAFFEINE

Please see the *Caffeine* chapter.

CANNABIS

Please see the *Cannabis* chapter.

COCAINE

Please see the *Cocaine* chapter.

GHB

Methamphetamine and GHB.

KETAMINE

I have tried this combination multiple times, and each time it is notably lackluster. The increased focus, desire for productivity, and stimulation that amphetamines grant me is greatly diminished. Additionally, the psychedelic, relaxed, and dissociative nature of ketamine is weaker as well. Some drugs, when used together, even if they are a stimulant and a

depressant, seem to enhance each other's negative qualities. This combination seems to have an almost sobering effect, negating each other. Increasing the dose of each does not increase enjoyable effects. Every time I found this pointless. Avoid.

LSD

On this particular occasion, 20mg of Adderall was taken two hours before a surprise decision to take 150mcg of LSD. I do not often get anxiety or panicky feelings from psychedelics on their own, but amphetamines and some other stimulants can generate background anxiety for me at higher doses. When these two drugs were used together, it may have been one of my least enjoyable LSD combination experiences. The amphetamines gave me a slight edge to the trip and a mildly undesirable sharpness. There was euphoria present, but it was overly focused and somewhat stern. I could hear myself as I spoke, sounding somewhat disrespectful towards friends of mine without intending to sound this way. I did manage to cook a good meal very carefully, likely as a result of the focus enhanced by amphetamines. Overall, it was not a very worthwhile experience. The visuals and mental clarity of LSD were hindered and I desired a more relaxed state. Cannabis was smoked more frequently during this session to calm down the amphetamine rush that I was feeling.

MDMA

Please see the *MDMA* chapter.

MONOAMINE OXIDASE INHIBITORS (MAOI's) **CAUTION!**

Mixing methamphetamine with MAOI's such as pargyline and cordyline could cause an increase in dopamine levels resulting in an exacerbated neurotoxic effect of methamphetamine [MethFact 2009]. From my past research, stimulant drugs such as MDMA, amphetamines, methamphetamine are very dangerous to mix with MAOI's. Some people are fascinated by the fact that MAOI drugs could make the effects of their desired drug last longer or be stronger, such as methamphetamine, but mixing these drugs is EXTREMELY DANGEROUS, and can result in overdose effects.

NICOTINE

Please see the *Nicotine* chapter.

OPIOIDS

Please see the *Opioids* chapter.

SUGAR

Sugar can be useful if an amphetamine high becomes overwhelming. It was mentioned in the *Negating the Effects* section earlier in this chapter, but if amphetamines have been consistently used without a source of energy in the body (usually sugar, other food as well), the unpleasant side effects become apparent.

Ingesting a sugary beverage, likely easier to swallow than a meal, may take some of the irritability, restlessness, and general overstimulation away from high-dose amphetamine use.

Personal Opinion

ADDERALL

There is a struggle inside me when it comes to discussing the usefulness of this class of drugs, particularly prescription Adderall, where I have the most experience. Could I have not used the drug and still successfully completed college? Probably, but it would be a lie to say that the drug did not give me the sensation of increased productivity and focus. While some classes I took were dull, Adderall gave me the strength to power through even the most mundane assignments, at any time: day or night. Caffeine simply did not compare.

CROSSING THE LINE

What are the ramifications of thinking that Adderall can solve the problems of having difficult work? This goes back to the logic I mentioned in one of my earlier chapters about "crossing the line." Once you cross a line, it is difficult, if not impossible, to "un-cross it". This means that once I have decided to do something that I said I would *not* do. I have crossed the line that I set for myself, and suddenly, it becomes easier to do this activity without giving much thought.

This holds true throughout daily life, but is especially for drug use:

"I will never smoke cannabis"

As soon as I smoked cannabis, I realized it was not so bad, and then began to use the drug more frequently.

"I will never snort drugs"

As soon as I snorted my first **line** of drugs (incidentally, it was a line of Adderall), suddenly it became easier to snort all kinds of drugs.

The same rings true for Adderall. By taking the drug to complete work, the mind is being trained to complete work when the drug is present. This makes it habit forming. This is crossing the line. For some individuals, they no longer desire to do work without the drug – and this was me.

RESPONSIBLE USE

I believe it is possible to take Adderall responsibly on occasion. Just like with any drug, I believe in moderation. For the average person, they may not have difficulty with moderating use of Adderall, but my biggest regret was that I took it too frequently and trained my brain to only function with amphetamines. Due to excessive workloads, this may be why college students in particular are often the most serious victims of Adderall abuse. If there is any potential risk of hindrance, I highly suggest keeping a calendar marking drug use. It may prove helpful in avoiding ingestion of this drug on a regular basis.

METHAMPHETAMINE

Before taking the drug, my opinion of it is that it is highly addictive and best avoided by those with addictive tendencies. I once had a methamphetamine user tell me that the real trouble with the drug, is for users who have serious struggles in their life that they are seeking to escape. The only time I tried the drug I was intoxicated on multiple other substances, so I cannot give a good report on the effects.

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WHOAmp xxxx

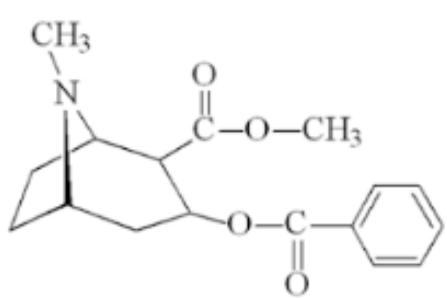
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Cocaine (Powdered, and Crack)



A cocaine molecule on the left, and coca leaves on the right, the plant that cocaine is derived from

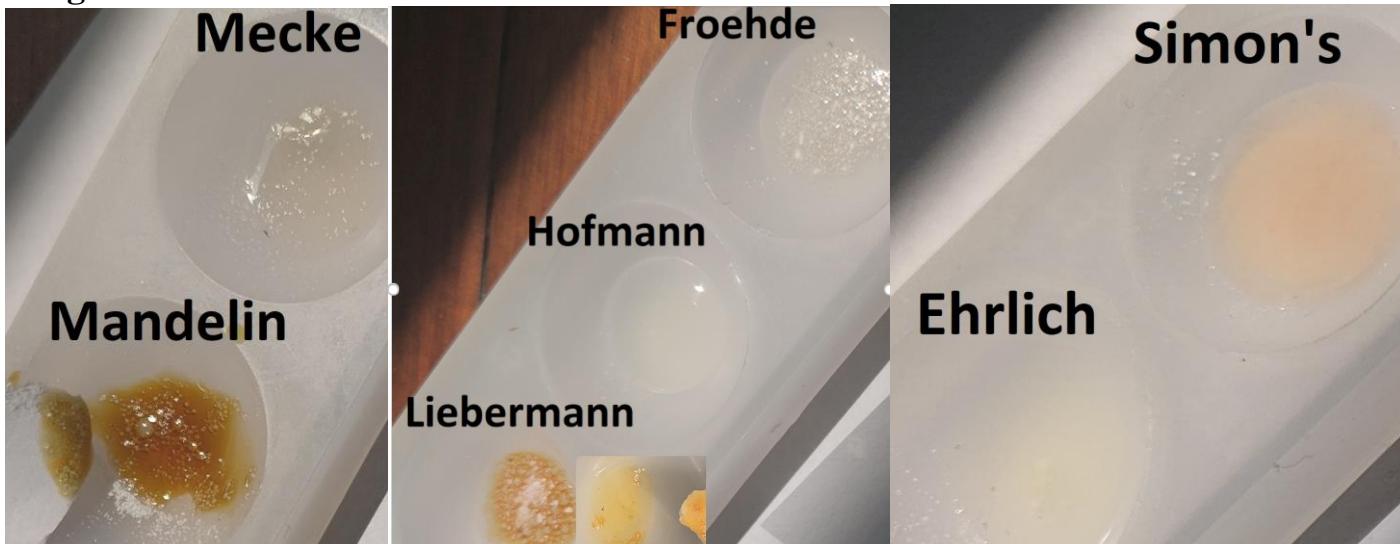
Cocaine (cocaine hydrochloride), derived from the coca leaf, is a stimulant and anesthetic drug, found most often as a white powder. The drug is most commonly snorted, producing short-lived effects including euphoria and a desire to continue taking the drug. The free-base form of cocaine (crack cocaine) is typically smoked, delivering a more intense and shorter in duration high than insufflated cocaine hydrochloride.

Slang (hydrochloride): Coke, White Girl, Girl, Blow, Sugar, Nose Candy, White, Powder, Snow, Booger Sugar

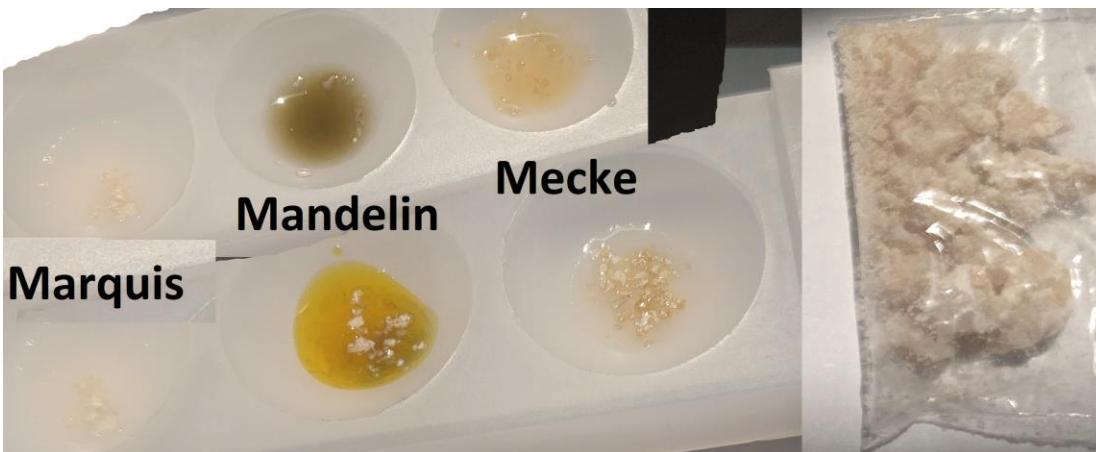
Slang (freebase): Crack, Rock, Base, Freebase, Ball

Slang (Habitual cocaine user/addict): Coke Head, Coke Fiend, Crack Head (for crack)

Reagent Tests



Cocaine – Turns yellow in Liebermann (within same picture, left 20 seconds before right), and an off-orange in the Mandelein, both indicative of cocaine presence. All other kits exhibit no reaction.



Crack Cocaine – No reaction in the Marquis or Mecke kits. The Mandelin result here looks more appropriate (greenish orange) compared to the sample of cocaine above.

“The most expensive drug that does the least to your consciousness for the shortest amount of time”

-The Psychedelic Revolution

Introduction

WHERE DOES COCAINE COME FROM?

WHO IS DOING COCAINE?

WHERE DID CRACK COCAINE COME FROM?

IDENTIFYING COCAINE

History

COCA LEAF HAS BEEN USED FOR MILLENNIA

FIRST EXTRACTION OF COCAINE FROM COCA LEAF

LEGAL COCAINE IN THE LATE 1800's

THE CIA ALLEGEDLY TRAFFICKED COCAINE INTO THE UNITED STATES

THE BIRTH OF CRACK COCAINE

RECENT EVIDENCE STILL INDICATES HIGH LEVELS OF COCAINE USE WORLDWIDE

Legal Status

COCA LEAVES

COCAINE

CRACK COCAINE

Route of Administration

COCAINE – INSUFFLATION (Snorting)

COCAINE – BUCCAL (Rubbing on gums)

COCAINE – COMBUSTION (SMOKING)

COCAINE – INTRAVENOUS

COCAINE – INTRARECTAL/VAGINAL

CRACK COCAINE - VAPORIZATION

Duration of Effect

COME-UP

MAIN EFFECTS AND PEAK

COME-DOWN

HANGOVER

AFTERGLOW

Dose Comparison

BEFORE YOU TAKE THE DRUG

LOW DOSE – NO TOLERANCE (5-15mg)
MODERATE DOSE – NO TOLERANCE (25mg)
HIGH DOSE – NO TOLERANCE (50mg+)

Physiological Effects

APPETITE
DIGESTION
NAUSEA/VOMITING
DEFECATION
URINATION
RESPIRATION
CARDIAC
ANESTHETIC
SENSATION
EXERCISE
SINUS DAMAGE

Psychological Effects

STIMULATION
AWARENESS
MOTIVATION
ANXIETY AND PARANOIA
SEXUAL
SLEEP AND DREAMING
DISINHIBITION AND SOCIABILITY
DECISION MAKING
FOCUS AND ATTENTION
MEMORY

Comparison to Similar Drugs

COCA LEAF EFFECTS
[X] COCAINE VERSUS AMPHETAMINE
[X] COCAINE VERSUS CAFFEINE
COCAINE (insufflated) VERSUS CRACK COCAINE (smoked)
CROSS-TOLERANCE WITH STIMULANTS

Overdose Effects and Lethal Dose

OVERDOSE EFFECTS
LETHAL DOSE

Negating the Effects

THREE BASIC STEPS
USE OF OTHER DRUGS
NEGATING THE HANGOVER

Addiction and Withdrawal

THE DESIRE FOR MORE
COCAINE ADDICTION
COCAINE WITHDRAWAL
COMPARED TO OTHER WITHDRAWALS
LONG-TERM EFFECTS

Personal Experiences

COCAINE – THE FIRST TIME
COCAINE – DOING MASSIVE LINES OF “COCAINE”
COCAINE – FIRST TIME WITH HIGH PURITY (~2014)
[LIVE] COCAINE – STARTING THE DAY OFF “RIGHT” (~2016)
[LIVE] COCAINE – INTRARECTAL ADMINISTRATION

Combining with Other Drugs

[O] ALCOHOL
[O] AMPHETAMINES

- [O] BENZODIAZEPINES
- [X] CAFFEINE
- [O] CANNABIS
- [O] HEROIN (OPIOIDS)
- [X] KETAMINE
- [O] LSD
- [X] NICOTINE
- [X] MDMA
- [X] SUGAR

Personal Opinion

THE MOST DISAPPOINTING DRUG
THE NEGATIVES OUTWEIGH THE POSITIVES
MODERATION IS KEY
THE MOST ADDICTIVE
WHAT ABOUT CRACK COCAINE?
BUT THEN I TRIED IT

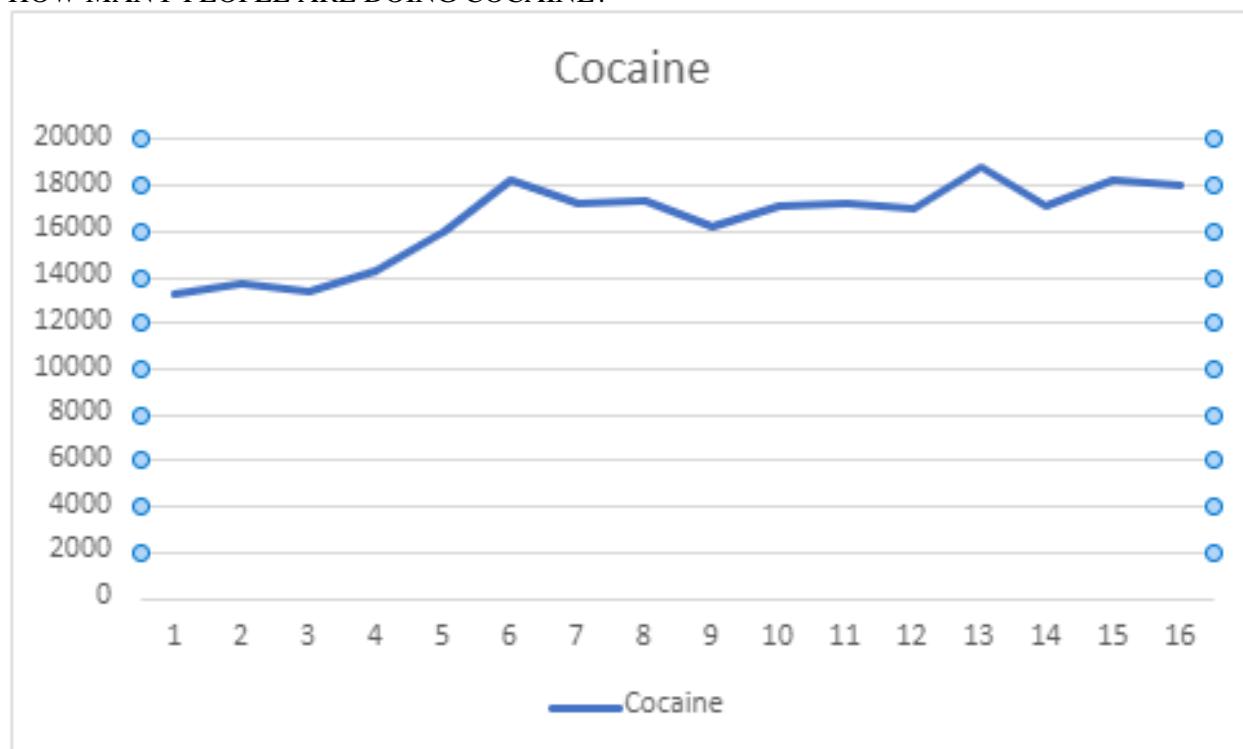
Sources

Introduction

WHERE DOES COCAINE COME FROM?

Cocaine is derived from naturally growing coca leaves. It is most commonly cultivated in Peru, Bolivia, and Colombia, usually on the eastern slopes of the Andes mountains. It is well believed that the plant grows best here, but it can also grow in other tropical regions. There is less than 1% cocaine contained in coca leaves, so it must be chemically extracted in order to make powdered cocaine. Coca leaves are sold by farmers to cocaine plants and laboratories, most often in South American countries, where cocaine hydrochloride (the concentrated drug ready for use) is made. After its manufacture, it is dispersed to various organized drug distribution rings, such as drug cartels, where it will eventually find its way around the world [UNODC coke].

HOW MANY PEOPLE ARE DOING COCAINE?



WDR 2002-2019. Another graph I made that doesn't look too great! The Y-axis depicts the years from 2002-2017 (1-16) while the Y-Axis is estimated number of individuals using the drug multiplied by 1000.

According to a collection of the World Drug Report (2002-2019) over the last 17 years, it seems that cocaine use is still very prevalent. People can use cocaine as a social drug, for stimulation during a party, usually in conjunction with alcohol. Less frequently, the drug can be used as a wakefulness aid to help people work and focus.

Cocaine also has a reputation as a "rich man's drug", possibly because it is very expensive, but also because it can provide feelings of power when it is ingested. In The Wolf of Wall Street, a 2013 American film, many of the business executives are seen using the drug, almost glorifying its use. Wall Street is in the Financial District of New York City, and is often thought to be synonymous with trading stocks and massive profits. When I asked a cousin of mine who works on Wall Street if what was seen in the movie was a reality, and he said that it used to be like that, just not as dramatic.

WHERE DID CRACK COCAINE COME FROM?

In the early 1980's there was an overwhelming supply of powdered cocaine, which caused a price drop by nearly 80%. It was around this time that drug dealers began converting powdered cocaine into freebase rock cocaine (crack). It was cheap, easy to produce, ready to use, and very profitable for drug dealers due to the highly addictive nature. To make it even more desirable, crack was usually a higher purity, but could be bought in smaller quantities for cheaper prices [DEACrackHist].

IDENTIFYING COCAINE

Of course, **reagent kits** should be used to determine if what was purchased is actually cocaine. Information about testing drugs for quality is found in the *Safety Part 1: FAQs* chapter in the beginning of this book. Testing drugs is an excess cost, and many cocaine users would rather not spend the money. While these reagent kits do not test purity, there are some purity testing kits available, but I have heard their validity can be questioned. Cocaine could have an almost floral aroma, but it could also have a bit of a metallic smell. Some users will say it smells like diesel or gasoline, indicating higher quality, but this is not necessarily true. It is usually white or off-white in color, but highly pure cocaine could still have a yellow hue.

CAUTION! Sampling by ingestion is *not* an accurate means of identifying cocaine. Avoid. If you do try this method, there should be a numbing sensation in the sinus cavity when the drug is first ingested. Some people will rub a small amount on their gums to see if there is a numbing sensation this way, however, cocaine could still cut with other numbing agents which skews this effect.

History

COCA LEAF HAS BEEN USED FOR MILLENNIA

Indigenous peoples have been chewing and making tea out of coca leaves that commonly grow in South American regions for more than 8000 years [BBCcoca]. The drug can provide a mild stimulant effect, perhaps similar to a small dose of coffee.

FIRST EXTRACTION OF COCAINE FROM COCA LEAF

Cocaine was first isolated from the coca leaf by Friedrich Gaedcke in 1855. In the later part of the 19th century, cocaine was added to wines as a mild stimulant. However, due to prohibition, an alternative source of intoxication was sought. Pharmacist John Styth Pemberton added coca leaves and the kola nut together to make Coca-Cola - both constituents have stimulating psychoactive properties. "De-cocainized" leaves have been used since the beginning of the 20th century [MolecSumm 2011].

LEGAL COCAINE IN THE LATE 1800's

Cocaine was not always illegal. There was a time when it was not restricted at all, and one could simply go into a pharmacy or other type of medical store and just buy it.



Although the year was 1885, it is still a marvel to observe it advertised so.

THE CIA ALLEGEDLY TRAFFICKED COCAINE INTO THE UNITED STATES

During the 1980's, there were many allegations that the CIA, a government agency in the United States, actually brought cocaine in to the country to be distributed and sold. It was published in many newspapers [CIAJust], but the CIA formally denies involvement saying there is "No information has been found..." [CIA.gov].

THE BIRTH OF CRACK COCAINE

The first reports of crack cocaine were in Los Angeles in 1981. By 1986, crack cocaine was found in 28 states. Crack might have more of a stigma of being widespread in poverty-stricken communities, because a small unit of the drug could be sold for 5\$ a bag – something unheard of for powdered cocaine [DEACrackHist].

RECENT EVIDENCE STILL INDICATES HIGH LEVELS OF COCAINE USE WORLDWIDE

The global quantity of cocaine seized in 2017 increased to 1,275 tons – the largest quantity ever reported [WDR 2019].

Legal Status

COCA LEAVES

Possession of coca leaves remains legal in several countries in South American countries

[https://en.wikipedia.org/wiki/Legal_status_of_cocaine].

COCAINE

Cocaine is currently **Schedule II** in the United States, meaning it has a high potential for abuse and minimal medical uses [DEACoke].

Powdered cocaine is decriminalized in several South American countries. Small amounts for personal use can legally be carried in Mexico, Colombia, and Peru [Wiki]. It is illegal in much of the rest of the world.

CRACK COCAINE

While crack has the same scheduling in the United States as cocaine (Schedule II), because they are essentially the same drug, there are still far harsher legal penalties for crack possession. In 1986, the penalty for possession of just five grams of crack constituted a minimum prison sentence of 5 years. Meanwhile, if would require someone possessing 500g of cocaine to get a similar sentence. In 2010, Barrack Obama changed this ratio of crack to cocaine from 100-to-1 to 18-to-1, which is an improvement, but still punishes crack cocaine possession unfairly.

Route of Administration

COCAINE - INSUFFLATION (Snorting)

Cocaine is most commonly insufflated/snorted. Typically, users will use a key or another small similarly shaped device to do a key **bump** from a bag or jar which contains cocaine. The key is dipped into the bag with the desired amount scooped onto the device.



Users can also insufflate **lines**. An amount of powder is dumped onto an ideally smooth surface. If the powder has clumps, it is usually broken up into a fine powder (and it should be or else the drug will not adequately absorb!). A credit card or other object of similar thickness is used to “rake” out lines that can be inhaled into the nose through a straw or rolled up piece of paper money.

For the below listed durations, several factors come into play besides tolerance, including product quality, environment, and how clear the nose may be prior to dosing. The doses below assume the quality of cocaine is HIGH.

Duration in an intolerant or [tolerant] user (low dose: approximately 10-20 mg)

Come-Up: 0-15 [0-15] minutes

Main Effects: 30-60 [15-30] minutes **Peak @ + ~10-15 minutes after dose**

Come-Down: 10-20 [5-10] minutes

Duration in an intolerant or [tolerant] user (moderate-high dose: approximately 50 mg, could cause discomfort)

Come-Up: 0-15 [0-15] minutes

Main Effects: 40-70 [20-40] minutes **Peak @ T+ ~10-15 minutes after dose**

Come-Down: 10-20 [5-10] minutes

COCAINE - BUCCAL (Rubbing on gums)

There seems to be little reason to do this, other than as a ritual to finish the last bit of cocaine that is remaining. Having witnessed it many times and only performed it a few myself, I still do not see much purpose in buccal administration. A user will take whatever is left off a surface or inside a bag (usually not enough to be snorted) and rub it on their gums in their mouth. It makes my teeth and gums feel numb, but I am hardly deriving any pleasurable effect besides what had already been put into my nose.'

In some instances, users are doing this for the purpose of testing the purity of the drug. Due to the fact that cocaine can be cut with other drugs that cause a numbing sensation, this method is highly ineffective.

COCAINE – COMBUSTION (SMOKING)

Cocaine hydrochloride can be smoked with minimal efficiency.

I have had people put powdered cocaine in a **cannabis** joint or **blunt** that I was smoking, but I do not believe I derived any perceptible effects.

COCAINE – INTRAVENOUS

Cocaine can be injected into the veins for rapid absorption. The dose should be much lower than what an insufflated dose would be because of the higher **bioavailability** and instant onset of effect that intravenous administration provides. I have no personal experience with this, but the high is said to be intense and longer lasting than when snorted, with an overwhelming euphoria. For safety information about injecting drugs, please read over the *PART II – Safety* chapters of the book.

COCAINE - INTRARECTAL/VAGINAL

In perhaps even more rare circumstances, cocaine can be used intrarectally or intravaginally (slang: plugged or boofed). These methods are also dangerous because cocaine is absorbed much more effectively this way. I recall hearing a story early in my days of using drugs where a man had cocaine on his penis and proceeded to have vaginal sex with his lover. She allegedly absorbed a high enough quantity of cocaine in this manner that she overdosed and died. Based on how risky it is to ingest the drug in this way, great care should be taken to determine what the appropriate dose might be. Still, this way is not recommended due to the potential for miscalculation with measurement, resulting in possible overdose.

I will admit to having tried intrarectal administration with mixed results, as the only time it was attempted, I had ingested a moderate dose of alprazolam a few hours prior. For a documented experience, please see the *Personal Experiences* section near the end of the chapter.

CRACK COCAINE - COMBUSTION

Freebase cocaine (street name: crack) has a lower melting point than cocaine hydrochloride, so it can be vaporized without destroying the product. As I have never smoked crack, I cannot give proper guidance. Please check out this link for a detailed summary: <https://www.catie.ca/en/safer-crack-smoking>

Duration of Effect

COME-UP

The come-up of cocaine is sometimes my favorite part. There is an increase in effect coupled with a knowing anticipation (in those who have previously used the drug). This phase is usually fairly smooth, with limited anxiety, unless too high of a dose is taken.

MAIN EFFECTS AND PEAK

There is euphoria, stimulation, and an increase in heartrate. Sociability may increase, but users may also become introverted. The peak of cocaine is quite short compared to other drugs. Be wary of taking too high of a dose, as unpleasant side effects can cause anxiety or paranoia.

COME-DOWN

The enjoyable effects of cocaine can seemingly drop-off fairly rapidly. This will cause many users to want to take more of the drug. If only a relatively low amount of cocaine was ingested, the comedown can be smooth, but if a high dose or all night even transpired, the comedown can cause dysphoria.

HANGOVER

The only time I have experienced a next day hangover from cocaine is if consistent high doses of the drug were taken or it was combined with alcohol. Dysphoria, irritability, and anxiety are common. There is also probably a palpable laziness and a decrease in motivation.

AFTERGLOW

There was only one time where I believe I experienced an afterglow sensation from using cocaine. There was perhaps 50-75mg of high-quality cocaine ingested, and I was able to comfortably go to sleep after. I awoke the next day feeling optimistic, though this may have been due to other factors in my life. I do not know anyone else who has described cocaine as having an afterglow.

Dose Comparison

BEFORE YOU TAKE THE DRUG

Make sure you are well-nourished and well-hydrated, as effects will be more pleasurable this way. If you plan on dosing consistently throughout the night, or if it might happen even if it is unplanned, make sure that what you have to do the next day is easy, just in case there is a lingering hangover.

For those with addictive tendencies, my suggestion would be to only bring out an amount of cocaine that you plan on using for that occasion, so that it will be difficult to get more. Also, having someone nearby that can keep you accountable for your actions is suggested as well.

LOW DOSE – NO TOLERANCE (5-15mg)

I experience slight euphoria. My heartrate increases, but not uncomfortably so. My breathing might be a bit shallower, but not unpleasant, and oftentimes unnoticeable. There is a sense of well-being and a positive mindset. I have motivation to achieve goals and accomplish tasks, but with little desire to actually perform said tasks. Conversation with others comes easily and fluidly. Since cocaine is an anesthetic, it has a numbing sensation. With a low dose the feeling is slight. I usually feel it in my nose at the gumline above my four front teeth on the top row in my mouth.

MODERATE DOSE – NO TOLERANCE (25mg)

Unsurprisingly, effects of a moderate dose are somewhere in between a high and low dose. The euphoria is stronger than a low dose, with a greater increase in heart rate. More sensitive individuals may experience anxiety, but it is usually quite manageable. Sociability likely increases, but others may become a bit introverted. The numbing sensation is more noticeable. Conversation is still fluid and enjoyable. Sensitive users may experience slight nausea.

HIGH DOSE – NO TOLERANCE (50mg+)

For an intolerant user, I would consider high-dose use uncomfortable. I usually experience the effects of high-dose cocaine when I accidentally dose myself too strongly. My heartrate will increase substantially and uncomfortably. There is background anxiety and agitation. The euphoria is prominent, but distracted by the side effects. Breathing is somewhat shallow, usually not uncomfortable. It takes more time to focus on thoughts for conversation; it does not come as fluidly as it does with lower doses. Instead of feeling extroverted and social, this dose can make me quiet and reserved. The numbing sensation is more intense, spread throughout my entire nose and much the top row of my teeth and gums.

Nausea is also a more common side effect for me at this dose. In my experience, I seem to feel this more than others. When I feel the **drip** of cocaine residue start sliding down the back to my throat, the numbing sensation spreads, and my gag reflex is heavily triggered. If I don't cough out the cocaine or otherwise get it out of my body, my stomach might start to heave and I could vomit. If I do cocaine just one time, this has not been a problem. With repeated dosing however, I have run into this situation multiple times.

Physiological Effects

For the effects listed below, assume powdered cocaine hydrochloride was insufflated, unless otherwise specified.

APPETITE

Eating while under the influence of the drug is difficult. Some users enjoy the appetite suppressing effect, as it can help with weight loss. For me, I do not like this effect, as having food in my body will often decrease the likelihood of unpleasant side effects from cocaine, such as anxiety or restlessness. This is why I try to eat before the drug is ingested so I have the energy to enjoy the effects.

DIGESTION

Due to the appetite suppressing effects of cocaine, I usually try to eat before my cocaine experiences. If adequate time for digestion did not happen before drug ingestion, I am sometimes left with what feels like a lump of food in my stomach, with inhibited digestion. If I was not lucky enough to eat before ingesting the drug, and manage to get some food down, digestion still seems to be decreased.

NAUSEA/VOMITING

With low to moderate doses of cocaine, and with just a few total doses, nausea is uncommon for me. Taking high doses and doing so frequently throughout the night can lead to nausea, and if there is undigested food in the stomach, occasionally vomiting. There are some types of cocaine that can be more nauseating than others, due to the presence of other substances to cut the drug. To reduce nausea, lower the dose and frequency of use, and try to stop the substance from coming in contact with the back of the throat. The numbing sensation it creates can be the most nauseating, though this seems to affect me more than others who ingest the drug with me.

DEFECATION

Nearly every time I do a relatively high dose of cocaine, I will usually have to defecate within a few minutes. The sensation usually comes after the first line, but can happen anytime during the session. The urge will return if consistent high doses of cocaine are ingested throughout the night.

URINATION

Cocaine can sometimes cause me to urinate more frequently, even if I do not think I am consuming more beverages than average. Despite this fact, the drug can also make it a bit more difficult to urinate, as a side effect of the **vasoconstriction**. It is not as difficult to urinate on cocaine when compared with amphetamines.

RESPIRATION

Breathing can become shallower with high doses of the drug, though it is fairly uncommon with low to moderate doses.

For those that use smoke crack cocaine, getting “crack lung” is a possibility. Excess use of crack causes damage to the lungs and airways, which can lead to trouble breathing and long-term damage.

CARDIAC

When compared to other stimulants, such as amphetamines or caffeine, the effect on heartrate is much more noticeable. When comparing this effect, if I were roughly “equally high” on both drugs, my heart rate may be at 75-80bpm on amphetamines, but would likely be over 110bpm on cocaine. It can occasionally be uncomfortable, especially after the euphoric high of the drug wears off and side effects remain, but usually I can ignore it.

ANESTHETIC

Cocaine is a very effective **anesthetic**, or numbing agent. Novocain, a drug with a similar chemical structure, is used by dentists and oral surgeons to numb an area of the mouth, but without providing the psychoactive effects that cocaine does. It is this anesthetic effect that can seemingly numb the front of the face after insufflation was performed.

SENSATION

I do not feel as though cocaine significantly alters the senses positively or negatively. The numbing sensation in the nose and mouth may reduce the ability to smell or taste slightly.

EXERCISE

CAUTION! Exercising on cocaine is not recommended, especially with high doses! Other stimulants, such as caffeine or amphetamine, do not cause as dramatic of an increase in heartrate as cocaine, except in extreme circumstances. With cocaine, even a low to moderate dose can increase heartrate above 100bpm, which can put stress on the heart especially when combined with exercise. This is especially problematic for those that are older, obese, in generally poor health, or with underlying heart conditions. Caffeine would be a much better drug to increase performance during exercise, but still carries some risk.

SINUS DAMAGE

While cocaine does not hurt as much as some other substances to insufflate, the effect it has on my sinuses is worse than almost any other drug consumed via insufflation. If the drug is done at a low dose and rarely, my sinuses will usually recover by the next evening. However, if the drug is done at higher doses on consecutive days, I experience several issues. Upon waking up after several nights of doing cocaine, my nose will sometimes get so clogged and congested that it becomes extremely difficult to breathe through the nose. I can use a sinus rinse, but even that only has mild effect. Bleeding is common with heavy use, mostly only visible when blowing my nose, and may persist for up to three days depending on how heavily I used the drug. I like to think I received high quality cocaine if I am bleeding out the nose for a day or two after, though this is not necessarily true. If I try to stick a finger up my nose to open up my nostrils the following day, I can pull out what looks like a large web of dried nasal mucus. This web is usually crusted with different colors: red, green, brown, and yellow. Normally the dried mucus in my nose comes out in little pieces; this is very different, and probably not a good sign!

Psychological Effects

STIMULATION

Cocaine is a **stimulant**. In some other chapters, usually there is a “Stimulation to Sedation” heading at the forefront of psychological effects, which describes how different doses of a drug could have varying effects, but cocaine is a total stimulant. It displays all the characteristics of a stimulant, such as increased heart rate and **nervous system** activity, without any of the physiological characteristics of sedatives or depressants.

AWARENESS

As cocaine is an intoxicant, it can decrease awareness. Users may seemingly feel more aware, as they are stimulated, but it does not necessarily reflect on their external environment. There is also a noticeable reduction in the awareness of the thoughts and feelings of those around the user. I believe cocaine is a very self-focused drug. Due to its nature to want the user to take more, there is less regard for how others may feel. This could lead to emotional outbursts and anger among individuals who do not mix well.

MOTIVATION

When it comes to developing motivation, cocaine is quite an interesting drug. It can make a user feel as though they *can* accomplish anything, and even that they *will* accomplish anything... while they are high. However, once the high wears off, motivation is severely lacking, unless we are of course talking about the motivation to do more cocaine. From experience, I enjoy this empowered feeling – it is part of what makes cocaine so pleasurable. It is very difficult to bring this motivation with me outside of the high, but there are *rare* times cocaine has actually helped me to think about my life and proceed forward with a goal after the drug no longer is taking effect.

ANXIETY AND PARANOIA

Most people who know how to stagger their dose and keep it low can usually avoid these side effects. Anxiety from cocaine can be very uncomfortable, even if there is a euphoric sensation felt from the drug. Most people use drugs to reduce stress of anxiety, but when the drug is causing such a pronounced effect, the experience is less worthwhile.

Paranoia is more closely associated with excessive crack cocaine consumption, but is possible with cocaine use as well. People may sometimes be stuck looking out windows, allegedly waiting for police to arrive. Some users think the government is spying on them and watching everything that they do. Symptoms may sometimes line up with paranoid **schizophrenia**.

SEXUAL

Since I am familiar with the side effects of other drugs, such as amphetamine or opiates, which can cause weakened orgasms or desire, I assumed the same was true for cocaine. Interestingly, this was not the case. It seemed to produce a more drawn out and intense orgasm when the effects were felt during sex. The duration of the sexual episode was also longer than usual. This was more noticeable with low dose usage, but if high dose usage was attempted, or if I had been insufflating cocaine constantly for several hours, I would simply become unable to get erect and sexual desire would be minimal at best.

SLEEP AND DREAMING

Since cocaine is a stimulant, it will make sleeping more difficult if it is ingested before bed. The purest cocaine, if done responsibly (perhaps ~50-150mg in a session) will wear off after three or four hours, and can actually allow me to sleep. I will not have the most restful sleep, perhaps only four or five hours, when I usually sleep six or seven. Dreams are fleeting or non-existent. What I have noticed though, is that many times cocaine is done late at night, and with the desire to constantly use the drug, usage can go far past the typical time to sleep, creating a potentially sleepless night.

DISINHIBITION AND SOCIABILITY

At a low to moderate dose, there are decreased inhibitions. As I would already describe myself as a social person, after ingesting cocaine, now I really cannot stop talking! Talking to close friends about anything – even talking to people I just met as if I have known them for years! For those that are more introverted, it seems to make them more social and extroverted.

Higher doses can cause the opposite effect in my experience. I could be sitting down and feeling euphoric with my heart beating rapidly, however I just do not have the desire to socialize. Everyone around me could be talking, and I might be sitting still with a smile on my face, but little contribution to the conversation. If the dose was high enough, it may leave

me quiet for 20-30 minutes! If someone spoke to me directly, I would respond, but I would not be as enthusiastic as I normally would.

DECISION MAKING

Decision making is impacted negatively on cocaine. Traditionally, party drugs have this attribute about them. This drug makes a user feel euphoric, and desire more of it, in addition to lowering inhibitions and increasing sociability. With low doses, decision making will not be heavily impacted, but when the dose gets higher and the frequency increases, users may find that they are doing things they would not normally do while sober. They may think that driving is a good idea.

CAUTION! Cocaine does not sober you up from alcohol to drive! Perhaps having sex with someone sounds like a good idea. Doing more cocaine or other drugs may also be a decision made that was outside the plan for the evening. My suggestion as always, would be to envision yourself in a sober state of mind when you make these decisions, to see if your opinion will change.

FOCUS AND ATTENTION

Even though cocaine is a stimulant, and stimulants, such as caffeine or amphetamines, are usually associated with improving focus and attention, I find this quality much more reduced with cocaine. Perhaps with low doses of the drug, I may feel elevated focus, but I still get easily distracted. There are some users who will say cocaine improves their focus, but it seems dependent on the individual. For the cost of cocaine versus the cost of amphetamine and considering the ability to focus, I would say that amphetamine would be an exponentially better choice.

MEMORY

Even with high doses of cocaine, I do not notice significant inhibition of short- or long-term memory. As is the case with almost all intoxicating drugs, doing cocaine may make some of the previous events of the last night harder to remember, but with some triggers from friends or the environment, usually they are more easily remembered. As alcohol is frequently combined with cocaine, this is likely the main culprit of impeded memory. Cocaine may help increase memory of a prior night when combined with cocaine, though I have heard mixed opinions

Comparison to Similar Drugs

COCA LEAF EFFECTS

When the leaf is chewed, it behaves as a mild stimulant, mildly suppressing hunger, thirst, pain, and fatigue. Also, it helps overcome altitude sickness [CocaMyth 2014]. A coca leaf contains only about .25-.75% cocaine by volume, so it would be very difficult to derive any sort of strong cocaine-like high from just the leaves alone.

COCAINE VERSUS AMPHETAMINE

For a comparison of these two drugs, see the *Amphetamines* chapter.

COCAINE VERSUS CAFFEINE

For a comparison of these two drugs, see the *Caffeine* chapter.

COCAINE (insufflated) VERSUS CRACK COCAINE (smoked)

Although I have never ingested crack cocaine, because crack is typically smoked, the effects are much stronger and come on much faster. When getting a strong hit of crack, my friend describes it as a “banger” where the effect comes on so quickly that there is a vibrating or banging sound in the ears. I may be able to shed more light on this in the future.

CROSS-TOLERANCE WITH STIMULANTS

According to PsychonautWiki, cocaine is **cross-tolerant** with stimulants, such as amphetamines [PsychWiki]. This means that taking amphetamines for several days will raise tolerance to cocaine.

Overdose Effects and Lethal Dose

OVERDOSE EFFECTS

According to Erowid.org, symptoms of cocaine overdose include paranoid delusions, psychosis, overheating, muscle spasms, seizure, and possible heart attack [EroOD]. One friend described his cocaine overdose of how he fell into a seizure and then **blacked out**. Fortunately, someone was there to call the paramedics, and CPR was performed.

LETHAL DOSE

Since it would be unethical to determine what the lethal dose would be of cocaine in humans, data using animal models usually needs to be observed. According to one article, the **LD50** of intravenous cocaine in rats is about 14.0 mg/kg [RatOD]. If we extrapolate this value to the weight of a human, this would mean that for an 80kg (175-pound) human, the lethal dose would be an estimated 1.1 grams of cocaine administered intravenously.

Based on what I know about those who have overdosed on cocaine personally, I believe anything over a gram to be far too high of a number. However, friends who have overdosed by injecting cocaine were also under the influence of other drugs at the time and there may have been other confounding variables present. Nevertheless, I would not test this upper limit!

According to PsychonautWiki.org, as little as 30mg has killed someone, but tolerant users can handle upwards of five grams a day. For such a low dose of 30mg to kill someone, they likely have underlying heart conditions or other health problems.

Negating the Effect of the Drug

Similar to other stimulants, the best way to *prevent* negative effects, such as **over-stimulation**, would be not to take too high of a dose in the first place, and to wait plenty of time between doses. Having a hearty nutritious meal that had time to digest before stimulant use would be helpful as well! However, I am going to assume you came to this section because you are currently over-intoxicated on cocaine and wish to quell the uncomfortable sensation and calm yourself down.

THREE BASIC STEPS

The following steps listed in this section are found across many of the drug chapters I have written. First, take repetitive slow and deep breaths. Inhale for a count of three, hold it for three seconds, then exhale for a count of three, and hold again. Take slower breaths if necessary. This will help calm the body down initially. Next, drink some water as you may be dehydrated! This will help dilate the blood vessels and allow your body to relax a bit further. If possible, supplement with electrolytes (sodium, potassium, magnesium), as these are depleted from the body, usually from excess sweating. Finally, and this is very hard on cocaine I know, try to eat something. Eating something will be effective in cutting the high down substantially. This is definitely the most difficult because cocaine is such an effective appetite suppressant. If food is unavailable or difficult to consume, try drinking a sugary drink.

USE OF OTHER DRUGS

If it is available, I have been successful at negating the effect of cocaine with another class of drugs: **Benzodiazepines**. If I planned on doing an amount of cocaine that would result in ill-feelings during the **come-down** phase, I would always make sure I had **alprazolam** (Xanax) nearby. That way, when the enjoyable effects of the cocaine wore off, I could take a dose of alprazolam and mitigate the ill-effects of cocaine. **CAUTION!** Great caution should always be taken when combining stimulants and depressants. Please do your research ahead of time.

NEGATING THE HANGOVER

Did you do too much cocaine last night and now you do not feel good? The hangover is likely even worse if you were drinking! Unfortunately, there is not much to do except to wait it out. Exercise and a few healthy meals can help, but the brain will need some time to balance itself out. Try to relax in the meantime, and be aware that you are likely in a more unbalanced emotional state if you need to interact with other people so you can balance your emotions.

Addiction and Withdrawal

THE DESIRE FOR MORE

More than any other drug in this book, cocaine has this power to make me want *more* from the first time I consume it during an event. It does not matter if the “event” is at home by myself, or with a group full of people. The first few lines do not really stir this desire up too strongly, but once I get past the fifth or sixth line (10-15mg per line), this desire hits full force.

When comparing this to other drugs, that desire for *more* was either minuscule or absent completely. Cannabis was nice the first time, and I wanted to do it again, but far less strongly than cocaine. Alcohol does not hold this sway over me. Caffeine times out after about my second or third cup of coffee, and nicotine just does not satisfy like cocaine does. I am usually content with amphetamines after one or two solid doses. Even with opioids, there is a very low desire to keep taking the drug.

When I say that *more* is desired, the primary desire is for cocaine, yes, but this craving manifests in the desire for other drugs as well. Perhaps this is because I am so familiar with so many drugs or that I have addictive tendencies, but it could also be partly the nature of the substance. What I have found though is that no matter how much cocaine is consumed, it never *really* satiates the desire.

COCAINE ADDICTION

Fortunately, cocaine-based drugs have never been in my repertoire of addictions. The closest I was to addiction was taking the drug once a day for four days in a row.

One particular user experience on Erowid.org provided some useful insight into what a two-year cocaine addiction can look like.

In the beginning, even with a 3.5g (8-ball) a day habit, there was euphoria and excitement. There were feelings of being in a Hollywood movie, with professionalism and shine. That quickly changes. Irritability and the inability to concentrate develops, which eventually leads to paranoia. Allegedly worse than paranoia from cannabis or LSD, the paranoia from cocaine addiction manifests in the thought that somebody is watching you, listening to you, and tracking your every movement. It could be the Mafia, the FBI, the CIA, or any other organization. The television can seem to be mind-control radiation, and everything can feel like a conspiracy against you. Despite buying more of the drug at greater quantities, the episodes can get extreme enough that the drug may wind up flushed down the toilet [EroExp].

Having been in rehabilitation centers, I have heard similar accounts of this firsthand.

COCAINE WITHDRAWAL

Withdrawal symptoms from cocaine use are most often mental, where users become severely depressed or agitated. Physical withdrawal effects can also be observed such as sleepiness and fatigue. Cocaine craving can also be a lingering side effect, due to no longer having the reinforcing effects of the drug. Studies have shown that the worst of these side effects generally subsides after 1 to 3 weeks. Residual depression may linger on beyond this time period, however [CokeToxGov].

COMPARED TO OTHER WITHDRAWALS

Indeed, this separates cocaine withdrawal from the withdrawal from other depressant/downer drugs such as opiates, benzodiazepines, and alcohol which have a much longer duration. Also, when I have communicated with others who have experienced both withdrawals from cocaine and depressant drugs at different times, they have all agreed that withdrawal from the latter was more difficult. There tends to be restlessness, insomnia, potent anxiety, and a stronger desire to keep using the drug.

LONG-TERM EFFECTS

Excessive use of the drug can cause heart problems as the drug is a stimulant, unnaturally increasing the heartrate. Increased risk of heart attack is possible. The chronic snorting of cocaine can lead to erosion of the upper nasal cavity [DEACoke]. People may also lose weight, as cocaine is a stimulant and suppresses appetite.

Despite having at least three months of verified abstinence from cocaine, some patients were observed to still have resting hand tremor [CokeToxGov]. This indicates some lingering effects persist even after the withdrawal period from cocaine had passed.

Personal Experiences

COCAINE – THE FIRST TIME

[Looking back – Quality: 6/10, Approximate dose: 30mg?]

The first time. I did not know what to expect. A friend arrived at a club and proceeded to tell me he had amazing cocaine. I mention I have never done it before, to which his reply is, “Free cocaine for you then!” I get a little excited and we sneak off to the bathroom to take a couple bumps.

It is hard to describe the smell in my nose after sniffing, but only that I could say it was “cocaine-like” even though I had never done the drug before – I had barely even seen it. Not knowing what to compare cocaine to, but having experienced pure MDMA before, I would say after 10 or 15 minutes an MDMA-like euphoria was taking hold. I turned to my friend who provided the cocaine and mention, “I almost feel like I am **rolling**”. He throws out that “Good cocaine like this is supposed to have such an effect!” I was initially taken aback, believing cocaine to be closer to amphetamines, but I just accepted it and decided to do more research later.

The next 20-30 minutes after that were rather enjoyable. I felt high, euphoric, with a slight energy. The exact situations were not that memorable, but I do remember the come down. About an hour post-ingestion, I developed some edgier feelings. The anxiety that crept up on me was quite aggravating! Was it because I mixed it with alcohol? My other friends who tried the same substance did not seem to experience this as strongly as I did, but I had some suspicions that they took other drugs shortly after without my knowledge. The experience quickly went from something I would say I enjoyed, to something that quickly became far less enjoyable – something I would say was “overall unpleasant”.

Looking back now, I am not sure that what I ingested that night had much cocaine at all, and that it was merely some other euphoric stimulant drug cut into a small amount of cocaine.

COCAINE – DOING MASSIVE LINES OF “COCAINE”

[Dealing with an adulterated substance]

At this point, I believe I had only tried the drug on two other occasions – one of which was memorable, with believed-to-be good quality product. However, on the particular day, I was at a party with a few friends and acquaintances. I had a friend tell me they were excited for this particular cocaine dealer to arrive because he went out of his way to deliver and the quality was “usually good”.

I was mildly excited and in a good headspace, exactly the way I like to feel before I ingest most substances. The “cocaine” dealer comes and everyone perks up excitedly. He sells at least seven grams to various users at the party, then proceeds to rake out what look like 10 very large lines, perhaps 75-100 mg each. This baffled me, as I knew cocaine was active at 10-20mg. If it was so pure, why was he sharing such large lines? Was he that rich? I was instantly skeptic, and unfortunately it seemed my skepticism was just.

He had no problem with me trying a line, even though he had never met me. The burn was a bit more intense than I had expected, then I sat down and waited.

About 10 minutes later, I began to feel an energy inside me. It felt rather nice at first, which greatly surprised me, but 15 minutes after the line I began to feel a slightly edgy stimulation. It felt as if I had just snorted a cup and half's worth of coffee. This cocaine felt heavily cut with caffeine! I knew caffeine to be active intranasally, and had even read a report that the initial rush of snorting caffeine was “cocaine-like”. Thirty minutes into the experience and I was certain that I had done virtually no cocaine and all caffeine. I was anxious, edgy, and uncomfortable. I tried having a drink to calm down the stimulant sensation, but this had little positive effect. There was no euphoria.

Why were others not reacting this way? Perhaps everyone else was a daily red bull, coffee, or tea consumer? I had zero tolerance to caffeine at this point, and would only drink it one or two times a month. Regardless, I seemed to be the one having the worst time, but tried not to let it bother me too much.

The negative feelings persisted for nearly three more hours, then slowly dropped off. Overall, a rather unpleasant experience.

COCAINE – FIRST TIME WITH HIGH PURITY (~2014)

The first time I ingested 90% purity + cocaine, it was free. Usually when drugs have been given to me for free, they turn out to be better than expected, and this was no exception. It was from a person I trust with full confidence, so I felt certain this was indeed the proper material.

I broke out about 150mgs (weighed) off and proceeded to insufflate 1/3 of the material. It had a very cocaine-like smell... I do not know how to better describe it. Within minutes there was a definite euphoria present, with not as much of a rush of energy as I initially thought it would have. I felt a desire to be more talkative and a slight feeling of understanding of why it was so enjoyable.

Before the experience, I had thought I would want to clean my room and do other tasks that required heightened focus, as I normally would on a stimulant such as amphetamine. This was not the case with cocaine. I was a little more scattered in thought, a bit more excitable, but with a relaxed positive stimulation. Mood state was lifted and a positive outlook was taken on some current life situations that confronted me. The initial dose lasted for about 45 minutes before another 50 mgs was administered. The effects increased in enjoyability from the initial 50mg. Extreme euphoria, no inhibition, a very pleasant feeling of a relaxed stimulation, a comfortable wakefulness.

[LIVE] COCAINE – STARTING THE DAY OFF "RIGHT"

Cocaine ~25mg to start of high-quality substance, ~100mg done over 30 minutes, 100% approved supplier, 0.5mg of Xanax taken 6 hours earlier, undoubtedly will have a slight effect on my coke trip. Good night of sleep the night before. Day off so I don't mind trying this early. Fairly positive mind state.

T=0: This hardly burns my nose, unlike most other drugs. Too easy to do.

T+7: Starting to feel it, a smile spreads across my face. This slight drip coming down my throat always numbs it and feels vaguely nauseating. I'm happy I haven't eaten yet today.

T+14: Feeling very positive. Energetic. Conversation is easy and fun. I'm looking forward to the day ahead of me. Another estimated 25mg ingested.

T+16: Feeling even more euphoric, easy to smile. Brain thoughts are a little scattered, but I'm okay with it. Urge to defecate comes quickly! I sprint to the bathroom.

Compared with Adderall, I feel far more euphoric, my heart is pumping faster, the stimulation is akin to maybe having snorted a 20mg Adderall all at once.

T+20: total of 80mg-100mg insufflated. The drip is the worst out of any drug when I feel it run down my throat! I feel super euphoric! I want to tell many people how much I appreciate them! There is no more cocaine to snort, although I already want to do some more

T+23: Slight urge to smoke a cigarette, but I'm going to ignore it, the sinus infection that I recently had is enough to sway me.

T+25: I can feel my heart beating very fast, there's a warmth radiating out from the center of my chest. It's raining outside today but that doesn't really bother me. The drip has made me gag several times since the experience had begun. If I had eaten, the food would have come up several times! I have vomited from the cocaine drip several times before. Great urge to dance. Feeling extremely euphoric!!!

T+30: Easy to urinate unlike with other stimulating drugs like Adderall/MDMA

T+38: I want to go on my daily run, but I feel like I should definitely wait until my heart stops beating so quickly. If I ran slowly, I would likely be okay, but the unnecessary strain on my heart is not worth it.

T+45: Starting to come down a little bit, definitely a desire to do more, and if there was more, I would probably do it, but I'm definitely not going to try to ask anyone for more. This cocaine was extremely clean. Some of the cleanest I have had the privilege of doing. I am thinking if I had eaten, I wouldn't be feeling a little down as this is wearing off, but it really isn't terrible. My body feels pleasantly relaxed, other than the accelerated heartrate. Resting, it's 110 BPM.

T+48: Slightly restless, motivation going down, might take a hit of cannabis to level off, and then go running to chase away the extra edge. If I had eaten, I probably wouldn't be feeling as off, but I haven't had a stable meal in 20 hours!

T+50: Heart rate still feels very elevated. I don't think I would be able to eat a substantial sized meal right now to calm myself down due to digestive inhibition, but I don't have much experience eating on cocaine so I don't know. The high might also have lasted longer if I had been well fed at least 12 hours before.

T+53: Took a hit of cannabis, helped to take the edge off slightly, but I am still desiring food for the recuperation aspect, even though I don't feel very hungry.

T+1:06: This gagging feeling comes in waves and just made me gag out some water. No other drug has triggered my gag reflex like this one.

T+1:30: I ran about 2.5 miles since the last update at an average pace. My heart rate still did feel accelerated. I feel more relaxed after the run, perhaps due to the endorphin release.

T+1:40: I still feel some residual stimulation, the stomach gurgles/gags have disappeared.

My sex drive was still elevated, so I caused myself an orgasm. It seemed to last longer and feel very pleasant, much different than other drugs I have tried to orgasm on. This fascinated me because I was under the impression cocaine would dull an orgasm. Perhaps the addition of the cannabis helped? I take maybe 1 or 2 hits a month so it has a powerful effect on me.

T+2:10: Just a few bites of food have helped me even out. The cannabis was nice for that as well, as it helped amplify appetite.

T+2:50: I am still feeling a little stimulated. The food has leveled my mood completely. No edginess, no lingering ill-effects of any kind

T+3:20: Do I feel a lingering **afterglow** perhaps? Maybe from the cannabis. My mood seems elevated, as if by drugs, aside from the positive mindset I had when the day began. No negative feelings, still feeling a slight residual stimulation. Heart rate normal.

[LIVE] COCAINE – INTRARECTAL ADMINISTRATION

Alprazolam-like drug (perhaps etizolam?) 1.5mg was taken 6 hours before the experience. Definitely impacted effects.

T=0: 32 mg, 3mL water, instant dissolve, good quality (no obvious cuts) but possibly moderate purity (50-60%?)

T+3: Urge to defecate. Think I can ignore it.

T+7: Feeling something? Maybe? HR 81. Higher in the morning, not boosted I don't think.

T+12: Not sure if I feel it yet? HR 87

T+17: Slight stimulation perhaps? HR 101. Plan was to start the day with a little coke and clean away. Let's see what happens!

T+22: Had to defecate. Trying again with 31mg more. 3mL. HR 95. Judging by my heart rate, I did not absorb the full dose.

T+27: Definitely feeling something from the second one already. Warmth radiating out from the center of my body. Stimulation

T+31: Ah yes, a strange sensation. More of a body high than from when sniffing it seems. HR 91

T+37: It almost doesn't feel like cocaine, but it does. The relaxed stimulation I feel could be altered by the Xanax I took late last night. Sweating has started. Feeling warm. Some euphoria.

T+42: One more 35mg, definitely at least feeling the second one. Curious to see where this third one takes me.

T+47: More of a rush! 120HR, very dry mouth, feeling very warm, verging on anxiety, but with a building euphoria.

T+50: Feeling like I want to get things done. Big things. Life things. Cleaning the room from last night's event feels good too! Thirsty. Lot more sweating, low appetite. HR 112

T+52: Intense, but enjoyable, breathing deeply is a little hard but feels good when I can make myself so it!

T+56: Time seems to be passing by slowly! Maybe it's because I feel so fast? Didn't even sleep much last night, but feeling on top of it

T+1:02: It's only been 20 minutes since I did the last one? Wow! Definitely not using rectal for another RoA. Perhaps a line later. Cocaine is a drug that frustratingly makes me want more, as if I will have this profound experience, but it is almost never profound.

T+1:05: I am absolutely coked up. Wow. Warmth. Energy. Euphoria. Mild physical anxiety. Cleaned everything already - feels accomplishing. There's a "safe point" with cocaine I believe. Up to 50mg and it is easy enough to stop, but if I go over 100, the desire to keep going is strong. That 50-100mg zone is playing with fire. This is my personal zone. Because this was rectal, the ~100mg I ingested has a stronger effect than if insufflated and is definitely out of that zone.

T+1:10: HR 115, if I think about it, my heart rate can be uncomfortable, but if I don't, it's okay. Smoked some hemp flower, took the edge off slightly. Good idea.

T+1:23: Insufflated 10mg, the burn is not extreme. I racked out 20 originally, but since the rectal effects haven't fully worn off, I will start low.

T+1:27: Quick hitting, very pleasurable, perhaps I feel this one in my head more? Or its placebo making me think that. Euphoric, energetic, slightly irritable.

T+1:33: GBL ingested to make the come down easier. Terminating the experience

Combining with Other Drugs

ALCOHOL

I prefer the effects of cocaine separate from alcohol, but I am not opposed to the occasional combination. From what I have observed, alcohol is the most popular legal “party drug,” while cocaine seems to be a runner-up in the illicit category. In a social environment, it makes sense that when cocaine is used, usually a drink is found in hand as well. Side effects from cocaine can be unpleasant, such as anxiety or agitation. Alcohol can help balance these effects out, but I do notice that alcohol does seem to lessen the stimulation of cocaine a bit. Also, it is in the nature of alcohol to inhibit decision making. There are a few times when I was planning on only having just a bump or two of cocaine, but when under the influence of both drugs, I find myself consuming more of each than was initially planned.

When I asked a close friend of mine about this combination, as he has experienced this combination many times, I got the answer that the combination is “Fucking amazing”. Quoted, he says “The cocaine would take away from any ‘too-drunk’ feelings so me and my friends would feel as though they sobered up but it feels different than coke on its own. It kind of enhances the cocaine feeling and takes away from the drunk and it only works well when done together”.

I then asked him if he likes cocaine on its own and he said, “I really do not enjoy it as much as when I am drunk. I recommend the combination to get high and have a good time. It’s a lot of fun.”

While I disagree with his statement, the one thing we both agreed on was that the resulting hangover from combining these drugs is absolutely awful. The cocaine makes you think you can drink more and the alcohol makes you think you can do more cocaine. High doses of each drug can cause hangovers on their own, but when combined together, the feeling of waking up the next day is quite unpleasant! Headaches are more severe. Nausea is usually present, with the inability to eat or drink to help recovery. I have also felt anxious, depressed, and angry for seemingly no reason.

Cocaine and alcohol also combine in the body to create cocaethylene, a separate drug that is allegedly more toxic, but more pleasurable. Cocaine and alcohol are both broken down in the liver, so when they are combined the breakdown is slowed, making each drug’s duration last longer. In one study, it was found that co-ingestion of these drugs allowed for an 18 to 25-fold increase in chance of death [Tand].

AMPHETAMINES

There is only one occasion where I can remember taking these two drugs in very close proximity to each other. Earlier in the day, I had decided to insufflate a 20mg Adderall IR. Later that evening, I was at a friend’s house, and cocaine was brought out. Gratefully, I remembered I had done amphetamines between two and three hours prior to arrival. I do not think I had read very much about amphetamine and cocaine interaction, but I had a pretty good feeling they would cross-potentiate each other based on past experience I had with other stimulant drugs.

I was quite right. I started with a line of cocaine that was about half as much as I would normally take. Even though the amphetamines had mostly subsided in effect, they clearly had not completely left my body, because this line of coke was far more stimulating than what about three times as much cocaine would have felt like without the amphetamines in my system. The stress on my heart felt more intense than if either drug was used on its own. There was euphoria, but there was background agitation and anxiety. The cocaine overpowered this for the most part, but it was not a pleasant combination. The only advantage to this that I saw was that I perhaps did about 25% as much cocaine as I normally would have.

BENZODIAZEPINES

I like combining higher doses of cocaine and moderate doses of **alprazolam** (Xanax) together. Alprazolam quells the agitation, anxiety, and restlessness that cocaine provides, but it makes the experience more fleeting. It also makes it easier to ingest more cocaine than I normally would, due to the neutralizing effect that alprazolam has on cocaine. I believe I have “wasted” more cocaine when indulging in this combination of drugs when used in conjunction. If the decision is

made to do cocaine, I believe the best time for alprazolam to be ingested is after the effects of cocaine wear off, so that the user might have an easier time falling asleep at the end of the night.

I probably would have just enjoyed the cocaine on its own if I had just done less of it! Due to the unknown purity of standard cocaine, it becomes difficult to figure out how much should be ingested to maximize the positive effects.

CAFFEINE

Please see the *Caffeine* chapter.

CANNABIS

Cocaine can have a bit of an anxious and restless side to it. Cannabis, when used in low doses, has been helpful at lessening this anxiety without taking away from the enjoyable effects of cocaine. As cannabis is one of my favorite drugs, there may be some positive bias here. In the opposite vein, for those who get easily paranoid from smoking cannabis, there may be an even further heightened sense of paranoia when the two drugs are used together. Low-THC, high-CBD cannabis, such as **hemp** flower, may prove even more useful at calming anxiety.

HEROIN (OPIOIDS)

CAUTION! Mixing a stimulant drug and a depressant drug is dangerous! **Speedballing** is when a stimulant, traditionally cocaine, and a downer/depressant, traditionally heroin, are used in conjunction with each other. Most often done through intravenous administration, this combination is typically done by users with a tolerance to both substances with an attempt to achieve powerful euphoric effects. Combining these drugs is also very dangerous as they have inverse effects on heartrate. I have tried this combination personally, but only with insufflation as the **RoA**. When I told friends that were intravenous drug users that I did this – they said I did not *really* do a speedball because I did not inject the drugs. Think what you will.

On one occasion, I did one bump in each nostril, perhaps 20mg cocaine and 10mg heroin (not fentanyl, yes nearly pure heroin). My tolerance to these drugs was extremely low at the time. While I felt a sense of euphoria, there was also a surprising amount of discomfort. My body *and* mind did not know whether to feel stimulated or relaxed. I felt focused, but also distracted. According to others, I had the appearance that I was on opioids more than cocaine, with constricted pupils, and even a slight **nod**. Perhaps I dosed the ratios incorrectly, but I just did not see the overall appeal of the combination. Would I do it again? Possibly. Is it more enjoyable to administer both drugs intravenously? I am not sure – but that is something I do not wish to test, especially with no tolerance.

KETAMINE

Please see the *Ketamine* chapter.

LSD

While I have never personally combined cocaine and LSD, I do know a few users who have. I recall one person telling me that the only time she had a bad trip on LSD, was when she combined a high dose of cocaine with LSD. Since cocaine can make users anxious or paranoid, and LSD can cause users to think introspectively and abnormally, there may be some users who are more susceptible to a negative experience.

Upon consulting Reddit, it seems that reviews of the combination experience are mixed, but more people advise against the combination. Many users reported that it added an edge of anxiety or restlessness to the trip. It also distracted some users from the fact that they were tripping, and when the cocaine wore off, the effects of LSD resumed, which could be a bit jarring. Few users said the experience was enjoyable, but advised that if a user is prone to using cocaine, to make sure there is enough cocaine to be had, because if you run out, you might be left craving more [LSDcoke].

NICOTINE

Please see the *Nicotine* chapter.

MDMA

Please see the *MDMA* chapter.

SUGAR

Please see the *Sugar* chapter.

Personal Opinion

THE MOST DISAPPOINTING DRUG

The pleasurable and successful feelings that cocaine provides is an illusion. It makes me believe I will do wonderful and powerful things in my life. Maybe I will end world hunger, and create peace between all nations (I am exaggerating here a little!). Maybe I will finish that list of “Life Goals” I have had sitting on my dresser!

But then the drug wears off. Maybe just one more bump... And it is back to being filled with motivation and the desire to get things done! ...And then it's gone again.

Cocaine lies to me. It tells me I will do magical things, but these things usually do not happen. It is so good at lying, that I actually believe I will want to accomplish all the things I want to do while high on the drug – when I am sober after the drug wears off! This could not be further from the truth.

THE NEGATIVES OUTWEIGH THE POSITIVES

In addition to this, the duration of effect of the drug is far too short, especially when tolerance grows. And I do not even have to ingest cocaine every day to see a tolerance as it can seemingly grow throughout the night that the substance is being ingested. A line consumed at the end of the night is likely much weaker and shorter in duration than a line of the same size consumed at the beginning.

What about the cost? I usually do not bring up the cost of drugs in most chapters, but cocaine is an exception. For me cocaine is the most expensive drug per session, relatively speaking. A gram of high-quality cocaine will usually cost me about \$100 USD. That can be shared between me and two friends over 3-4 hours (\$33/person). For a frame of reference, a pill of ecstasy or a capsule of MDMA will cost me about \$10, and last for 3-4 hours (\$10/person). Three 5mg oxycodone (Percocet) pills will cost about me 4\$ each and last about the same length of time (\$12/person). A bottle of alcohol can cost \$20 and be shared among three people over 3-4 hours (\$7/person). A 20mg Adderall tablet costs me about \$5 and lasts 3-4 hours (\$5/person). The cost per person of cocaine for a given session is much higher than that of seemingly any other drug in my experience. We must not forget that cocaine is usually accompanied by alcohol, costing more money, which can lead users to buying and using even more cocaine, and spending even *more* money. If the cost of cocaine was closer to \$20/gram, it could be arguably a bit more worthwhile.

To top it off, after doing that much cocaine, I am left wanting more of the drug (and perhaps will go out and purchase some), more so than if I had taken any other drug that was listed.

MODERATION IS KEY

Despite these mentioned negatives, I can enjoy the substance. It can make for an enjoyable social event with friends, depending on the situation. I like how talkative it can make some people who are usually less conversational, though conversation is usually not as deep or insightful as it may be on other substances.

THE MOST ADDICTIVE

Speaking personally, I have not yet encountered a drug that has made me desire more of it as much as cocaine. Even after doing many lines throughout the evening, I still have the self-control to stop myself, but the desire will always be in the back of my mind. If my mind knows it will not get more cocaine, it begins to desire other drugs. It is quite bizarre to me. This is touched on more in detail in the *Addiction and Withdrawal* section above, but I mentioned it twice because I feel it is important to know about this possible side effect.

WHAT ABOUT CRACK COCAINE?

Although I have not tried it, my understanding is that since crack is typically smoked and effects are more powerful, the euphoric and stimulant effects are even stronger. However, this also adds to the addictive power. A crack cocaine high allegedly only lasts for a few minutes, so for me, I do not see much of a purpose. Perhaps if I had tried it, I would understand more why some have abused it.

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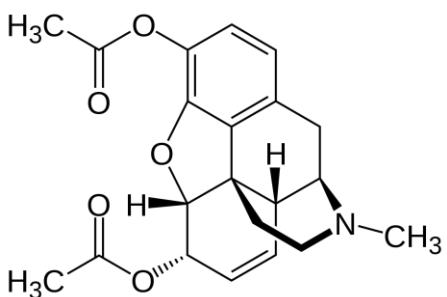
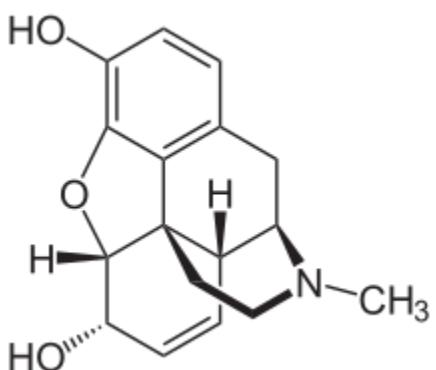
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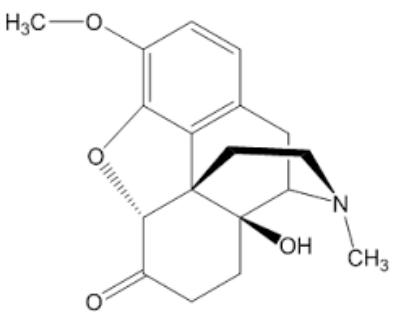
UNODC coke

<https://www.unodc.org/documents/data-and-analysis/tocta/4.Cocaine.pdf>

Opioids (Opiates)



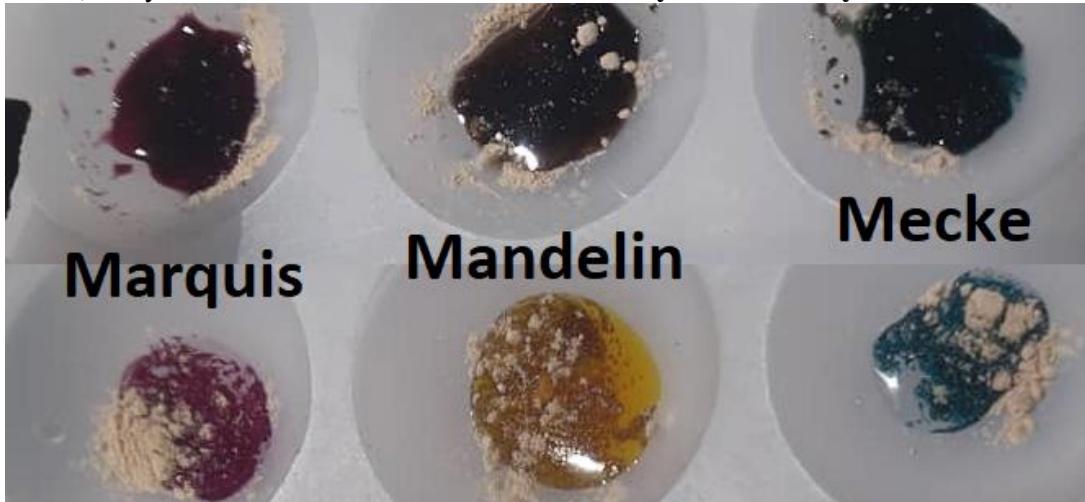
Top left is a morphine molecule, top right is a morphine tablet, rarely used by prescription when other opioid pain-killers like oxycodone (pictured below) are more common. Under the morphine molecule is the heroin molecule. To its right, are three types of heroin – China White (usually insufflated or injected) – which used to be very pure heroin, but is now almost certainly cut with fentanyl in the modern day. Next to it is Brown heroin (usually insufflated or injected), which I know as either #3, #4, or “Brown”, which I am most familiar with from personal consumption. Below these two is Black Tar heroin (usually smoked). Depending on where you live in the world, each of these types has different prevalence.



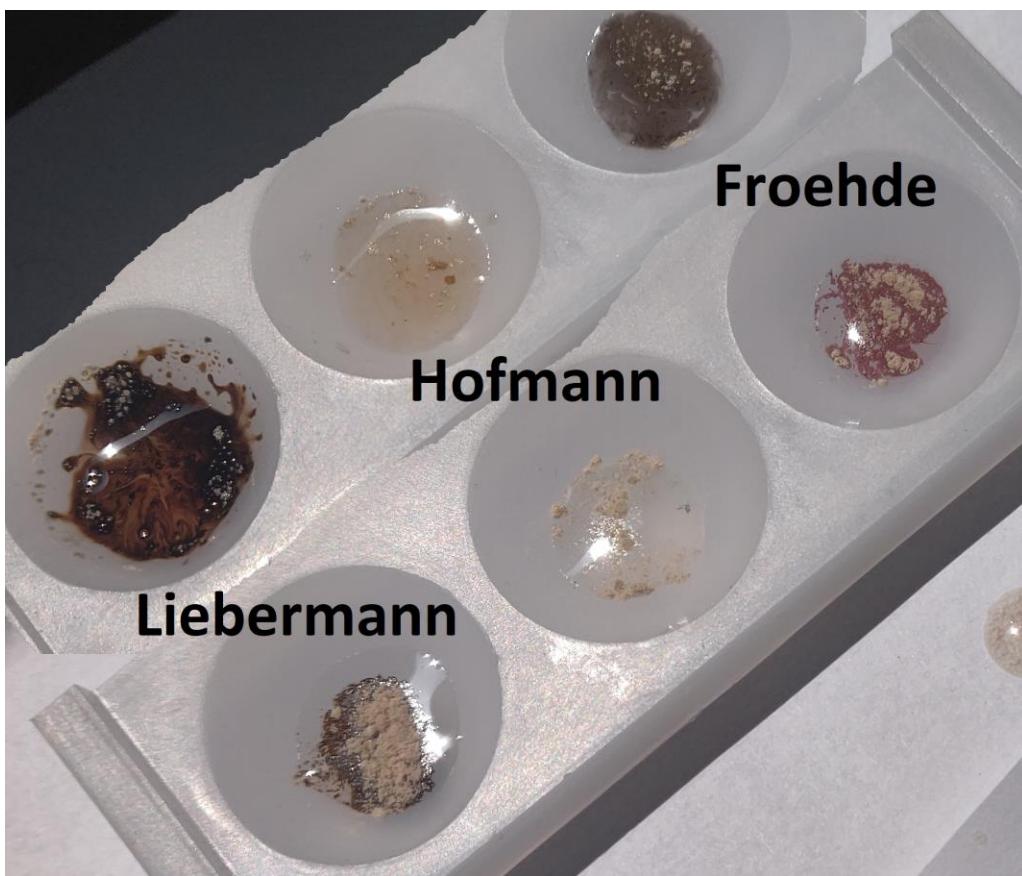
Opioids includes a variety of drugs, such as opium, oxycodone, hydrocodone, fentanyl, heroin, and tramadol. Some opioids are available by prescription from a doctor, most often for the treatment or management of acute to chronic pain. Higher doses can provide

a unique euphoria which makes these drugs more desirable for those looking to escape life, but can also result in addiction.

Reagent Kits - I can only imagine the reaction of the average heroin addict who may be reading this... "You had pure heroin, and you WASTED IT TO DO TESTS!?" Fuck yes. I absolutely did - but it is not a waste.



Heroin. The lower three in the above picture is immediately after adding heroin to the tests, while the top three is about 20 seconds after. Purple in Marquis is indicative of presence of morphine-based drugs (can be heroin). The dark color in Mandelin could be indicative of presence of opioids (hard to observe). Blue to black in Mecke should indicate heroin.



Again, the lower reactions pictured are roughly 20 seconds below the upper. Liebermann turning black is on par for heroin/morphine, as is Froehde. Hofmann having no reaction is expected. We can see that since the color transformation is so clear, that this particular product is unlikely to have been heavily cut. I do not know what fentanyl laced heroin looks like in test kits, but I can be fairly certain it would not look like this!

“America, despite accounting for only 5% of the global population, consumes nearly 70% of the total global opioid supply.”

-Tim Rieder

Drugs Covered in this Chapter

Acetyl-Fentanyl – An analog of fentanyl.

Buprenorphine (Subutex, Suboxone) - [Slang: Subs, Bupes, Strips] - Typically used for opioid withdrawal. As it is only a partial opioid **agonist**, it will never get a user as high as a full opioid agonist (heroin, oxycodone, hydrocodone), no matter how much is ingested. It will diminish effects of full agonists in tolerant users, but it will also intoxicate intolerant users for long periods of time.

Carfentanil – A drug said to be 10,000 times more potent than morphine and 100 times more potent than fentanyl [CarfentStrength]. It is used to tranquilize 10,000-pound elephants, and has made its way into heroin in some select locations. Adulterating heroin with carfentanil is much less common than fentanyl.

Codeine (Tylenol-3) – [Slang: Syrup] Often available as a syrup, or in “Tylenol-3” mixed with acetaminophen, it is a prescription analgesic that can also be used to treat coughs. It is generally regarded as a weaker opioid.

Fentanyl - [Slang: China White] - An extremely potent synthetic opioid. It can be 80-100 times more powerful than heroin milligram for milligram. It is most often used for treating chronic pain in cancer patients. It can also be found laced into heroin to make the product stronger.

Heroin (Di-Acetyl Morphine) - [Slang: Brown, China White, Diesel, Dope, H, Tar] - The “King” of all opioids. Heroin is more powerful than morphine, and likely the most euphoric, giving rise to some of the highest rates of addiction in the drug world. It has become increasingly difficult to find pure heroin in recent years due to the increasing likelihood of having an adulterated product, usually containing fentanyl, but as you can see by the reagent tests above, I may have stumbled upon some somehow.

Hydrocodone (Vicodin) - [Slang: Hydros, Vikes] A prescription medication, commonly given after surgeries to reduce pain. Can be given for long-term pain management.

Hydromorphone (Dilaudid) - [Slang: Dilly, Dillies, Dillo] - The metabolized form of hydrocodone (making it stronger), rarely available by prescription, unless after a major surgery.

Opium – The name given to the dried sticky substance harvested from opium poppies. It is used to make morphine, heroin, and other natural **opiates**.

Oxycodone (Percocet) - [Slang: Oxy, Percs] - A semi-synthetic opioid commonly given after surgeries to reduce pain short-term. It can also be used to treat chronic pain long-term. It is a very common opioid of abuse in Roxicodone, small pills dosed with 30mg of the drug.

Oxymorphone (Numorphan, Opana) - This is the metabolized form of oxycodone, so it has perceptibly stronger effects. It is rarely available as a prescription.

Loperamide (Imodium AD) - Some who may have taken this drug are looking incredulously at this, but loperamide is an opioid. Extremely high doses (50-100 pills or more) cause opioid effects.

Methadone - [Slang: Meth, Done {Pronounced: D’own}] - An opioid drug most commonly used to wean opioid dependent addicts off the drug, or keep them from using their substance of choice.

Morphine – Typically given for pain in a hospital setting to relieve pain, it can also be found in tablets or skin patches. Morphine is produced from the sap of the opium poppy. It is on the World Health Organizations list of the most essential medicines.

Naloxone - This is an opioid antagonist. It has the opposite effect that opioid agonists like heroin or oxycodone have. This drug is used during opioid overdoses to stop opioids from killing a person. If the drug is used by an opioid addict while under the influence of opioids it will effectively put them into withdrawal because it strips opioid drugs right out of the brain.

Tramadol (Ultram) - [Slang: Tram] - Tramadol is mild analgesic. It stimulates the opioid receptors and provides relief from pain. It is said to have anti-depressant properties.

U-47700 – [Slang: U4, Euphoria] - A recently synthesized very short-acting opioid. Due to the short duration of effect, the desire to continually dose is very strong. There also seems to be a **ceiling effect** which means taking more of the drug does not necessarily increase enjoyable effects.

Vivitrol - This is a once monthly injection (essentially extended-release naloxone) that prevents a user from being able to use opioids by blocking the receptors in the brain. It is essentially extended-release naloxone, that slowly releases itself over a month.

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OXYCODONE – PRESCRIBED DOSE FOR PAIN – 5mg

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Combining with Other Drugs

- [O] ALCOHOL
- [O] AMPHETAMINES
- [X] BENZODIAZEPINES
- [X] CAFFEINE
- [O] CANNABIS
- [X] COCAINE
- [O] KETAMINE
- [O] MDMA
- [X] NALOXONE
- [O] NICOTINE
- [O] PSYCHEDELIC DRUGS (4-AcO-DMT)
- [O] SUGAR

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Sources

Introduction

THE PAIN OF HEROIN (FENTANYL) - WITNESSING DEATH BY OVERDOSE

I knocked on the door knowing there was likely no hope. I will never forget the feeling. Touching the cold dead body. The blood. Shaking him, screaming his name, knowing it was hopeless. Once my friend, now another casualty of opioids. Hearing my voice as it broke, yelling for my other roommate to come, knowing all the time, knowing there was nothing that could be done, knowing he was dead.

I wish I knew the night before, after we had a conversation, one of the best conversations we have ever had, if I am being honest, that when you closed your door that night, it would be for the last time. I wish there was something that could have been done. But there wasn't. You are dead. You won't come back.

I miss you man. The tears stream down my face right now as I write this. I will never forget you.

This chapter is personally dedicated to you, Gary.

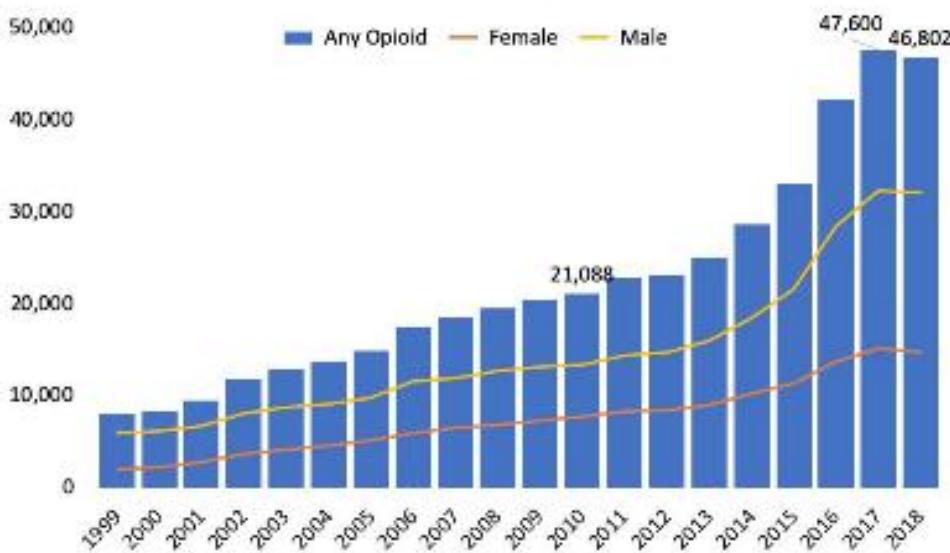
THE BIG PROBLEM – OPIOID OVERDOSE

In recent data, according to the CDC drug surveillance report, 47,600 drug overdose deaths occurred in 2017 from prescription or illegal opioids (some of the most recent data). Synthetic opioid overdoses for drugs like fentanyl were the most common, responsible for 28,466 deaths. Semi-synthetic prescription opioids (like oxycodone and hydrocodone) was next highest, with 17,029 deaths, and heroin was involved in 15,482 deaths (multiple drugs could be involved in the same death) [CDCOD 2019]. This is just in the United States alone.

MY FIRST IMPRESSION OF HEROIN

Before I even experimented with any drugs or alcohol, my impression of heroin was that it was the deadliest and most addictive drug in existence. It easily has the worst stigma in today's world. And why should it not? Overdose deaths from heroin and other opioids have been steadily increasing for most of the last twenty years.

Figure 3. National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2018



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019

WHY EVEN START USING HEROIN?

Of course, these statistics are not good, but if heroin is so *bad*, then why would anyone want to do it in the first place? What decisions in their life brought them to that circumstance? The answer is not the same for everyone, but I must emphasize the number of stories I have heard where someone begins with a legitimate prescription for opioid painkillers, usually oxycodone or hydrocodone. Some have wisdom teeth removed, some are injured while in sports or at play, and yet others still may find the drugs in the medicine cabinet of a friend or relative. Peer pressure could be a factor as well. They may start with the prescribed dose, and if they enjoy the feeling, a higher dose can be taken. It is this heightened dose that really brings out the euphoric and pleasurable effects of opioids.

Tolerance builds quickly so more pills are taken at the same time to achieve a positive effect. Maybe they are **insufflated** to provide a quicker and stronger high. This drug use may get in the way of life activities, so perhaps a job is lost due to intoxication, or the user is already running low on money. An oxycodone habit is expensive, so a drug dealer or friend may present heroin as a more economic option. Most people start with insufflating heroin, but when that is not enough, some will move to **intravenous** administration either to save money or for a more intense high. This could be considered the "end of the road" for drug use.

There are those that discover heroin without the introduction of prescription of pain-killers, but this seems to be rare.

GROUPING PRESCRIPTION OPIOIDS AND HEROIN IN THE SAME CHAPTER

When I first began writing this book, I had separated various opioids into different chapters, but after some brief research, I discovered that most opioids affect the brain in a very similar manner. Whether its prescription opioid pain-killers, raw opium, or pure heroin, essentially the same neurotransmitters are affected in the brain, just at different concentrations and for different durations of time.

Most discussion will be focused around heroin, but there will be information about prescription opioids and other opioid-based drugs whenever I can factor it in.

OBTAINING DRUGS – THE IMPORTANCE OF KNOWING YOUR SOURCE!

CAUTION! In modern times, I believe it is gamble with YOUR LIFE to buy street-grade heroin. I have known *several* friends who have overdosed and died by unintentionally (or intentionally) buying fentanyl-laced heroin. Having little or no tolerance and coming across fentanyl is a recipe for disaster. I mention using test kits, such as the ones used in the beginning of this chapter, to test the validity of the drug in the *PART II - Safety* chapters, but if someone is deep into heroin addiction, it is unlikely they are investing money to test their drugs. If the decision to buy street heroin is still made, I cannot emphasize how important it is to *start low*. Starting with a half-bag, or even a quarter of a bag may mean the difference between life and death. It might be all you need.

If you are an intravenous user, doing a “test shot” or an injection of a very small amount of the drug first is advised, though I believe a “test sniff” is probably a better idea. Whenever possible, carry **naloxone** on your person to administer in the case of opioid overdose. Injecting drugs with a friend is also advised for harm reduction purposes

History

FIRST USE OF OPIUM

According to PBS, opium's psychoactive use was known as far back as ancient Sumerian times in about 3400 BCE. The Sumerians referred to it in their native language as the “Joy plant” and would share the euphoric effects with the Assyrians, who in turn shared it with the Babylonians, who then shared it with the ancient Egyptians [PBSOpiHist].

Throughout much of opium's history, it was not smoked, but instead, the black sticky resin was dissolved in wine and drunk, or otherwise rolled into a pellet and swallowed. Opium was then used as a cure for pain, also as a euphoriant and a potential aphrodisiac. It was known in the regions of Europe and Asia for thousands of years [McKenFood 199x].

MORPHINE

In Germany in 1803, Friedrich Sertuerner discovered the active ingredient in opium by dissolving it in acid, then neutralizing it with ammonia, resulting in the production of morphine. Physicians believed strongly in its reliability and long-lasting effects, even referring to it as “God's own medicine” [PBSOpiHist].

HEROIN

Heinrich Dreser of The Bayer Company in Germany finds that when morphine is diluted with acetyls, the new drug diacetylmorphine, is produced without the common side effects of morphine. Bayer coins the term “heroin”. Free samples were sent in the mail to try to get morphine addicts a “safer” replacement. Despite this, heroin addiction climbed to alarming rates by 1903, which caused Congress to ban opium in 1905 [PBSOpiHist].



This is a replica of what a heroin bottle may have looked like that I found on Etsy – a great decoration.

VIETNAM

I knew someone who fought in the Vietnam War in the 1970's, and became a heroin addict. This was due to the readily available product. He has said that the heroin would come directly from the United States itself, and that the heroin would be handed out side-by-side with cigarettes. The drug helped mitigate pain in wounded soldiers, while simultaneously

numbing them to the otherwise traumatic effects of war. Looking back now, he said he felt he was in some type of videogame, that the killing of other humans almost did not even feel real.

FENTANYL

Fentanyl was first synthesized around 1960, but did not become popular for clinical use until the 1990's [DrugP1]. It was not long after this that drug distributors realized they could add fentanyl into their product to create a more potent "heroin". In 2013, there were 392 reported overdose deaths attributable to fentanyl. The following year in 2014, there were more than 1,400 overdose deaths [Fenty 2014]. This number has continued to rise.

Legal Status

HEROIN WAS ONCE LEGAL OVER THE COUNTER

At one time, heroin was once a legal drug, able to be purchased over-the-counter:



This was in the late 1800's and very early 1900's. Times have changed since then.

Heroin is **Schedule I** in the United States, having a high potential for abuse and no currently accepted medical use in treatment in the United States. There is also a lack of accepted safety for use under medical supervision [DEADruFacSheet]. Heroin is top of scheduling for most other countries as well [Wikipedia].

OTHER OPIOIDS

Fentanyl, methadone, morphine, opium, oxycodone, and most other prescription opioids are Schedule II, having a high potential for abuse and limited medical use in the United States [DEADrugs 2017]. It is illegal to possess these drugs without a legal prescription. This is the case throughout much of the other countries in the world as well.

KRATOM

Kratom is a naturally derived drug that stimulates the opioid receptors in the brain. It is currently legal to possess, and has been for a surprisingly long time. Even now, I can go on a two-minute walk to my local Smoke Shop and buy kratom extract, and effects would rival low-dose opioid medications.

Route of Administration

As there are many different opioid drugs in this chapter, I will try to include a description of a few different RoA's for each of the most common drugs.

HEROIN

It is commonly used either intranasally, intravenously, or by smoking/vaporization, however it can be consumed orally, sublingually, or rectally.

HEROIN - INSUFFLATION

There is less prep time involved with insufflation of heroin, however, not all types of heroin can be ingested by this route. Heroin that is white, grey, or light brown and clumpy will be able to be easily insufflated. Black tar heroin is not typically insufflated as it comes in a form that is sticky and difficult to break down. It is more commonly smoked or injected.

Duration of Effect for an intolerant user versus a [low-tolerant user] - low – moderate dose (10-20mg) of *pure* heroin

Come Up: 10-20 [10-20] minutes

Main Effect: 2-4 [1.5-3] hours **Peak @ + ~20-40 minutes after dose**

Comedown: 1-2 [0.5-1] hours

Users who are even more tolerant have even shorter durations of effects.

HEROIN - SMOKING

I have tried smoking heroin a few times. I much prefer the effect of insufflation, but this could be because I did not have the proper form of heroin for smoking (I was using #4 Heroin [Heroin Hydrochloride], though #3 [Free-Base Heroin] is supposedly more effective). Tar is also allegedly better for smoking. The primary advantage of smoking over insufflation, is that the hit comes on faster.

Smoking can be done off foil and is called "chasing the dragon" as heating the heroin tends to make it move around the foil and the user will need to "chase" the hit with the flame in order to inhale it properly. Some users will use a "meth pipe" which is essentially a glass ball, perhaps half the size of a golf ball with a connecting glass tube a few inches long, that has a hole on the side. Using the glass instrument may be more effective for getting the drug into the body.



On the left is a person "chasing the dragon", which I have never done. I heard it takes practice! I have used the pipe on the right to smoke heroin.

The enjoyable effects of smoked heroin only lasted for about two hours when my tolerance was low.

HEROIN - INTRAVENOUS

Before going any further, it should be noted that if you are an individual who is considering taking the next step to intravenous administration, be aware that it is a line that you cannot uncross. Once you step over this threshold, it is not something that can be taken back. The individual who may have wanted to "never try the needle" may find themselves developing a habit after just one use. Resorting to unsafe practices, such as using previously used needles, or injecting unknown qualities of "heroin" is dangerous and could be lethal. I have never used drugs in this way, but I have heard many stories from those who have, and they *all caution against intravenous use*.

Moving on to intravenous use of drugs could be thought of as similar to how someone may move on from oral to intranasal use of drugs. They may have said "I will never snort drugs," then after trying it one day, find it was "not so bad", and now does not think twice about this **RoA**. A person might say they would "never try the needle," until they do, and find that it is "not so bad" and will begin to inject drugs without much consideration of how dangerous and habit forming it could be. Regardless of why you ended up here, since people will still use drugs intravenously, it is important to know how to safely administer the drug, and what the consequences are of doing so.

There is an Erowid.org article from 1994 that details this procedure quite well and is recommended for those curious about safe and effective injection habits. The article highlights keeping a sterile environment, proper syringes, not sharing needles, how to inject, where to inject, and what to watch out for should the situation be going poorly https://www.erowid.org/chemicals/heroin/heroin_info4.shtml. I talked to friends who have injected the drug and they say this article does a good job highlighting key points of interest.

Why choose intravenous use? It puts the drug into the blood quickly so that it may reach the brain rapidly, providing powerful effects with little obstacle to stop it. Following injection, heroin crosses the **blood brain barrier** in approximately 20 seconds, with approximately 70% of the dose reaching the brain [EMCHero]. Less heroin is absorbed from other RoA's, making this intravenous use optimal to maximize the effects of the drug.

Erowid's duration (Low dose 5-10mg)

Onset: 10-20 seconds

Duration: 4-5 hours

HEROIN – INTRARECTAL

I was not going to put this in the book because I did not want to admit it, but yes, I “boofed” (slang for intrarectal administration) heroin before. Doing some research online, I found it was far more effective for the drug to get into the body than when it was insufflated, so I figured I would try it out! For science – of course (and because I wanted to get high). For safety instructions on intrarectal administration, please see the chapters in *PART II – Safety*.

fortunate to come across pure heroin, I had done several lines throughout the day. I had about two lines left (maybe 20mg?) and decided to administer the drug intrarectally. WOW – I was stunned by the strength of the effects. The experience is detailed in the “Personal Experiences” segment near the end of the chapter.

In an intolerant user [20mg (this was a high dose for me)]

Come Up: 10-20 minutes

Main Effect: 4-5 hours **Peak @ + ~30-45 minutes after dose**

Come-Down: 2-3 hours

OXYCODONE/HYDROCODONE – ORAL

These pills are most commonly swallowed when given by prescription. **CAUTION!** These drugs can cause serious stomach pain in intolerant users, even amongst those who would say they have a strong stomach. It is highly advised to eat a small meal to provide a cushion for the drugs, as a small meal will not take too much away from the effect. Some individuals are very sensitive, and even having a small meal before consumption could result in stomach pain. From my experience, the strength of a hydrocodone dose is roughly equivalent to oxycodone (dose x 1.5). For instance, 10mg of oxycodone is about equal to 15mg of hydrocodone. **CAUTION!** Many drug dealers are now using pill presses to make fake pills that contain other drugs. BE CAREFUL!

Duration of effect for an intolerant user with an almost empty stomach (low-moderate dose 10-20mg)

Come Up: 30-60 minutes

Main Effect: 3-5 hours **Peak @ + ~1-2 hours after dose**

Comedown: 1-2 hours

Having a full stomach will draw out these effects, but also make the effects less powerful.

OXYCODONE (ROXICODONE) – INSUFFLATION

Roxicodone, Oxy-30's, or “Blues” as they are sometimes called are most common for snorting. Due to tighter regulations around oxycodone, these are now much harder to find than they were a few years ago. **CAUTION!** People have been pressing fentanyl and other drugs into fake Roxicodone pills. Be warned that if you are coming across “blues” in today’s drug market, they may not be authentically made in an approved laboratory.

REAL Roxicodone



COUNTERFEIT pill



CAUTION! Even with seeing this picture, there are still possible fake pills that look identical to real ones. Just be aware that this possibility exists.

Duration of Effect for an intolerant user (low-moderate dose 5-15mg)

Come Up: 5-10 minutes

Main Effect: 2-4 hours **Peak @ + ~20-30 minutes after dose**

Comedown: 30-60 minutes

Duration of Effect

COME-UP

The come-up phase of most opioids is fairly smooth. Effects will build slowly, usually starting with an inner warmth and comfort, followed by relaxation and euphoria. Intravenous administration will cause a rapid, rushing increase of these effects.

MAIN EFFECTS AND PEAK

The peak is the height of the opioid experience. There is euphoria, anxiolysis, relaxation, analgesia, and a sense of well-being. There could also be pruritis (body itching), irritability, constricted pupils, and impatience. I feel as though my body and mind are being hugged with pure pleasure.

COME-DOWN

For the intolerant user, the comedown is generally smooth and mild. There are rarely lasting ill side effects besides itching and potential wakefulness.

HANGOVER

Generally, with infrequent use and moderate doses, hangovers are not usually present, making these drugs more dangerous. Perhaps if these drugs caused a profound hangover, less people would use them. There may be a slight laziness or general lack of motivation, but it is not inhibiting. Frequent use will lead to hangovers (could arguably be called withdrawal) which result in unpredictable changes in mood, potentially leading to the user wanting to take more drugs.

AFTERGLOW

Usually when the effects of the drug wear off, there is little return to positive effects that may be construed as an afterglow. I can admit that sometimes, into the next day, I have felt a slight mood lift after doing high-quality heroin the night before.

Dose Comparison

It is difficult to give exactly what various dose approximations might be due to the purity of street-grade heroin being so variable. For this example, “10mg of heroin” may be equivalent to one or two bags of street-grade heroin, but since most “heroin” in modern times is actually fentanyl, it becomes difficult to measure.

BEFORE YOU TAKE THE DRUG

If you have never taken opioid-based drugs, and you are about to for the first time, you must ask yourself if you really know what you are getting into. Consider that before many prescription opioid or heroin addicts actually became addicts, they said something like “I will just use it once or twice – I won’t become addicted!” And while many of them do not become addicted, some do. My only advice would be to make sure you know as much as possible about these drugs before deciding whether or not to try them.

If you have light colored eyes, opioids can constrict the pupils, so being around people who may notice this effect may prompt questions like, “Why are your eyes so blue?” (I am speaking from past experience!) For those that are familiar with the effects of opioids, they may be aware of the intoxication. Plan ahead to avoid confrontations if you must. There are some eyedrops that can help enlarge pupils. I will not tell you which.

Do not take opioids if you plan on driving or operating heavy machinery later in the day, especially when taking high doses. High doses can cause the “nod” effect which makes it feel as though a user is going in and out of sleep briefly. This is dangerous and can cause accidents.

Avoid taking opioids shortly before bed, as they can have a stimulating effect, even with low to moderate doses, which can make for an unrestful sleep.

If planning on taking opioids with unknown strength, such as street-grade heroin, always have a friend nearby and Narcan available in the case of accidental overdose. Self-administering Narcan can be difficult if you find yourself overdosing.

LOW DOSE – NO TOLERANCE (5mg oxycodone (oral), 7.5mg hydrocodone (oral), 3-5mg pure heroin (insufflated))
A low dose of opioids does not capture really what these drugs can do. It is like comparing a cup of coffee to cocaine, in my humble opinion. Low doses are most commonly taken for the treatment of mild pain for a week or two following some surgeries. There may be very slight mood lift, a mild increase in energy, and a sense of relaxation. For some, these effects are barely discernable from baseline sobriety. Side effects like body itches, constricted pupils, and irritability are often mild to non-existent.

MODERATE DOSE – NO TOLERANCE (10mg oxycodone (oral), 10mg pure heroin (insufflated))

This is where some of the recreational effects are perceptible. Euphoria is noticeable, though slight. Analgesic effects are slightly greater, and a user may teeter between stimulation and laziness. Sociability is generally increased. An inner warmth can be felt, which leads into relaxation and a sense of well-being. Side effects become more prominent, such as body itches, irritability, pupil constriction, and impatience. Some users are more vulnerable to these side effects than others. The positive effects generally outweigh the negatives at this stage.

HIGH DOSE – NO TOLERANCE (THE NOD/NODDING OUT) (30+mg oxycodone (oral), 15-20mg pure heroin (insufflated))

Taking a high dose is really the only way to capture the true power of these drugs and why people may turn into drug addicts. The euphoria is profound, however there is also **emotional blunting**. While I am likely no longer sad, angry, or stressed at this dose, I do not feel particularly happy or satisfied. In a sense, I feel as though I am being removed from myself, surrounded by a warm and blissful feeling. There is not a strong sense of self, but it is not quite **dissociation**. There is a greater likelihood of nausea and stomach upset. Side effects are very noticeable at this dose. While moderate doses can be stimulating, high doses are generally sedating, but do not usually lead to sleep. Users may find their heads bobbing up and down with their eyes half open. This is the **nod**. Nodding out is an effect some opioid users strive for, while others want to avoid. While the nod is arguably the height of pleasure, time seems to pass too quickly, creating an unmemorable experience. Though any dose of opioids can lead to addiction, users who take high doses and achieve this “nod” on a regular basis are much more prone to it.

CONSTANT SMALLER DOSES VERSUS ONE LARGE DOSE

If asking an opioid user with a mild tolerance if they would rather: Take 10mg of oxycodone 10 times in one day evenly spaced every hour (100mg total), or do one dose of 60mg, they would likely tell you that taking one dose of 60mg would

be more pleasurable, even though the total dose of oxycodone would be higher with evenly spaced doses. Opioids are drugs that are best done all at once to achieve maximum euphoria. My now deceased friend, who was a former opioid addict, said, “Would you rather feel kind of good for a long period of time or *really* good for a short period of time?” He said if given the choice, he would have always chosen the latter option.

Physiological Effects

STOMACH ACHE/PAIN

This is most frequently experienced from oral doses of prescription opioids in intolerant users. If the drug is taken on an empty stomach, the sensation that the drug is “burning a hole” in the stomach is possible. The best defense against this would be to eat an ample sized meal before taking the drug. If you usually have a sensitive stomach, make sure the meal is medium to large sized. If your stomach is stronger, a small meal may be sufficient. Note that the more food in the stomach, the lower the strength of the drug.

To remedy the problem of stomach pain, *lay down vertically!* If you can eat something, that is also recommended. Water usually does not change the pain in the stomach.

APPETITE

If stomach pain is experienced from opioids, appetite will virtually disappear, even though eating will be the best defense. Generally, even I have been tolerant to opioids, my appetite has decreased slightly. There are also times when I have been high on opioids, that I resort to eating as a form of pleasure seeking, which could be referred to as “**opioid munchies**”. This is likely an indirect effect of the drug.

DIGESTION

Digestion will slow on opioid drugs. The contents of the stomach may take longer to empty, but it does not seem to be as significant when compared to stimulants like cocaine or amphetamines.

NAUSEA/VOMITING

This occurs most often in intolerant users. A low dose (5-10mg oxycodone or a couple **lines** of heroin) will not trigger nausea in most people. Repetitive (doing lines all night) or high doses (50mg+ oxy) increase the likelihood dramatically. When friends of mine have done heroin all night (intolerant users) they report vomiting multiple times the *next day*, with feelings of persistent nausea.

URINATION

Opioids, especially in high doses, can make urination very difficult. Suboxone and U-47700 were especially powerful at decreasing the ability to urinate. I would have to perform exercises, such as a few sets of pushups or a quick run around the block, in order to relax the muscles in my bladder so I could urinate. Doing so proved to be effective 90% of the time. Otherwise, I would sometimes avoid drinking water so that I would not have to worry about urination. Of course, this is unhealthy.

DEFECATION

More than any other drug in this book, by a WIDE margin, opioids are notorious for causing constipation. Usually, from the time of a few hours after ingestion of the drugs, to multiple days after the experience, a user will find it harder, or impossible, to defecate. Additionally, feces may become stiffer and more difficult to pass. Regular opioid users may turn to laxatives to deal with the constipation. For a low to moderate dose, an intolerant user may just have to wait an extra day or two for a bowel movement. For high-dose users, they may not produce feces for DAYS.

SENSATION

There seems to be a dulling of all the senses with even low doses of opioid drugs: visual, auditory, tactile, gustatory, and olfactory. The greater the dose of the drug, the weaker the senses become.

EXERCISE

Opioids may reduce pain associated with various types of exercise, which may seem advantageous, but they also seem to have an inhibiting effect. While running, it seems I did not notice the pain in my legs, but I also did not desire to

accomplish the task like I would if I were on other (what I deem) exercise-friendly drugs (cannabis, LSD, and benzodiazepines). Also, when exercise is completed, the usually pleasurable release of endorphins is altered almost unenjoyably, and the exercise feels less gratifying. For a particularly difficult experience involving opioids and exercise, I documented a case of extreme dissociation following a very vigorous run in the *Personal Experiences* section at the end of this chapter.

ITCHING (PRURITIS)

The body may become itchy from opioids. Higher doses result in more widespread and severe itchiness. I have experienced itchiness that is so extreme, I have scratched holes in my skin that left it bright red for hours. In extreme cases, probably due to the pain-killing effect of opioids, I have scratched my skin until it began to bleed (only with synthetic opioid U-47700).

PUPIL CONSTRICITION

This is especially easy to notice in those with blue or lighter colored eyes, like myself. Traditionally, in dim lighting, the pupils of a human expand (dilate) to allow more light to enter into the eyes for better vision. Opioid-based drugs constrict the pupils and allow less light in. It is harder to notice if someone is under the influence of opioids in the sunlight because bright light naturally constricts the pupils. However, if in a dimly lit room where pupils should be greater in diameter, someone who is aware of why pupil constriction occurs may be suspicious of opioid intoxication.

If pupil constriction is particularly severe, it can be harder to see in dimly lit spaces, especially after coming from a bright environment, such as the sunlit outside. It will usually take eyes longer to adjust to the change in light. In rare conditions this can be dangerous, so it is helpful to be aware of.

RESPIRATION AND CARDIAC

CAUTION! Breathing may become shallow (respiratory depression) and heartrate will decrease (bradycardia). If either of these decrease to dangerous levels, get help immediately as an overdose may be happening. See the *Overdose Effects* section following this section. These effects are particularly dangerous when mixed with other drugs that slow breathing and heart rate, such as **ketamine, benzodiazepines, alcohol, or GHB**.

ANALGESIA (PAIN-KILLING)

Possibly the oldest known use of opium is for its ability to reduce pain. Indeed, this is what these drugs are most often prescribed to treat in modern times. Personally, when I have used opioids for this reason, it is not that I no longer feel pain, it is that there is simply an altered sensation of feeling and I can just ignore it. I feel the best description of this was by Alexander Shulgin described in PiHKAL (discussing injury in the thumb):

“It was fascinating to me that one could be hurting, in agony, and that the administering of a little bit of a chemical that came from some poppy flowers somewhere, could make it all quite unimportant.” ... “This is what is meant by central analgesia. The pain is not deadened; it is still there. The site of action is not the thumb but, rather, the brain. The problem is simply no longer of concern.”

-Shulgin, Alexander (Sasha)

Psychological Effects

STIMULATION TO SEDATION

Low doses can have a stimulating effect. Depending on the dose, these drugs can provide more energy than even a cup of coffee, for me. There have been times I have taken ~10mg of oxycodone and summoned the energy to clean my entire house. If taken late at night, this dose can also cause difficulty falling asleep.

Higher doses can cause sedation or drowsiness – as indicated by the “nod” (described further in this section). The drowsiness is not necessarily sleepiness, because the act of actual sleeping will usually be a bit more difficult. Laziness will increase, as will overall acceptance of this laziness. **CAUTION!** If you witness someone seemingly falling asleep under the influence of opioid drugs, make sure they are in fact falling asleep and not overdosing!

AWARENESS

Opioid drugs seem to only decrease awareness. They are inhibitory, and thus, prevent a user from fully perceiving their outside environment. This will be more prevalent when high doses of the drug are taken. This could be dangerous, as some users may not notice cars driving as they cross the street, or may fall asleep while a candle is lit. Also, opioids seem to really draw the user into themselves, and make it more difficult to perceive the thoughts and feelings of others nearby.

MOTIVATION

In the moment, with a low dose, opioids can seemingly make a user more motivated to accomplish short-term goals, similar to stimulants like caffeine or amphetamines. With regular use, this effect does not last. High doses of opioids, especially with frequent use, can rob a user of almost all motivation. The pleasure that opioids provide is arguably better, by comparison, than any future goals or tasks that require effort to be put in, in the mind of some opioid addicts (this is an unhealthy mentality).

ANXIETY AND PARANOIA

Users will often claim that opioids bring them a relief of anxiety, which is likely true. Personally, with high doses, while I feel relief from anxiety and stress, there is a noticeable irritability that seems to build up. At times, it can be so noticeable, that it can take away from some of the euphoria and other enjoyable aspects of the high. When I discuss this with other opioid users, most of them do not notice this. I have not, nor have I known anyone to experience paranoia from opioid use on its own.

FOCUS AND ATTENTION

At low doses, I feel as though I have heightened focus. The stimulant properties are more obvious only at this dose, and can allow me to focus on tasks with an almost amphetamine-like concentration, though not as robotic. My attention span may also seemingly increase, so I can pay attention to things that I may not necessarily want to if I were sober. As the dose of opioids approaches a higher dose, focus and attention becomes weak and fleeting.

SLEEP QUALITY AND DREAMING

If a low dose of opioids is taken early enough during the day that the effects mostly subside, usually there is little difficulty with trying to sleep in the evening. High doses of opioids, which may include the nodding effect, may feel sedative, but when sleep is attempted, it is often difficult. I have felt very tired on a high dose of opioids until I laid in bed, then usually I find myself staring up at the ceiling for extended periods of time. Perhaps I will drift in and out of some form of sleep, but it is definitely not deep sleep or restful. I will often get out of bed in the morning feeling like I just laid awake in bed most of the night, and even a little physically drained although I did not perform any physical activity. The frequency and memory of dreams decreases substantially with higher doses of opioids.

DISINHIBITION AND SOCIABILITY

Low to moderate doses can cause an increase in sociability and a decrease in inhibitions. It seems rare for people to take opioid drugs and go out to a party or other social event, since there are usually better options (in my opinion), but opioid drugs can lead to an increased desire to socialize and party. High doses usually make communication with others difficult due to heightened intoxication.

DECISION MAKING

Opioids impact the ability to make good decisions. Caution is usually tossed aside due to the inability to think through a given option to completion. This may manifest in users driving when they should not be, or ingesting higher quantities of drugs that may lead to or increase levels of addiction. Due to opioids creating a tendency for users to desire more of the drug, rational decision making is usually sacrificed.

SEXUAL

A low dose with infrequent use will actually stimulate my sexual energy. It should be noted that this is usually only during the come up or early in the main effects stages. It will take longer to achieve orgasm, so sexual episodes may last longer than normal (which can be enjoyable). When climax is reached, it is usually not as enjoyable as a sober experience. As the drug experience approaches the comedown phase, the likelihood of a sexual experience, or even for the desire of a sexual experience, decreases.

High doses or frequent use of opioids will almost completely mute the desire for sex. If I am in this pattern of use, the concept of sex does not even cross my mind. I am unable to be erect no matter how much visual or tactile stimulation is applied.

MEMORY

Low dose and infrequent use of opioids will not have a significant impact on short or long-term memory, but when frequency of use increases, days will seem to pass by in a bit of a haze. It may be difficult to remember specific events without exerting higher levels of effort. High dose use of the drug will cause the greatest impact in memory. While the user is nodding out, they likely will not recall much of the experience at all.

SELF-MEDICATION

CAUTION! Opioids are probably the most effective drugs for self-medication – in terms of getting rid of the pain of normal life, but I hope this does not make it sound like a recommendation. Self-medication usually has a negative connotation to it for good reason. If a user is self-medicating, it means they do not know how to handle or cope with a given situation, so they are resulting to medications that *they choose for themselves*. When users make these choices, they (usually) are not medical professionals, so this likely is not the best course of action. This is especially true for opioids. These drugs have such an ability to make users feel far removed from themselves and their problems, so much so that they stop caring about or even acknowledging them. When taking the drug it is like hearing, “Everything is okay and will be okay. Do not worry!” even if current life conditions are arguably disastrous. Opioids are the ultimate escapist drugs.

NODDING OUT “THE NOD”

This is what many opioid addicts enjoy. It is when they consume a high enough dose that they are not fully conscious. The eyes are sometimes not fully open, and they may seemingly drift in and out of sleep. The head may bob up and down, giving it the appearance of a “nod”, hence the name of this effect. Euphoria is usually high at this stage; however, the memory of the intoxication is usually fleeting, due to being in a semi-conscious state. When I have nodded out before, I would tell you I felt euphoric, but hours may have passed by which may have only felt like 15-20 minutes. There is little to be learned from this experience, except where the limits of raw pleasure from external substances can be reached.

HEROIN – THE ULTIMATE PLEASURE

I have once heard of a person tell me that when they had acquired a particularly clean bundle of heroin, after a proper injection, described themselves as feeling like "Jesus walking on water". Others have described the feeling as a "Full body orgasm". The same user described less pronounced feelings such as relief of tension, lowered inhibitions, more open conversations, and a care-free attitude.

Users report that once they have reached this feeling, it is something that they want to experience forever. Care should be taken, because once this is experienced, it cannot be "un-experienced". This feeling will rest in a user's mind, sometimes for the rest of their life, and often the drug is done repetitively to try to reach this sensation again. This is called "chasing the high". At this point the stakes have been raised, and there is little turning back. From my experience, only when I have seen users abstain for long periods of time, while simultaneously learning how to live a happy sober life, do they forget this feeling or lose this desire to feel the blissful numbness of opiates, while those who are having a difficult time in life will still desire this feeling even if they have been sober for months.

HEROIN EFFECTS – ALEXANDER SHULGIN, CREATOR OF 200+ DRUGS

“In me, it produces a dreamy peaceful-ness, with no rough edges of worry, stress or concern. But there is also a loss of motivation, of alertness, and of the urge to get things done. It is not any fear of addiction that causes me to decide against heroin; it is the fact that, under its influence, nothing seems to be particularly important to me.”

-Shulgin, Alexander, about heroin in his book **PiHKAL**

I always value what the great chemist Alexander Shulgin, creator of over 200 psychoactive drugs, has to say. He describes it beautifully. Heroin is wonderful because it can destroy any stress or concern in your life. Heroin is terrible for the same reason. It can rob you of desire and self-motivation. If you believe you have nothing else to pursue in life, heroin may be the most dangerous drug for you to choose. If you are on a path towards pursuing your destiny, you might try it and it might not phase you. There is risk either way.

TOLERANCE

Perhaps the most notorious effect of consistent opioid use is tolerance. The longer the drug is used, the greater the tolerance is to the drug. When there is a lower tolerance, there is a greater tendency to notice the euphoria, relaxation, and sense of well-being. When tolerance builds, these effects diminish, even with increased levels of dosing. This leads to

chasing the high, which some may never catch. With greater levels of dosing, comes a buildup of traditionally unpleasant effects, like itchiness, irritability, craving, and withdrawal.

One user told me that they went from a habit of one or two bags of heroin a day to nearly 50 a day in just a few months to achieve similar effects to when they started. Despite the exponential increase in use, this person noted that they could never reach some of the highs that they achieved when they once started, and were constantly left with some disappointment.

Comparison of Various Opioids

OPIATES VERSUS OPIOIDS

Opiates refer to natural derivatives of the poppy plant, such as heroin, morphine, or opium. Opioids are synthetically derived versions of opiates. They can be semi-synthetic, such as oxycodone or hydrocodone, or fully synthetic like fentanyl or methadone. I tend to just use “Opioids” as an all-encompassing term for ease of communication.

BUPRENORPHINE VERSUS OTHER OPIOIDS

Buprenorphine is a special type of synthetic opioid. Where most opioids, like fentanyl, heroin, oxycodone, or methadone are *full opioid agonists*, buprenorphine is a partial agonist, which gives it different abilities. Generally speaking, more and more of a full opioid agonist can be taken to increase the effects of a drug. This is not the case for buprenorphine, where taking more of the drug does not increase effects. Since it is a partial agonist, it will partially bind to the opioid receptors, giving a partial high (in a sense), with a **ceiling effect**.

Interestingly, if a partial agonist is taken with a full agonist, the partial agonist will overpower the full agonist, causing a substantial decrease in overall effect. In other words, if a partial agonist like buprenorphine is taken alongside a full agonist like oxycodone, even if high doses of oxycodone are taken, it will be very difficult to achieve greater opioid effects due to buprenorphine's superseding effect of limitation. Furthermore, a user with no tolerance who takes buprenorphine, even at low doses (1-2mg) will find themselves mildly high/intoxicated for sometimes ten hours or more, since buprenorphine is still partially active and has a long half-life. The process is very interesting, and I do not have the space to fully elaborate on it here, but if it is something that interests you, I would suggest doing further research!

FENTANYL VERSUS HEROIN (DURATION OF EFFECT)

It seems that more and more often in modern times, street-grade heroin is either cut with fentanyl, or is just fentanyl without any heroin at all. How can a user tell the difference between fentanyl and heroin? Assuming the user is *not* using the suggestion to use **reagent kits** to determine the validity of the drug (Please see the chapters in *PART II - Safety*), here is input from two users from Reddit for a comparison between the two drugs:

“Heroin you get a nice rush and warm and tingly all over . Fent you get high then pass out. I’m clean now but fent ruined getting high for me. It’s shit. Fent i would have to redose every 2-4 hours heroin double that.”

-JayzCrayz88

“I would guess without looking that heroin lasts 3-4x longer. It’s also much warmer and functional. I could go to school drive to work hold down a job. Once fent took over not so much. I was constantly falling asleep while not even feeling that high also I was running to the bathroom constantly like a coke head”

-inthea215

https://www.reddit.com/r/opiates/comments/g0soak/for_those_that_have_done_pure_heroin_and_pure/

I have heard similar from friends of mine as well. The fentanyl high is shorter, less intense, more sedative, and leaves quickly so more is desired. Heroin is longer lasting (said to have longer “legs”), more euphoric, blissful, and functional.

PRESCRIPTION OXYCODONE VERSUS HEROIN – ARE THEY REALLY SO DIFFERENT?

While I believe prescription pain-killers like oxycodone are more often taken as prescribed – orally, and heroin is either insufflated, smoked, or injected, they actually seem to affect the brain in very similar ways. As was mentioned earlier, oral

administration provides an overall weaker effect, but is potentially longer-lasting. Other RoA's will cause a more rapid onset of effect.

According to one Reddit topic, comparing insufflated oxycodone to insufflated heroin, several users claims that oxycodone is a bit more stimulating than heroin, while another user claims they have very similar effects. Nodding out seems to be easier on heroin, which is coupled with a general desire to be lazy or unproductive [https://www.reddit.com/r/opiates/comments/gqy0q6/can_anyone_give_input_on_the_differences_between/]. Having experienced both myself, when either drug is insufflated at equivalent doses, there is a familiar comforting warmth felt on the inside. As doses increase, the same type of nodding effect is found in both drugs. Both drugs can kill pain, and both drugs can cause constipation. Honestly, it seems the only difference between the drugs is that users of street-grade opioids will use higher doses, therefore creating more potent effects. If the dose of each is kept low, perhaps 10mg of oxycodone and 5mg of heroin administered similarly, the effects may be quite hard to distinguish.

Overdose Effects and Lethal Dose

WHEN IS OVERDOSE MOST COMMON?

Recognizing an opioid overdose is important. The sooner help can be reached, either for yourself or someone else, the greater the chance of survival. Overdoses are most common in users who are abstinent from opioids for a period of time, and then relapse on the drug. In other words, when a person's tolerance to drugs is very low, they may go for a typical dose of their desired drug when their tolerance was high, which could result in overdose due to the unfamiliarity of effects in the body. I have lost several friends because of this.

Overdoses are also common in users who are mixing two different depressant drugs (commonly opioids and **benzodiazepines**). Both of these drugs can cause slowed breathing and heart rate, which can be dangerous, especially if users are inexperienced with combining these drugs.

OVERDOSE EFFECTS

Some overdose effects include cold or clammy skin, constant vomiting (especially problematic if the victim is unconscious), shallow breathing, slowed heartrate, and even seizures. In extreme cases, skin tone can take on a purplish hue for those with pale or light skin, and a grayish tone for those with darker color skin. The "Death Rattle" may be observed, where victims may sound like they are choking or struggling to breathe, usually while they appear unconscious. Fingernails and lips may also turn blue, purple or dark, due to the inability for blood to reach the extremities.

If the person stops breathing, performing mouth-to-mouth CPR can help the victim "breathe" until an ambulance arrives.

One of my friends was foaming at the mouth with bloodshot eyes before he passed away (he insufflated two bags of "heroin"). If medical attention was sought more quickly, perhaps he could have been saved. These symptoms are usually less common, and potentially more indicative of a heavy overdose. It was his first time using opioids in over a year, and it was later determined he had a very heavy dose of fentanyl.

WITNESSING DRUG OVERDOSES

If you or someone you know sees a person overdosing on drugs, there is a "Good Samaritan Law" in the United States (and some other countries) which allegedly offers legal protection to a person reporting an overdose, even if that person may have been using drugs with the overdosing individual. This means that the reporting individual should not get arrested even if drugs are at the scene. Despite this law, I have heard incidences where individuals have called police for assistance with their overdosing friend, but have had legal action taken on them.

Would you call the police to help your friend if it meant you could serve five years in prison? What if they died and you could have saved them by calling for help? Are you to blame? There are many ethical issues which are raised here, and more often than not the person who witnesses the overdose is also under the influence of a mind-altering substance(s) and has impaired decision making which can create uncertainty in the mind.

Do not make this mistake of *not* acting when you could have saved someone's life, or you will spend the rest of your life wondering what could have been done. **TRUST ME**

NALOXONE (NARCAN)



Narcan is a nasal spray version of naloxone. For opioid addicts it is very important to keep this drug on hand. This drug can be found at some drug stores like CVS as well as at clean **needle exchange programs** throughout various countries. It can effectively reverse an opioid overdose *if the overdose is caught in time*. The sooner it is administrated, the better the chance of survival. For heavier overdoses, multiple doses of naloxone may need to be administered.

Due to naloxone's ability to reverse the effect of opioids in the brain, it can put a user immediately into withdrawal if they are an addict, but a state of withdrawal is arguably better than death.

WARNING: USING STIMULANTS – OVERDOSE MAY STILL OCCUR

"Stimulants increase respiration rate allowing a higher dose of opiates. If the stimulant wears off first then the opiate may overcome the patient and cause respiratory arrest."

-PsychonautWiki on the topic of combining cocaine with heroin.

CAUTION! Some users may think they cannot overdose on heroin if they are using cocaine or other stimulant drugs. This is not necessarily true. By the statement mentioned above, this indicates that heroin has longer-lasting effects, and could still lead to overdose, considering that a stimulant, such as cocaine which has a short duration of effect, will dissipate in effect sooner.

LETHAL DOSES OF VARIOUS OPIOIDS

Fentanyl – The lethal dose in humans is expected to be around 2mg [DEAFentPic]

Heroin – The estimated lethal dose is expected to be around 200mg for intolerant users. Heroin addicts can tolerate ten times as much [EMCHero].

Morphine – Estimated lethal dose is also 200mg, but could be as low as 60mg in sensitive individuals [MorphOD].

Oxycodone – From a study done on oxycodone overdoses, 70mg was the median dose of instant release oxycodone, or 240mg of extended release, that caused overdose. It is worth noting that several of these users may have also been under the influence of benzodiazepine drugs, likely lowering the threshold of overdose. There were also many other confounding variables that needed consideration [<https://academic.oup.com/qjmed/article/106/1/35/1533771>].



On the left, is the amount of PURE fentanyl needed to kill a human. On the right is a side-by-side comparison of Heroin, fentanyl, and carfentanil overdose levels [DEAFentPic].

Negating the Effects

MAKE SURE IT IS NOT AN OVERDOSE

Are you or is someone you know nodding out too hard? Struggling to stay conscious? First, make sure there is not the threat of an overdose (See *Overdose Effects and Lethal Dose* above) ... then look at what can be done below.

NEGATING THE NOD – STIMULANTS

CAUTION! Mixing drugs can be dangerous, especially when it comes combinations of stimulants and depressants.

From my experience, one of the effects that may want to be counteracted is the **nod** which can cause a user to teeter on unconsciousness. Because this stage is usually overly sedentary, some users consume stimulants. Caffeine can provide a relatively safe and helpful upturn in energy. Amphetamines and cocaine can also be helpful, but these drugs can be more dangerous. **CAUTION!** Just because someone consumes stimulants to mitigate the nod and bring them to a greater level of consciousness, does not mean that they are safe to drive! I have unfortunately witnessed someone attempting to drive after taking stimulants more times than I would like to admit.

CRACK COCAINE – DO NOT ATTEMPT, UNLESS IN EMERGENCIES

Another friend of mine would tell me that when he would inject heavy doses of heroin, he would keep a glass pipe loaded with crack cocaine nearby. That way, if he thought he was about to overdose, he would start smoking crack to speed up his heart rate! I cannot recommend this to anyone, but knowing that the option exists may be important for some.

CAUTION! Mixing a heavy dose of heroin with a heavy dose of crack cocaine is extremely dangerous and can kill you! Try not to give yourself any chance of overdose if possible!

NALOXONE (NARCAN)

Another way to completely neutralize an opioid high would be to use Narcan. This drug does not necessarily need to be used just for opioid overdoses. As was stated before, using Narcan on an individual who is an opioid addict can put them immediately into withdrawal.

NEGATING EFFECTS OF STOMACH PAIN

To negate a stomach ache that may come about from oral dosing of prescription opioids like oxycodone, the suggestion mentioned earlier was to lie flat on the backside. This helps soothe stomach discomfort. Eating may also help to mitigate stomach pain, though it may be difficult as opioids can have appetite suppressant effects.

IF NONE OF THESE OPTIONS ARE AVAILABLE...

Find somewhere safe to sit, breathe deeply, and wait for the effects to pass. Drink some water if it is available. Eat a solid meal if you are not overly nauseas. It may take several hours, but the high will eventually end.

Addiction and Withdrawal

MYTH - EVERYONE WHO TRIES HEROIN GETS ADDICTED

What I find useful is to bring statistics to light to indicate just how prevalent these drugs are in society today "In 2011, 4.2 million Americans aged 12 or older (or 1.6 percent) had used heroin at least once in their lives. It is estimated that about 23 percent of individuals who use heroin become dependent on it" [HeroAbuseGov 2014]. This goes against the thinking that, "Once you try it, you're hooked!" That statement is not true, and indeed I have known several individuals to try the drug one or several times and not develop a dependence – me being one of them.

[LIVE EXPERIENCE] MY BRIEF ADDICTION – U-47700

While I have never been addicted to oxycodone, heroin, or other “traditional” opioids, I did have a short phase where I used U-47700, a fully synthetic opioid, for 14 days. Compared to other opioid addicts, I know this is far from extreme, but I still wanted to give some input. Below is a recount of the addiction while I was in the midst of it:

Believing myself immune to opioid addiction... the joke is now on me. I acquired a few grams of U-47700 and took the drug for several days in a row, usually in conjunction with **diphenhydramine** (Benadryl), to dodge the itchy side effects as well as boost desirable effects. The ROA was by insufflation only. By the fourth day, I noticed I was not getting anywhere near the high I desired, despite increasing the dose slightly each day. I also noticed an increased craving for the drug that I had rarely felt even when I had used the drug on various occasions in the past for multiple days in a row. Perhaps it was increased life stress, or being frustrated with some good friends around me, but I am not exactly sure what made this time different. I voiced to myself and others that I wanted to stop, but I just kept on using despite the diminishing positive effects.

As I write now, the seventh day of consistent use is coming to a close. Based on how much I have done over the last week and reflecting on how I have felt, I believe I will wake up feeling a little edgy and agitated. I do not think that I will be suffering from any difficult physical withdrawal symptoms, such as sweating, shaking, or diarrhea. Since my new goal has been to get off this drug, my goal is to do a gradual taper, and use substance replacement. For instance, tomorrow around midday, I plan to take just enough to relieve any edgy feelings that I might have to make it through the evening. No opioids will be taken at night. The following day, Saturday, I wish to do the same: take a very small dose in the later afternoon/evening in order to eliminate as many of the cravings and side effects as possible.

I have been rather intoxicated and nodding while writing these last few paragraphs, and it took me much longer than it should have to put in these words. Being very late Thursday night, I will take advantage of this being my last day of intoxication. I will do a nice set of two more lines, smoke a final cigarette or two, then get some sleep. I will awaken early tomorrow, and go right to the gym, perhaps with the aid of some caffeine, to get a really intense workout in, and get the endorphins kicking throughout the day to keep me off the opiates. Saturday, I wish to do another early morning workout to get a good boost through the day anyway. The major goal is that by Sunday, I will not be using any opiates of any kind. As an added bonus, GHB will be taken in the following evenings to add a GABA anxiolytic effect to mitigate cravings further. I am excited to see what the next few days will be like. Now, off to nod and smoke.

[After the two lines] Well, those last couple lines really got me lifted. Cigarette lifted me even higher, but when I tried to lay back down to go to sleep, I tossed and turned for a couple hours. I had taken some diphenhydramine and vitamins, but that did not help. I ate a bowl of granola cereal and was able to sleep for a few hours. I woke up a little agitated. I went to the gym and went on a run as I said I would and that helped keep me clear for most of the day. In the later afternoon I did *just 2 bumps to stave off any cravings*, which it did, but instead of feeling much of a high, I mostly felt a little more annoyed. Some GHB was taken that night which really helped, and I managed to not do any more that evening.

I awoke today, Saturday, feeling a little edgy as well, but kept to my promise to only do two smaller bumps in the middle afternoon to curb any cravings, which were minimal, as well today. Again, these small bumps seemed to only make me feel remotely high for about 10 or 15 minutes then left me feeling even more edgy than I was before! I do not have any more of the substance with me for the day, even though I hardly have a desire to use any after this rather shitty feeling I gave myself. I am since feeling a bit more balanced an hour later, but still more off than before I had taken any drugs today. Rather wishing I did not even take any at all, but now I know. I do not foresee any problem holding back from doing opioids tomorrow when I made it my goal to be clean by then. This partial taper proved effective, but I probably could have just stopped use entirely and gone cold turkey as I was not using heavily enough to warrant a taper.

The advice here would be to quit before serious cravings and feelings of dependence set in, if possible. Fortunately, my use was only moderate for just a week. If I had dosed higher and kept my streak up for more than a month, it may have been much harder to stop under similar conditions.

Reflecting on this experience years later, I remember I continued to use U-47700 until my supply of the drug ran out – about 14 days total. Cravings became increasingly more extreme. Of course, even when I ran out of the drug, perhaps I would wait a few weeks, but then I would go back and buy more.

As a note, I am *very* aware, that this was an extremely mild addiction, with what some would call “no real withdrawal” - and perhaps they are right. Every day, I am grateful that this is the furthest I ever came to opioid addiction. I lived through few discomforts, unlike many of my friends who were heavy heroin users.

THE HORRORS OF ADDICTION – THE LOSS OF ETHICS AND VALUES

Need money to fund the addiction? Not sure where to get it?

Why not beg people for money? Why not break into cars for change? Why not sneak into your parents' house, steal their jewelry and furniture, and sell it at a pawnshop?

Maybe this sounds like bizarre behavior to you, but I know a multitude of people who have done all of these things, and more. In the most extreme situation, two friends would put on various costumes to appear as doctors or other professionals, so that people would not be suspicious of their thievery. They would beat people up, took what they wanted, and never looked back – all just to get enough money to maintain an addiction. Gratefully, I never experienced or witnessed any of this first hand, but I want to recount these real-life scenarios briefly to stress just how *powerful* addiction to opioids can be.

IDENTIFYING OPIOID ADDICTION

How can someone know if an individual is using opioids? There are a few signs that might present some evidence. If the eyes can be seen, look for constricted (small) pupils. This will be easier to observe in those with blue or lighter colored eyes, and can only be an indicator in dimly lit rooms, as bright light will naturally cause small pupils. Users may seemingly look tired or have their head bobbing up and down with semi-consciousness. This is nodding out and an indicator of some type of depressant drug use, usually opioids. Since opioids are pain-killers, users may have more cuts, marks, or scrapes on themselves as they do not register pain the same way. This is a less common indicator.

Lastly, perhaps the concern of addiction is in a significant other or child. Even if all the signs point to opioid use, they may still deny it. Acquiring a urine drug test can help see if the person is using drugs. They will likely fight back in anger, “I PROMISE I am not using!” Once there is admission of use, perhaps there can be admission of a problem, and the healing process may begin.

LONG-TERM EFFECTS

For intravenous administration, the Center for Substance Abuse Research sums up some long-term effects fairly well. Chronic use can lead to collapsed veins, infections in the heart lining, abscesses, liver disease, and lung related complications such as pneumonia. Some users who practice unsafe needle use and share needles may find themselves developing hepatitis, or HIV [CesarHero].

Interestingly, having known several heroin addicts who used on and off for 20 years, they do not seem to have aged any faster than a clean-living individual, unlike avid methamphetamine or cocaine addicts, which can seem to age more as drug use increases.

TREATING OPIOID ADDICTION

The treatment of opioid addiction is a complex topic. Some may think the underlying cause of addiction is simply taking repeated doses of a certain drug, but this is usually not the case. More often, from observation, addiction can be triggered by a stressful aspect of life, or a form of peer pressuring. I am not too enlightened on the topic, so if this is an area of interest, I suggest further reading and research online. One of my favorite videos on the subject of addiction is posted by spiritual teacher, Teal Swan: [Addiction and How to Overcome Addiction](#)

She has several other addiction-related videos, and is generally wonderful for providing life insight. Highly recommended!

Determining the cause of addiction is still a topic of great interest today. There are groups of people who look at addiction as a disease for which there is no "cure". Other groups disagree with the outlook that addiction is a disease and look at addiction as learned characteristic, that with proper therapy or teaching, can fade away. If insurance covers it or it can be afforded, treatment can be found in the form of personal therapy, group counseling, or in-patient live-in programs.

POSSIBLE DRUG TREATMENT OPTIONS [IBOGAINE]

CAUTION! I would not attempt these methods of treatment without medical supervision.

Cold-Turkey – This option is to immediately stop using the drug and not seek it out. This is likely impossible for the average addict due to the power of the addiction. There are precious few that I have known to have success with this method *by choice*.

Methadone – Methadone is a synthetic full opioid agonist. A user can start on a high dose of this drug, then taper off slowly to hopefully become free of opioids. This is effective for users taking extremely high doses of heroin.

Buprenorphine - (Suboxone, Subutex) - This is a partial opioid agonist, so it will prevent users from getting high on opioids. This medication is sometimes coupled with naloxone which negates the effect of opioids, sometimes pushing a user into withdrawal. This is usually more effective for addicts that are not very high-level users, where methadone may be more effective.

Naltrexone Extended-Release (Vivitrol 30-day one-time injection) - Vivitrol can be given to the opioid addict who does not believe they can successfully stop using drugs without intervention. Vivitrol essentially blocks the opioid receptors from accepting opioid drugs in the brain. If the user still has opioids circulating in the body, the injection will push them immediately into a severe withdrawal. They must be sober from opioids for a period of time (usually one or two weeks) before administration of Vivitrol.

Benzodiazepines – I do know a few people who have weaned themselves off of opioids with alprazolam or similar benzodiazepines. Alprazolam can relax the body and make some of the withdrawals from opioids more tolerable. This is dangerous, as sometimes an opioid addiction can be traded for a benzodiazepine addiction.

Gabapentin (Neurontin) – Similar to benzodiazepines, gabapentin is a **GABA** agonist, so it can cause relaxation. Taking this drug when withdrawing from opioids has been said to mitigate the severity of withdrawal and reduce cravings.

Psychedelics – I know one person who took a tab of LSD while they were withdrawing from opioids and said they lost the desire to keep using opioids. Mushrooms can also be effective at helping a user rationally see the issue behind their substance abuse. Possibly the most effective, and also hardest to find, is **ibogaine**. There have been studies done that describe ibogaine as a drug that can “reset” opioid receptors in the brain, making it so a user does not have to go through the pain of withdrawal. It is a very potent psychedelic. An abbreviated version of an experience with the drug by an individual at a treatment facility is recounted below:

As the drug began to take hold, an energy permeated from his chest through the rest of his body, and the resulting euphoria brought relief from the symptoms of heroin withdrawal due to the fact he hadn't used in nearly 24 hours. The visual phenomena that played before his eyes opened him up to repressed memories resurfaced, causing him to deal with deeply set subconscious guilt. The effects persisted for more than 12 hours, and after returning home, he found that he did not use and had little to no craving for the next six months. In fact, with further monitoring by researchers of the other 29 addicts who were participants, none of them were reported to have problematic drug use at the six-month follow-up. Both patients and their partners said the experience greatly improved their quality of life [NewSci 2013].

WITHDRAWAL

Withdrawal from opioids is said to be a very difficult experience to endure. Many who I have talked to that have suffered through it will describe it as one of the most grueling events of their life. Once the body becomes so dependent on one substance for stability, when it is taken away, real pain is experienced.

The below are taken from a Reddit topic about withdrawal:

https://www.reddit.com/r/AskReddit/comments/2b6ipo/serious_exdrug_addicts_of_reddit_what_does/

“You ever been in love?

I mean really really high school crush OMG they are the most perfect person in the world and I am the happiest person in the world love?

And then they dumped you?

And you know that emotional turmoil, the mental agony of desperately wanting to be with them, to experience that love again, to just do things differently this time and make everything perfect because you just can't deal with the hurt and misery and acheacheache that fills you when they are gone? That absolutely indescribable craving and insatiable stupid cycle of need need that haunts your every waking moment and colors your dreams?

And then years later, when you finally think you're over that person and have gone on with your life, something reminds you of them and the ache and desire come flooding back with a viciousness that brings you to your knees.”

-Kancho_Ninja

“Runners fatigue. Weakness in every muscle of your body. Minimizing movements because of muscle cramps and stiffness. Been awake for days and sleep feels foreign. Nothing looks appetizing but you'll probably pass out if you don't force something down.”

-heathergenie

“Like death, or like death would be better. Like Kancho said you can find physical stuff documented anywhere.

And that emotional is pretty spot on too, except for nothing would hold you back from going after it... except your self control. Then you have to hate yourself for staying away from the one thing you want more than anything. The one thing that would make it all better, physical and emotional. This thing that suddenly... Just doesn't seem so bad.

So you either kind of die emotionally and physically for days, hating yourself for getting into this mess and hating yourself for not giving in to that release, or you give in and hate yourself for being a hopeless case. If the former happens your emotional anguish can continue for weeks, months... years even. Or pop in and out as it pleases. If the latter happens you can cycle into a spiral you might never come out of, and will probably try to kick it again later.”

-Daniyelles

“it feels like a bad case of the flu, diarrhea, chills, you cannot get comfortable, legs kick and are uncomfortable, and then for 5 days your energy level is sooo low it takes major effort to walk to the bathroom.. it really messes up your energy”

-drugtestguy

If these experiences sound undesirable, and you know you have addictive tendencies, perhaps opioids are not for you!

Personal Experiences

[LIVE] BUPRENORPHINE (SUBOXONE) - GETTING HIGH WITH NO TOLERANCE

Drug/Dose: 2mg + 2mg buprenorphine (Suboxone/Subutex), occasional nicotine throughout

RoA: Buccally

Date/Time: 5/21/20, 7:00PM

Diet: I mainly follow a carnivorous diet, but last week I was on vacation, indulging in whatever I wanted. I have been taking magnesium glycinate, potassium citrate, vitamin D, and oregano oil (look it up! Great medicine) on an almost daily basis.

Recent Drug Use: 25mg of diphenhydramine twice in the last week, two pseudoephedrine pills this morning (12 hours ago), daily caffeine use (not today, however). No hard drugs for several weeks. No opioids in months, maybe used twice in the last year.

Mental: I feel optimistic. I just became engaged and I am feeling hopeful for the future. I argued with one of my closest friends this morning, but we mostly rectified the situation.

Physical: Despite eating some off-diet foods, I feel pretty good. My knees are sore from running too much so I will have to stop. Not in ketosis. Stomach is mostly empty from food I ate many hours ago, somewhat hungry. Finished my daily 3-mile run, about an hour ago with a slight endorphin buzz from the run.

Setting: The drug was taken by myself, in my home, and at my desk. My partner is sitting across from me, curious about how the drug will affect me.

Expectations/Questions: The early morning pseudoephedrine likely will not skew the results too much. There may be some alteration from my run, but that should subside. I have cigarettes available for anticipated nicotine cravings, though I haven't smoked one in at least 5 weeks. I expect to feel a pleasant, long-lasting, opiate-like intoxication. My biggest questions now: How long will the peak be? Will I be nauseas due to my intolerance?

Experience:

T=0: I took one quarter of the 8mg rectangle (2mg total), and stuck it deep down in my lip, between my teeth. Weird chemically orange flavor. Bitter and unpleasant. Burns the tip of my tongue slightly, but far from terribly. There are slight residual food contents in my stomach from my meal six hours ago, which I hope will act as a buffer for when the drug takes effect, since opioids give me nausea on an empty stomach. I tried to swallow as little as possible.

T+10: My tongue is getting very slightly numb near the tip, and I feel a slight sensation in my lower lip where the drug is slowly dissolving. No noticeable psychological effects.

T+15-20: The drug has dissolved completely, though it still feels as though some of it is in my lip. Perhaps trace psychological effects? May be placebo.

T+30: Heart rate is 87 BPM, though it may be elevated from exercise. I did not take an initial reading before the experience. Still, not really feeling psychological effects.

T+35: Some lingering bitter taste and numbness. Some warmth perhaps trickling up my spine. HR 78. My face feels slightly warmer. Perhaps inner well-being, though slight at this point.

T+50: I feel something, but it is hard to put words to it. Feelings are definitely not placebo, with a slight pleasantness. There's a warmth behind my eyes, and a subtle relaxation. I desire to take the other 2mg that was budgeted for the experience, but I know I should wait, because this drug takes hours to build in effect.

T+1:00: Definitely feeling a slight buzz. There is a warmth that keeps spreading slowly throughout my body. Appetite is weakening.

T+1:15: Slight itchiness in some areas, warmth increasing. Slight **body load**.

T+1:25: Smoked a cigarette – raised my heart rate to 120 BPM. I haven't had nicotine in over a month. There was a slight pleasantness as I smoked, but the cigarette gave me mild agitation. I hadn't fully come up on the buprenorphine yet. Mild stomach discomfort. Slight laziness. Itchiness growing. Pupils have constricted slightly. Appetite is increasing. Knee pain in joints has decreased.

T+1:40: I was feeling productive, but now my motivation has fallen slightly, though this could partly be attributed to the cigarette. Awareness has decreased. I think that eating the lambchops will straighten me out. Eating a carnivorous diet makes me feel good generally. Pupils are quite constricted – obviously so from an outside perspective. There is **emotional blunting**: while I feel a slight sense of well-being, I am definitely not joyful. Mouth is very dry, which makes eating a bit more difficult, but I am making extra effort to eat because I know it will make me feel better later.

T+2:00: Effects still seem to be building. It is difficult to generate saliva for eating. My nose is itchier than the rest of my body, but there is definitely itching all over! Breathing is a bit shallower, so reminding myself to take deep breaths heightens enjoyment of the experience.

T+2:15: My head feels a bit heavy, and the trace feeling of a nod are present.

T+2:30: I am hardly halfway done with my meal, and usually I could have eaten the whole thing in about a third of the time. I believe I have reached the peak, but that eating may have diminished some of the effects. Continued eating allowed for the production of a little more saliva.

Second 2mg dose consumed, buccally

T+2:40: I ate about 60% of my dinner, then put it away for later. Second dose was ingested. Effects are about as present as they were an hour ago. If I could compare buprenorphine to another opioid, I would say the euphoria is roughly equivalent to 5mg of oxycodone, but the other effects, such as itchiness, inner warmth, sedation, blurred vision, and analgesia, feels like perhaps 10-15mg.

T+3:00: Is it possible the second dose is starting to take effect already, or had I not even fully come up from the last dose? I tried to urinate, but I simply could not. This is one effect that I remember clearly, even though I have not taken this drug in years. In this experience, if I let myself go, I could start nodding out. I usually try to avoid the nod experience as it wastes time, so putting some effort into keeping myself upright is helpful.

T+3:10: My voice became a little raspy for some reason, but I am fairly certain it is drug-related. Doing a set of pushups helped loosen up my bladder muscles and allow me to urinate.

T+3:20: I smoked another cigarette, and it was not as enjoyable as I hoped it would be. Perhaps because my nicotine tolerance is nonexistent? It also caused me more nausea than any other point during this buprenorphine experience. It did increase the high for a few minutes, and gave me some dizziness that is unenjoyable.

T+3:30: Laying down alleviated nausea, but the left-over taste of the buprenorphine and cigarette taste is unenjoyable. It felt serene to just lay down and feel the warmth from the second dose. I can see why opioids are habit forming, but I dislike the absence of motivation to finish basic tasks.

T+4:00: Sense of well-being and overall pleasantness seems to be diminishing? But perhaps I am not interpreting the effects correctly. I feel quite relaxed, but still itchy. I can easily shrug off anything that bothers me. Fortunately, nothing is really bothering me right now so the effects I am experiencing feel more inhibiting. I also tried to play one of my favorite shooting videogames and I had the worst performance in this game than any other time I tried to play this game. I have mixed feelings about this drug. Voice is still weirdly raspy.

T+5:20: I've been lying in bed for about a half hour. It is easy to lay still, but hard to sleep. I still feel high, perhaps a 4/10. The nod that I have is blurring my vision as I look at my phone in close range. I am tired, but relaxed. Grateful to be where I am. I would be quite content to just lay here and attempt to sleep. Euphoria never crossed the 10mg oxy equivalent. Interestingly, the buprenorphine never made me nauseas on its own, only the cigarettes did I ever experience nausea.

T+6:20: I got out of bed because I was failing so miserably at sleeping. Since I ran out of cigarettes, I tried to find my nicotine vaporizer, but cannot remember where I hid it from myself over a month ago! I think I can make it. Definitely still high, and I think the added sedation I feel from being awake late at night combines to add to the high even more. If I remember from my last experience, I should be feeling effects for at least another six hours or more,

T+8:00: Sleep is proving difficult still. As is urination. I'm certainly still high. But it is getting exhausting. After I found my nicotine vaporizer, I consumed many hits in a short span of time and I vomited a small mouthful of food. I tried to stifle it, but this caused it to partially come though my nose. I don't think I would have experienced any stomach discomfort if I hadn't had any nicotine.

T+10:30: Still high. Might have had a few brief naps overnight, but they were far from rejuvenating. I feel as though I am still experiencing peak effects for about six hours.

T+11:30: I got out of bed and I feel exhausted... and yes, still high from the last dose I took nine hours ago, though it's much less enjoyable. I have a small hangover almost, but it feels like it originated from using nicotine on and off throughout the night.

T+12:00: Juiced some lemons to make a 'health tonic' for myself. But damn. Within about 2 minutes of finishing, I projectile vomited the lemon contents directly into the toilet. Apple cider vinegar proved more useful. This is not the first time that I have vomited lemon juice when drugs that agitate the stomach were consumed. Vision still doubles occasionally. The high is dissipating slowly.

T+13:30: Still feeling a residual buzz, with occasional double vision aided by nicotine. Stomach has not fully settled yet. Pupils still slightly constricted. Itchiness mostly subsided. Surprisingly, I have a slight headache, perhaps similar in strength to a headache after a night of moderate drinking. This may be attributed more to the constant nicotine consumption, rather than the buprenorphine.

T+14:00: I managed to vomit up liquid again. Debating on smoking a **hemp flower** bowl to ease my stomach and head.

T+14:15: Smoked some hemp, and my stomach feels much better.

T+15:30: After eating, my body feels much more normalized, but there are still some lingering psychological effects.

T+16:15: Sex was attempted. While I was able to be erect, I was not able to orgasm – something that I was expecting. Tactile sensations were somewhat dulled, though I felt a heightened sexual energy leading up to the experience. This is typical for me with rare opioid use, as opposed to consistent use which strips me of all sexual desire.

T+17:00: There are still residual effects, a hint of warmth and relaxation. Taking a couple of nicotine pulls seems to bring back some of the effects. Vision blurs slightly, the sensation of inner warmth starts to increase.

T+21:30: Now I am left with complete exhaustion and tiredness. The effects of the drug are *still* lingering, though they are very slight. There is still a slight difficulty when urinating

T+23:30: After laying down for a brief nap earlier and eating a hearty meal, some energy has returned. Will take a Xanax later to ensure a deep sleep and catch up to where I am behind. Even nearly 24 hours later, there is still residual itchiness. Psychological effects still have not reached baseline.

T+40:00-55:00: Despite taking 1mg of alprazolam 27 hours after the buprenorphine, while I slept better, I awoke with a slight agitation. This persisted throughout most of the day, which I believe was completely unrelated to the alprazolam.

After-Thoughts:

Do not swallow saliva while the drug is in the mouth! I had never experienced nausea from this drug before, but I was told that the nausea comes on the strongest if the drug makes it to the stomach. Perhaps if the mouth is already dry, it will be easier to stop excess saliva being created? I am not sure if swallowed saliva is what led me to vomit or if the dose was simply too high, but I experienced vomiting three times during this experience. The last time I tried this drug, it was approximately 2mg, and there were few unpleasant side effects worth mentioning. Being mindful that the drug can take more than two hours to fully come up is useful to know.

I was not expecting my sleep quality to be so significantly interrupted! When I checked my FitBit this morning, I only managed to get about 2-2.5 hours of sleep, despite laying in the bed for at least six hours. I can feel the effects of my poor quality of sleep today, and I am looking forward to a nap and good night of sleep this evening.

When I think back to the experience, I can recall feeling very unlike myself. While I was not aware of the distance from my typical self in the moment of intoxication, I am certainly aware of it now.

HYDROCODONE – GENERAL EXPERIENCES

I was lucky... Or unlucky, depending on how it might be looked at, to stumble upon a large quantity of Vicodin, the generic name given to Hydrocodone. The dose was 10mg/660mg of Hydrocodone to Acetaminophen. They were large blue pills, hard to abuse if the desired effect was insufflation because it would generate a mountain of powder that even the most seasoned drug abuser would find difficult to cram up their nose. Not to mention that at that dose it would not even have that strong of an effect to make it worthwhile

Experience, general dosage and effects, comparison to oxycodone

If I took 15-20mgs of hydrocodone, I usually received a mild buzz. The effects were not as euphoric as with oxycodone, nor was I as itchy, but some of the radiating inner opiate warmth was still there. Even though the effects were mildly different, I would say 15mg of oxycodone is relatively equivalent to 25mg of hydrocodone, when looking at how much of the drug it takes to make me start to nod out. The constipation at these doses is relatively the same. Also, stomach upset is still present when the stomach is empty, so having a small meal, even though it lessens the effect of the drug is advisable to avoid severe stomach pains. I get very little agitation that I may get with oxycodone. Also, only slight restlessness with hydrocodone - much less dose-for-dose than with oxycodone.

HYDROCODONE - NODDING ON 25mg

While at my parents' house, several hours after dinner, I decided to try 25mgs of hydrocodone (2.5 pills) and chewed them up a bit first. Supposedly that makes them take effect more rapidly.

I did not feel much of anything for at least 20 minutes, then a slow warmth began to spread from my stomach to the rest of my body. Over the next 20 minutes that feeling grew and made me feel rather comfortable, sort of like wrapping a comfy blanket around oneself, but also having a blanket of comfort around the mind too. The head high was not as strong as the body feeling for me, but both were relaxing. In the following 20 minutes, the "doped out" effects began to take hold, and my eyelids became heavy, my vision blurred, and an opiate-nod ensued.

I alternated from nodding out at the computer screen, to laying my head on my arms at the table for 10 to 20-minute intervals. Overall, the peak of the high lasted about 3 hours, with some residual after effects lingering for another two hours until I went to bed. Time seemed to move faster. My pupils were much smaller, showing how blue my eyes could

be. I have a clear memory of looking in a mirror and making this observation. Trying to fall asleep was more difficult than I would have imagined, since I felt a bodily comfort. There was a slight itchiness that is usually present with opioids, but nowhere near as bad as with an equivalent dosage of oxycodone, where the itchiness can sometimes take away some of the good feelings of the high. I was mildly restless, and my sleep was not as mentally fulfilling as it felt physically. When I did fall asleep, I stayed asleep for at least 8 hours and awoke with a pleasant residual buzz which subsided soon after breakfast.

HYDROMORPHONE – DILAUDID – A much anticipated first experience

Having heard a lot about these little pills, I was excited to try something new. I had heard mixed reviews about them – but the most common consensus was that the bioavailability was much higher when snorted. A feat that would be easy, I imagined, as the pill was small enough already.

A bit sleep deprived, but overall positive, I proceeded to crush up and snort a 4mg pill. The burn was very slight.

The effects were slight, but noticeable. I had a warmth radiating from the center of my body to my limbs. There was a noticeable mood lift, and a definite desire for a higher dose, however I had no more of the drug. Overall, the experience was rather dim. I suppose the warmth was more noticeable than a comparable dose of oxycodone, but as it has been so long since I have ingested other opiates/opioids, it is difficult to form a direct comparison. My nose was also fairly stuffy on this particular occasion, probably impacting results.

[LIVE] U47700 – SYNTHETIC OPIOID – DETAILED REPORT, THE FIRST TIME

I wanted to give this drug a try, as it was curiously easy to obtain for a reasonable price, and would be something I could add to my list of experiences.

The initial experience was documented in the moment

15mg, no caffeine for several days, well rested, well nourished

I decided to start with half of the 15mg first, ~7-8mg, before continuing to a higher dose, as per recommendations on several website forums

T=0: Ouch! This one burns a lot!

T+10: Some light effects were felt, so I decided to ingest the second half of the 15mg

T+15: A warm feeling begins to spread around my body, not unlike hydrocodone or oxycodone

T+20: I sniffed a few drops of water to perhaps enhance absorption

T+23: Damn! The warmth has been tricking around the rest of my body. A nice light buzz.

T+25: Things increase quickly! Already a glaze-eyed, borderline nodding sensation

T+28: Itches are creeping up, especially around my nose. I feel energized, but slightly relaxed

T+30: I suppose I was looking for something like this. It has been a long time since I have done any opioid-based drugs, maybe at least two years. The inner-warmth characteristic of other opioid drugs is very noticeable.

T+35: A slight irritable quality is present, but then again, I had a slight feeling like this earlier today before dosing. This is rather uncommon for me in a sober state of mind. It is worth noting that I sometimes get a slight irritability with other opioids like oxycodone or hydrocodone, so this is characteristic of a typical reaction to opioids for me. Debating on doing 10mg more, but deciding against it

T+40: I am good on this, while the desire to do more is present, I choose not to. Pupils are slightly constricted. I am enjoying the relaxation.

T+50: The high is diminishing. Well, that was certainly brief! Still a little glassy-eyed and relaxed. Slight difficulty urinating, common with opioids for me.

T+65: After a shower, I notice how I am almost completely back to baseline, with some very light residual effects noticeable.

T+90: While lying in bed at three in the morning, I am finding it difficult to fall asleep. Some **diphenhydramine (Benadryl)** helped with this, but I did lie awake for at least an hour.

Overall, I would rate the experience as mildly enjoyable, but lackluster.

Next morning, I awoke with no noticeable after effects, except for an incredibly stuffy nose and an ache in my upper sinuses.

U-47700 - DAILY DOSING FOR FOUR DAYS, COMBINED BENADRYL, OTHER COMMENTS

I experimented with this drug more than other opioids, due to its legality (it was legal at the time). The drug does seem to have a bit more of a desire to continue dosing, making it more addictive. The itchiness also seems to build with consecutive doses. Something easily mitigated by diphenhydramine, but not without making me want to fall asleep...

Doing the drug multiple times a day and for several days in a row provides a slight desire to consume the drug upon waking. In other words, when I get up the next day, I am fine with not doing the drug, but there are certainly some characteristics of craving present. I usually held off until evenings, so I was not constantly taking the drug all day. Interestingly, after the consecutive day experiences, I realized that the evening was my least favorite time to do the drug as I would often spend the next couple hours lying awake in bed due to residual stimulation.

It seems that even with higher doses and minimal tolerance, there is a ceiling that is reached in terms of how much euphoria the drug can supply. No matter how much more of the drug I would do, the positive effects seemed to freeze when I reached this point. An increased high was desired, but trying to dose past this threshold just caused me to start nodding out and get extremely itchy... everywhere, to the point where it made the drug overall enjoyable. This is in contrast to doing higher levels of opioids like oxycodone, hydrocodone, and heroin, where an increase of dose would cause an increase of euphoria in addition to the itchiness and sedative nodding effects.

OXYCODONE – PRESCRIBED DOSE FOR PAIN – 5mg

Having had recurring throat/sinus infections for a period of time and constantly taking anti-biotics to no avail, it was decided by a doctor that I would get a tonsillectomy. Being only somewhat familiar with narcotic painkillers at the time, I was a bit surprised when the doctor made reference to the "good feelings" that came with the pills I would be prescribed after the surgery was over. I suppose he meant it as a joke, and I remember smiling, but having known a few friends to have had addictive issues with that specific drug, it was not as funny as he might have intended.

The surgery came and went, and everything seemed to go according to plan. I had trouble with solid food and the doctor had cautioned me to make sure I had food in my stomach before I took the pill. Taking the drug as recommended, at a dose of 5mg/325 - oxycodone/acetaminophen every 4 hours as needed (if memory serves) it is an effective painkiller. The pain in my throat numbed out, until there was only a vaguely noticeable sensation. The opioid high was very mild, only mild mood lift and a dull numbness to emotion. I tend to feel a warm pleasantness radiate throughout if I take a higher dose, but this was not the case with just 5mg.

When I tried to take oxycodone on a nearly empty stomach, it was a disaster! I had extreme stomach pain and cramping. There had only been orange juice consumed prior to the oxycodone, and it did little to lessen the chemical upset caused by the drug. I learned my lesson and from then on have always eaten at least a small meal before taking the drug. It should be noted that even if a small meal is consumed, some users may still experience cramps, pain, and nausea as a result of the drug. Different people respond differently. The more tolerant opioid user will be more resilient to the stomach upset and may even be able to take the drug on an empty stomach

It took a few hours, but the pain eventually subsided. It was difficult to eat for the rest of the night, and the pain kept me awake for a couple hours. I had thought the pain should have at least been lessened by the fact that I had taken painkillers! But this was not so. I would have felt far more intoxicated had the stomach pain not totally aggravated away any pleasantness.

Another unpleasant side effect I noticed, is that by the end of the second day of consuming two or more oxycodone pills per day, I was incredibly constipated. The doctor had also warned about this too, but I remember thinking, "I'm young, my digestive system will be fine. This won't affect me" I was wrong. Laxatives were needed to produce regularity and some quick reading lead me to quickly finding out that this is a very common side effect.

OXYCODONE – TRYING TO GET HIGH - 15mg

On a separate occasion I tried taking three 5mg/325 tablets with the intention of getting high. I had not really felt much of an opiate high until I tried this. Again, a small meal was eaten beforehand to offset any potential stomach upset. I was sitting doing work on a computer while simultaneously writing about how I was feeling. I was getting a little bit of a nod, and a very warm rushing comfort radiating from within. It was at this dose where I began to understand why some people might like this drug... in an addictive way.

What I wasn't expecting was a bit of edginess that crept in as the hours passed. I was irritable, easily aggravated, but I felt an emotional high. I laughed at some things that weren't normally funny, and entered a dream-like nod land. My inhibitions were also somewhat lowered. I talked to coworkers and acquaintances as if they were close friends, almost subconsciously divulging parts of my life that I would normally consider private. But it did not bother me. In fact, the conversation was actually rather enjoyable. However, I looked back on what was said the next day with some incredulity, 'Did I really say those things? What was I thinking???' almost as one may look back on a night of outspoken drunkenness with shock at what one had said.

There were some perceptible side effects as well. I got a case of the "itchies" where extreme itchiness occurs as a result of consumption of opioids. Under the arms, on the legs, thighs, everywhere! This usually came about spontaneously for several minutes.

The pupil constriction was also more noticeable with a higher dosage of oxycodone. Pupils appeared tiny for hours, even indoors in dim light when they should otherwise have been larger to allow more light in. This is a common side effect of opiate/opioid usage.

OXYCODONE (PERCOSET) - INSUFFLATION - 5mg

Snorting oxycodone 5/325 is more trouble than it is worth. For the mound of powder that is created, the ensuing pain, short high, decreased absorption, and general nasal irritation, it is really worth just orally consuming. If the desire is the quick high, observe the effects of the Roxy in the next section.

ROXICODONE – A NIGHT DOING THE INFAMOUS “BLUES”

What are “Blues”? As the name suggests, these are small round blue 30mg instant release oxycodone pills, with minimal other fillers... This is what is essentially “heroin in a pill”. I had several experiences with Blues, thankfully none of which got me hooked.

Blues are usually snorted if the intention is for a high, at least this is normal from what I have heard people say that I have spoken to. The bioavailability of oxycodone taken orally is higher, greater than insufflation - meaning more of the drug will be absorbed. Personally, I like the body high of oral consumption. Insufflation is preferred because the high hits quicker and more intensely. It is worth noting that oral consumption allows the oxycodone to pass through the liver and generate oxymorphone in the body, a product of first pass metabolism, and a generally more enjoyable drug.

Oxymorphone is available by prescription as well, with the generic name as Opana, but it is not commonly prescribed.

As for my experience, I remember eating 1/3 of a blue on a semi empty stomach (but not too empty or that nausea from opioids would be a hindrance) waiting about 30 minutes, then snorting 1/3 and then saving the rest. That's 20mg of oxycodone taken rather rapidly. It induced a powerful "nod" by about the 45-minute mark as there was a synergy between the orally consumed dosage and the insufflated dosage. I had no tolerance to opioids at this point. I don't remember much of that day other than feeling really high, and a lot of nodding out. I ran errands with my friend and she was just shaking her head laughing at me, saying I was a pretty much a zombie for the day.

OXYCODONE – DISSOCIATION FOR DAYS FOLLOWING INTENSE EXERCISE

I was with my parents driving up to New Hampshire to visit my grandparents near the beach. I figured I would 'chill' on the long car ride so I dosed three 5mg/325APAP (Percocet), total 15mg oxycodone after a very small meal. This would maximize the effects and also avoid stomach pain. I had the warm fuzzy feeling that is normally coupled with opioids in the car. I listened to music, and enjoyed the pleasant dreamy nodding-out effects. My tolerance was extremely low, so I felt high for about 3-4 hours straight.

After the car ride, I decided a run at the beach would be fun. I had been running on and off for a few miles at a time, but this was different. The opiates dulled my pain and gave me some light energy. I wanted to run, and was more able to run through the pain of exhaustion. I would definitely say I was not running better or faster than I would if I was sober, but perhaps 'in the zone' that made it easier to continue. I ended up running 6 miles which was nearly twice as far what I had been running regularly. I was very dehydrated and felt a little 'off' as opposed to the pleasant endorphin high I would usually achieve from running. Perhaps my endogenous opioid receptors were already flooded from the Percocet, and the extended run super blasted them? The rest of the evening passed by rather smoothly. I rehydrated, ate dinner, and proceeded to go to bed at a reasonable time.

Waking up the next morning... This is when things got a bit weird.

I had never felt like this before. I felt separate from myself; dissociated. I had never taken dissociative drugs before, but after having taken them, I can now describe the feeling.

It was like waking from a dream, confused about where I was, not remembering the dream, and wondering when the confused feeling would pass, except the feeling did not pass for several days! There was a slight uncertainty of who I was and what I was doing, with minor general disorientation. We visited family that day and I was laying on the beach trying to figure out what was going on. I kept looking at my hand, not fully understanding how it would move in connection to my body. My responses to family members felt disconnected and very "not me". There was a fear of smoking cannabis, that it would heighten the dissociated feeling, so I abstained. I had been an often-daily smoker at the time.

There was a fear this discomfort would last forever. How could I do this to myself? Why has this feeling not passed? Surely I knew what I was doing? No, it seems I did not fully know. For the next few days I felt like this. I even asked my parents if they ever felt a separation from their body. They did not understand where I was coming from, and I did *not* detail that this feeling may be directly related to drug abuse. I felt trapped inside myself. Every act was unsettling. It took a full week before I reached total normalcy. I resumed cannabis smoking without any "flashbacks" or recurring trauma. In fact, I never felt like that again; it was a truly discomforting dissociation. I am glad it went away.

I included this experience because it was truly unique. I am recounting it as a cautionary tale to others, as I feel that my dissociative feelings were directly related to physical overexertion while under the influence of opioid drugs. After some research, I am still uncertain as to why this may have happened, other than maybe overloaded opioid receptors from both drugs and exercise. Please use extreme caution when doing vigorous cardio exercise such as cycling, running or swimming when under the influence of high doses of opioids.

MORPHINE – INTRAVENOUS (DOCTOR ADMINISTERED IN HOSPITAL SETTING)

I have had my tonsils removed before, and I thought I was recovering well. This could not have been farther from the truth.

One evening, I awoke with a stomach filled with blood. I vomited incessantly into a bathtub until the bottom was filled with a red gelatinous looking substance. One of the holes in the back of my throat did not heal correctly after the tonsillectomy, and the wound would not close on its own, which allowed blood to pour down my throat and into my stomach.

I was rushed to the hospital and doctors had to give me transfusions and quick emergency surgery so that I could make a healthy recovery. The operation is fuzzy, as was the day or two after, but I do know they hooked me up to a morphine drip, and said, "If you are in pain, press the button." This was before I had tried many other drugs. At this point, I think my experience with intoxicants included nicotine, Adderall, oxycodone, alcohol, and cannabis. I had heard much about morphine before, in terms of dangers of addiction, and some history of use, but never did I think the opportunity would come for me to have it injected into my veins at my request.

Naturally, I took the doctors up on the offer. They had said every three or four hours I could push the button, so every three hours I would press the button! I felt high as a kite, but I remember being shocked how completely numb I felt - very dulled out to everything around me. There was no pain. It was almost as if I did not even understand the feeling of what it meant to be in pain. I must admit - I was not actually in that much pain when I pushed the button. One distinct memory I have is watching the nurse come in and give me a dose, then over the next minute or two feeling a rush through my body.

I stared blankly at the TV on in front of my hospital bed, not taking in anything that was happening on the set. The only sensation I felt was that warm rushing comfort. I would hardly say I felt euphoric, mostly numb and separate from the world. My eyes were droopy, and I nodded out to sleep shortly after.

I believe this in-and-out feeling with button pressing continued the next day before I was released, but since I was so high, I do not honestly recall. Friends and family had come to visit, but their faces blurred in and out so strongly due to the drugs that when they told me they had visited me for multiple hours on multiple occasions, I simply did not believe them. I do not even believe I felt too happy to see them. I must stress how strong the numbing sensation was. The amount of actual euphoria I received was slight in comparison.

[LIVE] LOPERAMIDE (IMMODIUM) – HIGH DOSE (OTC Anti-diarrheal)

What level does one have to be on to go the route of a massive dose of OTC anti-diarrheal medication? Well, after a friend told me she was "rocked" (another word for very high) for about 36 hours, I have to say my curiosity was piqued. Another drug I can add to my master list of drugs? Of course. I spent a couple hours researching. The results were mixed – some say that it wouldn't work, that there was no possibility of an achievable high. Those who posted on forums saying that it would not work most often had not actually tried the drug and so were giving an opinion based on their own research. What I was surprised to find was that most of the people who did go through with the experimentation were able to get high, and the high would last many hours. This was greatly dose dependent of course. If a certain threshold was not breached, which seemed to vary from user to user, then recreational effects wouldn't be felt.

The friend who explained to me that this would work brought me to the local drug store, pointed out a specific generic brand that didn't have a coating and was supposedly "gentle on the stomach". I bought a bottle of 48 pills, and was told that I should take the whole thing to "get off". Shocked at first as I was, based on my research, it seemed that the worst results would be stomach discomfort, and an inability to defecate for a couple days.

Interestingly, at this time, I was also coming off of a week-long U-47700 binge (See *Personal Experiences* for a description of the drug). These never seem to end well for me and I always end up with rather difficult withdrawal symptoms two days following cessation. I had some etizolam which mitigated a lot of the painful withdrawal symptoms, as well as some GHB, but after hearing the recent news of this new drug, I thought this would be one of the best times to give it a try.

I awoke after a night of light drinking, perhaps 2 beers 9 hours before dosing, and I had taken two Benadryl for sleep six hours before dosing. I got home and drank a lemon juice drink with the juice of three lemons, and two cups of water. It was at this time that I began downing the loperamide. I would take about 8-10 at a time, and over the course of 2 hours, I managed to consume the whole bottle. There was only very mild stomach discomfort that passed with the consumption of a tall glass of grass-fed organic milk (very tasty milk by the way).

For the first hour after finishing dosing, I still felt the characteristic minor withdrawals from my previous U47700 usage, although since this was the third day without the drug, the withdrawal feelings were slight. I actually thought that perhaps taking this loperamide had made it worse, but I decided to wait it out. As the next hour went by, effects started to build, I felt a very minor pleasantness, and very slight tingles of euphoria. My withdrawal symptoms had virtually vanished. I felt "normalized" and ready to go about the day. Doing chores was enjoyable. Cooking, cleaning, and doing laundry felt just fine to me.

T+2:00: I started to notice an increased heart rate. This so far was the least enjoyable part. I had read that people had serious cardiac complications from taking high doses of loperamide, sometimes even resulting in death, but based on what I had taken, I was fairly confident that I was not doing any lasting damage. My breathing was also occasionally a bit shallower than I would have liked, but not unsettlingly so. I felt an overall sense of well-being. It was somewhat opiate-like, however it felt more akin to a benzodiazepine relaxation with only a hint of the opiate warmth. I wonder if the lemon juice degraded some of the loperamide when I first took it, as I know strong acids can be known to do so with other opioids.

T+5:00: I am still feeling quite nice. I managed to go on a three-mile run, VERY slowly so as not to agitate my heart. I felt even better after finishing. The relief of not experiencing any withdrawal-like symptoms is so satisfying. I would say the high is still persisting, although not the most enjoyable, I still feel light-hearted and I am looking forward to going to work today, despite having a very difficult boss to get along with.

Some other things worthy of note – there is a very prominent dehydration that occurs, which makes sense as something that is manipulating the functionality of your intestines will require you to drink more water. I must have had almost a gallon of water in the morning, in addition to the glass or two of milk. Dry mouth is also rather noticeable, and annoying, but keeping hydrated will keep this to a minimum. The irregular heart rate and tightening of the muscles seemed to dissipate as the hours wore on.

T+7:00: There is a desire to re-dose, but based on the fact I just ate a large meal, and research has told me redosing doesn't always add to positive results, I think I will just leave it be for the rest of the day. I am curious to see how long this pleasantness lasts and what the resulting effects will be upon waking tomorrow. Will I feel an even deeper feeling of withdrawal? Will this long lasting subtle opiate effect mitigate the rest of the symptoms entirely? Will I be able to defecate? More to come as my night progresses (Current time 15:30).

T+10:00: My big lunch landed me with a big stomach ache. Ugh the pain is intense. I feel very plugged up. As soon as I get home from work, I will take a laxative.

T+14:00: During the last few hours at work I vomited more than I ever have in my life that I can remember. I feel weak. It seems that since this morning, all the food I ate, water I drank, plus whatever bile could be expelled came out over and over again. This was the height of unpleasantness for the experience. My stomach still burns. Hoping milk of magnesia will settle it and produce a bowel movement. The only plus side I can derive is that I feel no unpleasant withdrawal symptoms, but as it's been 3.5 days since my last dose of U4, the symptoms may have abated on their own anyway. I feel like I ripped a hole in my stomach. Damn the pain is intense.

When I got home, I had another glass of milk, combined with 1.5 doses of milk of magnesia and several glasses of water, then was able to feel a mild relaxation of the stomach and get to sleep. I woke up feeling a bit dehydrated, but was able to defecate. Overall, today I feel okay, not hungover or withdrawing, but a little out of it.

I actually tried the experiment again with even more loperamide. I think I had taken about 70 pills (140mg) for that experiment. The high lasted for over 24 hours, but the effects were not as enjoyable and not really worth repeating.

HEROIN – INTRARECTAL ADMINISTRATION

Friends who read this may roll their eyes, “Did he *really* boof it?!” (slang for intrarectal RoA). Yes, I did, and wow it was powerful.

Having only ever insufflated heroin on a couple occasions, I was curious about intravenous administration. I never wanted to take the drug that way because of how powerfully addictive it could be, but I was able to find a few things on the internet that said an intrarectal RoA provided the next highest rate of absorption for heroin.

This experiment happened years ago, so I am trying to recall it to the best of my ability. I believe it was a 50mg sample, allegedly some of the purest heroin money could buy, based on the seller’s reputation. Throughout the day, I insufflated several lines. The effect was moderately enjoyable. I was almost to the edge of nodding, but not quite. There was about 15-20mg left of the substance, and I knew that if I insufflated it, I would probably be high for another hour or two.

I wanted to take it to the next level. After doublechecking online to make sure that I was not taking too high of a dose, I readied a solution of heroin with a few drops of water, and inserted it into my rectum.

This was not my first experience with intrarectal drug use, so I knew how to adequately prepare to make sure none of the drug was wasted. While laying down waiting for the drug to take hold, I was greeted with the most powerful opiate experience I have ever felt.

Ten minutes passed from insertion. I felt warm and tingly, with a euphoria radiating out from within. I knew that if I stayed on the floor (laying down is better for absorption with this RoA), I would probably nod out and go unconscious.

Over the next ten minutes the effect built to higher levels of opioid intoxication that I have never again experienced, still years after this experience. I felt positively euphoric. I knew that if I stayed seated, I would nod out. I forced myself outside to the nearest store that sold cigarettes. The craving I had for cigarettes was *extreme*. I hardly remember the whole

experience, as I was probably nodding out as I was walking to the store. I had to keep myself moving to keep conscious. I chain smoked several cigarettes, enjoying the euphoria that each cigarette brought. It was *pure bliss*.

Looking back, my memory is extremely hazy from this event. There is not much more that I could say other than that I felt *positively euphoric*. When I got back inside my apartment, I laid on the floor. I had tried writing about how I felt but the handwriting came out as mostly incoherent scribble. The nod was powerful, making writing difficult. I suppose I wrote coherently enough for some of it, because when my roommate came home from work and found me on the floor, I regained consciousness to her saying, “Did you boof the heroin!?”

She seemed a little upset – and for good reason. Heroin can be a very selfish drug, and I was so numb, the negative feelings of others could not touch me. Was the experience worth it? I suppose so, at least to be able to communicate it here. The euphoria was indescribable, but the memory impeding effects took away much value from the experience.

Combining with Other Drugs

ALCOHOL

I do not tend to enjoy the combination of opioids and alcohol. I usually feel nausea, and where I would expect to feel a heightened relaxation, I seem to feel an increased intoxication that is not pleasurable, and at times even dysphoric. I much prefer the drugs on their own. **CAUTION!** Since both of these drugs are depressants, they should not be mixed together as combined overdose is more likely.

AMPHETAMINES

I have used Adderall (~10mg) and hydrocodone (~20mg) at the same time, sort of like a **speedball**, but in lite mode. The effects did not mix in the most pleasant way – one drug is speeding up the body processes while the other is slowing it down. There was euphoria, but it was not as rewarding as a higher dose of each drug on its own. Was it worthwhile? No. Avoid.

BENZODIAZEPINES

Please see the chapter on *Benzodiazepines*.

CAFFEINE

Please see the chapter on *Caffeine*.

CANNABIS

Many heavy opioid users used to enjoy cannabis at one point. The majority of heroin addicts that I talked to no longer appreciate the drug.

For me, there is quite a serenity when mild doses of opioids and cannabis are combined. Instead of any psychedelic mind states or enhanced thoughts that might come with cannabis (due to my low tolerance), I am given a nice lifted feeling. Opioids are not necessarily enhanced, but the side effects are mitigated. Itchiness, mild agitation, and altered body temperature that usually follow opioid use are all reduced with the addition of cannabis. Generally, this combination can make for a more pleasant opioid high, as long as the dose of each drug is kept low.

COCAINE

Please see the chapter on *Cocaine* for information about this combination.

KETAMINE

Doing these drugs together seems to have a **cross-potentiating** effect. There may be slightly less dissociation from the ketamine at a comparable dose, but the effect of the opioids seems to be boosted. As always, caution must be used when combining drugs that potentiate each other's effects. Someone could overdose by ingesting too much of each compound, especially since when combined, both drugs could cause an enhanced respiratory depression.

Ketamine can also be added to individuals treated with opioids who require a greater analgesic effect. Ketamine is said to boost the analgesia from opioids if more intense pain-killing effects are needed [Coch].

There are some users who will say ketamine helped mitigate the side effects of opiate withdrawal [RedKet]. Some also said it was not effective. I have known two users personally that said ketamine helped with severe acute withdrawal of heroin.

MDMA

There was perhaps just one occasion where I mixed MDMA and oxycodone together. It was a day where I had decided to go to the beach. The quality of MDMA was questionable, a very dark brown, almost black color – not necessarily bad, but not my favorite. I thought that a few Percocet's would enhance the effect. I was incorrect. The warmth I normally get from opioids was neutralized by the MDMA, and the empathy and euphoria I usually get from MDMA was also reduced. There was a definite buzz, but not overall enjoyable. Perhaps I would have enjoyed the experience if I had higher quality MDMA or I was not standing out in the sunlight all day.

NALOXONE

Please see the *Addiction and Withdrawal* section of this chapter for information about opioid and naloxone interaction.

NICOTINE

When I was a nicotine consumer, I tended to enjoy the effects that nicotine added to an opioid high *immensely*. The head rush that accompanied a cigarette seemed to boost the dream-like relaxation of opioids. I could better understand why it seemed so many opioid users would smoke cigarettes constantly. Care should be exercised in this instance though as adding nicotine to a potent opioid high could increase the chance of nodding out and burning oneself or others, as well as a small possibility of burning down a house. It has caused people to nod out so strongly, that I have seen a user burn his leg and not wake up. Sometimes the nicotine rush can come on so strongly, especially in nicotine naïve individuals, that it can cause a user to pass out or induce sleep for several hours that would not have otherwise been possible without nicotine.

But why does this happen? One study shows that

"Chronic nicotine use, or smoking, increases the amount of an enzyme that converts codeine into morphine within the brain, increasing pain relief. This may also make you more prone to addiction as the faster a drug gives you a high, the easier it is for you to learn the behavior and become addicted." [SciDaily]. I can concur with what the scientist has said above based on personal feeling. It seems there is an actual biochemical reason why nicotine potentiates opioids.

PSYCHEDELIC DRUGS (4-AcO-DMT)

While I have never taken LSD in conjunction with opioids, on one particular occasion, I was attending a music festival, and took a high dose of 4-AcO-DMT, a drug that metabolizes into psilocin, the active chemical in psilocybin mushrooms. The trip was becoming very intense, and my vision was so completely skewed that I was stumbling around as if intoxicated. Faces were twisted and determining who the friends were that I came with was becoming difficult. I had some U-47700 (not really a party drug, I know), that I was planning on saving until after the party was over, but I thought I could use it to weaken the trip.

I was again incorrect. Instead of dampening the effects of the trip, I only became progressively more intoxicated, to the point where I needed to sit down for about an hour. I suppose it did weaken some of the visual distortion, but there was more discomfort from this drug combination than anything. A benzodiazepine would have been more helpful to regain my concept of reality, but I did not want to feel sedated.

I have no other experience combining psychedelic drugs and opioids, thought I have heard some psychedelics may be useful for help with opioid addiction, as detailed in the *Addiction and Withdrawal* section above. Research IBOGAINE if genuinely curious!

SUGAR

Please see the chapter on *Sugar*.

Personal Opinion

WHAT DO I THINK ABOUT OPIOIDS?

What do I *really* think about opioids? I am so glad you asked! That is a loaded question for me. On one hand, they are the epitome of raw pleasure. With a high enough dose, they can provide hours of infinite bliss, without a care or concern for anything. On the other hand, well, they can provide hours of infinite bliss, without a care or concern for anything. Make sense?

One reason for a dislike of opioids, is that they have trapped countless people in desperate addictions and killed more of my friends than anything else has at my age. However, I must admit honestly, that I have enjoyed the feeling that opioids provide, but as was stated in the *Psychological Effects* section by Dr. Shulgin, there is an overwhelming loss of motivation and desire to ignore tasks that require accomplishing. This is the main aspect that stops me from desiring them. With a purpose in life and a motivation to succeed, opioids become even more inhibiting and less attractive than they would if I had no drive for success. For instance, right now, full of motivation and purpose, my desire to use these drugs for escapism is non-existent.

I believe opioids *can* be used in moderation, but just because they can does not mean they should be used. There is a great pushback that I hear from this – particularly from drug users, especially heroin addicts, who think that this is impossible. There are statistics that say less than one in four people who try heroin become addicted. Is it worth the risk? If I had to bet on it, the odds are not good.

WHO SHOULD NOT TAKE OPIOIDS?

I firmly believe that this class of drugs should simply not be ingested by certain people. Former heroin addicts and former heavy opioid users should probably abstain from taking these types of drugs ever again. If you are someone with what may be described as having an *addictive personality*, you should probably not take these drugs. For individuals who lack ambition or a desire to succeed, this class of drugs is also best avoided. There are some people who may have just endured something perceivably terrible – the death of a loved one, lost money in the stock market, or the discussion of having a terminal disease. Opioids are probably not a good idea for any of these people either.

WHY SHOULD THEY NOT TAKE OPIOIDS?

Of course, there may be a select few individuals described above, that can indulge on occasion and have maybe just a few oxycodone pills, or even a couple lines of heroin. Unfortunately, from what I have observed, most of the people described above will be using opioids as a form of **self-medication** to **cope** with a problem and end up with some form of habit which grows into an addiction.

Using drugs for self-medication is arguably the most dangerous way to use drugs. It is the height of escapism. If there is an issue in life that needs to be addressed, and instead of addressing it, it is masked with drugs, there is little hope for life advancement. Over the more than a decade that I have used drugs, there were times I used various drugs for self-medication. They were incredibly helpful in the moment, however, when the drugs wore off, the pain was still there. Sometimes, it was even worse than it was before I took the drugs to try to cover it up in the first place! If you are someone going through a struggle right now, debating on whether or not to dampen the pain with drugs – please consider what was just said.

Drugs will only ever delay the problem. Drugs will *never* solve the problem.

OPIOIDS DO HAVE A LEGITIMATE MEDICAL USE - ANALGESIA

Despite having very addictive qualities, opioids have a legitimate therapeutic use – they are adequate pain-killers. It is possible for a person to have just lost an arm, and with the injection of morphine, it is as if the pain ceases to exist. If only the drug was able to remedy pain without generating such a mindless euphoria. My research of non-opiate analgesics has led me to non-narcotic pain relievers such as acetaminophen (Tylenol) or ibuprofen (Advil), but these medicines simply do not stand up against severe pain that might be felt from accident, injury, or surgery. Tramadol is another option that is prescribed to those who fear opioids, but even tramadol is opioid-like, and having taken the drug several times myself, I can attest to the fact that it can get an individual high. Ketamine is even useful in removing the sensation of pain, but again – it can be an addictive intoxicant.

POSSIBLE NON-ADDICTIVE SOLUTION TO THE TREATMENT OF PAIN

As was stated before, many people end up addicted to opioid drugs because they began abusing prescription pills, whether intentionally, or accidentally. HOW CAN WE SOLVE THIS PROBLEM?

Is there another drug perhaps, that will not elicit such a euphoria, while simultaneously significantly lessening pain? One possible solution found was the non-narcotic drug, ziconotide (Prialt) - allegedly 100 times more effective at killing pain than morphine and it does *not* get the user high. The chemical was originally found in the venom of a cone snail, but it is not convenient for regular treatment. At the time, it must be given as an injection into a region in the spine, so this option is only available for patients in severe pain in a hospital setting. It is my hope that drugs like this will become available for easy administration for those suffering from pain, so there is no need to worry about possible addiction [Zico].

As for a potentially more promising solution, spider-venom can be used to treat pain, taken from a specific tarantula. Taken directly from the source:

"Dr Christina Schroeder from UQ's Institute for Molecular Bioscience said the current opioid crisis around the world meant urgent alternatives to morphine and morphine-like drugs, such as fentanyl and oxycodone, were desperately needed.

"Although opioids are effective in producing pain relief, they come with unwanted side-effects like nausea, constipation and the risk of addiction, placing a huge burden on society," Dr Schroeder said.

"Our study found that a mini-protein in tarantula venom from the Chinese bird spider, known as Huwentoxin-IV, binds to pain receptors in the body."

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This could SAVE LIVES! I will pray for this to take hold.

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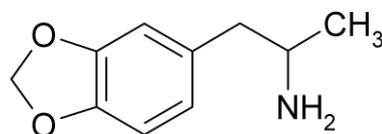
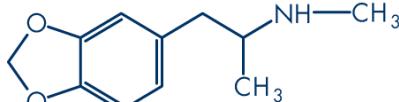
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MDMA (3,4-Methylenedioxymethamphetamine)



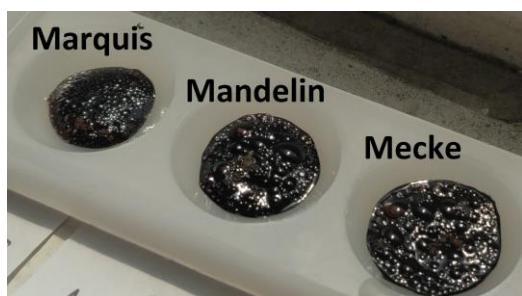
Top left is the MDMA molecule. To the right is MDMA in its purest form, which can come in many colors (black, brown, blue, white, tan, green, among others). To the right of that are samples of ecstasy pills. The bottom left molecule is MDA, a chemical cousin to MDMA.

MDMA, more commonly known by its street name, ecstasy, is popular at clubs, concerts, or music festivals. Effects include euphoria, empathy with others, and a positive mindset. The drug has had history in a psychotherapeutic setting to help with depression and other psychiatric disorders before it was made illegal.

Reagent Tests



MDMA in several kits. The Marquis, Mandelin, and Mecke essentially fade right to black. Sometimes they bubble and smoke while reacting with the drug! The Simon's kit is indicative of the methyl- group, differentiating MDMA from MDA.



This is MDA. The reactions between the two drugs are nearly identical in these three kits. The major difference between the drugs is that MDMA turns blue in Simon's and MDA does not.

Drugs Covered in this Chapter:

MDMA - [Slang: In pill/tablet form: Rolls, E, Ecstasy, X, Bombs. In powder/crystal form: M, Molly, Moonrock] - The primary focus drug of this chapter. It can be used socially at clubs, bars, and concerts, or it can be used quietly at home for a more therapeutic adventure. Effects include increased abilities to empathize with others and euphoria.

MDA - [Slang: Sass, Sally] - This is said to be more psychedelic than MDMA. It allegedly has a slightly longer duration, with increased stimulation, and more of a hangover effect if abused.

Methyline - [Slang: M1, bk-MDMA] - A distant cousin of MDMA. The effects would be seemingly identical to MDMA for the inexperienced MDMA-user, but there are some distinctions between the two drugs. Methyline is shorter in duration than MDMA, possessing increased stimulating properties, with less empathogenic feelings, and a greater tendency to continue dosing (addiction).

There are a multitude of other euphoric stimulant drugs that can be passed off as MDMA, which is why it is important to always test your product with **reagent kits**.

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Taking multiple high doses in a session

Physiological Effects

Appetite/stomach upset/xerostomia (dry mouth)
Nausea/vomiting
Urination
Defecation
Sensation
Respiration
Cardiac
Exercise
Body temperature
Sweating
Avoid dehydration – but do not drink too much water!
Pupil dilation
Bruxism

MEDICAL USE – ITP – IMMUNE THROMBOCYTOPENIC PURPURA

Psychological Effects

Stimulation or sedation
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- [] MDMA – ON TWO DAYS CONSECUTIVELY – THE MOST POWERFUL
- [] MDMA – THERAPEUTIC EXPERIENCE WITH A FRIEND
- [] MDMA – WITNESSING A ROMANTIC INTOXICATION
- [] SHULGIN, THE “GODFATHER” OF ECSTASY - AN EXPERIENCE (120mg MDMA)
- [] [LIVE] METHYLONE - A CURE FOR MY MENTAL DISTRESS (HIGH DOSE)

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- [] [O] MAOI'S
- [] [O] DANGEROUS COMBINATIONS
- [] [X] ALCOHOL
- [] [O] AMPHETAMINES
- [] [O] ANTI-DEPRESSANTS
- [] [O] BENZODIAZEPINES
- [] [X] CAFFEINE
- [] [O] CANNABIS
- [] [O] COCAINE
- [] [O] KETAMINE
- [] [X] LSD
- [] [O] NICOTINE
- [] [O] NITROUS OXIDE
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Personal Opinion

- MY OWN USE – THE BEGINNING
- WHO SHOULD TAKE MDMA?

Sources

Introduction

THE POWER OF MDMA

Ecstasy (MDMA or other drugs pressed into colored pills) has been around for some time, but the molly (slang for powdered/crystal MDMA) that had started to come around when I first started to experiment with drugs around 2010-2011 was a fairly recent addition to the club drug scene. People were beginning to favor molly over ecstasy, believing it to be of a purer quality. Ecstasy pills were questionable and could be **cut** with a variety of substances such as **amphetamines, caffeine**, or other euphoric stimulants with questionable side effects. People rarely knew just how pure their ecstasy pills actually were. Molly seemed like a cleaner and safer alternative.

When I first really experienced MDMA, I was in awe. How could a small capsule with some little chemically synthesized pebbles or powder in it make me feel so different? I felt a love for everyone and everything and a general appreciation for myself and the world. I hugged my friends and it was truly one of the most profound experiences of my life. From this point on, I wanted to share this experience with everybody that I knew. What was even more shocking was that after the first dose of MDMA, I had a positive mindset that persisted for days after! Usually drugs made me feel anxious, hungover, or off-balance the next day. This drug was something entirely different than other drugs and I wanted to know more.

ORIGINS OF MDMA AND THERAPEUTIC USE

If a man-made drug could be so profoundly life-changing, where did it come from? Even though it was synthesized over 100 years ago, it did not really come into the public eye until the 1970's. Alexander **Shulgin**, the so-called “Godfather of Ecstasy”, was tipped off by a medical student he was teaching about the potential effects of MDMA, so he created his own synthesis for the drug. After some experimentation, he derived positive effects, saw potential for it to be used in

psychotherapy, and began to share the drug with psychotherapists. The drug saw huge success, but due to its rising popularity, it was also discovered by the recreational drug using scene. This led to its eventual legal scheduling as **Schedule I**, the strictest scheduling for any drug, and subsequent removal from study for psychotherapists. Moving underground, the drug is still in use today as a club drug despite the legal penalties.

TESTING THE QUALITY OF THE SUBSTANCE

If you are considering taking this drug, I must stress how important it is to make sure you have genuine MDMA. Whenever possible, use a **reagent kit** to test the quality of your product (see the beginning of this chapter). Information on how to use these kits is detailed in *PART II - Safety*. If you come across ecstasy pills, checking [pillreports.net](#) can help you find out what drugs might be in your pill, but using test kits on ecstasy pills can still be valuable as well.

It is important to perform these tests as a lot of **research chemicals** are passed off as MDMA. Methylone, butylone, mephedrone, and their **analogs** are just a few of many cheaper alternatives that could be used to substitute for MDMA. Having tried all these drugs, they all have a stimulant quality, with very noticeable euphoria, however they are much shorter lasting and lack the empathogenic effects that MDMA characteristically has. There is also a greater tendency to want to continue dosing to maintain the high from these substances, as they could be said to have an addictive nature.

WHAT IS THE PREVALENCE OF MDMA?

According to DrugAbuse.gov, one of the most recent statistics says that in 2014, 17 million people in the United States used MDMA, which is roughly 0.5% of the population

PRESERVING THE DRUG

Care should be observed when handling MDMA in its pure form. One time, when several grams were left in a car exposed to sunlight in 90 degrees Fahrenheit weather (likely heating the car past 120 degrees) for several hours, upon returning, the MDMA rocks that were in the car had a liquid-like consistency. It seems they had somehow begun melting! Although I still believe the drug would have been active, I do not think it would have preserved as long in extreme conditions.

Also, if MDMA is kept in a pocket over a period of several hours while dancing, and the body is generating more heat, it is possible to have this melting effect as well, though it is uncommon.

If the intention is to store the drug for a long period of time, I have had great success keeping the drug away from light, heat, and moisture for several years. The quality of the product did not seem to have been affected when I tried taking the drug at a later time.

History of the Drug

SYNTHESIS OF MDMA

Where did this drug come from? Surprisingly, MDMA has been around for more than 100 years. It was first synthesized in 1912 by German chemist, Anton Köllisch, but no research was formally documented outside of the synthesis [Shulgin, history of MDMA].

WHAT ABOUT MDA?

MDA is alleged to have somewhat similar effects to MDMA. As the drug had been synthesized around the time MDMA was also synthesized, but it gained little recognition until after WWII. Government agencies were looking for "truth serums" or incapacitating agents, and MDA was used for this purpose. After use for this instance, MDA also saw a rise in popularity in the 1960's during the psychedelic revolution that was happening at the time where individuals began to take the drug recreationally [Shulgin PiHKAL].

MDMA AS A PSYCHOTHERAPEUTIC DRUG

In 1976, Leo Zeff was the first psychotherapist to use MDMA in psychiatric treatment, performing hundreds of sessions without publicizing what was discovered, calling the drug "Adam". This caused a rise in popularity among psychotherapists although initial findings were not made public because of concern that the DEA might not like the newfound "psychedelic". The effects of MDMA in humans were published in 1978 by Shulgin and Nichols, and the first comprehensive report with use of MDMA as an adjunct to psychotherapy was distributed in private in 1983. While

psychotherapists were trying to discover uses for MDMA, the drug began to expand into recreational use. Most people who tried "Adam" for the first time were supplied by people who enjoyed a therapeutic session with the drug in the company of a psychotherapist [ContrMDX 2001].

THE DISCOVERY OF METHYLONE

The drug was originally developed by Shulgin as an anti-depressant or as a therapeutic for Parkinson's disease in the mid 1990's. The first reported use of the drug was in 2005 [WHOM1 2014]. Use exploded in 2010-2011 as an alternative to MDMA or cocaine (usually unbeknownst to the user) before it was made illegal. Indeed, this much cheaper alternative to MDMA was often sold as ecstasy or molly because the effects are somewhat similar.

Legal Status

MDMA

MDMA has been a **Schedule I** drug since 1985, having no proven medical use, and a high potential for abuse. This scheduling is on the same level of heroin, LSD, and cannabis. MDMA is legally controlled in most of the world, with very strong restrictions and penalties for

OTHER SIMILAR DRUGS

MDA is also a Schedule I drug in the United States, Canada, and the United Nations. It is Class A in the United Kingdom, and illegal throughout most of the world. Methylone, mephedrone, and other similar drugs are also Schedule I drugs.

NEWLY SYNTHESIZED DRUGS WITH QUESTIONABLE LEGAL STATUS

What many users do not know when they buy "molly", is that they may not be getting any actual MDMA at all. If methylone and mephedrone have been mentioned already, and are currently illegal/scheduled, what other drugs are there? When a parent drug gets scheduled, chemists will tweak the chemical formula slightly, so that they create a new drug such as eutylone (also called bk-EBDB, compared to methylone's bk-MDMA). They sell this formula to laboratories, who mass produce it, who then sell it to drug dealers, who can pass it off as a popular drug such as molly, speed, or cocaine. Due to the covert way this is done, it becomes difficult to identify every chemical as it is produced, so the law is slow to ban some of these chemicals. The greatest downside to this is that these new drugs are often poorly researched, and can have unpredictable side effects, that may lead to overdose or even death.

Route of Administration

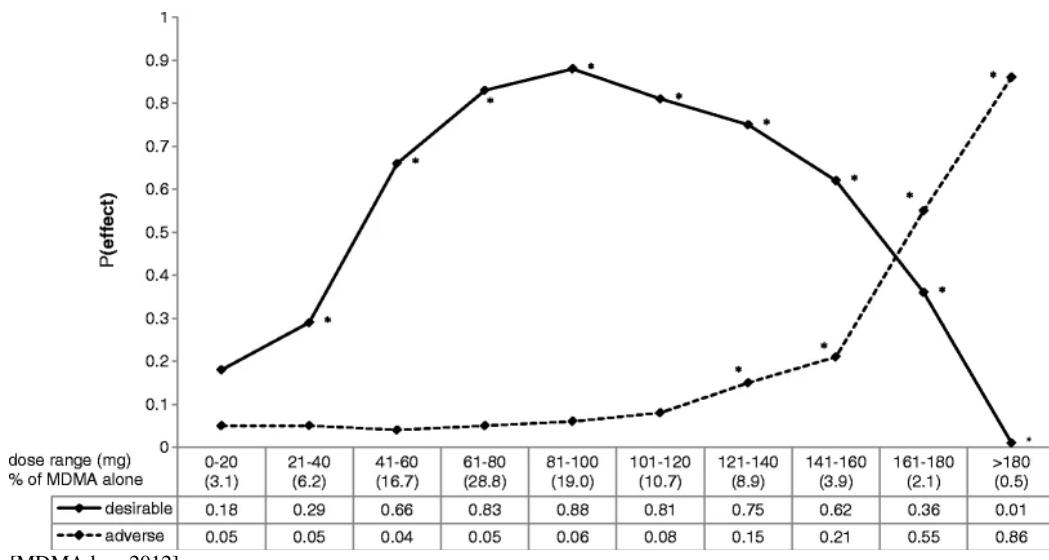
MDMA - ORAL

The most common means of ingesting MDMA is orally, usually by taking the drug in a tablet or capsule, then swallowing it with a beverage. The drug can also be dissolved in a drink and swallowed, but the taste of MDMA is quite bitter, chemical, unpleasant, and strong – therefore the former method is likely preferable.

The drug will be best absorbed on an empty stomach, but for those with sensitive stomachs, this may cause some initial stomach pain. The food content of the stomach has a significant impact on the absorption and duration of the MDMA high, as with other drugs taken orally.

RECOMMENDED DOSING

Dosing with MDMA can be very tricky, so I found a graph to illustrate ideal dosing for an average-weight adult person



[MDMAdose 2012].

This shows that there is an ideal zone, so to speak, of where the dose of the drug is most effective. Dosing too low (20-40mg) will barely have break-through effects. Dosing moderately (80-120mg) will likely yield the best results. Dosing too high (140mg+) will yield less enjoyable effects.

Duration in an intolerant user with empty stomach [full stomach] (Average dose ~80-120mg)

Come-Up: 30-60 [45-90] minutes (Extreme cases for over 90+ minute come-up have been observed!)

Main Effects: 3-5 [4-6] hours **Peak @ + ~75-120 minutes after dose**

Comedown: 2-3 [2-3] hours

Afterglow: 2-5 days, but in some cases, positive mindset can last weeks after a session.

Not only will having a full stomach delay the time until peak effect, but effects will also be diminished and drawn out.

MDMA – INSUFFLATION

The general consensus amongst my friends and I is that insufflating the drug on its own can cause different and often-times less enjoyable effects in relation to a comparable oral dose. When I have snorted the drug on its own, the empathetic feelings usually perceived when orally ingesting the compound seem to be mostly absent. Additionally, the sometimes difficult "come-up" feelings of the orally dosed drug are arguably amplified when insufflated and may cause a bit more initial anxiety. The effects do not last as long, and seem to be a bit more stimulating than oral dosing, however this has varied from individual to individual.

The only time I have found insufflation to be enjoyable was if I had already taken an oral dose of the drug a couple hours prior, and then proceeded to insufflate the drug after the effects from the oral dose were felt. This seemed to amplify the positive feelings taken by the aforementioned oral dose, while also dodging the more difficult come-up that comes with insufflation. The only advantage to insufflation would be that the drug does not depend on how full the stomach may be.

DoE in an intolerant user (Moderate dose, ~50mg)

Come-Up: 10-20 minutes

Main effects: 1-2 hours **Peak @ + ~20-30 minutes after dose**

Comedown: 30-60 minutes

Afterglow: Barely perceptible

The effects of an insufflated dose can feel much different than an oral dose.

MDMA – BUCCAL/SUBLINGUAL

The bitter taste of MDMA is obviously extremely noticeable with this method of ingestion. Letting the tablets, powder, or capsules dissolve in the mouth can carry an extremely unpleasant taste lingering for 5-10+ minutes in the mouth after letting it dissolve. This method is said to produce more rapid effects, but I believe it simply makes the mouth secrete more saliva to dissolve the drug faster for swallowing. The means most of the effects are noticed as a result of the oral route. I notice little difference between comparable doses when the drug was left in the mouth versus orally consumed (on an empty stomach).

Also, it is worth noting that some potent MDMA rocks, if left to dissolve under the tongue, can leave a sore in the mouth that lasts for days and can be quite painful. On one particular occasion I let an 80mg rock dissolve and had a mouth sore for at least three days! It felt like there was a pebble stuck under my tongue that I just could not get out. I would recommend just taking it orally, unless the desire is to learn the taste of real MDMA. The only reason I can see for that to be beneficial is if you will be purchasing MDMA from various sources in the future and want to do a taste test

CAUTION! taste testing is unsafe due to the possibility of accidental ingestion of unexpected drugs which may be harmful.

MDMA – INTRAVENOUS

A friend of mine, despite my recommendation not to do so, decided to inject MDMA. This individual has been a methamphetamine addict on-and-off for over 10 years, and remarked that he has been searching for a similar drug that would give him similar effects to methamphetamine. He said the initial rush that accompanied injection of MDMA felt very methamphetamine-like, extremely euphoric, with a rushing sensation, but then the feeling diminished shortly after, unlike methamphetamine which would have lasted for hours. I explained to him that if he was simply searching for a methamphetamine-like high, he would likely not receive it with MDMA. I have heard from other users who have injected this drug that the rapid onset of effects may be more stimulating and give rise to unpleasant feelings or anxiety when compared with oral use, but that the euphoria is quite profound.

MDMA – SMOKING (DO NOT ATTEMPT)

I believe the usual intention behind smoking drugs is to achieve a fast acting and more potent high. Please do not do this with MDMA. My understanding is that smoking MDMA in its traditional hydrochloride (HCl salt) form is not possible, as it will destroy the drug. That being said there are users who have told me they smoked the drug and claimed it effective. Perhaps they had purchased “molly” and instead received a similar chemical, such as MDPV, methylone, or methamphetamine, all of which are effective when smoked. Or perhaps smoking pure MDMA is possible, but as I have not tried, I do not know. Either way, smoking chemicals is likely very caustic (can destroy tissue) for the lungs. Avoid.

Duration of Effect

COME-UP

This can be the most difficult part of the experience, especially if the drug has not been taken before. As the drug begins to take effect, the body and mind seem to be initially uncertain of how the effects will pan out. The unfamiliarity can be a bit jarring. The most commonly experienced effects during the come-up are anxiety and a slight confusion. This is best overcome with some deep breathing, proper hydration, and discussion with those around you (if in a group). Always remember, this is temporary, and part of the experience as the main effects begin to build.

MAIN EFFECTS AND PEAK

If the user successfully made it to the peak, they will likely feel profound euphoria and empathy. There is generally love, appreciation, and gratitude, which is especially noticeable in quiet settings. In social settings, such as clubs or parties, users will reportedly enjoy music more, be more inclined to dance, and socialize with new people.

COME-DOWN

The comedown from peak is generally smooth, provided the user is well-hydrated and well-nourished. Effects generally drop-off gradually to baseline over a period of time, but leave residual feelings of positivity. There is not typically a strong craving for more of the drug, unlike with other more traditionally “addictive” drugs such as cocaine, opioids, or amphetamines.

HANGOVER

Even when I heavily abused the drug, I usually did not feel strong hangover effects the next day. The hangover usually came 2-3 days following the last dose. Those who use infrequently will likely not experience the slump of depression, anxiety, irritability that come with a hangover from frequent use. Frequent users experience several days of depression and overall negativity as a result of abuse.

AFTERGLOW

The first time I became aware of this feeling, I had no concept of what an afterglow was. I knew the drug only lasted for a few hours, so when I woke up the next day with a significantly elevated mood, I was stunned. I was definitely not high or under the influence, but my general outlook on life was remarkably positive. What was even more shocking was that this optimism seemed to persist for several days! As with almost any positive drug effects, the more often the drug is done, the less likely these effects are to occur. After the fifth or sixth time the drug was taken, the afterglow became much less apparent.

Dose Comparison

BEFORE YOU TAKE THE DRUG

The best advice I could give before the drug is taken is to make sure you are well nourished, well rested, and well hydrated. Taking the drug without maximizing these three conditions will likely result in a less-than-ideal experience. For best results, get a good night of sleep the night before, drink plenty of water throughout the day, and before taking the drug, have a large and nutritious meal several hours in advance. If you eat early enough, the food will have plenty of time to digest and absorb into the body, so that when the drug is taken, it will use the digested food as the primary source of energy creating a positive experience. Ideally, the stomach will also be nearly empty so the maximum amount of the drug can be absorbed. Taking an **electrolyte** supplement, containing magnesium, potassium, or sodium, has also been shown to be helpful for allowing the drug to integrate with the body and mind more smoothly. Also, abstaining from other drugs for a time before the experience occurs will maximize enjoyable effects.

For the following three notes on dosing, assume the user is intolerant, with a nearly empty stomach, and average bodyweight (80kg or 175 lbs)

LOW DOSE – NO TOLERANCE (40mg)

At a low dose, something that just breaks **threshold**, the effects of MDMA are hardly noticeable. I will get some very slight mood lift, and a change in perspective. There are no profound thoughts or feelings. Perhaps a slight energy increase. Most of these effects would be indistinguishable from **baseline** unless I was specifically looking for the effects. The graph above documents this perfectly: at 40mg, there is only about 0.3/1 (30%) effectiveness.

MODERATE DOSE – NO TOLERANCE (80-120mg)

Again, the graph above does a great job illustrating how I would feel at these doses. My personal “sweet-spot” would be in this range, usually 100mg. Drug dealers at clubs, if they have pure MDMA anyway, will often put around 100mg in a capsule. At this dose, unpleasant side effects are minimal. Perhaps a slight tightness in the body and an increase in heartrate. There is dryness in the mouth, and light sweating. The come-up can be strong and possibly **anxiogenic** for the inexperienced user still, but will balance out once the effects take hold.

Once the peak is reached, euphoria is present, not like the blunt euphoria of cocaine, but something more meaningful. There is an inhibition lowering effect, and an increased tendency to socialization. MDMA displays its empathogenic effects – the ability to understand others on a more personal level. Individuals may open up about problems in their life that they would not normally discuss while sober. Alcohol can have this inhibition-lowering effect to some degree, but with MDMA it is a more purposeful discussion.

Even though MDMA contains a form of methamphetamine (that's what the -MA stands for in MDMA) in its chemical structure, a drug that has very powerful stimulant effects, MDMA does not seem to exhibit this stimulation. In fact, at this dose, I have occasionally experienced a strong urge to sit down and a noticeable *lack* of energy. This is mostly felt during the come-up, however the **body-load** (heavy-body sensation) could carry into the main effects of the experience. More sensitive and intolerant users will be more likely to experience this.

HIGH DOSE – NO TOLERANCE (150mg+)

Users who have a higher tolerance to MDMA from past use might be able to handle a dose of this magnitude, however for the majority of users, this will likely be uncomfortable.

When it comes to taking drugs, there is a tendency to desire to take more of the drug in order to achieve a stronger effect. For drugs like alcohol, cocaine, or amphetamine, generally the higher the dose – the stronger the effect. This is only partly true for MDMA. The effect does continue to build, but only until reaching about 120-130mg (for my body). Dosing higher than this can tend to an increase in adverse effects. Again, the graph above illustrates this beautifully. As doses approach 160-180mg, the negatives outweigh the positives, and the experience is less enjoyable.

When I have taken a 150mg dose in the past, the side effects were very noticeable, even overpowering the experience at times. My eyes would rapidly dart back and forth (nystagmus). I would sweat profusely. My jaw would feel as though it was clenching together, with teeth grinding (bruxism). The clenching has been so extreme at times, that upon waking the next day, my cheeks looked puffy from swelling. My memory of the event was also hindered. Hangover effects that surfaced days later were also increased in unpleasantness – usually profound depression and anxiety.

TAKING ONE BIG DOSE OR STAGGERING WITH SMALLER DOSES

It is generally recommended to take one dose for an evening to achieve maximal positive effects with minimal negative side effects or hangover. For first-time users of average weight, they may want to break this dose into two smaller doses, staggered apart. Perhaps an 80 mg dose for their first time, with perhaps a 40 mg supplementary dose two hours later. This will allow the user to gauge how they feel after an amount of the drug has entered the body. Some may feel perfectly fine off an 80mg dose, even if they are of average weight, while others may desire a supplementary booster dose to achieve heightened effect. Dosing before the two-hour window could result in effects that may be overwhelming for a novice user. From what I have seen, the first time a user takes this drug, effects could take longer to manifest than they would with future ingestion of the drug as the body does not recognize MDMA right away.

In one instance, I had a friend of average weight who had never taken pure MDMA before decide to take 100mg for the first time. After waiting for a little over an hour and a half, she decided to take a supplementary 40mg dose saying she "wasn't feeling anything yet". About 20 minutes later she proceeded to tell me she could not see straight, began vomiting, leaned on me for support, and had to leave the environment saying it was difficult for her to breathe and she thought she was having a light panic attack. As someone who was not prone to panic attacks, this was an overwhelming sensation for her. This overwhelmed me as well because I felt helpless and did not know exactly what to do. The strong "come-up" sensation that she had never experienced before caused some adverse effects. After that initial feeling passed, she admitted she felt the full power of a strong MDMA dose that lasted for about four more hours. It is worth noting that this user is sensitive to other drugs as well. Other individuals may not react in such an extreme way. Taking a lower dose is *always* better if unsure, because more of the drug can be added if the desired effects are not felt. If dosing too high, the drug cannot really be removed from the body and can result in uncomfortable experiences, especially if unprepared.

TAKING MULTIPLE HIGH DOSES IN A SESSION

Taking more than two doses in a session, especially if they are high doses, such as two 120mg doses, can result in an unpleasant hangover lasting for days, without adding much to the positive effects of the drug. Generally, all the positive effects are felt with a single dose of 120mg in intolerant users of average weight. Perhaps a 40-60mg dose can be taken a few hours after the first dose to extend the effects, but going much higher than this is ill-advised, and will likely bring more negative effects than positive.

Physiological Effects

APPETITE/STOMACH UPSET/XEROSTOMIA (Dry Mouth)

Very similar to amphetamines, like Adderall or methamphetamine, the appetite for food will usually be nonexistent when taking MDMA. Digestion will also be slowed if there was any food in the stomach. This is why the general recommendation is to eat at least 3-5 hours in advance of the experience so food has plenty of time to digest to supply the body with energy for the night. If there is stomach upset as a result of the drugs, sometimes eating can be helpful, especially if the food is familiar to the body. Generally, healthy foods will possibly increase the enjoyability of the

experience. MDMA also causes xerostomia (dry mouth), which means saliva production is decreased, making it harder to chew and swallow food.

URINATION

MDMA can make it extremely difficult to urinate, especially at high doses. There have been times when I go to the bathroom and stand there for 15 minutes knowing I have to urinate because I drank so much water, but am unable to make it happen. Changing positions does not make it any better! What I have found to be helpful is to supplement with magnesium before starting the MDMA experience. This usually makes my body feel relaxed enough to eventually urinate. Exercising, such as a brief jog, may get the blood flowing a little more to make it easier to urinate as well.

DEFECATION

With any dose of MDMA 100mg+, if I have not defecated in the last few hours, there is usually a strong urge to go. It is almost uncontrollable – and within about 20-30 minutes of dosing (on an empty stomach) I will have to run to the bathroom. Once the drug has fully assimilated into the body, after successful defecation, there will usually no longer be a need for the remainder of the experience.

SENSATION

There is a very perceptible amplification of senses. My pupils dilate, allowing more light to enter my eyes and colors become more vibrant. Pleasurable effects from hearing music are amplified. Songs that are not normally enjoyable might be a bit more captivating. My sinuses get clearer and it becomes easier to smell. The feeling of touch, whether it is touching another human, a soft blanket, or myself, is amplified and enjoyable. Massages take on a different feeling, highly recommended! Taste may be slightly altered as well, with users often enjoying fresh fruits or cold drinks more than when sober.

RESPIRATION

Even though amphetamine-type drugs can seemingly cause shallow breathing, I find that if I focus on my breathing, I can actually take deeper breaths. Higher doses of MDMA can make breathing more difficult, requiring more attention. If I am experiencing sinus congestion before taking the drug, MDMA is usually helpful for clearing the sinuses.

CARDIAC

As MDMA is a **vasoconstrictor**, the blood vessels throughout the body will be constricted. This can be uncomfortable for some people, but stretching and deep breathing will help to relax the body. The heart rate will also increase proportionate to the dose level of the user.

EXERCISE

I can recall one time where I went for a run after a moderate dose of MDMA. It was a brief run, perhaps a mile or two, so I would not agitate my body too much while under the influence of drugs. I remember it being rather enjoyable, but a bit more exhausting than when sober, with an increase in the buzz from MDMA when I finished. I was also sweating a lot more than I usually would have. **CAUTION!** Exercising on stimulant drugs can be dangerous, especially for those suffering from heart conditions.

BODY TEMPERATURE

Body temperature will likely increase, but due to the amphetamine-like nature of the drug, it will likely make the user feel colder. This is usually only apparent in a chilled environment, such as a walk outside in the cold.

SWEATING

The tendency for a user to sweat will increase. This is especially apparent if the user is out at a social event like a party or club and is dancing more than usual. Due to excessive sweating, more water needs to be consumed, and ideally more **electrolytes** with that water, as electrolytes are lost during sweating.

AVOID DEHYDRATION – BUT DO NOT DRINK TOO MUCH WATER!

Many have heard the importance of avoiding dehydration while under the influence of MDMA – especially when users are at parties dancing and sweating. Some people move around much more than others, and so their needs for water may be higher.

One factor that some forget to consider is the loss of electrolytes. This is one of MDMA's side effects. It is also a side effect of sweating *and* from drinking too much water. If you have ever tasted sweat, you would know it to be salty, which means salt is being lost from the body through the sweat glands. It is important to replace lost electrolytes! The most important electrolyte is sodium (salt). Other important electrolytes include potassium and magnesium. Taking electrolyte pills while taking MDMA may yield a more positive drug experience with less negative effects. Please do some research to find your personal electrolyte needs as they differ from one individual to another.

Drinking too much water can lead to hyponatremia (low sodium content in the blood). Most people will not have an issue with this, but there are some who believe that drinking as much water as possible is necessary for a safe MDMA experience. This is not true. If there is a high-activity event where dancing and sweating is happening, the general rule is to drink two cups of water per hour (500mL). I would also personally suggest to supplement with electrolytes before, during, and after the experience.

PUPIL DILATION

The diameter of the pupil will increase. This is an obvious sign of someone taking MDMA, amphetamines, cocaine, or psychedelic drugs (See my pupil on the cover). This effect is usually most noticeable for the peak and duration of the main effects, but can persist for several hours after the drug has worn off. After a particularly long night of MDMA use, I still had dilated pupils ten hours after my last dose.

BRUXISM

This is a tendency for the jaw to clench. With low to moderate doses of the drug, this is usually not problematic, but when higher doses of the drug are consumed, teeth grinding may occur. For those who are already susceptible to teeth grinding, this effect will be even more pronounced. In rare circumstances, frequent and heavy users of the drug will grind their teeth so much that they may wear them down. I can recall one night after heavy use my jaw was clenching so much that it was sore in the morning and my cheeks were even a bit swollen.

MEDICAL USE – ITP – IMMUNE THROMBOCYTOPENIC PURPURA

For those that are unfamiliar, ITP is a very rare blood disease that kills platelets. Platelets are blood cells, like red and white blood cells, but they function to help with blood clotting. If there are no platelets, individuals are more prone to injuries and do not heal as well. Platelets also help to store serotonin, the neurotransmitter that helps with sleep, emotions, and appetite, so these aspects may be impacted by low platelet counts as well [MediPrime].

Interestingly, taking MDMA may boost the platelet counts of users who suffer from this disease to near- or above-normal levels. I had one close friend experience this personally. She used to take steroids, and receive other invasive treatments to handle ITP, but they all had very unpleasant side effects and made her real run-down and generally unwell. After some research, she read anecdotal reports that MDMA helped boost platelet counts, and when returning to the doctor, it was confirmed with testing that this was indeed the case! Normal platelet counts in healthy individuals are at least 150,000 platelets per microliter of blood, and before taking MDMA, her levels were as low as 15,000. After MDMA use, platelet counts shot up above 100,000, sometimes even entering the normal range over 150,000! Levels remained within the normal range for over a month. We were both amazed that around 150-200mg of MDMA taken could yield such startling results. My friend argues that this is a cheaper, less invasive, and safer procedure than what is currently available. Due to the small size of the ITP community, it is unfortunately unlikely that studies will be done for further examination.

Psychological Effects

STIMULATION OR SEDATION

From a chemical standpoint, even though the last two letters of MDMA stands for methamphetamine, which is an incredibly powerful stimulant drug, MDMA itself is not very stimulating. Low doses, perhaps 60-80mg seem to encourage wakefulness, but moderate to high doses can actually cause an almost relaxing effect that can deprive a user from wanting to move around. While the sensation is not necessarily "sedation", the addition of a stimulant drug, such as caffeine, might help to energize a user at a social event like a party or club. I remember one friend has told me that the come-up on the drug was so strong at one point, her and her friend actually fell asleep for about 30 minutes and awoke with the full effect of the drug. Usually, after the effects wear off, around 4-6 hours post ingestion, I am able to sleep, though it is not restful.

AWARENESS

Similar to other drugs, moderate to high doses of MDMA can cause an intolerant user to be less aware of their environment. This can be dangerous if users are walking around busy streets with the threat of passing cars, or nearby stairs or swimming pools, but the degree of limitation is usually not serious. Unlike many other drugs, however, there seems to be a greater tendency to be aware of the thoughts and feelings of individuals around the user. It is usually not inherent, but the user may question other individuals more deeply in order to form some level of connection, and better understand those around them.

EMPATHOGENIC FEELINGS

There are some who classify MDMA as an *empathogen*. What does it mean for a drug to be an empathogen? When we look at the root word, empathy, it is defined as the ability to understand and share the feelings of another. To be empathetic is in a sense, to be able to put yourself in the position of someone else, and better grasp what they are feeling and experiencing at a given time. There may be feelings of sadness from past trauma, or feelings of love and affection. To be empathetic is usually considered a positive human trait, but it can result in sadness depending on the level of empathy formed with another.

MDMA displays some of these traits. While the drug is traditionally used in a social setting like a club, rave, or festival, it is when the drug is used in the comfort of the home with others that these feelings really come out. Conversations open the minds of individuals to each other, usually allowing for a growth in personal connection. Even without a therapist, these experiences can be therapeutic, helping individuals come to terms with past life events that may have been difficult to endure.

FOCUS AND ATTENTION

Unlike other amphetamine-type drugs, MDMA does not seem to increase my attention span or ability to focus. Even with moderate doses, focusing on conversations can be a bit difficult, requiring more personal effort to do so. In contrast, I can hyper-focus on almost anything with an appropriate dose of Adderall (~20mg). It is this lack of focus that can make it an ideal party drug, with nearby distractions potentially heightening the joy of the experience.

DECISION MAKING

As MDMA can cause internal reflection on certain issues presented, I would not say that it negatively impacts decision making. However, since MDMA is still a drug, there will definitely be *altered* decision making. The drug will not necessarily make users more cautious, but they will likely think more deeply about a situation that is posed to them. When it comes to potentially dangerous tasks, such as driving, most individuals I have observed understand that it would be a bad decision to drive while on the drug, but when it comes to the decision to possibly have sex with another person, this is where the “altered” decision making may come into effect. I always encourage the user to think deeply, and put themselves in a sober state of mind to reflect on a decision, before they actually make it.

MOTIVATION

While under the influence of the drug, effects can be a bit heavy, causing a potential lack of immediate motivation. However, within the mind, especially upon having discussions with others nearby, a user may find themselves more motivated to achieve certain life goals or difficult tasks when the experience ends. Personally, I can recall one event I went to where I was under the influence of the drug, and finally found the inspiration and motivation to begin working on this book! The drug can motivate users to reach out to lost friends or those who they cut contact with. It can also help motivate people to find a new job or pursue their studies.

DISINHIBITION AND SOCIABILITY

Since inhibitions may be lowered, there is a greater tendency for users to interact with total strangers as if they are close friends. MDMA is one of the more positively social drugs that exists. Compared to alcohol, which can also cause heightened sociability, MDMA seems to be more inclined to encourage a positive interaction upon first impression, with a greater potential to keep a longer connection even after an event has transpired.

MEMORY, AND THE POTENTIAL TO BLACK OUT (LOSS OF MEMORY DURING INTOXICATION)

Similar to other drugs, MDMA can reduce short and long-term memory. With low to moderate doses, this effect may hardly be noticeable to the average user, but with high doses, this effect is much more pronounced. While the user may be

able to recall the previous night during intoxication, usually more effort is required, and other users may have to trigger recent memories.

Only when I have taken exceedingly high doses (200mg+ in a night) have I **blacked out**. From what I recall there is only one time at a specific event where I was not fully *there*. The DJ started playing music, then before I knew it, it was like the night was over. I could not recount one thing that happened during the show. I was standing, but friends told me my eyes were closed and I was swaying back and forth in time to the music. This is yet another caution that taking a higher dose does not make for an enhanced experience. Not only did I not remember most of it, but the ensuing hangover was quite difficult to endure! **DOUBLE** fail.

ANXIETY AND PARANOIA

Usually, anxiety is more present during the come-up phase of the drug, as the body tries to adjust to the unfamiliar effects. For those unfamiliar with chemically-induced anxiety, they may feel quite uncomfortable, but the best reassurance is that it is only temporary. The anxiety will pass as the drug moves from the come-up stage, to the peak and subsequent main effects that follow. I do not think I have experienced direct paranoia while under the influence of MDMA. There are times when I have taken an exceedingly high dose, perhaps over 200mg in a night, where it becomes a bit harder to make sense of my surroundings. I would not describe the feeling as paranoia, though it treads on extreme anxiety, and is coupled with heavy intoxication.

SEXUAL

Since MDMA amplifies tactile sensations, sexual experiences with MDMA can be more intense. This is more apparent with moderate doses of MDMA. There may be a bit more sensual touching between parties with the intention for sensory stimulation. Also, because MDMA is very empathogenic, there can be a stronger emotional bond that is formed after the experience. High doses will sometimes render a user unable to perform or enjoy sex because of the intense vasoconstriction. Even if an erection cannot be sustained, sometimes just being close with someone and maintaining physical contact can be a strong experience (sexual or otherwise).

THE “ROLLING” EFFECTS OF MDMA

One of the slang terms to describe being under the influence of MDMA is to say that a person is “rolling” on the drug, like how being under the influence of alcohol is described as “drunk.” This can describe a couple aspects of the drug, but what I believe to be most relevant is how the effect of the drug can come in rolling waves. For instance, even while peaking, and with the effects fully in force, there may be something that distracts you or causes a change in perspective. There are times when I do not feel the effects of the drug at all, and there are other times where the effects are almost overwhelming. It is usually environmentally dependent, but sometimes these rolling effects happen seemingly without cause.

UNENJOYABLE EFFECTS WITH A MODERATE DOSE

Does the drug not feel right? These awkward feelings can arise during the come-up phase before the drug has set in. If you have already come up and are currently experiencing the main effects, perhaps you are lacking the nutrients necessary to support the chemical. Personally, if I am not well-nourished, the effects of MDMA have much less of a positive effect on me – at times it can even be dysphoric. Eating food can sometimes help elevate the high to an enjoyable level, although this can be difficult due to appetite suppression.

The first time this happened, I was confused. I did not understand why taking a drug that was supposed to induce happiness was not making me happy. The most important thing to remember here is to make sure you are adequately nourished *before* taking the drug, so that an all-night affair can be enjoyed without any unpleasant feelings.

WITH FREQUENT OR HEAVY USE, EXTENDED HANGOVERS ARE LIKELY

I can speak of these hangovers personally, which was very noticeable after taking higher doses of the drug in a night (200mg+) or taking the drug over a period of two or three days. The ensuing hangover did not come the day after the taking the drug, as might appear with other drugs like alcohol, cocaine, or amphetamines, but began at the start of the third day increasing through the fourth day after the experience. There was some perceptible depression, despite there being nothing going on in my life worth being sad about. There were also elevated levels of anxiety. The first five or so times I took the drug, these feelings were not present. After taking the drug more frequently, these effects became very apparent and expected. To users who limit their dosing (less than 120mg a night) and limit their frequency (no more than once every two months) they likely will not experience hangover effects when properly nourished and hydrated.

Lack of food will also cause a more intense hangover, as it would with other amphetamine-type drugs. If an individual is out all night under the influence of the drug and does not eat, the drug will be trying to draw energy from the body with no sustenance, and amplify some of the negative feelings. I must stress the importance of eating *before* and *after* taking the drug, even though it may be difficult due to MDMA's appetite suppressant properties. You will be doing yourself a big favor for the next few days of your recovery, replacing what was lost from the brain.

RESURGENCE OF MDMA EFFECTS THE NEXT DAY

The day after we had taken some very clean MDMA, me and a friend had been smoking a cigarette in the early afternoon. Already in a good mood from the night before, as we finished the cigarette, a truly bizarre thing happened. We both looked at each other and described the sensation that we were "re-rolling". It was almost as if some weaker peak effects of MDMA started to take hold again! This sensation only lasted for a few minutes after the cigarette was finished, but it is definitely worthy of mention. Exercising, smoking cannabis, and sometimes taking some other drugs seemed to yield similar effects. These effects were most prominent after the first few MDMA experiences and gradually diminished over time. **CAUTION!** Users should be particularly aware of this effect when driving the next day, as the effects could be intense enough to cause intoxication. Driving and smoking the day after MDMA is best avoided, especially in novice or intolerant users.

LOSING THE "MAGIC" (PERMANENT TOLERANCE)

Over time, an individual who uses MDMA on a fairly regular basis (a couple times a month) will find that they "lose the magic". This phrase indicates that over repeated use of the drug, the profound effects become less pronounced, and some of the negative effects begin to emerge. Some say that once the "magic" is gone, it does not come back. I can attest to this to some degree. My first five or six MDMA experiences were probably the most euphoric, life-changing, and optimistic. Afterwards, I still enjoyed the mild empathogenic energy and positive feelings, but I did notice that they were diminishing more and more. At the time when I became aware of this, I had been using the drug two or three times a month (this is too frequent), with an occasional back-to-back weekender (all night Friday night, then on Saturday night as well). I also observed that even if I increased the dose to higher levels to try to get this "magic" back, it still never compared to the highly empathetic feelings I received from my first few trips on the drug.

Initially upset by these findings, after doing some reading online, I tried supplementing my diet with healthful vitamins such as B12 or magnesium, and eating better. No matter what I tried, it seemed I did not get the feelings back that I had during my most intense experiences. Perhaps a three-year abstinence from all drugs may rekindle some of the fire, however if it does not, I will not be upset. I did enjoy a great many experiences with this drug and I am grateful for what it has done for me.

As for an update, it seems that even after multiple years without taking the drug, I did not reach the height of the experience felt from the first few times. Some of the magic returned, but the experience still felt different. Perhaps this is due to some factors in my life that I do not know, but the best advice would be to keep use very infrequent, to derive maximum effect from the drug.

Erowid has a short piece on the "Loss of Magic" saying that after approximately 10 doses, users may feel that they don't enjoy the substance as much, or that the negative effects begin to outweigh the positives causing users to stop taking the drug [NoMag]. This number varies significantly from person to person.

MEDICAL USE – DEPRESSION AND ANXIETY

Some scientists believe that MDMA may be helpful in treating depression and anxiety. They theorize that MDMA may help target the part of the brain that causes rumination and repetitive thinking about negative experiences [MapDep]. While I have never been clinically depressed, I will swear that for the next week after I had taken my first powerful dose of MDMA, my thoughts and attitude about life were remarkably positive. There is also some evidence that this treatment was effective decades ago when MDMA was first popularized among psychotherapists **CAUTION!** Attempting to treat depression that you or someone you know may be suffering from with illegal drugs without proper supervision can be dangerous. Also, be aware that taking the drug frequently can *cause* depression in the following days after the drug has worn off.

MEDICAL USE – POST-TRAUMATIC STRESS DISORDER

Recently, the **FDA** has granted **MAPS** the ability to do trials with MDMA on those suffering from PTSD. Preliminary results have shown potential success. MAPS has a goal to have MDMA available by prescription in 2022. When MDMA

takes hold, repressed memories may arise. Age regression is also possible, where a user will mentally revert back to an earlier age in life. This can be a coping mechanism, or it can be helpful psychotherapeutically. My hope is that by the time this book sees the mainstream, they will be that much closer to getting approval for treatment of PTSD!

Comparison of Similar Drugs

MDMA AND MDA

Many users who actually have MDMA assume they have MDA, because MDA is sometimes called “sass” in slang, and the drug can give off a sassafras-like smell. MDMA is still more common, and therefore usually less expensive. Using the Simon’s **reagent kit** will help differentiate MDMA from MDA. According to one Reddit topic, the effects of MDA are reportedly more psychedelic, while MDMA is more euphoric. MDA has a bit of a speedier edge to it (more stimulating), while MDMA can feel heavier. There are mixed opinions on which drug is more enjoyable for social events. For psychedelic effects, the visuals are not comparable to LSD or mushrooms, but MDA may have a greater tendency to cause users to experience **tracers**. Finally, MDA is reported to be a bit longer-lasting than MDMA in terms of duration of effect [RedMD].

MDMA AND MDA CROSS-TOLERANCE

Cross-tolerance is a term used to describe how taking one drug can build a tolerance to another. For instance, since cocaine and amphetamines are both stimulants, they have a cross-tolerance, meaning that taking cocaine for a period of time will raise the user’s amphetamine tolerance as well. Since MDMA and MDA are very similar chemically, one would think that these drugs would be cross-tolerant. According to Alexander Shulgin, there is not a cross-tolerance between MDMA and MDA [ShulgCross], meaning that one drug could be taken on one occasion providing full effects, then the other drug could be taken days later without any hindrance to effects.

MDMA VERSUS METHYLONE

Methylone was most popular around 2011-2013. This drug is not currently as relevant as it used to be, but because at one point it was often passed off as MDMA, I feel like a description of the comparison of effects could be useful.

Methylone is shorter in duration, totaling 2-3 hours, where MDMA is closer to 3-5. The come-up is more rapid: 15-30 minutes, compared with 30-60 for MDMA. The peak is arguably more intense, but shorter. There are less empathogenic feelings associated with methylone, though they are not totally absent. There is a greater desire to take more of the drug after the main effects wear off, making it more addictive in nature. MDMA is less likely to have this aspect to it for the average user. After a night of MDMA, it is usually easier for me to fall asleep, but methylone has a lingering residual stimulation that could keep me awake for hours.

The easiest way to tell the difference would be to use a marquis reagent kit. MDMA will turn almost black, while methylone will turn a bright yellow – a very different color distinction.

Overdose Effects and Lethal Dose

LETHAL DOSE

As the LD50 in monkeys is reported to be 22mg/kg [MapLeth], if this is extrapolated to humans, then an 80kg person (175 pounds) would find about 1.76 grams to be the lethal dose.

OVERDOSE EFFECTS

According to PsychonautWiki.org, the most adverse effects of the drug are dehydration and overheating which has resulted in death.

One Reddit user who took 700mg+ of MDMA over a period of two hours experienced violent overdose effects that landed him in the hospital. There were powerful hallucinations, paranoia, muscle spasms, and intense nausea [RedOD]. If you or someone you know is experiencing overdose effects, please seek emergency medical help, and be honest with the paramedics so they can provide the best help.

SEROTONIN SYNDROME

This is one possible route of overdose, usually by combination of certain drugs. Serotonin syndrome is when excess serotonin activity can lead to unpleasant effects. These include headache, agitation, hallucination, sweating, nausea, diarrhea, and twitching, which can be life-threatening in extreme circumstances. Common drug interactions include MAOI's, SSRI's, SNRI's, tramadol, amphetamines, MDMA, MDA, Ritalin, cocaine, LSD, St. John's Wort, Syrian Rue, Yohimbe, 5-HTP, Buspirone, Valproate, and Ritonavir [SeroSyn]. **CAUTION!** If you are taking any herbs or medications, I urge you to search online in case there could be an unpleasant interaction that results in serotonin syndrome.

One person who suffered serotonin syndrome with MDMA use elucidated their situation. They felt disoriented and out of control. They felt like they were in a cage, trapped, and unable to get out. It felt like the world's worst panic attack, on the world's scariest roller coaster. Eyesight was blurred and body temperature increased. All mucous membranes dried out – the nose, mouth, throat, and tongue. There was coughing because the lungs felt “itchy and dry”. After going to the hospital and being monitored, the user reported it took two days to feel fully “normal”. The user claims to have taken about one gram of crystalline MDMA, though there is admission that the drug might have been cut (This is an extremely high dose! Avoid) [RedSeroSyn].

Cyproheptadine is a drug that can treat mild to moderate serotonin syndrome. It is unlikely this drug will be readily available, but it is a possible suggestion to make in a hospital setting if you are aware that you or someone else is suffering from serotonin syndrome.

Negating the Effects

COME-UP

A person may seek to negate the effects of MDMA when experiencing the come-up for the first time. This first stage can be powerful and anxiety inducing. There may even be some confusion and disorientation. Remember, this part of the drug experience is only temporary. Take some deep breaths, drink some water, and try to allow your body to relax. Once the drug begins to fully take hold, you will feel much more comfortable.

TOO HIGH OF A DOSE

Perhaps this happened: the user was not feeling the dose that was first taken, and so the user took a second powerful dose, and now they are heavily under the influence and it feels uncomfortable. I have felt this before – it is not enjoyable.

As benzodiazepine drugs are given to those overdosing on amphetamines, a dose of alprazolam or another benzo-related drug could be taken to quell the intensity of effect. Most people who accidentally took too much MDMA probably do not have access to this on hand, so the first course of action should be to take slow and deep breaths. This will help relax the body. The next suggestion would be to drink some water (not too much) and take some electrolytes (salt water, potassium, or magnesium supplements) which can help more with calming the body. Eating would also be recommended, but most people who took this high of a dose would be unable to produce enough saliva to chew and swallow. A sugary beverage may prove helpful in this situation as well.

If none of this is providing enough assistance, the best course of action is to simply wait. This is unfortunate, but as long as you are not overdosing (see above), a couple hours of intensity are all you will have to deal with.

NEGATING THE EFFECTS OF THE HANGOVER

As was mentioned earlier, sometimes the hangover can come several days after the drug was consumed. It is uncommon for those who take the drug at a moderate dose and infrequently (less than once a month), but for those who take the drug on a more regular basis, it can be very uncomfortable. For those who enjoy cannabis, this may be a helpful drug in clearing up some of the residual depression or anxiety. If the hangover is very severe, taking alprazolam for a day or two can also be helpful. For a more natural approach, eat the healthiest diet that you are familiar with and exercise vigorously. Listening to positive songs or watching comedic movies may be helpful. If you are confronted with an increasingly difficult hangover after constantly using the drug, it is important to question whether or not your MDMA use is beneficial. Do the positives outweigh the negatives?

Addiction and Withdrawal

MDMA – PERSONAL “ADDICTION”

Having had personal experience taking the drug for multiple days in a row, I find it could become difficult to become dependent (addicted). On one occasion, I ingested MDMA for perhaps six or seven days straight. I was deriving such little benefit as the days progressed, that I had no further desire to consume it. Pure MDMA has this attribute to it. The effects may be very profound for the initial 3-4 doses (although I would consider this too many – keep it to 1-2 doses), but then the negative effects of taking the drug frequently begin to outweigh the positive effects.

So why did I dose the drug for so many days in a row? Simply curiosity, experimentation, and the desire to get high at various events on consecutive days. I still would not say the drug was very addictive, as I did not find myself craving it, and unlike other drugs such as opiates, benzodiazepines, and cocaine, there are so few pleasurable effects to derive after a span of time, it makes continuing to take the drug less desirable in itself.

MDMA – DIFFICULT TO FIND OTHERS WHO EXPERIENCED MDMA ADDICTION

I have never personally known anyone to be addicted to MDMA, but there are individuals that I know who have taken it too frequently, myself being one of them. When it comes to the traditional concept of addiction, where a user takes the drug on a daily basis or even multiple times a day, there were very few reports of users who took it anywhere near daily, and if I did find something on this topic, it seems that the drug they were addicted to was not MDMA at all. It is much easier to get addicted to MDMA-like drugs such as mephedrone or methylone, which may have been the case in some of these user reports.

METHYLONE - ADDICTION

I have found redosing on methylone to be more desirable. Since it has a faster come-up, a shorter duration of effect, and an increased stimulant effect, continuing to consume more made sense while I was out at a social event. After redosing several times, I have found the positive effects to diminish significantly. I believe the longest consecutive span of days that I used the drug for was about four or five days. By the last day, the anxiety was becoming rather overwhelming as was the discomfort of having consistent stimulant effects. Sleep was much more difficult and less rejuvenating when taking methylone for several days consistently and the feelings of sleep deprivation added to the already irritable feelings from the methylone come-down. I would say there were more tendencies towards craving when taking methylone, comparable to cocaine rather than MDMA, even a desire on the last day to take some to "feel normal" which I would say is an indicative quality of addiction potential.

OTHER SIMILAR MDMA-LIKE DRUGS

Methylone, ethylone, mephedrone, MDPV and other drugs that I label as “euphoric stimulants” fall into this category. They all have fairly similar effects: a shorter duration, a compulsive desire to take multiple doses (addictive potential), and residual stimulation. None of them are as empathogenic or euphoric as MDMA in my experience. The ensuing hangover is usually worse, and after an addiction develops, the enjoyable effects of the drug diminish significantly after just a few days.

MDMA – WITHDRAWAL

Even when I took MDMA on a daily basis for a week, when the effects wore off, I was not in withdrawal, but I had – to put it politely – one of the worst hangovers that I can remember. The depression was otherworldly. I believe I took **alprazolam** (Xanax) on multiple occasions for the next week, but even then, it did not remedy the problem. The negative effects lasted for about five days. There were tears, anxiety, and anger. Little life issues seemed like gigantic blockades and my motivation to do even normal life activities was severely lacking.

Some may argue it is not possible to go through withdrawal after taking the drug for merely a week, so I scoured the internet to see if I could find any withdrawal stories. From what I found, those who recount their withdrawals seem to have been addicted to methylone, mephedrone or some other euphoric stimulant that is often passed off as MDMA. This is most likely because the efficacy of MDMA decreases after about the third day, even with increased dose, and so there is less motivation to take the drug as it is no longer pleasurable.

LONG-TERM EFFECTS

There are two aspects to this: users who take the drug once or twice and experience lasting effects, and users who take the drug frequently for an extended period of time also experiencing lasting effects.

For the former, MDMA has been known to have lasting effects for some individuals after just a few uses. In some cases, people experiencing depression or anxiety may have a new outlook on life that persists for days, weeks, or even longer following a single dose of the drug. The long-term effects of a single powerful dose can be very positive. It has even been reported to help with resolution of conflicts with PTSD, as mentioned in the *Psychological Effects* section above.

I can speak more strongly for the latter aspect. When I was in the heaviest phase of my MDMA abuse, I was taking the drug once or twice a week for a period of several months. The pattern of use was to take the drug on a Friday and/or Saturday, then feel ill-effects for Monday, Tuesday, and Wednesday, just in time to recover enough for the next weekend. The mood swings that began to develop after my body grew accustomed to regular use were extreme. There was staggering depression and anxiety, but when I did find myself in a good mood, usually it was fleeting. This led to an increase of abuse of other recovery drugs (sometimes called landing gear), such as benzodiazepines, **opioids**, **phenibut**, and heavy cannabis use. I also lost weight, due to the appetite suppressant effects of MDMA allowing for greater drug use during the week.

When I finally decided to stop taking the drug so frequently, it took approximately two weeks to return to a baseline emotional state. For quite a while after this pattern of use, every time I took the drug, even if it was once every other month, there was an intense hangover that was suffered for several days after.

Personal Experiences

MDMA – THE FIRST TIME

The first time I ever knowingly consumed pure MDMA was before a short trip to Wal-Mart with one other close friend before a Halloween event. I ingested approximately 90 milligrams on a rather empty stomach. She ingested roughly 80 milligrams. Although this was several years ago (perhaps in 2010), shockingly the memories are coming back to me rather clearly. Both of us had consumed alcohol, cannabis, cigarettes, methylone (MDMA-like substance), and Adderall previously in our lives so we could relate some of the effects of this MDMA to some feelings felt by other drugs, however some feelings were completely new and difficult to describe with relation to other drugs.

PERSONAL EXPERIENCE 1 (October 2010):

At about 8:00PM, ingestion commenced. I did not feel anything for at least a full hour after dosing. After we arrived at Wal-Mart, we were both looking for Halloween costumes when suddenly we both looked at each other and had a sudden feeling of “We’re on drugs!”. This was unlike any feeling that I had ever felt. I was not very stimulated, nor very relaxed, but I was feeling content. I began to enjoy the general touch of my hands on the items in the store, and a growing appreciation of what was around me.

About two hours into the experience, we were coming home from Wal-Mart and emotions were growing. An overall sense of well-being was present. My pupils were massive and I had a slight feeling of nystagmus (involuntary eye movement) where my eyes felt like they would wiggle back and forth. I felt mildly intoxicated, but since the dose was not very high, I do not think I achieved too great of an effect from the substance, but definitely noticeable and enjoyable. There was a slight desire to take a subsequent dose by about the third hour, but we were going to be taking the substance the following weekend so we elected to halt the experimentation there for the day.

MDMA – ON TWO DAYS CONSECUTIVELY – THE MOST POWERFUL

This was within the first five uses of the drug, which people have told me are of the most “magical” before some of the more profound effects of the drug begin to fade. I will note that in this particular experience, I was almost overwhelmed with feelings of pleasure and well-being. The euphoria rocketed me to another state of mind I have rarely revisited. I am so grateful to have had this experience.

The two-day MDMA adventure consisted of about 120mg the first night, and about 150mg the second night. They were both consumed at two different concerts taking place on a snowy October weekend. The first night, I had thought I would

have felt more pronounced effects, but interestingly that night the effects felt rather heavy. While there was some euphoria present, the stoning feeling kept making me want to sit down, rather than dance with everyone else at the event. I attended the event with 3 other friends each night who dosed approximately the same as me. They also thought that the effects felt rather heavy. Perhaps we had dosed to high? Maybe our bodies were not that accustomed to the effects of the drug. The night passed by rather pleasantly, but did not leave a strong impression.

I did wake up with a slight afterglow with my energy running low, but overall, very good. The first few times after taking pure MDMA, one usually feels positive effects as long as they were well nourished. My only curiosity was how the effects of the drug would feel the second evening. As is the case with most other drugs such as cocaine or amphetamines, when you try taking similar doses on consecutive days, the enjoyable effects tend to diminish the more days of consecutive use. How surprised I was when taking a similar dose of MDMA that second night yielded completely opposite results.

The night began, and our initial thought was that we wanted to avoid that stoning body high that kept us too grounded the night before. We took approximately the same starter dose as the night before, perhaps 80-90 mgs, and within 20 minutes we knew this night would be different. Instead of a heavy come-up that kept us seated, it felt rather mild. Naturally we thought the effects would be weaker than the night prior, but we waited to see. As the next 30-45 minutes progressed, the euphoria growing inside of me was unlike anything I have ever experienced. I felt more awake as opposed to stoned, with a physical energy that I had not felt from MDMA before. My friends agreed and were all dancing around far more than the night before. They also commented the euphoria had increased. It was as if the lingering effects from the first night, compounded with the new doses of the second night creating such an enhanced experience that it felt like the most intense MDMA experience I would likely ever have.

An appreciation grew for the life I have, those around me, and for my potential future. I was happy just to be who I was. I wanted to tell others how I felt, how it was possible to feel. I never knew.

Residual effects of this magical feeling persisted for another day and half after the experience, before I began to feel some of the first hangover effects from the drug that I was previously unfamiliar with. The following Tuesday (doses were taken on Friday and Saturday night) I awoke with a mild empty sadness. I think the effects from taking the drug three times in 8 days, with two days being back-to-back while poorly nourished allowed me to feel this way. I smoked some cannabis and exercised which helped remedy the problem. By that Thursday, when I woke up, I felt like **neurotransmitters** in my brain had nearly normalized. What was even better was that I managed to take away some positive messages that came to me from the experience of the weekend, such as the heightened appreciation of being alive and the exciting opportunity of the future. I carried that "happy just to be" feeling with me for quite some time.

Looking back, I do almost wish I had experienced this outside of a concert away from intense stimuli such as non-stop loud music, bright lights, and tightly packed people. Regardless, I would say I still benefited from that experience, but admittedly I tried repeating a back-to-back MDMA experiences such as this to no avail. Chasing this high proved mostly ineffective. Unfortunately, this experience kick-started the time where I began to take the drug 3-4 times a month (This is too often, **CAUTION!** Avoid!), perhaps if I had waited a few months between experiences, the positive feelings would have returned.

MDMA – THERAPEUTIC EXPERIENCE WITH A FRIEND

This experience came with a friend of mine in college who I did not have much personal time with. We would go to social events and play games occasionally, but I saw her mostly with my roommate at the time since they were in a relationship. She was curious about this MDMA drug that I talked about so much, and being so curious, decided to try it. We both ingested roughly 100mg each and as the experience took hold, she began to open up to me about what was going on in her life. I had never heard this side of her before. Occasionally while she was talking, she would stop herself, carrying an expression that she may have said too much or was uncertain of my reaction. However, we managed to both continue talking throughout the night about various happenings in our lives and it felt very positive. I also believe this helped build a bond that we did not really have before which led to a better friendship.

MDMA – WITNESSING A ROMANTIC INTOXICATION

This sample experience is to illustrate how emotions can get tied into drug use and what may happen as a consequence. MDMA was called the love drug. Heightened empathy, with feelings of love and togetherness were popular reactions, but feelings of intimacy also may spawn where there were previously no intimate feelings. They can be particularly powerful, as well as potentially harmful, if the feelings that are felt are not reciprocated. I witnessed this first hand with two of my friends. One female (Sara) was already in a committed relationship and the other individual (Tim) had joined our friend circle recently. A group of about six of us had taken some MDMA on one occasion and proceeded to have a very fun night. We played games, put on some fun music, and bonded in deep conversation.

As the night progressed, members of our group began falling asleep until it was me left with Sara and Tim. Tim was aware of Sara's relationship, and that she was happy with it, but was making flirtatious advances. Sara seemed unphased by it and was not reciprocating the gestures, merely tolerating. As it got closer to bedtime for me, I noticed he was looking at her with such an interest that it somewhat confused me. Clearly, she was making no indication that she showed interest in him, but he apparently did not perceive it this way. From the next morning forward, he began to send her texts excessively, and flirt more and more. She indicated to me that it was becoming irksome, but he had somehow developed very strong personal feelings towards her, even saying "I love you" on several occasions. She had responded that maybe he was "molly loving too hard" (terminology for the loved up emotional feeling one may develop for someone else while under the influence of the drug), but he kept insisting that the drugs had no effect.

As time progressed over the next few weeks, he eventually began to communicate with her less, but not without constantly telling her how he felt about her. Not knowing this person too well, perhaps he behaved this way towards other women, but based on what I witnessed that night, it truly seemed like the MDMA had that strong of an effect upon him to help him develop such strong feelings.

Keep this in mind, especially if vulnerable to feelings of romance – the drug can have powerful effects over a person's emotional interests

SHULGIN, THE "GODFATHER" OF ECSTASY - AN EXPERIENCE (120mg MDMA)

As this was the individual who made this drug popular by synthesizing it and sharing it with fellow chemists, his experience could be valuable. I took out one of his most profound experiences.

"I feel absolutely clean inside, and there is nothing but pure euphoria. I have never felt so great, or believed this to be possible. The cleanliness, clarity, and marvelous feeling of solid inner strength continued throughout the rest of the day, and evening, and through the next day. I am overcome by the profundity of the experience, and how much more powerful it was than previous experiences, for no apparent reason, other than a continually improving state of being. All the next day I felt like 'a citizen of the universe' rather than a citizen of the planet, completely disconnecting time and flowing easily from one activity to the next."

-Alexander Shulgin, PiHKAL

[LIVE] METHYLONE - A CURE FOR MY MENTAL DISTRESS (HIGH DOSE) - May 2014 (280mg total?)
More recent commentary is in [] brackets.]

Commented [MM1]: Follow Up: s.

[The first two hours were spent reflecting on my life and the irrational decisions I had made during a difficult time in my life. This experience helped me to come out of a psychotic episode that I endured by allowing me to think rationally again (episode described in *About Me* chapter). It was an extremely liberating experience; however, I held a lot of shame due to coming to terms with the reality that I endured. The extended hangover was worth it to feel sane again.]

Start dose 140mg oral [Looking back, I am not 100% sure it was methylone, but the effects were somewhat reminiscent]
T=0 – T+2:00:

I'm back! I made ridiculous mistakes, but things have since smoothed over :) - I'm GOOOOD!!!! I acted a fool - I'm okay with it. I am making peace with past errors right now. What if life isn't too short, and it's just right. JUST RIGHT. Life is not too short, just right. Loving this positive energy!

T+2:10: Grapefruit/kiwis to consume! The food has me feeling quite right!

T+2:25: Doing well - the synthetic cannabinoid hits were nice. Matt you have it SOOOO GOOD [gratitude]. This kiwi is mmmm-TASTY! Stop and smell the roses, life is grand, sit back and take it in and enjoy it. Cigarettes suck, don't smoke them, but right now they feel pretty decent! This methylone is delightful.

T+2:40: Lovley feeling coming off now - rather clean stuff, pretty potent. LOVING the positive mindset. Really glad about it. Life is good. Good is life. With the life focus I have now, I think I can retain this positive mindset for a while afterwards. I need to go back and read these notes - they are helpful for me right now. Quite fun and enjoyable stuff! Cannot deny. Smooth on the stomach, enjoyable inside and out! There's a chance this is not methylone based on how I remember the drug used to feel, but the last time I took it was several years ago so I am uncertain. Mind still has a focus on getting higher [personal reflection on addictive tendencies]. We all like getting high, but when, where, how much, how often, and WHAT it is all need to be decided responsibly.

T+3:00: TV is watched and music is listened to. Very enjoyable!

T+3:10: Feeling the come-down a little bit, but overall feeling good.

T+3:20: Starting to feel tweaked out. Think I might drop another bit! Thoughts still scattered but sound. I can handle life again. I feel like I had a rejuvenating experience - Very very helpful!

T+3:30: Another 140mg was ingested, oops! Hopefully this gets me going again! Do I feel it already!?

T+4:00: Tweaking out. Not that much euphoria, mostly stimulation [Here I began playing videogames obsessively for a few hours]

T+5:30: I am tweaked out! But hey, it got some of the job done - I'm up and stimulated!

T+10:00: Not feeling so good at all. FUCK. Do I have a pain in my kidney? This is definitely not helping out the situation. Drinking an Airborne helped me see and feel a tiny bit better - vision blurred – staring at a computer screen all day? I feel so biologically shitty it isn't even funny - god damn ridiculous, two 140mg doses, thought I would have been good, but no not so much!

T+14:00: Still shitty. Eyes blurry from not too far away, grapefruit juice get me too much?!?!? I wonder. Can't find definitive proof, but I remember reading that grapefruit juice can inhibit an enzyme that breaks down drugs. Is that what happened? Too much methylone circulating my body since it was not broken down?

T+19:00: Eyes still blurred from a distance, very out of it. Got to do a 13-hour day at work today - oh boy. I almost can't believe I'm contemplating taking more of this drug to get the stimulant effect today while out - or can I make it 13 hours without getting sleepy? Pretty sure that drug was not methylone - got some weird ass effects from it. Damn. Pupils weren't even that dilated. Strange stuff.

After-Thoughts: I am coming back to this experience years later. I was unsure of whether or not to include it in this book as I was in a more unstable period of my life, but I think the experience is useful for depicting how a drug can cause a change of mindset and exploration of rationality. It also shows how much is “too much” and what the come-down is like. I think I would have derived all the positive effects from just a single 140mg dose, but as I had compulsive drug taking desires at this time in my life, I over-exerted myself, and paid for it with negative consequences for many hours after the euphoria from the experience abated.

Combining with Other Drugs

MAOI'S

CAUTION! Taking monoamine oxidase inhibitors (MAOI's) which were a common class of drug used for anti-depressants or anxiolytics can elevate some of the unpleasant side effects of MDMA, especially **tachycardia**, hyperthermia, and hypertension [ContrMDX 2001]. Serotonin syndrome is also possible.

DANGEROUS COMBINATIONS

CAUTION! MDMA is primarily metabolized by cytochrome P450 (CYP2D6) in the liver. When MDMA is combined with drugs such as Dextromethorphan (DXM) that are also metabolized by CYP2D6, the potential for **serotonin syndrome** increases, as well as extreme hyperthermia. CYP2D6 is an enzyme responsible for the metabolism of many drugs, even codeine or the HIV medicine Ritonavir. Extreme caution should be taken if combining these drugs because under certain circumstances these interactions could be lethal [ContrMDX 2001] [EcstBasic (FAQ) XXXX].

ALCOHOL

Please see the chapter on *Alcohol* for combination effects with this drug.

AMPHETAMINES

Having mixed Adderall and MDMA together on several occasions, I suppose one can derive enjoyable effects from this combination. Taking a high dose of MDMA can lend to an almost sedative effect, depending on the user, making it harder to move. Even though MDMA is an amphetamine-based drug, it does not carry the stimulatory properties of traditional amphetamine or methamphetamine. A small dose of amphetamines can boost the user with energy, but combining these drugs does diminish some of the euphoria and empathy associated with MDMA. The user also has an increased risk of **over-stimulation: tachycardia**, anxiety, paranoia, and general discomfort.

When I have mixed these drugs before, I have used 120mg of MDMA, and after the drug had fully come on, I insufflated perhaps 10mg of Adderall. This provided an energetic lift, without detracting too much from the MDMA experience.

Many users who have taken a variety of ecstasy tablets may have unknowingly ingested methamphetamine, either on its own, or in conjunction with MDMA or another drug. Some users may say it was the most intense ecstasy pill of their life, but the ensuing come-down will probably be much more intense as well: insomnia, anxiety, and depression. Always check the status of your pills on [pillreports.net](#) or use a **drug testing kit**.

ANTI-DEPRESSANTS (Specifically - Selective Serotonin Reuptake Inhibitors (SSRI), such as paroxetine (Paxil), fluoxetine (Prozac))

MDMA has been known to interact with SSRI's. These drugs can almost fully block the effect of MDMA in humans (by approximately 70%), but the combination does not appear to be inherently dangerous [EcstBasic (FAQ) XXXX].

From experience, me and several friends of mine were taking equivalent doses of MDMA at a party on one occasion. One individual in our group, after being informed that it can take up to 90 minutes to start really feeling effects on an empty stomach, voiced that she still had not felt anything. She took a supplementary dose, perhaps around 40mg, and still 30 minutes later said she felt nothing. This surprised me, so I began to think about what may be lessening the effects. I remembered reading that SSRI's essentially prevent MDMA from working, so when I asked her if she had been taking any medicines and she replied she was on antidepressants – it seemed that we figured out what was wrong.

BENZODIAZEPINES

Knowing that benzodiazepine drugs, such as alprazolam (Xanax) or clonazepam (Klonopin) can be given to those who have overdosed on amphetamine-based drugs should tell you a little bit about how these drugs will interact with MDMA.

BZO significantly diminish the effects of MDMA. They will not totally eradicate it, but they take away from the positive effects substantially, which does not make the experience worthwhile for me. BZO also have memory impeding effects, so in addition to having a dulled experience, it is also partly forgotten.

I find benzodiazepines useful if too high of a dose of MDMA was consumed. It will dampen the high to a manageable level, but will effectively ruin the MDMA trip. Usually, I do not take more than 1mg alprazolam or BZO equivalent (see the *Benzodiazepines* chapter for equivalency of dose), but avoiding taking BZO while under the influence of MDMA will likely be more beneficial for the user.

I believe this combination has the greatest use after the MDMA has essentially run its course. BZO can be taken at the end of the night to allow for a slightly more restful sleep, although this may take away from some of the afterglow effects of MDMA felt in the following days. If you have never experienced MDMA before, I would hold off on any BZO (or any combination of drugs at all really) so you can have a thorough experience.

Please note that even if BZO were taken the night before, they may have a lingering effect into the next day. There have been times when I have taken 1-2mg of alprazolam on a Friday night, then when Saturday night came around, my MDMA trip was nowhere near as powerful as it usually would be when dosed on consecutive days.

CAFFEINE

Please see the *Caffeine* chapter.

CANNABIS

When I was heavily into MDMA, ingesting the drug once or twice a week for months at a time (**CAUTION!** Highly ill-advised – negative effects become extreme!), cannabis was very useful. When I was high on MDMA, smoking cannabis would balance some of the side effects, such as increased heart rate, sweating, and lack of appetite. At times, cannabis would seem to even boost the effects of MDMA. It relaxed the physical tensing that the amphetamine-based drug was causing, and made for an overall smoother experience.

Cannabis can also seemingly take away a little from the MDMA experience. During the time I was heavily into MDMA, I was also an avid cannabis consumer. I would smoke throughout the day, every day. This led to me smoking a fair amount during the MDMA trip. What I noticed was that the MDMA experiences were then not as memorable. It is as if cannabis added a layer of haziness to the general experience. I suppose that was the tradeoff for the physical comfort it provided, but if I were to repeat the experience of this combination again, I would probably ingest a CBD-dominant strain rather than a THC-dominant strain, so that I could enjoy the physical relaxation without being overwhelmed mentally.

Cannabis consumption also helped dramatically with the come-down effects that I felt days later following frequent MDMA use. It helped mitigate the anxiety, depression, and general ill-feelings that my MDMA abuse caused.

COCAINE

I hear two different sides to the story with this combination of drugs. Some say that doing cocaine before ingesting MDMA or in the early part of an MDMA experience will negate MDMA's effects. Users have said the rush that cocaine provides simply overpowers MDMA. If this combination is attempted, it is usually recommended to do MDMA first, then after the peak effects have taken place, bumps of cocaine could be ingested. Some users say this magnifies the feeling of both drugs.

When I have indulged in this combination, it seems that cocaine takes away from the meaningful side of MDMA, but can amplify the euphoria. What I have noticed is that it is important to keep the dose of each lower than what would normally be consumed if each drug were taken on its own. **CAUTION!** Since cocaine and MDMA are entirely different drugs that both have stimulant properties, this can cause a drastic increase in heart rate which could be uncomfortable or dangerous.

KETAMINE

Ketamine and MDMA form an enjoyable and euphoric combination for me. The general consensus of myself and others I speak to is that ketamine provides a floating sensation when on a moderate dose of MDMA. When taken alone, with a low to moderate dose, ketamine can have an intoxicating, almost drunken effect on some users. This inhibiting effect is often less noticeable when combined with an amphetamine-based drug such as MDMA or Adderall. There is a slight and temporary boost to the euphoria when ketamine is consumed at the height of MDMA intoxication.

I prefer to keep the dose of ketamine low, perhaps around 10-20mg, as too much ketamine can cause a powerful intoxicating effect that significantly dampens the MDMA experience. Another side effect of ketamine is its ability to impede memory. The experience will be harder to recall if a high dose is taken, even if it was enjoyable, and therefore less valuable.

LSD

Please see the *LSD* chapter.

NICOTINE

Many cigarette smokers will find they enjoy cigarettes profoundly more when under the influence of MDMA. As with other drugs such as opiates and cocaine, the ensuing head rush that accompanies the inhalation of a nicotine cigarette amplifies the high of MDMA temporarily. At one time I found this sensation so enjoyable, that I have indulged in an entire pack of cigarettes in just a few hours, during the MDMA experience. This was during the phase where I would have labeled myself a regular smoker, but I rarely indulged in more than 5-7 cigarettes a day. To smoke a whole pack of 20 cigarettes in just three hours is nauseating to think about now reflecting back on the experience.

Please note that consuming this much nicotine can increase the severity of the hangover that follows and also make for difficulty breathing the next day. The trouble breathing is likely not so noticeable during the experience, as amphetamine-based drugs, such as MDMA, can seemingly open up the lungs, providing the sensation that it is easier to breathe. Cigarettes may be subconsciously inhaled more deeply when under the influence of MDMA.

NITROUS OXIDE

When I was out one night at a house party, I saw a group of people each holding a balloon encircling something that looked like a beer keg at first. When I saw them inhaling from the tips of balloons in the way one might take a drag from a cigarette, I began to become curious. My first thought was that they were sucking in helium to try to alter their voices, until I saw some of them looking rather intoxicated. My friend told me they were using nitrous oxide, a dissociative drug that targets some of the same receptors as PCP and ketamine, but more intensely and for a very short duration.

For me, nitrous on its own causes a temporary out of body experience depending on how much I do. I feel very unlike myself and some confusion is experienced. When doing nitrous after a moderate dose of MDMA, I feel a blast of euphoria. The dissociated feelings are barely perceptible, and a fleeting floating sensation floods me for about 30 seconds. It is harder to “fish out” (term used for temporary unconsciousness caused by excessive nitrous oxide) if used with MDMA, seemingly allowing the user to ingest more nitrous than they would if they were using the drug on its own. The effects do not last for longer than a few minutes, but it creates a very bizarre sensation indeed.

OPIOIDS

Please see the *Opioids* chapter.

SUGAR

Please see the *Sugar* chapter.

Personal Opinion

MY OWN USE – THE BEGINNING

MDMA was a drug that once I felt the effect from it, I wanted everyone to know about it. It took a few attempts before I experienced the real power of the drug, but when I did, I was blown away. How was it possible that something so small, and man-made, could make me appreciate my life so much and everything around me? I was filled with genuine gratitude.

Unfortunately, something so good cannot last. My infatuation with the drug led me to taking it on an almost weekly basis, which was far too frequent. The depth of positive effects did not persist after the first few weeks of experimenting. I suppose this could be described as a “loss of magic” or a permanent tolerance as described in the *Psychological Effects* section earlier in this chapter. No matter how much time I gave myself between MDMA trips, the depth of positivity will likely never return. I could still enjoy the drug though, however.

WHO SHOULD TAKE MDMA?

I do not think *everyone* should take this drug, but I certainly feel as though it could provide help to many people. The positive mindset and outlook on life that persisted after just one dose of the drug could be life-changing. Indeed, this is why psychotherapists had such widespread use for the drug when Alexander Shulgin made it popular in the 1970's. Those who have depression, anxiety, or any unresolved conflicts may find peace in a therapeutic setting with this drug. Couples may benefit by a strength in their relationship. Even old friends with unresolved conflicts may find a sense of peace from an indulgence or two of MDMA.

While MDMA for a positive psychotherapeutic benefit sounds wonderful, it is idealistic and uncommon. The drug is frequently used in social settings for parties, raves, and concerts. It can bring the sensation of a deeper connection to the music and the friends you party with, and I will not deny that this is the way I have used this drug the most. When I reflect back on my experiences, I believe that MDMA trips that were experienced in a relaxed state at the homes of friends had more depth and meaning than any party I attended.

A part of me wants to say that people who use drugs heavily who may have an addiction to one substance or another should not use this drug, but MDMA can help with rationalizing drug addiction. There is still the possibility that a user will take MDMA and realize the harm they have been doing to themselves with another drug of abuse, and make peace with the internal struggles in their life, but there is also a possibility that taking MDMA will cause the drug to get added to a list of drugs that can be abused. If you are a drug abuser and do not know which category you belong in, please do careful thinking before deciding to take MDMA.

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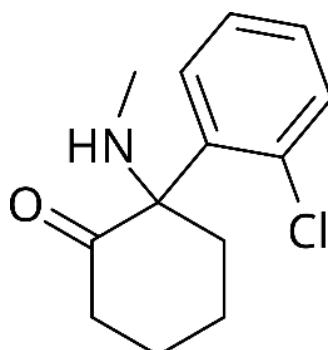
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Ketamine (Ketamine Hydrochloride)



Ketamine can come in several forms, but is most commonly found powdered, as a crystalline sand, or in shards. It is also available in liquid form.

Ketamine is a tranquilizing dissociative drug with varying effects. Low doses can cause light stimulation and euphoria, while higher doses can cause intense feelings of dissociation with the potential to induce a psychedelic trip. It is commonly found as a white powder in clubs ready for insufflation, but can also be found in liquid form, typically for veterinary use. It has been approved recently for human use to treat depression.

Reagent Tests



There is no reaction in Froedhe, Hofmann, Marquis, or Mecke, however the Mandelin produces a very deep reddish/brown color. Liebermann should turn a very faint yellow. Appears to be high quality ketamine!

Drugs Covered in this Chapter:

Ketamine - [Slang: Cat, K, Ket, Kit Kat, Kitten, Kitty, Meow, Special K] - Possibly the most popular among dissociative drugs, especially in the club scene. This drug will be the primary focus of this chapter.

Methoxetamine (MXE): A fairly recent addition to the world of dissociative drugs. MXE is reported to produce somewhat similar effects to ketamine, but with slightly longer duration. After its recent scheduling, it has been nearly impossible to find.

Phencyclidine (PCP) - [Slang: Wet, Dip, Angel Dust, Embalming Fluid] - PCP was developed before ketamine as a dissociative **anesthetic**. There were many adverse reactions to the drug, so ketamine was developed several years later

with much greater success in the operating room. PCP has a greater reputation as a street drug in impoverished neighborhoods.

Dextromethorphan (DXM) - [Slang: Triple C, Dex, Dextro, Robo] - If this drug looks familiar to you, it is because it probably is. This is found legally over-the-counter in various cough syrups. Low doses suppress cough, but high doses cause dissociative experiences.

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THE K-HOLE - VERY HIGH DOSE KETAMINE
TAKING KETAMINE AFTER OVER A YEAR-LONG BREAK FROM THE DRUG
[LIVE] ON THE ANTI-DEPRESSANT EFFECTS OF KETAMINE
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[O] BENZODIAZEPINES
[O] CAFFEINE
[X] CANNABIS
[O] COCAINE
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Introduction

When I first heard of ketamine in a social recreational setting, I was shocked. Ketamine is a horse tranquilizer – won’t that just make people fall asleep?!

As it turns out, only *very* high doses of the drug produce unconsciousness. Low doses can produce a mild intoxication, floating sensation, and stimulation, but higher doses can produce profound dissociation giving the sensation that the mind is separate from the body. This may sound strange to the unfamiliar drug user, but the feeling can be quite enjoyable for some.

WHAT DOES IT LOOK LIKE?

I have seen ketamine come in little rocks, shards, crystals, or powder. It is usually white, with a potential to shimmer as if it has been touched with a very fine glitter. When I was out at clubs and other events, if a ketamine dealer came around, usually the product was in a small vial for ease of use. Other times it would come in a small baggie, similar to how I might find cocaine or other powdered drugs.



Sample ketamine vials

In more rare situations, ketamine can sometimes be found in liquid form, most often from a veterinary establishment. Liquid can be evaporated in an oven to “cook” ketamine and leave a crystalline-powder residue behind for **insufflation**, or other administration.

IS KETAMINE A POPULAR DRUG?

When I have brought this drug up in conversation, I am usually greeted with confusion. Perhaps an individual has heard of the drug in passing, but they do not seem to think that anyone *actually* uses the drug. It is worth mentioning then, that in the last five years, ketamine has accounted for 87% of the quantity of hallucinogens seized, while 96% of those seizures were reported in Asia [WDR 2019]. In 2019, 0.7% of 12th graders in the United States reported having tried ketamine [Monitor Future 2019]. According to Facing Addiction in America, 1.1% of individuals over the age of 12 have used the

drug at least once in their lifetime, with an average age of initiation around 19-20 years old. While it seems the lifetime prevalence is relatively low, it seems that 1/100 is still substantial enough to merit recognition for a chapter in this book!

KETAMINE IS AVAILABLE BY PRESCRIPTION TO TREAT DEPRESSION

Ketamine has gone through quite an evolution. Originally developed to be a less psychotic alternative to **phencyclidine** (PCP) for dissociative anesthesia, it soon found recreational potential in the underground club scene. It remained here for decades before being picked up for study by various psychiatrists as a treatment for depression. It received FDA approval in 2019.

This could be very useful, as depression is the leading cause of disability worldwide [WHOdep]. Ketamine is usually only provided for those with treatment-resistant depression. In other words, for a patient to be deemed “treatment resistant”, they had to have already tried several anti-depressants (or similar) drugs, and not derived any positive benefits. After this, ketamine can then be used. In one trial, it was shown that one day after treatment, over 50% of treatment-resistant patients saw an improvement in symptoms, compared with only 7% in the control setting [UpToDate]. In many cases, improvement in symptoms persisted for several days to a week following just one treatment.



Prescription ketamine nasal spray for treatment-resistant depression

KETAMINE CAN ALSO BE USED SUCCESSFULLY AS AN ANESTHETIC

Ketamine is a very useful **anesthetic**, “The best drug on earth” in fact, according to a doctor in [VICE 2017]. What sets ketamine apart from other anesthetics is that it can cause unconsciousness, analgesia, and near-complete paralysis, while not having a negative effect on respiration. Other drugs used to anesthetize people can depress breathing significantly, requiring other drugs or instruments to maintain proper respiration. It is noted that in 0.4% of cases, laryngospasm may occur, where the vocal cords spasm and cause suffocation. In a proper medical setting, this problem can easily be remedied.

History

EARLY BEGINNINGS

Ketamine is one of the youngest drugs in this book, relatively speaking in terms of chemical synthesis. Ketamine was synthesized by the organic chemist Calvin Stevens in 1962 as a less intoxicating alternative to phencyclidine (PCP) [Wikipedia]. Since it was an effective anesthetic, ketamine was given to soldiers in Vietnam in the early 1970’s.

KETAMINE’S RISE AS A CLUB DRUG

As ketamine had seemingly boomed in popularity in the club drug scene during the 1990’s, ketamine was scheduled by the DEA in 1999.

METHOXETAMINE

A chemically related drug to ketamine, methoxetamine has been on the market as a “legal high” since 2010 [WHOMXE 2014]. It saw a rapid rise in popularity due to the spread of information in online communities. The drug could also be bought online with questionable legality giving an even greater rise in prevalence. Many users preferred this drug to ketamine.

RECENT APPROVAL FOR MEDICAL USE OF KETAMINE

After years of research, in the middle of 2019, ketamine has been FDA approved to treat depression. The drug is still tightly controlled due to its potential for abuse [Harv].

Legal Status

PHENCYCLIDINE

PCP became illegal for sale in the United States in 1978, where it was made **Schedule II** having a higher likelihood of abuse.

KETAMINE

As of 1999, ketamine is **Schedule III** in the United States meaning it has low to moderate potential for abuse and some medical use. **Hydrocodone** (Vicodin), **codeine** and anabolic steroids are also grouped into this scheduling. The drug is Class B in the United Kingdom, and Schedule I in Canada. It is available by prescription in some doctors' offices. This is still very rare, due to recent research and approval for the drug to treat depression. It is illegal in most other parts of the world.

METHOXETAMINE

Methoxetamine was recently scheduled after enduring a few years as a questionably legal dissociative drug. It was moved to Schedule 2 in the United Nations in November 2016. It still has questionable legality in the United States, even though several states have individually prohibited the drug [Wiki MXE]

Route of Administration

INTRANASAL (INSUFFLATION)

This is the only way that I have personally consumed ketamine.

Duration in an intolerant user, low dose (~20-30mg) [high dose (~70mg)]:

Come Up: 5-15 [5-10] minutes

Main Effects: 40-60 [45-120] minutes **Peak @ + ~15-30 minutes after dose**

After Effects: 20-40 [20-40] minutes

Users with high tolerance can see durations of effect that are half the time or less.

INTRAVENOUS

Intravenous (IV) injection is not advised, due to the increased likelihood for the individual to lose consciousness during injection. If the user loses consciousness while the needle is in the vein, bleeding or other damage could occur until the user regains consciousness [EroKFAQ 2015]. This is why intramuscular use is more common...

INTRAMUSCULAR

Between the two types of injection, intravenous versus intramuscular, from my experience, witnessing intramuscular injection for ketamine use is far more common. One ketamine user was particularly notorious for his experiments. Taken from John Lilly, notorious for his use of Ketamine. He made note of several dosage ranges, and some of the effects that were felt:

25mg+: did not cause visual images

30mg+: produced some visual images when the eyes were closed

50ng+: visual images became stronger, but there was not yet a dissociation of the mind from the body

75mg+: visual images significantly increased and feelings of detachment from the mind and body began

100mg+: visual images became intense even when the eyes were open and feelings of complete dissociation between the mind and body were felt.

150mg+: the mind completely disconnected from the body and feelings of total dissolution of the ego were common.

300mg+: loss of consciousness was produced.

It was also noted in the source that Lilly's tolerance to ketamine caused him to increase his dosages [Lilly 1988], so users with a lower tolerance should be more hesitant when trying to explore the effects of this drug based on dose.

ORAL

Ketamine will turn into nor-ketamine when it is orally consumed, a much weaker, less effective version of the drug. It can also cause stomach upset – not recommended.

Duration of Effect

COME-UP

For those who have not experienced ketamine before, the drug can cause a feeling of difference in environment. There may be an alcohol-like intoxication as it builds. Thought patterns may start to change. Introspection may increase.

MAIN EFFECTS AND PEAK

Ketamine can produce feelings of separation from the body at high enough doses. Sensations of sight, touch, and sound may be altered. It could have an effect on ability to move the body. Effects can range from stimulation to sedation depending on dose. Confusion is possible, as is the potential for a psychedelic mindset.

AFTER EFFECTS

Ketamine has a relatively pleasant drop-off in effect. Unlike other traditionally addictive drugs like amphetamines, cocaine, or opioids, it does not have a high tendency for craving. The user will slowly be dropped back to **baseline**.

COME-DOWN/HANGOVER

Even with relatively frequent use (multiple times a week), the come-down for ketamine is rarely unpleasant. I have personally never experienced a negative hangover effect. High doses may lead a user to feel a bit lazy or out of place upon waking, but these feelings are unusual.

AFTERGLOW

This is where ketamine can really shine. There are few drugs that can have lasting effects persisting for several days. It is this afterglow that got ketamine approved as an antidepressant. Positive mindset can sometimes be felt for almost a week after a single dose. However, this begs the question: If a person is depressed in the first place, perhaps ketamine is only covering up the underlying issue, rather than solving it. Nevertheless, I believe it can provide use in acute situations.

Dose Comparison

BEFORE TAKING THE DRUG

As with most drugs, I would recommend doing as much research as possible to find out all the possible effects that could happen. Being prepared will be the best defense against a difficult ketamine trip. Having a sugary beverage nearby can help if a user wishes to abort the trip, as sugar can decrease ketamine intoxication. If you are taking the drug alone, make sure you are in a safe space like on a bed or couch – not in a bathtub or by a set of stairs, so that if unconsciousness occurs, you will be safe. Make sure you won't have to drive for several hours after taking the drug, as driving under the influence of ketamine is **VERY DANGEROUS**.

LOW DOSE – NO TOLERANCE (10-25mg)

At low doses, I experience very mild distortions in visual and auditory perception. There is a slight “floating” sensation that makes me feel a bit lighter. Dissociation is mild or nonexistent. There is some light stimulation, with a greater appreciation for music. This is the optimal dose for social events for me. Euphoria is mild and unique, quite difficult to explain with relation to other drugs. I may become a bit more extroverted.

MODERATE DOSE – NO TOLERANCE (30-50mg)

At moderate doses, dissociative effects of ketamine are a bit more apparent. There is a slight feeling of detachment from my external and internal environment, but it is not uncomfortable. Thought patterns vary from normal and I am left with different perspectives of once familiar situations. Sounds are more distant and distorted. Familiar friends have slightly unfamiliar tones of voice. My vision may become a bit more “tunneled”. Appreciation for music generally increases. Some users may become more introverted, while others may be more extroverted.

HIGH DOSE – NO TOLERANCE (75-100mg)

This is where some of the psychedelic effects of the drug start to take hold. These experiences are much more intense. Balance may become difficult. Intoxication is very pronounced. Speech may be slurred. Vision usually begins to blur or double at this dose. In one extreme case, I can remember how I looked at my hand, watching it move, knowing that I am the one moving my hand, but there is a faint sensation of, “Whose hand is this?” It is a very surreal experience. Introversion is more common as it becomes difficult to communicate at this dose. Slurred speech is possible.

VERY HIGH DOSE - “THE K-HOLE” (100-150mg+)

Some users aspire to reach this level, but others fear it. The K-hole describes an extraordinarily large dose of ketamine, perhaps 150mg+ insufflated for inexperienced users (100mg might do it for sensitive users), where there is the sensation of a complete separation from the world. Taking this high of a dose can essentially provide a small psychedelic trip that can vary in enjoyability depending on the user.

When I have k-holed in the past, I have teetered on unconsciousness. Typically, when k-holed, I will either have extreme difficulty moving my body (arms, legs, head, etc.), or will be completely unable to move at all. My eyes will close and be extremely difficult to open, in a similar fashion to a light **DMT** trip. I feel an extreme distance from myself. Some part of my consciousness is aware that I am still in my body, but I feel entirely different. **Ego death** is possible where there is a complete dissolution of the concept of self.

Unlike with traditional psychedelics like LSD or mushrooms, the experience is also very difficult to remember. Sometimes I am floating through space and time. Other times I feel like I am being pulled or stretched. But when the drug wears off, it is as if I never experienced any of those feelings at all and they may have just been a distant dream. I usually come back to baseline a bit disoriented. The experience usually has a relaxing side to it, helping to prevent a bad or difficult trip.

THERAPEUTIC DOSE – BY PRESCRIPTION FOR DEPRESSION

To give some frame of reference, the therapeutic dose for ketamine to treat depression is roughly, 0.5mg-1mg/kg [BBR]. According to this source, there is lasting anti-depressive effects for about five days after at 0.5mg/kg (approximately 40mg for my weight), but that with higher doses, 1mg/kg (80mg for my weight, quite intoxicating) these anti-depressant effects could last for several weeks following administration.

Physiological Effects

APPETITE

Ketamine does not appear to inversely affect my appetite. I have been able to eat while under the drug if I was hungry before taking the drug. As the sensation of taste and tactile sensations in the mouth may have changed, eating can be a unique experience. While I do not think there is direct suppression of appetite, my desire to eat usually goes down due to an increased preference to experience the effects of the drug without food.

DIGESTION

Based on past experience, I do not believe ketamine increases or decreases digestive ability. Perhaps at high doses there may be some effect, but I have never noticed so it is likely to be slight.

NAUSEA AND VOMITING

Uncommon at low doses, at higher doses the dramatic shifts in perspective, both auditory and visual, can be very jarring. They can be almost dizzying in nature, which can cause a user to feel off-balance, resulting in nausea or vomiting. This can best be remedied by starting with a low dose, and gradually increasing it until desired effects are felt. Combining ketamine with GHB, alcohol, or other drugs can increase nausea and likelihood of vomiting. Indeed, the only times I have seen friends vomit on ketamine is when the drug has been mixed with others (usually alcohol).

URINATION

There are mixed reviews when scouring the internet about potential urinary damage. Some users say that they were able to do ketamine for multiple years with multiple grams a day and have only mild problems that they were able to recover from. Other users say that this kind of abuse lead to permanent bladder damage. In rare cases, it seems that some users

have only abused the drug on rare occasions and said they have been suffering from bladder dysfunction [RedditDam]. Due to the possibility of damage from infrequent use, I would suggest individuals who have bladder troubles to abstain from the substance. My research lends me to believe that most of those who were suffering from bladder damage as a result of excessive ketamine ingestion may have been getting their substance from a contaminated source. Some have said Indian sourced ketamine is more dangerous, while others have said that Chinese ketamine was more harmful. There is no way of knowing exactly where the drug came from!

DEFECATION

I do not notice any change, positive or negative, in my ability to defecate even when high doses of ketamine were consumed. The act of defecation can feel a bit bizarre while under the influence of a high dose of ketamine! Highly recommended!

ANALGESIA AND ANESTHESIA

I believe ketamine functions as a useful analgesic due to its anesthetic properties. If I am in pain, the ketamine completely distracts me from it, making it easier to go about my day. Unfortunately, the downside to using ketamine as a pain-killer is that it is also intoxicating at the doses necessary to mitigate pain. The greater the pain, the higher the dose of ketamine, the more difficult it is to perform basic activities. When using ketamine as a pain-killer, I have to weigh my options to make sure it would be worth my time. Asking questions such as, will I need to drive today? Do I need to do any errands? These are important to know before dulling pain with ketamine.

RESPIRATION

One of the interesting aspects about ketamine is that even at extraordinarily high doses, there is very little depression of breathing. In other depressant drugs, such as benzodiazepines or opioids, breathing can be slowed substantially. It is this aspect that can make ketamine very useful as an anesthetic drug during surgery.

CARDIAC

According to one doctor on Reddit, slowed heartrate is a more common side effect than increased heartrate when ketamine was used for sedation in children [RedHeart]. Although I have never measured my heartrate while under the influence of ketamine on its own, I feel as though it has been slowed.

SENSATION

Low doses usually do not impact sensation significantly. Moderate doses can lead to some changes in sensation perception. Tactilely, objects and surfaces may feel very different. Carpets may feel like wood bark and soft objects may feel hard. For sight, depth perception is more difficult and vision may become blurred. There may be minor auditory hallucinations in sensitive users. The taste and smell of familiar foods and scents may seem altered. With high to very high doses of the drug, due to ketamine's anesthetic nature, senses can be heavily dulled.

EXERCISE

CAUTION! I have gone out for a run under the influence of ketamine. It was not a heavy dose, perhaps 30-40mg, but I certainly felt it. Summoning the power to move at a constant pace and not get distracted was a feat in itself. I decided to go running on a trail through the woods that took me down a steep pathway to the river below. My feet flowed naturally. It is as if my mind was able to process where to put my feet without my consciousness being totally aware of it. Almost like instinct. If I tried to think really hard about where to move my feet, my thoughts would scramble, and it became more difficult to run along the forested path.

Climbing back up was much easier. Possibly because it was 20 minutes after the peak of the effect of the drug, but also because it is easier to balance when running up a terrain than it is when running down. Despite this, I would recommend avoiding exercising while using ketamine.

Psychological Effects

STIMULATION OR SEDATION?

As stated earlier, low doses and perhaps moderate doses of the drug can provide a mild stimulating effect, likely one of the reasons this is a preferred party drug for some. High doses and very high doses (K-holes) can cause a powerful

sedative effect that would make the drug much less fun to take at a social setting such as a party. Taking a dose above where a K-hole occurs (perhaps over 100-150mg) can provide a loss of consciousness.

AWARENESS

With low doses, there may be a slight increase of awareness to the external environment. As sensations and perceptions may be mildly enhanced, users may find themselves more connected to the environment around them. This is quite the opposite of what high doses of the drug can do. Users may become quite confused and will usually have partial or complete lack of awareness of the environment around them. They will also likely not be aware of the thoughts or feelings of individuals nearby them, if they are even capable of noticing these people at all.

MOTIVATION

While under the influence of the drug, I am usually completely robbed of motivation to complete tasks. The desire may be present, and I may think about it reflectively, but there is little that is actually getting accomplished. When the drug wears off, there may be some residual lingering positivity that could allow users to feel more motivated, especially if they are in a state of depression may be inhibiting their progress.

FOCUS AND ATTENTION

I can recall one night in college trying to do homework with a friend of mine while under the influence of a low dose of ketamine. It was largely ineffective and we laughed about how we tried, and how absolutely silly the idea was. Generally, my thoughts seem to flow between different topics, making it hard to focus on anything in specific. With higher doses, paying specific attention to anything for an extended period of time becomes even more increasingly unlikely.

MEMORY

One of my least favorite aspects about ketamine is that it can have an inhibitory effect on memory, especially in higher doses. This is unfortunate, because I will sometimes have some seemingly very profound thoughts or epiphanies while under the influence, but when I exit the experience, they are usually forgotten. In the moment of intoxication, it can feel as though I will not forget these thoughts as they are important, but when intoxication ends, the experience seems to have passed by very quickly, almost as if in a dream.

DECISION MAKING

As ketamine is usually a physically inhibiting drug, rational thinking does not seem to be inhibited. With low doses, there is still enough clarity of mind to make proper decisions. As the dose increases, so do the sedative powers and the user is then likely not to be in a position where decisions need to be made.

DISINHIBITION AND SOCIABILITY

Ketamine can be a social drug when taken at parties, but only if the dose is kept in the low to moderate range. Usually only tolerant users can consume moderate doses of the drug and remain sociable. Similar to other inhibition-lowering drugs, if a low enough dose of ketamine was taken and conversation can still flow easily, users may find themselves in discussions they would not otherwise have while sober. They may open up about personal conflicts or discuss current events with a new perspective.

SLEEP QUALITY AND DREAMING

I have used ketamine to “trip to sleep”. I will take a high dose and lay in my bed until I fall asleep. It seems to spin me into a dream-like world before sleeping. With that being said, I usually do not recall dreams when ketamine was used shortly before bed. When I awake the following morning, sometimes I am left with a slight confusion or disorientation, but it is not inhibiting. Mentally, my sleep may not be as restful, but it can be very physically relaxing. Some users will experience racing thoughts from ketamine consumption and it might become difficult for them to fall asleep. Low doses seem to have little-to-no impact on sleep quality.

ANXIETY AND PARANOIA

In the unfamiliar user, ketamine can cause anxiety. This is especially apparent in those who consumed the drug believing it to be cocaine or some other substance. If someone does not know about the effects of ketamine, they can be alarming, causing anxiety. Fortunately, when compared with other psychedelic drugs, it is usually easy to tame this anxiety and create a positive experience.

Ketamine can also relieve anxiety – which is one of the aspects that makes it addictive. To me, the anxiolytic effect is different than in the case of traditional anxiolytic drugs like benzodiazepines. With ketamine, there is this sort of distance from the anxiety. It is as if I know the anxiety is there, but it is not very important and can be pushed away far more easily than it would be in a sober state. Despite the dissociation of higher doses, there is an inner peace that traces back to the self. Ketamine can also be a bit sedating, which may add to ketamine's perceived anxiolytic effect.

SEXUAL

I do not think I have personally had a sexual experience with ketamine on its own, only in combination with other drugs. According to one Reddit forum, users have remarked that sex while under the influence of ketamine, is weird, alien, and numbing. Some say that the whole experience is a bit diminished [RedditSex]. I have created orgasm for myself, and the sensation was definitely very weird due to the pronounced dissociation!

DISSOCIATION

What does it mean that ketamine is a dissociative drug? I believe first looking at dissociation from a medical standpoint can help explain. There are dissociative disorders where a person can feel a separation from themselves in a sober state of mind. They may have a loss of control of bodily movements, a feeling of disconnect from the world (derealization), a disconnection from the body (depersonalization), identity confusion, and amnesia. These feelings are usually unpleasant, as they can occur spontaneously or constantly [Rethink].

Interestingly, with ketamine intoxication, a lot of the symptoms of dissociative disorders are also present. I have personally felt everything that was just stated while on a high dose of ketamine. It is fascinating that these are some of the effects that ketamine users desire to achieve, but those who experience this during their daily life without the influence of drugs likely want nothing to do with these effects.

ANTIDEPRESSANT

CAUTION! If you have depression, do not try to self-medicate it with ketamine on your own. Seek the help of a medical professional who specializes in this form of treatment if this is something you truly wish to do. We are blessed to live in a time where this is a reality.

While I do not believe I have ever been clinically depressed, I have certainly felt feelings of depression throughout my life. I had first heard about ketamine being used as an anti-depressant drug in one of my college classes several years before it was legalized for medical use. I was intrigued – I thought the drug was originally meant to tranquilize animals. How could a drug that I take frequently at parties be helpful in the treatment of depression?

One study from Yale offered up a bit of an explanation: "Many chronically depressed and treatment resistant patients experience *immediate* relief from symptoms after taking small amounts of the drug ketamine" [Yale 2012]. Current evidence suggests that ketamine helps regenerate synaptic connections between brain cells damaged by stress and depression. Improvements of symptoms can last a week to 10 days following an administration [Yale 2012]. This seems like an ideal treatment option when some traditional treatments like SSRI drugs can reportedly take two weeks to work with varying degrees of efficacy.

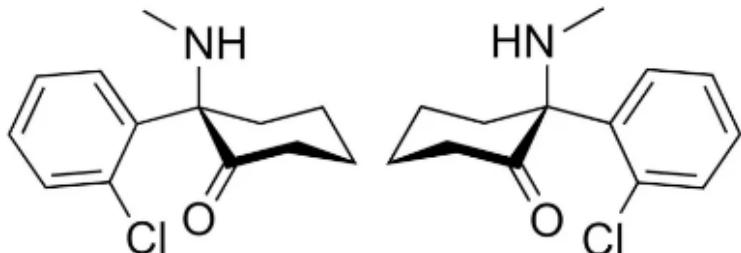
Maybe this is what I experience in the afterglow and why I usually never feel ill-effects the day after ketamine use like I might with other drugs. Having never had depression, it is hard for me to personally comment on possible antidepressant effects, but I can say I have experienced a certain level of elevated mood the day after taking ketamine on occasion.

THE ISOMERS OF KETAMINE

It is unlikely that most users who use ketamine from street dealers will know about different isomers of the drug. Those who purchase the drug from a chemist directly or from an online source may have a better idea.

To be an isomer of a drug, it must have the same chemical formula, but with a different chemical arrangement. Some drugs can be concentrated into the left and right isomer. I have found pure ketamine to come three different ways: esketamine (S-isomer-ketamine, (S+)-ketamine), arketamine (R-isomer-ketamine, (R-)-ketamine) or racemic, with a 50/50 mix of each isomer.

Ketamine Is A Equal Mixture Of Two Isomers



Arketamine - (R)-ketamine

Esketamine - (S)-ketamine

The molecules look nearly identical to each other, but they are in fact different, and have different effects. I consulted Reddit.com for a comparison, because I could not find a better source.

(R)-Ketamine is supposedly more sedative and longer in duration. There is less of a psychedelic mindset, and it is more opiate-like, with feelings of a warm blanket being wrapped around consciousness. This isomer is more of a body high.

(S)-Ketamine is more commonly found of the two isomers and usually the one that is preferred. It is said to be more psychedelic, energizing, and shorter in duration. This isomer is more of a head high. It is the isomer that is used for prescription ketamine to treat depression.

Effects of racemic ketamine fall somewhere in the middle [RedIso]. I generally prefer (S)-Ketamine as the effects tend to be more enjoyable at parties, with heightened degrees of sociability. This half of ketamine is also more emotional, with the possibility of generating emotional conversations among those who may not typically discuss such things.

Comparison to Similar Drugs

The following drugs are all classified as dissociatives, and have varying levels of similarities to ketamine.

PHENCYCLIDINE (PCP)

I never tried PCP, so it is hard to give a frame of reference of what this drug feels like in comparison to ketamine. A Reddit user posted that PCP feels more manic than ketamine, as if every idea is important. In comparison, ketamine is a more pleasurable disconnect with some psychedelic aspects, but does not cause a desire for physical activity or engagement with others. Another user says PCP **analogs** (allegedly similar to PCP) are longer lasting, more stimulating, less anesthetizing, and less psychedelic [RedPCP].

DEXTROMETHORPHAN (DXM)

I can vaguely recall some of my teammates in high school talking about taking “triple C’s”, but as I had no experience with drugs, I had absolutely no idea what they were talking about. It was only a few years later that I realized they were discussing DXM, a popular drug in cough syrups and some other over-the-counter medications. This is the first dissociative drug of many individuals, as the product can legally be bought in most pharmacies over-the-counter.

After consulting with DXM community on Reddit, compared with ketamine, DXM has more intense **closed-eye visuals** (CEV’s), but is harder to get to the level equivalent of a K-hole due to increased nausea. According to some users, ketamine is more of a mental-physical high, and more functional, but others disagree. This could partly be attributed to the different doses of drugs that were taken that allow greater motion or cause a user to want to lie down for the experience. Ketamine was often reported to be more euphoric and pleasurable [RedDXM].

METHOXETAMINE (MXE)

My trials with MXE have been brief and unmemorable. They were usually combined with other drugs so it is harder to provide a comparison. A friend of mine offered some comments: MXE was seemingly less dissociative than ketamine (at

a low to moderate dose), with more of a visual change in perspective. It was also more stimulating and giddier, with less of a wobbly and weird sensation that is more characteristic of ketamine.

According to the World Health Organization, MXE can cause hallucinations, depersonalization, and dissociation. There are also recreational and anti-depressant effects. Compared with ketamine, the drug is believed to be longer-lasting and more powerful, but with weaker analgesic and anesthetic effects [WHOMXE 2014].

CROSS-TOLERANCE

Generally speaking, drugs that affect similar receptors in the brain, such as the NMDA receptor for the above-mentioned dissociatives, will usually exhibit cross-tolerance.

Overdose Effects and Lethal Dose

LETHAL DOSE

The LD50 in rats for intravenous ketamine was 58.9mg/kg [PfizerKet 2007]. Extrapolating this to humans, it should take a dose of at least 4.7 grams intravenously to kill an 80kg (175-pound) human. We must remember though that the LD50 can vary from one species to another, so this statement should definitely not be taken as fact. Considering doses over 200mg usually produce unconsciousness, there is really no reason to explore the upper limits of the lethal dose.

OVERDOSE EFFECTS

When compared to overdose effects of other drugs, it seems that the real *overdose* effect would be non-lethal unconsciousness, but this is very rarely life-threatening. Be aware of the potential for asphyxiation if someone does go unconscious while under the influence of a high dose of ketamine. Keeping them laying on their side in **recovery position**, in case they vomit, can put them in a safer position.

INDIRECT OVERDOSE

Based on the lethal dose, it seems that a ketamine overdose by direct consumption is unlikely. Due to ketamine's high risk of producing unconsciousness when taken at high doses, great care should be taken not to take the drug in a position where one could easily injure themselves. In one extreme example, I have heard of a person falling into a pool shortly after taking a high dose of ketamine. In a more troubling situation, they may have been in a bathtub by themselves, slid down too far, and drowned. I have also heard of stories where someone has taken the drug and fallen down the stairs. What if they landed on the floor below and broke their neck? This is how ketamine could indirectly be a cause of death – not necessarily by direct overdose.

INCREASED RISK OF HARM WHEN COMBINED WITH SEDATIVES/DEPRESSANTS

While I have never overdosed, I have certainly felt the power of combining depressant drugs with ketamine and how sedated it can make me feel. Just as combining **benzodiazepines** and **opiates** can be dangerous because of increased risk of respiratory depression, combining ketamine with these or other depressant drugs in high doses increases the risk of combined drug overdose. If you believe you are witnessing a combined drug overdose, call paramedics immediately and seek professional help!

Negating the Effects of the Drug

TAKE SOME SUGAR

I was told not to eat candy or drink soda when experimenting with ketamine. This seemed like strange advice. "Would it make me nauseas or sick?" I had asked. The response was that it cuts the high – meaning the enjoyable effects of ketamine are reduced. This made me curious – does this actually happen?

Fortunately, I have some experience with this as well. There have been times when I have been at parties high on ketamine and other drugs. If I began drinking a sweet beverage or had a lollipop, I would swear that it lessened the ketamine effects. Perhaps my blood sugar was low because I had not eaten in hours or because I was dancing - I was not sure. Maybe it was all a placebo effect? Maybe it was not.

A later experience watching a friend accidentally do too much ketamine and recover using a spoon full of sugar helped further enforce that this led to recovery.

EXPERIENCE WITH SUGAR FOR RECOVERY FROM KETAMINE INTOXICATION

At a small party, a bag of ketamine was being passed around. When Friend "Po" asked what the drug was, someone else had made a joke that it was "meth-dope-coke" (a bizarre combination of drugs, do not try it!). Po did not know he was doing ketamine and proceeded to take two or three very large key **bumps**. About 5 minutes later he starts seeming very confused and disoriented. He did not seem familiar with the effects of ketamine. He mumbled about trying to "cut the high". Recalling back to what others have told me, we decided to give him a spoonful of sugar and told him to hold it in his mouth. What shocked me was that he had ingested ketamine maybe 15 minutes prior and was completely disoriented and highly intoxicated. After the sugar, 20 minutes post consumption, he was very capable of talking and we were able to converse about what had happened. He explained that he thought it was some really potent cocaine, thinking that meth-dope-coke meant it was just a really strong product. We apologized to him and he came around. Despite everything, I think I was most stunned that someone with no ketamine tolerance doing a high dose could come around so quickly. I feel as though it would have taken me at least 45 minutes to straighten out, and I had some tolerance. After this, I am a firm believer in the sugar-kills-ketamine theory.

WAIT IT OUT

Ketamine is a drug that dissipates fairly quickly and is not overly dangerous at high levels of intoxication. If sugar is unavailable, or if you are unable to eat or drink due to heightened intoxication, take some deep breaths. Even in a k-holed state, controlling breath should be possible. This will help increase blood flow to the body and hopefully speed up of elimination of the drug. My suggestion while doing deep breathing, is to try to "let go" and enjoy the experience. If I am in a state of intoxication and I cannot escape it, I try to let it ride and take all the positivity I can from it.

GUIDING A USER OUT OF A BAD TRIP

Since ketamine has psychedelic properties, there is the possibility of a bad trip. This will be particularly noticeable in those who accidentally ingest ketamine, believing it to be some other drug, or those who accidentally ingest a high dose of the drug without prior familiarity with effects. Due to ketamine's inherent nature to be tranquilizing, even during particularly strong ketamine trips, there is an element of relaxation. For me, most of the time, I will be unable to move during a powerful ketamine trip.

Ketamine trips also seem easier to control than trips from traditional psychedelics like LSD or mushrooms. Oftentimes, I can guide my own trip and avoid negative thinking that can usually be associated with bad trips. From a more scientific or medical perspective, for a doctor who gives ketamine to children to help perform surgery and other procedures, he says that filling a child's head with positive thoughts and experiences before ketamine is administered can help drive away negative thoughts or feelings when they come out of the ketamine anesthesia [VICE 2017]. I feel as though a similar concept can be applied for adults who accidentally take too much of the drug.

If you see a user struggling with a difficult ketamine trip, make sure they are in a comfortable position. Try to talk calmly, smile, and keep them as relaxed as possible. If you have experience, you may even be able to guide this user into a positive state of mind. Saying positive things, mentioning familiar places, and trying to relate to the person may all be helpful. Suggesting that they can control their trip, by reorienting their thinking to something positive may be helpful.

Addiction and Withdrawal

ADDICTIVE POTENTIAL

Some who may have tried ketamine a few times might wonder how the drug can be addictive. The experience was likely so bizarre that the user either did not want to repeat it, or would prefer to save the drug for rare occasions. When comparing ketamine to cocaine, addictive potential is a bit different. I believe most users will agree that once the main effects of cocaine dissipate, there is an increased desire to take more of the drug. This is not necessarily the case in most users who have tried ketamine. I believe ketamine's addictive potential may rise more from dissociative effects. In this matter, ketamine can be more of an **escapist** drug. It can remove the user from feeling like their true self, and can make it easier for them to live in an almost fantasy-like world.

ADDICTION

As with any drug addiction, tolerance can increase rapidly over time. One drug counselor points out that a dose of ketamine for an intolerant user would be about 15mg, but in some heavy addicts they were reported to be taking 10,000mg (10g) each day [BBCChina 2015]. This is more than 100 times the amount that I might use in a high-dose session, and is very indicative of how quickly tolerance can build.

Drug counsellors in Bristol, England and Guangdong, China both say the drug is not physically addictive like heroin or methamphetamine which can produce physical withdrawal symptoms, rather they say that the drug is mentally addictive, where use produces a strong compulsion to keep taking more [BBCChina 2015].

LONG-TERM EFFECTS

Some users report a mental fogging or a mentally slow effect after using the drug for extended periods of time (weeks or months). They have trouble finding what words to say and can pause often when trying to express a thought [BBCChina 2015].

Some users are aware that ketamine is bad for the urinary tract, and have heard horror stories about the lining of the bladder rotting away because of excessive use. But just how damaging can it be? How much ketamine does one have to do? The onset of urinary problems depends on the frequency and severity of use. In all reported cases of urinary troubles with use of ketamine, the users in this study stated they were all using at least *five grams* a day over extended periods of time (usually years) [PsychWikiKeta]. For a frame of reference, when users take the drug at parties, they may only consume 100-200mgs in a night. Assuming use is only on weekends at social events, then those that are experiencing serious bladder issues are consuming 150 to 200 times more ketamine than the average recreational user on a weekly basis.

Frequent users (at least 20 days per month) reported higher rates of depression and impaired memory, whereas infrequent users (1-4 days per month) were not found to differ from non-ketamine users in a side-by-side comparison in aspects of memory, attention, and psychological well-being tests [PsychWikiKeta].

WITHDRAWAL

When trying to find withdrawal effects for ketamine, I kept seeing addiction recovery websites that offered mixed reviews and information. I turned to the internet in this case and found a similar consensus about physical and mental withdrawal symptoms:

While I was under the impression that ketamine has no physical withdrawal symptoms, one user from Bluelight explained that if they did not have ketamine their body would start to shake. The only way they were able to get off the drug was to take maintenance doses periodically. This user was taking VERY high doses of ketamine for years on a daily basis [BlueLight1].

Another user reports that ketamine withdrawals caused what they called “K-cramps”, where there is an intense cramping of the stomach which was most easily cured by having more ketamine. If the desire was to avoid ketamine, one user offered a recommendation to take Prilosec (omeprazole) for cramping. For the mental withdrawal, the anxiety experienced from ketamine was reported to be the worst part. Panic attacks, insomnia, uncomfortable changes in body temperature, and constant craving for the drug were also profound. The withdrawal was noted to be much shorter in duration compared with other drugs like opioids [RedQuit].

POSSIBLE TREATMENT SUGGESTION

As I am not a medical professional, please take this with a grain of salt, but since ketamine withdrawal is usually much shorter in duration than other drugs, perhaps having a short period of benzodiazepine use would help to stop the craving, anxiety, and insomnia that users have reported during withdrawal. Any searching online has been ineffective to turn up results, but this is a course that I might pursue in a dire situation.

Personal Experiences

KETAMINE – THE FIRST TIME – COMBINED WITH MDMA (~2012)

The first time I tried ketamine, it was while under the influence of MDMA at a party so the experience is distorted from a pure ketamine trip. I must precede this by saying ketamine is a popular party drug and the experience is heavily dependent on the environment, similar to some psychedelics.

I was told that a key-bump size of clean ketamine (approximately 20-30mgs) would be sufficient to feel pronounced effects as a first-time user. I was told I would feel a little "floaty and light" for about 20-30 minutes, and that my MDMA trip would be enhanced. This was well described to me because I actually felt a lot like that. The euphoria of the MDMA was boosted by the ketamine, and there were also moderate auditory and visual distortions. I had a greater desire to move and dance as ketamine has some seemingly stimulatory effects at low doses. A warm smile also spread on my face radiating as a brief inner joy. There is not much else I remember about this night besides the feeling.

FIRST TIME DOING KETAMINE IN A QUIET ENVIRONMENT – NON-SOCIALLY (estimate: 30-40mg)

The experience felt as though I was looking through my own eyes from a third person perspective, slightly removed. Ketamine is a dissociative drug, but I did not feel particularly dissociated at this time. Sounds had a strange distortion. It was difficult to perceive where sounds were coming from. I remember writing briefly about how I was feeling on a piece of paper, and there was a strange disconnect between the writing done by my hand and the act of commanding my hand to write from my mind.

A cigarette did not heighten the effects for me, as it would in the case of opiates or amphetamines, but it did alter the ketamine high slightly, not enjoyably.

THE K-HOLE - VERY HIGH DOSE KETAMINE

I never really wanted to k-hole when out with friends at some type of party, believing the effect to be incapacitating. I did not want to be dysfunctional in a large group setting, so I elected to try to k-hole on my own in the comfort of my own home.

A large pile of ketamine crystal was crushed up into a fine powder and laid into lines of gradually increasing size. There was probably 200mgs of high-quality base racemic ketamine spaced into three doses. I believe I ingested them all within about 20 minutes. I smoked a cigarette right after insufflation, but before the full effects took hold, and the ensuing headrush made it nearly impossible to get up from the chair on my porch.

I walked down the hallway towards my room from the outside and remember having a vague sensation of triple vision... The hallway almost seemed to grow in length and I had extreme difficulty walking down the 10 feet towards my room. I kept stumbling, tripping over nothing, and bumping into the wall. There was intense difficulty putting one foot in front of another. My vision was so distorted and my body so disconnected from my mind, that the simple task of pairing my hand to the doorknob of my room and twisting it to open the door took many extra seconds.

When I finally got into my room, I practically fell into my bed, forced myself onto my back, and proceeded to merge into a brief but strong psychedelic trip. This was about 10 minutes after the last one-third dose of the 200mgs. Once in my bed, I knew I wouldn't be able to leave it for a while. There was some mood lift, but I felt so separated it was hard to determine exactly how I felt. I was semi-aware of my legs at the end of the bed, but it took a major force of will to try to move my toes. At one point my body felt like it had merged with the bed, and I was okay with this. The experience was rather physically comfortable, even though it was mentally intense.

As for what went on inside my head, it is difficult to recall. I know there was some type of guiding feeling in the background, speaking to me in a way, but without user words. This sensation was comforting, as if it was trying to help me. Words make this difficult to convey. I felt surrounded by a vortex of life. I did not really have any visual hallucinations, but there was a feeling that the bed I laid on stretched out much farther than the size of my room. The walls seemed to be swirling in black and white, but all the while my eyes were closed. These were just mere sensations of what was going on around me. I distantly felt the brain encasing me. This would likely have been very unsettling for the novice ketamine user, and even more so if the individual had not taken any other psychedelic drugs before.

I do not know how long I laid there, mind disconnected from the body, but my best assumption is that the trip lasted about 20 minutes before I tried opening my eyes. Upon coming out of the trip there was almost a sense of surprise at being in my room in my bed. Visually my eyes had not corrected themselves yet and I was still seeing double. Moving my legs still felt strange and required extra effort.

The drug impedes memory at higher doses, likely the reason why the trip was not as memorable as psychedelic drugs such as LSD or Psilocybin Mushrooms. Overall, I found it enjoyable. I wish I had documented it better in the moment so that I had more coherent information to reference. This experience was recalled nearly a year later.

TAKING KETAMINE AFTER OVER A YEAR-LONG BREAK FROM THE DRUG

I had not done ketamine for about a year and a half. I decided to break the extended fast from the drug and try it again. The last time I had done ketamine I had enjoyed the experience immensely and even shed a couple tears due to the emotional feelings that came from the use of the drug.

I had had an incredible (high dose ego-death) DMT experience (7 hours before dosing the ketamine) following a light LSD experience (100ug 10 hours before dosing ketamine). Any interaction between the ketamine and aforementioned psychedelics was likely mild, but it was necessary to include this as I had done these drugs within a 12-hour period.

The ketamine felt unfamiliar at first, as does a conversation with an old friend one has not seen for several years. About 10 minutes post-dose, I felt more at one with the drug. I recognized the effects. The initial lightheadedness, the mild stimulation, and the fleeting lightness in my body. I was really enjoying this.

Over the next hour or so, more lines were ingested, probably totaling 100-150mg. My vision was intensely blurred and it was hard to focus on any one object before my eyes slipped quickly out of focus. If I held one eye open, I could focus a bit better, but it was still difficult. This drug gave me a very "raw" feeling as if an extra layer of reality had been peeled away and brought me closer to my environment. At one point, I felt strangely as though I was in some sort of desert environment, even though there was no heat, and I was inside laying on a carpet. What an interesting sensation it is – I am in my room, but I feel as though I am in a completely different environment than I actually am! Tactile sensations appeared to be enhanced. As I touched the carpet in the living room, I felt as though I had never touched such a thing before. It felt dry and warm, again with a sort of raw sensation.

As time passed, I proceeded to go to the roof of my apartment building. It was extremely foggy, and I could only barely make out some of the well-lit buildings far below the 16th floor rooftop. A building perhaps 50 feet away was so enshrouded by the fog that it looked like the apartments were part of the wall of a cave in an ominous valley. I was fascinated by what I saw. Most of my logic and reasoning was there, and having seen this building on many occasions bathed in sunlight from the roof, I knew this was not so, but still the illusion was gripping nonetheless.

Dissociation was definitely persistent. As I moved my arms and legs on the roof, there was that familiar sense of disconnect I recall from past ketamine experiences. Sounds were distorted and so was my perception of taste when I tried eating. Overall, I felt as though ketamine welcomed me back nicely.

[LIVE] ON THE ANTI-DEPRESSANT EFFECTS OF KETAMINE

Writing now after a difficult weekend. A healthy romantic relationship ended and a friend of mine passed away so I am feeling rather depressed. I was hoping to try some ketamine knowing that it has reputable anti-depressant effects. After sampling, I am not disappointed - it works. Shockingly well. I am still aware of what is bothering me but it is as if my brain is making peace with it. My body and mind want to partake in other healthful activities that will make me happier. Writing under the influence of ketamine still feels strange. Most of the acute effects have subsided and I am now riding out the glowing after-effects. Really gave me a change of perspective today. Very helpful. Uplifting.

METHOXETAMINE – THE FIRST EXPERIENCE

Knowing that I love trying new drugs, a friend had given me a small dose of the drug that I in turn split with another friend. If memory serves, we had about 10-15mg insufflated each. I remember doing it, and waiting for effects to come on. I feel as though I was barely into **threshold** effects, with a slight euphoria coming in and a change in headspace. I did

not feel a dissociation or rather unlike myself. In fact, I feel as though I could have operated normally if I needed to, likely because of just how low the dose was. I cannot remark much further on the experience, because it was so long ago and the effects were so slight.

METHOXETAMINE – THE SECOND TIME (AFTER SLEEP)

On this particular night I had had at least 6-8 drinks and was feeling very sleepy. Another friend made the suggestion to try the MXE that I had acquired weeks before and had not tried to do. We each took a 60mg dose orally on a fairly empty stomach (no food, just some residual alcohol) and laid down waiting for the effects to kick in. I fell asleep before I noticed anything, but my friend reported feeling major feelings of dissociation. He described it as very ketamine-like, but heavier. He felt a clear-headed outlook, but also very stoned. Much beyond this I do not recall. He awoke the next day still feeling residual effects, as did I...

A bit bummed out that I had fallen asleep so quickly, I did manage to discover just how long the drug could last! Rarely have I done enough ketamine the night before to feel even slight lingering effects the next day, but that could be attributed to the short duration of insufflated ketamine (the only RoA I have tried). This MXE had me feel a little unlike myself throughout the first few hours of the morning (10-12+ hours past dose). I recall looking at my hands and feeling a strange sensation of separation, although it was very slight. Any effects besides this, I cannot attribute to the drug.

KETAMINE - TERENCE MCKENNA - DREAM-LIKE PSYCHEDELIC EFFECTS

There is a sort of psychedelic mindset that can come from high dose use. I found the words of the late Terrence McKenna, a renowned psychedelic drug enthusiast, to illustrate the topic wonderfully:

"When I did it, my first reaction was complete amazement, that here was a category of experience, that I had no idea existed ... It is not like mescaline. Not like LSD. Not like psilocybin. Not like DMT. Not like Ayahuasca. Not like any of these things, and yet you cannot get away from the fact that it is a powerful psychedelic ... On ketamine, your definitions dissolve so completely, that it's a major accomplishment to realize that you're a human being on a drug. You keep discovering and losing that realization. You keep saying, "Oh yes, that's what it is. I'm somebody and I'm stoned somewhere. Now it's coming back to me." ... [Ketamine is] very state-bounded, which means you can't remember anything about it. It's like an intense dream, where you're intensely dreaming, and the alarm goes off, and as you stumble to the shower, it's just --- and there's nothing there. And ketamine is very much like this. While you're on it, there is a complete conviction that this is of staggering import to you and mankind, and then, it's just totally mercurial and elusive and slips away."

-Terrence McKenna, Thoughts on Ketamine

<https://www.youtube.com/watch?v=hoBCTSsq5a4&t=68s>

Combining with Other Drugs

ALCOHOL

CAUTION! Ketamine and alcohol are both depressant drugs which could lead to unpleasant effects or a combined drug overdose!

As ketamine can sometimes be a "club drug", one needs to be particularly cautious when mixing it with alcohol, which is served at almost every club. At low doses of each (perhaps 2-3 **standard drinks** of alcohol, and 20-30mg of ketamine insufflated) the high is manageable. But as doses get higher (5-6 drinks, 50+mg of ketamine), difficult negative side effects can begin to set in. I have experienced these combinations myself, both pleasant and unpleasant dose-depending, so I can give personal comment.

With low doses of each drug as stated above, the effects of both drugs are magnified slightly, also known as **cross-potentiation**. This is a good "alcohol buzz" level for me without ketamine, but now I felt as if I had had 4-5 drinks rather than the aforementioned 2-3. After insufflating about ~20mg of high-grade ketamine, the dissociative effects have not yet begun, but a little of the light-headed floating feelings began. I would say it affected me more strongly when combined with alcohol than if the ketamine were ingested on its own. Another thing that was noticed was that the respective highs

seem to feel a bit "dirty," as if there was something inhibiting some of the positive effects from each drug slightly. There was a pervading euphoria, and an enjoyable time was had, but I still prefer each drug individually rather than taking them both together, even at low doses.

High doses of both drugs can make for a less enjoyable experience. After having at least 6-7 drinks in a small time-frame at a party, I was already feeling rather intoxicated. That is about the time when a friend pulled out a bag of ketamine. He claimed it was some of the most potent product he had found and wanted us to try. Even though past reading had told me mixing the two drugs was not a smart idea, I made the decision to indulge because I quite enjoy the drug and had not had it for a while. I started doing some lines, maybe 15-20mg each, and repeated dosing every ~15 minutes with similar doses. I was also nursing a drink during the time. An hour passed since I first started dosing and I was extremely intoxicated. The dizzying effect of ketamine at high doses was extremely pronounced when mixed with the alcohol. I was getting the **spins**, an effect commonly mentioned when cannabis and alcohol is combined, worse than I have ever had before. I recall feeling extremely nauseas and vomiting multiple times. I fell asleep shortly after. The next day I was told how I was behaving very strangely the night before, and not a fun person to be around. The ensuing hangover the next day persisted for several hours, likely because I had not made sure I was well nourished and hydrated before going to sleep.

AMPHETAMINES

Please see the *Amphetamine* chapter.

BENZODIAZEPINES

CAUTION! Ketamine and benzodiazepines are both depressant drugs which could lead to unpleasant effects or a combined drug overdose!

If the desire is to mix drugs together with the intention to sleep, this combination of drugs will be *very* successful. Benzodiazepine drugs already have a very strong sedative power for me, so if I mix them with ketamine these effects are amplified even more. The few times I have had this combination together, I had already taken alprazolam, and then someone brought some ketamine out. Since I often enjoyed ketamine, I ingested some to experiment with the effects. When I have done this, any memory I have after the moment of ketamine ingestion is extremely fuzzy and not overall positive. The only feelings I can call back are a dulling to the psychedelic effects of ketamine and an amplification of sedative effects that make me sleep soon after dosing.

CAFFEINE

If I have recently indulged in caffeine before taking ketamine, I am usually able to ingest a larger dose of the drug because the caffeine can diminish some of ketamine's sedative effects. This can result in a more intoxicating experience that can vary in enjoyment. Caffeine and ketamine can make for a more energized party experience, as the caffeine will counteract some of the sedative effects. Just be careful not to ingest too high of a dose of ketamine.

CANNABIS

Please see the chapter on *Cannabis*.

COCAINE

One time, I was actually sold "ketamine cut with cocaine". I was curious – why would anyone cut a depressant like ketamine with a stimulant like cocaine? Would the effects not just neutralize each other? My dealer claimed that he put cocaine intentionally in with the ketamine so that I could do more ketamine, and avoid the K-Hole. This confused me even more – some people like the K-hole sensation. Maybe he did not know that, or *his* supplier was just a suspicious individual. When I tried this particular product, I definitely felt more of the cocaine than the ketamine. This dealer also just had an overall unenjoyable product.

Another time, I was fortunate to have both high-quality cocaine and ketamine. During this particular session, I had done both these drugs in the same evening, but not at the exact same time. I began the night with some cocaine to be stimulated, then as the night was winding down, switched over to ketamine for a more tranquilizing state of mind. Ketamine was helpful for the come-down from cocaine, but honestly alprazolam would have been better. Nonetheless, ketamine gave me a positive mindset, as it usually does, but the effects of ketamine that I look for were also dampened from the residual stimulation of the cocaine. I do believe that using the two drugs in conjunction with each other at the same time would have more of a neutralizing effect rather than a **cross-potentiating** effect – therefore being an overall unenjoyable drug experience.

GHB

CAUTION! Ketamine and GHB are both depressant drugs which could lead to unpleasant effects or a combined drug overdose!

I have enjoyed low doses of both compounds on several occasions, however, taking these drugs in moderate to high doses can cause extreme sedation! I have witnessed someone take a moderate dose of both of these drugs and rapidly become unconscious. It can be unsettling to watch as breathing may seem ragged or difficult.

Since these are both party drugs, I would advise taking just one of them out to a social event. Sometimes, the desire to mix them together can be increased in a social setting if they are both available, but enduring unpredictable levels of sedation is best avoided.

LSD

Please see the chapter on *LSD*.

MDMA

Please see the chapter on *MDMA*.

NICOTINE

Whereas nicotine tends to provide an enhanced feeling for certain drugs, such as amphetamines, cocaine, opiates, or MDMA, I do not find this is so when mixing it with ketamine. The cigarette feels strange and foreign, and while the smoke fascinates me, I would hardly say the effects of ketamine were amplified by the nicotine head-rush. Perhaps the smoke moving in and out of my nose will increase the ability for ketamine to absorb if it was insufflated. This is overall not a worthwhile combination.

OPIOIDS

CAUTION! Ketamine and opioids are both depressant drugs which could lead to unpleasant effects or a combined drug overdose!

I have mixed these drugs together very few times in my life. With low doses of each, perhaps 20-30mg of ketamine, and 10-20mg of oxycodone, there is a noticeable **cross-potentiation**. It is not overall enjoyable, and can be overwhelming to the intolerant user. There is usually a dramatic increase in sedation, and a tendency for time to move faster. I will admit that there is an amplification of some of the euphoric aspect of opioids, but it is not very memorable. Avoid.

This combination can increase analgesic effects. Mixing ketamine and opioids can be quite dangerous, but can be useful in an appropriate setting. As ketamine works as an indirect mu opioid agonist, and opioids work directly on the mu opioid receptor, combining ketamine and opioids can cause a profound increase on the effect of opioids. This is most useful in the medical industry for amplifying analgesic effects so that lower doses of opioid drugs can be given [Psychotherapy 2014].

OPIOID WITHDRAWALS

I had a friend tell me they were successfully able to wean themselves off opioids using ketamine. How does this happen? Several users on BlueLight forum also attest to ketamine's ability to reduce opiate withdrawal, and try to explain effects:

One user states that he was able to quit a two gram a day heroin habit by using ketamine frequently. Another user theorizes that it's because ketamine is a partial agonist to the mu opioid receptor, the receptor that opioids are a full agonist for. Yet another user says that the action could be mediated through ketamine's dopamine reuptake inhibition [boosting levels of dopamine], blocking ion channels, or its NMDA antagonism properties. They also add in that high doses of ketamine would likely be desired depending on the severity of the withdrawal. It was further suggested that a longer-acting dissociative such as MXE or 3-MeO-PCP could be used [<http://www.bluelight.org/vb/threads/649590-Using-Ketamine-for-Opiate-Cessation>]. **CAUTION!** If you or someone you know is severely addicted to opioids, attempting self-medication with a different class of drugs could be dangerous. Medical attention is suggested!

SUGAR

A dose of sugar can help to reduce the high for ketamine. For more information, see the *Negating the Effects* section earlier in this chapter. It would then follow logically that if a powerful high is desired from ketamine, sugary substances are best avoided!

Personal Opinion

ADVANTAGES

Ketamine used to be one of my favorite drugs when I was an avid partier. The effects varied so greatly depending on how much of the drug was taken, that I could create my own experience, so to speak. When I was out at social events, the drug would keep me going with enough energy to power through the night, but if I wanted to lay down and go to sleep, I could do so with ease. If I wanted a more spiritual experience, a high dose would seemingly transport me to another dimension. The drug also seems to combine well with other drugs in social settings if the doses are kept reasonable.

DISADVANTAGES

Lately though, I have been enjoying drugs that impede memory less and less. Ketamine is definitely one of those drugs. At low doses, the issue is much less prominent, but as the dose increases to moderate and high doses, the effect is apparent. Due to having a shorter duration (1-2 hours) than other memory impeding drugs, such as benzodiazepines (4-8+ hours), it is not as much of a nuisance, but still feels like it is slowing me down from life progression. I will still use ketamine from time to time.

THE MOST FORGIVING DRUG

Ketamine also has a gentle side which I very much enjoy. I do not recall ever having a ketamine “hangover”, even when I used the drug for seven consecutive nights. I generally felt very optimistic upon waking each day. This is in contrast to traditional party drugs like cocaine, amphetamines, or MDMA, which can sometimes leave me feeling rather unpleasant the following day(s).

SELF-MEDICATION

The anti-depressant effects of ketamine are noticeable, but this can make the drug more likely to abuse. Having never been depressed, I simply notice elevated mood the next day. It was mentioned earlier, but if you are suffering from depression, please avoid trying to self-medicate with ketamine! There are doctors who are able to prescribe this drug depending on which country you live in. Treatment may prove successful in a medical setting if traditional SSRI's or anti-depressant drugs have failed in the past.

FOR A SPIRITUAL EXPERIENCE

For the psychedelic traveler, it may be worth an experience, however the feeling is so brief and short-lived, it is like stepping out of a dream. I have not had many profound experiences that I could take away from a ketamine trip like I have from traditional psychedelic drugs like LSD or mushrooms. Perhaps the best feeling I have experienced in terms of spirituality is a general appreciation for being alive when the experience has ended. I have brought it up several times, but the greatest detractor from the ketamine trip is the impeded memory. This is not the case for everyone, and some users will report remembering some very powerful experiences, but it does seem to be something of the norm.

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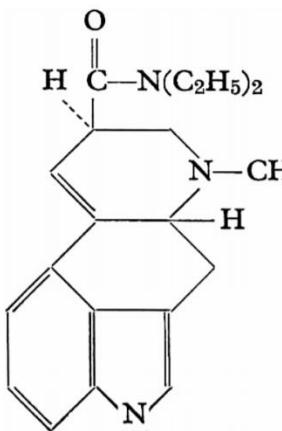
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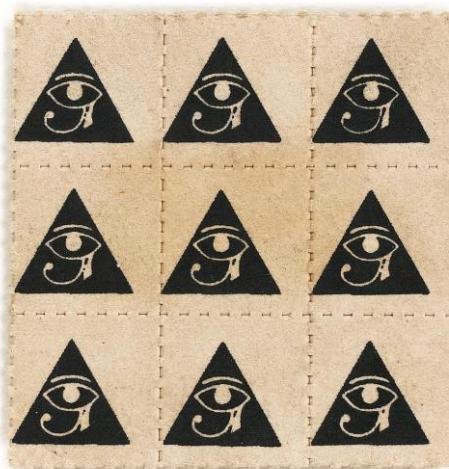
Yale scientists explain how ketamine vanquishes depression within hours

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LSD (Lysergic Acid Diethylamide - 25)



LSD-25



On the left is an LSD molecule. LSD is commonly found on blotter paper squares, such as the ones pictured all the way on the right, but can also be found in liquid form, like the vial in the middle.

LSD is a psychedelic drug that can produce long-lasting changes of perception and potent visual distortion. The effects may last for more than 12 hours with even low-to-moderate doses. It is a powerful drug at very low doses – producing strong effects with just 200ug (0.2mg). It is usually found on “blotter paper” with artistic designs, or in liquid form in vials for easy use.

Reagent Tests



LSD turns a Marquis kit black, dark orange (maybe? I can't find results online) in a Mandelin, and black in a Mecke kit. Liebermann seems to turn a brownish color, while Hofmann turns a deep blue, and black in the Foedhe kit. LSD is most commonly tested for in the Ehrlich kit, where it can turn a bright fluorescent pink, indicative of the presence of an indole.

“It lowers the barrier between conscious and subconscious and permits the patient to look more deeply and understandingly into the recesses of his own mind.”

-Aldous Huxley, philosopher, writer, drug explorer

“If [the non-medical use of LSD] were at present legal, which is not the case, then I would suggest the following guidelines: The experience is handled best by a ripe, stabilized person with a meaningful reason for taking LSD.”

-Albert Hofmann, creator of LSD

Drugs Covered in this Chapter

1P-LSD - Similar drug to LSD. It is called a “pro-drug” for LSD, meaning that when the drug enters the body, it will metabolize into LSD, allegedly creating similar effects. 1P-LSD has questionable legal status.

25-X NBOMe - This covers a fairly recent class of drugs, somewhat chemically related to the 2C-X class of drugs that Alexander **Shulgin** synthesized. They are easily distinguishable from LSD because there is a very potent bitter chemical taste to them. They can also be very dangerous, causing unpredictable effects in some of the most seasoned psychedelic users. These drugs were most popular around 2012-2014.

DOX – This denotes several compounds including DOB, DOC, and DOM among others, synthesized by Alexander Shulgin. They are unusually long-lasting drugs, with Alexander Shulgin reporting a duration of effect of 18-30 hours with DOB in particular. In the 1960's and 1970's, during the early phases of recreational LSD use, this compound was often passed off on blotter paper, but this is very dangerous. Where hundreds, even thousands, of doses of LSD can be taken with relative safety, doses of just a few milligrams of the DOX compounds (sometimes just 4-5 doses) can be lethal. It is rare to find DOX chemicals in modern times.

LSA - LSA is found naturally in morning glory seeds and hawaiian baby woodrose. The psychedelic trip that it can cause is said to be more erratic than the one LSD can provide.//remove?

LSD-25 – [Slang: Acid, Blotter, Doses, Gellies, Hits, L, Liquid, Lucy, Paper, Squares, Windowpane, Trips, Tabs, Hits, Strips (10 hits), Sheets (100 hits)] - This would be “real” LSD. A “trip” (LSD influence) could last for ten or more hours, possibly causing a profound change in consciousness or shifts in life perspective. Residual effects can linger for days or weeks after use. There could also be powerful visual and auditory distortions.

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HOW DO I KNOW WHAT I PURCHASED IS REALLY LSD?

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COVERT USE OF THE DRUG BY THE CIA - MKULTRA

THE BEATLES

WOODSTOCK

LSD GAINS APPROVAL FOR MEDICAL RESEARCH

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DOX COMPOUNDS

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BEFORE YOU TAKE THE DRUG

MICRODOSE – NO TOLERANCE (10-25 micrograms (mcg))
LOW DOSE – NO TOLERANCE (50-100 mcg)
MODERATE DOSE – NO TOLERANCE (200 mcg)
HIGH DOSE – NO TOLERANCE (300 mcg+)
MEGA-DOSE (THUMPRINT) (5,000 mcg+ (5mg))

Physiological Effects

APPETITE (INFLUENCED TASTE AND SMELL)
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NAUSEA AND VOMITING
DEFECATION AND URINATION
RESPIRATORY
CARDIOVASCULAR
MYDRIASIS (PUPIL DILATION)
SENSATION - VISUAL AND AUDITORY
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EXERCISE
ANALGESIA

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AWARENESS
MOTIVATION
FOCUS AND ATTENTION
SLEEP QUALITY AND DREAMING
CREATIVITY
DECISION MAKING
ANXIETY
DISINHIBITION AND SOCIALIBILITY
MEMORY (POTENTIAL BLACK OUT)
FOCUS AND ATTENTION
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PSYCHOSIS
TOLERANCE (IMMEDIATE)
RE-DOSING (TAKING A SUPPLEMENTARY DOSE DURING THE EXPERIENCE)
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COMPARISON WITH PSILOCYBIN MUSHROOMS (Estimated equivalent – LSD: 200mcg, Mushrooms: 2.5g)
CROSS-TOLERANCE

Overdose Effects and Lethal Dose

IF IT IS NOT LSD...
POTENTIAL OVERDOSE IF IT IS LSD
ACCIDENTAL MEGADOSE OF LSD (Potentially 300-500 doses of LSD, or more)
INTENTIONAL MEGADOSE OF LSD (THUMPRINT)
LETHAL DOSE

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WITHDRAWAL

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EXPERIENCE WITH 25-C NBOMe (A FRIEND STUCK IN A LOOP)

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[O] ALCOHOL

[X] AMPHETAMINES

[O] ANTI-DEPRESSANTS - SSRI: ZOLOFT, PAXIL, MAOI's, TRICYCLICS

[O] ANTI-PSYCHOTICS - QUETIAPINE (SEROQUEL)

[O] BENZODIAZEPINES

[X] CANNABIS

[X] COCAINE

[O] KETAMINE

[O] LITHIUM

[O] MDMA

[X] NICOTINE

[X] OPIOIDS

[O] PSILOCYBIN MUSHROOMS

[X] SUGAR

[O] SYNTHETIC CANNABINOIDS

Personal Opinion

WHAT IS YOUR INTENTION? DOES IT MATTER?

LSD IS NOT FOR EVERYONE

WHAT HAS LSD DONE FOR ME?

SPIRITUAL USE OF LSD

Sources

Introduction

HELLO PSYCHEDELIA!

For individuals that have not tried the drug, when they hear of LSD, they may conjure images of psychedelic artwork or bright flowing colors. Perhaps they think of hippies with flowers in their hair in the 1960's or the British band, The Beatles, who had a song called "Lucy in the Sky with Diamonds". I had some of these preconceptions before taking the drug, but no amount of reading or research can really prepare an individual for what the drug will feel like.

Many people assume there will be intense visual hallucinations, such as trees climbing out of the ground or inanimate objects coming to life, but from past experience, LSD rarely causes any *genuine hallucinations*, where something is seen that does not exist. Rather, it distorts visual perception with a layer of patterning, potentially giving inanimate objects a quality of being able to breathe. There may be **tracers**, where trails of different light may flow behind an object as it is being moved.

Those who think LSD is a purely visual experience may be in for quite a shock, as I believe the powerful mind-changing effects of LSD to be the most profound part of the experience. New thoughts or feelings can emerge, traumatic events can

be relieved, and a new perspective of life can be born. These experiences may be enjoyable or painful, but most users will say they emerged from the experience feeling better than before it started.

WHAT DOES LSD LOOK LIKE?

LSD is most commonly found on colorful **blotter** paper or in vials as a liquid. It is uncommon to find as a raw powder or crystal due to how powerful the drug can be at such a low dose. Gram for gram, LSD is one of the most potent mind-altering drugs in the world. Where some drugs are active in the single digit milligram range, like cocaine, heroin, or amphetamines, LSD is incredibly active in the *tenth* of a milligram range (0.1mg, or 0.0001g).



HOW DO I KNOW WHAT I PURCHASED IS REALLY LSD?

Perhaps the most important issue to address if an individual is deciding whether or not to take LSD, is if the drug that was purchased contains any LSD at all. Similar to how drug dealers may sell cheap and potent **fentanyl** in place of **heroin**, drug dealers may also sell other cheaper drugs instead of LSD to turn a profit, which are oftentimes more dangerous. There are a multitude of drugs that can be dissolved in liquid and sold in vials or set onto blotter paper to appear as LSD. Using an Ehrlich **reagent kit** (pictured in the beginning of this chapter) will be most effective for determining the presence of indoles, but not necessarily LSD. Other drugs, such as DOB, DOC, DOM (collectively called DOX compounds), will not show positively on the Ehrlich test. It is unlikely that these drugs would be found in modern times, as they were circulated around decades ago. More recently, 25X-NBOMe compounds (25C-NBOMe, 25I-NBOMe, 25B-NBOMe) have circulated, but these drugs were recently made illegal and are becoming more difficult to find. The 25X series can cause unpredictable effects with even the most experienced psychedelic users. As chemistry is always changing, there could also be a host of other chemicals besides DOX and 25X compounds that could find their way into blotter tabs.

Another method to determine the validity of the drug is to taste it. **CAUTION!** This is very dangerous, as some drugs will begin to seep into the mouth for **sublingual** absorption, causing unpredictable and uncomfortable effects. “If it is bitter, it is a spitter!” is a phrase used to differentiate LSD from other drugs. This means that if a tab has a particularly bitter or chemical taste when held in the mouth, it likely contains *no* LSD at all. LSD tabs should be almost tasteless, with maybe a *very* slight hint of bitterness – hardly perceptible to the average user. Reread that sentence again if you are ever curious – and let me put more emphasis on *hardly perceptible*.

In the most ideal situation, the supplier is honest and genuine, and will tell you explicit details about the product, such as what the dose might be and how to prepare for the experience. This is not always the case, so great care must be taken. Now you have this book though, so hopefully that will help at least a little bit!

WILL THE TRIP BE GOOD OR BAD?

Those who are apprehensive about taking LSD may have a fear of having a bad trip. A person might say, “I know myself, and I do not think that drug is for me.” They may be right, but effects of this drug can vary tremendously. Sometimes, the effects can be positive and even life-changing. LSD helped me quit smoking cigarettes, make peace with a friend where there was a long-standing disagreement, and become grateful for the person that I am, despite every life experience I have endured. On the other hand, LSD can trigger a bad trip, which could cause a user to behave irrationally. In extreme circumstances, a user could try to jump out a window, or physically attack their closest friend, but this is extraordinarily rare.

HOW LONG CAN LSD BE PRESERVED FOR?

There are conflicting views on this. Some say that LSD can only be stored for several weeks/months. Others say it can last for years. According to **Alexander Shulgin** in TiHKAL, the stability of the LSD molecule is unusually fragile, but, "As a salt, in water, cold, and free from air and light exposure, it is stable indefinitely." It is also noted that chlorine destroys LSD on contact, and even though there is only a very small amount in typical drinking water, it is ill-advised to dissolve LSD in tap water [TiHKAL].

Overall, it seems that LSD can be handled with dry hands, and still retain its full effects for a period of weeks, perhaps even months. For long term storage, avoid contact with the oils of the skin, and keep it in a cool, dark, dry place (perhaps a refrigerator) in an airtight casing, wrapped with either plastic or foil for maximum efficacy. Sunlight, heat, open air, and contact with moisture will degrade the product to varying degrees depending on how significant of an extreme.

History

SYNTHESIS OF LSD

On November 16, 1938, Albert Hofmann, a chemist working for Sandoz Pharmaceutical in Basel, Switzerland, is the first to synthesize LSD-25. He discovered LSD, a semi-synthetic derivative of ergot alkaloids, by accident while looking for a blood stimulant. He does not go on to experience the drug until 1943 [Hofmann].

COVERT USE OF THE DRUG BY THE CIA - MKULTRA

What was once a conspiracy believed to be false, there is now information that exists to prove these events transpired. The CIA's behavior-control program project BLUEBIRD officially began on April 20, 1950. The CIA formally began investigating mind control technology in 1950 with Project BLUEBIRD which evolved into projects ARTICHOKE and MKULTRA. CIA operatives routinely committed serious crimes including covertly *administering LSD to thousands of unwitting civilians in New York City, San Francisco, and in Marin County, California*. People often dispel this as fictional conspiracy theory, but unfortunately the facts are in public record. Please see Senate Committee Joint Hearing proceedings at www.druglibrary.org/schaffer/history/e1950/mkultra/index.htm. For more reading, cryptic copies of documents from the 1950's can be found at www.CIA.gov. I suppose this is one way to test the effects of drugs! :(

THE BEATLES

With the rise in LSD use and the popularity of the Beatles, in 1967, Paul McCartney of the Beatles was the first British Pop star to admit use of LSD to a newspaper interviewer and on television. He stated he just wanted to be honest and seemed to believe that he would not have an impact on his fans to encourage their drug use. However, he was quoted as saying, "After I took it [LSD], it opened my eyes. We only use one-tenth of our brain. Just think what we could accomplish if we could only tap that hidden part. It would mean a whole new world" [BeatlesLSD xxxx].

WOODSTOCK

Woodstock, one of the most famous outdoor music festivals, took place in 1969, where many attendees are reported to have taken LSD. Several of the performers, including the still famous Carlos Santana, also ingested the drug. The Grateful Dead played at this festival as well, and this band eventually sparked a cultural following of LSD users that spread throughout the world.

LSD GAINS APPROVAL FOR MEDICAL RESEARCH

In March 2014, the first government-approved experimental study since 1966 was conducted where volunteers were given LSD. The study showed that giving dying patients the drug in a therapeutic context reduced end-of-life anxiety. This study was first published in Switzerland [MAPS].

Legal Status

LSD

Possession of LSD is federally banned in the United States as of October 1968 after the passage of the Staggers-Dodd Bill which amended the Food, Drug, and Cosmetic Act. It is a **Schedule I** drug, which means that there is a high risk of abuse with no accepted medical use. In most other countries, LSD is also scheduled in the most severe class of drugs, often because the drug is believed to have a high risk of harm. It is Schedule A in New Zealand and the United Kingdom. It is Psychotropic Schedule I in the United Nations [Wiki].

25X-NBOMe COMPOUNDS

The 25X compounds, including 25C, 25B, and 25I-NBOMe were emergency scheduled by the DEA in November of 2013. This caused a fairly rapid decline in availability shortly after this. Following this scheduling, these drugs became illegal in China, the United Kingdom, Russia, Sweden, and Canada [Wiki 25-C].

DOX COMPOUNDS

These drugs are Schedule I in the United States, the United Kingdom, and Canada. They are illegal in most other countries as well.

OTHER DRUGS

1P-LSD for instance is federally uncontrolled in the United States and has very similar effects to LSD. AL-LAD has also been around for more than twenty years but has not been regulated either. There may be some compounds that have been created in laboratories in recent years that may be **analogs** of any of the above-mentioned substances, which may find their way into alleged “LSD” that a drug dealer may claim to have.

Route of Administration

ORAL/SUBLINGUAL/BUCCAL/INTRANASAL

LSD-25 can be ingested several different ways. Personally, I have found oral dosing – taking the drug and swallowing it – effective. It could also be absorbed sublingually (under the tongue) or buccally (in the cheek) both on blotter paper and in liquid form. As blotter paper cannot be insufflated, a drop of liquid LSD could be sniffed in order to get inside the body. All of these methods have worked. Regardless of RoA, there seems to be a similar onset of action and duration of effect.

Comparing a low dose (50-100 micrograms (mcg)) to a [high dose] (300-400mcg) in intolerant users with an empty stomach. Having food in the stomach will delay onset if the drug is swallowed. With sublingual absorption, stomach contents usually do not matter.

Come-Up: 45-120 [20-120] minutes – It can take longer than two hours for a full come-up in extreme cases

Main Effects: 7-10 [8-12] hours **Peak @ + ~2.5-4 hours after dose**

Come-Down: 2-4 [3-5] hours

Some users report lingering changes in perception and mental state for days or weeks following the dose, though this seems to be rare.

TRANSDERMAL

One method of ingestion that many are unaware of is transdermal absorption. In other words, the LSD is capable of entering the body through contact with the skin. This could be potentially dangerous (or exciting, depending on your point of view), because if a vial of liquid LSD is accidentally spilled onto someone, the drug may absorb through the skin creating a powerful psychedelic trip. The effects seem to be similar in duration to what was mentioned above.

Albert Hoffman, who allegedly created the drug, believes that the first time he encountered effects from the drug, may have been because some leaked in through his fingertips.

Personally, I dropped several drops of liquid LSD on my hand, and then began to press my hand into my forehead. I had already been tripping a little bit through an oral dose at that point, but after another hour, there were definitely perceptible effects from a supplementary dose with this **RoA**. It may take slightly longer to reach peak effects when ingested this way compared to sublingual administration.

ROA FOR OTHER DRUGS PASSED OFF AS LSD

Some of the drugs mentioned above, like DOX or 25-X NBOMe compounds are not active orally – only sublingually or buccally. This means the drugs need to be absorbed through the membranes in the mouth, and the taste is often very unpleasant. Some LSD users will bypass sublingual/buccal administration and just swallow a tab right away to prove that the drug is in fact LSD, because the aforementioned drugs are not active orally.

This is still not a very useful way to ensure the validity of the drug, because there are still many other drugs that can be complexed onto blotter paper and absorbed orally, creating potentially unpredictable effects.

CAUTION! When it comes to LSD, make sure you really know your supplier when you can.

Duration of Effect

COME-UP

The drug can take a long time to come up. For the first hour, a user may not feel anything. Early come up effects include slight changes in perception and thought processes. There is usually some euphoria, perhaps with laughter. Some users will have building confusion or disorientation.

MAIN EFFECTS AND PEAK

Visual and auditory distortions will begin to happen. Emotional states may change rapidly, fluctuating between sadness, happiness, anger, or other emotions. Peak effects can last for five or more hours.

COME-DOWN

LSD transitions back to baseline slowly, unlike other drugs that drop off in effect. Lingering after effects can leave a user more wakeful, likely pondering the experience of the main effects for several hours.

HANGOVER

Even when using frequently, I rarely experienced a negative hangover. I may have felt a bit lazy, spacey, or dazed the next day, but it was not inhibiting.

AFTERGLOW

The afterglow from LSD is perhaps the most profound compared with the other drugs in this book. If my experience was positive and much thinking was done, I can hold onto that mindset for days after use. Some users will say that this can last for weeks or months.

Dose Comparison

BEFORE YOU TAKE THE DRUG

For an optimal experience, LSD generally requires more preparation than other drugs. This is likely because LSD's range of effects can be so extreme. If it is your first time, I would advise against tripping alone. Having a trip sitter (a person to sit, watch, and monitor your trip) can be beneficial for the novice user. In an ideal situation, the trip sitter has taken the drug multiple times and is very familiar with the variety of effects LSD can produce, so that if any of the more unpleasant effects should come up, the user can more easily be comforted. The trip sitter can also be a helpful voice of reason if irrational or psychotic thoughts begin to emerge.

This is an ideal situation. Many times, a group of friends want to take the same drugs at the same time, so that everyone can be on the "same level". While it is comforting to have an equal playing field, I would not suggest doing this during the first or second trip, especially when higher doses are involved. See if a friend or acquaintance can be invited from outside the group to be a trip sitter. It may be the best decision you could make for ensuring a positive experience – for everyone! I would also suggest reading about possible bad trips, and knowing the thought processes behind what has taken some users to this state of mind. Low doses of LSD (100mcg or less) are easier to control and avoid these bad trips, but higher doses will provide a greater loss of control. Reading as much as you can about as many possible effects as you can will help when the drug finally does take hold (see the *Psychological Effects* section below!). You will be better equipped to

control your thought processes and avoid negative effects. If negative thoughts do pervade the trip, as they can sometimes be unavoidable, you will better know how to accept and make peace with them.

I think a good warm-up drug, so to speak, for LSD is **MDMA**. There is very mild psychedelia with MDMA, but it can cause powerful changes in thought that are not necessarily within your control. As it has a euphoric side, it is much harder to have a bad trip on MDMA. This drug can be a very therapeutic and eye-opening stepping stone.

MICRODOSE – NO TOLERANCE (10-25mcg)

This topic has become increasingly popular in recent years. A micro-dose is when a dose of a drug is taken that cannot be consciously perceived. In other words, if a tab of LSD has 100mcg, cutting it in half would still not produce a micro-dose. Even cutting in quarters usually would not achieve this effect. From my experience, a piece that is a tenth of a tab this size (10mcg) would be valid, as there are hardly any noticeable effects at this dose. A micro-dose lingers in the background, perhaps generating a slight elevation in mood or enhanced thinking which is unnoticeable for the most part. Users have claimed it helped them treat depression or anxiety as a daily medicine. There are countless articles written on the topic, though they are mostly anecdotal reports and personal testimonials. If it is something that may be to your benefit, I suggest personal research.

LOW DOSE – NO TOLERANCE (50-100mcg, from experience the average dose in one tab of LSD)

If the potential user has never taken LSD before, I would not recommend exceeding this dose for the first time. Visual distortions are minimal. The experience is easier to control. There is a much smaller chance of a bad or difficult trip (described further in the *Psychological Effects* section). Negative side effects will be less likely. There will likely be elevated mood. Life perception may not change significantly.

MODERATE DOSE – NO TOLERANCE (200 mcg) (Could be considered a HIGH dose for some)

At this dose, the trip is more difficult to control. The user will have to “let go” and allow the trip to guide them where the trip wants to guide them. Visual distortions are much more powerful, which can be disorienting at times. Focus and concentration becomes more difficult. Conversations may be more difficult to follow, yet very interesting. There is an increasing likelihood of a bad or difficult trip, especially for the inexperienced user. Users may internalize, stuck with just the company of their own thoughts, even if they are in a social group. Others may become more social, open, and extroverted.

HIGH DOSE – NO TOLERANCE (300mcg+)

This should only be attempted by a user who has had at least a few experiences with a moderate dose. Visual distortions can be overwhelming at times. Focusing on a specific task is even more difficult. Sometimes words are hard to string together, making conversations even more difficult. There is a further increased likelihood of bad or difficult trips when users take this dose, unprepared for effects, and believing themselves immune to any difficult effects. On a positive note, trips at a high dose tend to have a greater chance for creating lasting positive mindset, once the difficulties have been faced.

MEGA-DOSE (THUMPRINT) (5,000mcg+ (5mg))

Due to the difficulty and cost of obtaining crystal/powdered LSD, thumbprints are not very common. The effect is said to be extraordinary. There are few drugs that can be taken at 50-100x a standard dose without overdose.

As I have never experienced this or known anyone personally who has, I can only present possible experiences from internet users:

Chinacat72 (multiple experiences) @ <https://www.shroomery.org/forums/showflat.php?Number=1427364&fpart=1&vc=1>
Heffel77 @ https://www.reddit.com/r/Drugs/comments/x88uk/ive_done_a_thumbprint_and_raw_lsd_ama/
LaloLalo1999 @ https://www.reddit.com/r/casualama/comments/dzqj3a/i_took_25_mg_of_lsd_at_once_as_a_thumbprint_ama/

Common elements seem to be that this is a consciousness-shattering experience

Physiological Effects

APPETITE (INFLUENCED TASTE AND SMELL)

LSD does not seem to directly impact my appetite. The drug can make it harder to eat due to altered taste and smell. Foods may taste different and be more or less enjoyable, depending on the user. Fruits are usually preferred among average users, as they are tasty and potentially healthy for the consumer.

DIGESTION

LSD does not seem to slow down or speedup digestion.

NAUSEA AND VOMITING

I have never felt nausea when taking the drug. Sometimes, intense changes in perception can cause discomfort that may manifest in the stomach, which results in nausea, but this is fairly uncommon. In this respect, the nausea is almost completely mental. In rare cases, the effects can be so overwhelming for a user that they may vomit, but I have never personally witnessed this. Nausea and vomiting are far more common with psychedelic mushrooms than with a small piece of paper LSD.

DEFECATION AND URINATION

LSD does not seem to increase the desire to urinate or defecate. I have heard others who take massive doses of LSD may have to defecate, but I do not believe this is common. When it does come time for defecation, the experience can be bizarre, especially for the first-time tripper. The sensation of something coming out of your body as waste with a strange smell and texture can be alarming. Some will run out of the bathroom quickly, and others may stare at their fecal matter in the toilet. It could be a learning experience either way!

Sometimes these natural bodily urges can be helpful for **grounding** someone in reality. Users may get lost in the trip, forgetting where they are, or even who they are. The need to urinate has saved more than a few people by bringing them back to reality, myself included.

This desire can also be inhibiting and cause an obsession. One friend was convinced that she had to use the bathroom, and constantly went back to the bathroom every 10-15 minutes. She had either already used the bathroom and forgot, or imagined a sensation in her bladder and kept trying to urinate even though it would be impossible. When we went to check the bathroom later there were piles of rolled up toilet paper everywhere. No matter how much we tried to rationalize the experience to her, she did not understand. We think she had some internal turmoil that she was dealing with that she did not want to share. She never ended up taking the drug again.

In extreme cases, users may urinate or defecate while wearing clothes in front of friends or in public, because the effects of the drug were overwhelmingly powerful. This usually occurs when an inexperienced or intolerant user takes a very high dose of the drug and does not know what to expect. It can be part of a bad or difficult trip. Using positive and encouraging words with the user will be most beneficial. Do not shame or demean them in anyway, as this can throw off their mindset substantially.

RESPIRATORY

There may be some shortness of breath, or occasionally users forget to breathe properly. This can cause anxiety, therefore remembering to take deep breaths is quite helpful. This deep breathing can bring relaxation, while simultaneously heightening the quality of the trip. I have seen some users write the word “breathe” on their hand to make sure that breathing is done often and efficiently.

CARDIOVASCULAR

As LSD is fairly mild on the physical body, there does not seem to be too much of an effect on the heart. My heart rate will increase slightly while under the influence of LSD, no matter the dose. Perhaps a mega-dose – the thumbprint – will cause the heart to beat more rapidly.

MYDRIASIS (PUPIL DILATION)

For users who have blue or light-colored eyes, dilation of pupils is particularly obvious. The diameter of the pupil seems to be even greater than when taking MDMA. Some may even have their eyes take on an almost bulging look, which can be a strong indicator that the user is on drugs.



This is my pupil after I mixed some MDMA with some 25C-NBOMe – two drugs that greatly increase the diameter of the pupil.

SENSATION - VISUAL AND AUDITORY

While genuine hallucinations are uncommon, visual distortions are very common. Inanimate objects could have an ability to seemingly ripple, bend, or breathe. Patterns may be observed in surfaces that usually do not have patterns, like on carpets, solid-color walls, or wooden floors. Faces of close friends may seem to shift or change and be difficult to recognize. It is not uncommon for sounds to be distorted as well. Friends may have a tone of voice that is more difficult to recognize, and familiar sounds, such as water running, may sound entirely different.

SYNESTHESIA

This effect is rare, but can be described as the ability to “hear colors” or “see sounds”. This does not seem to make sense, but synesthesia is essentially when the wiring in the brain of sensory perception is shifted, allowing for altered perception, usually between visual and auditory systems.

EXERCISE

I absolutely love running on a moderate dose of LSD. **CAUTION!** This could be very dangerous, as there are alterations to visual perception. Avoid running where cars are present. If possible, opt for forested paths or beaches. This should not be attempted by novice users of the drug.

The high I feel from this type of exercise is absolutely beautiful. Sometimes, it can even take the trip to another level. Perhaps due to the endorphin release, from here the trip is almost always positive. The energy I feel from LSD feels best used for vigorous physical activity. Many will find exercising difficult, but once a user grows accustomed to the effects of the drug, then exercise can be quite a fulfilling and beneficial activity.

One of my greatest memories was when I ran a bare-naked, bare-footed, non-stop beach marathon (26.2 miles) on the sand on a low dose of LSD. If I remember correctly, it took about 4.5-5 hours. I really believe the drug helped to push me to finish. Before this event, I had never run more than 15 miles.

ANALGESIA

LSD does not seem to have any direct **analgesic** effects. In fact, the feeling of pain can be quite an interesting sensation. Pain can be seemingly amplified by LSD, or the effects of the drug can somehow overpower the perception of pain. A part of this is having the mental will to block out pain. If you are in pain before the drug is ingested, be mindful that there will have to be some type of effort put in to block out the pain. However, because LSD can easily distract users, you may be completely distracted from the sensation by powerful visuals or altered thought processes

Psychological Effects

STIMULATION

LSD definitely has a type of stimulation. It is not easily related to the stimulation that may be experienced from caffeine, amphetamines, or cocaine. There is a sense of wakefulness, but it comes primarily from the mind. It is like an electric current wakes up the brain, preventing it from feeling tired or sedated. It is this stimulation that can make it hard for a user to sleep, sometimes even twelve hours after the drug was taken. Other users are able to relax their mind and easily fall asleep.

AWARENESS

Awareness is another possible effect of the drug which can vary from non-existent to hyperaware. Some users will internalize and completely shut off from events and other individuals around them. Other users will have their senses seemingly heightened, getting triggered by small noises or slight movements. As for the thoughts and feelings of others, sometimes the user will be able to better empathize and form better connections with those around them. Occasionally, the user will be too preoccupied with their own thoughts to notice the emotions of others.

MOTIVATION

With cocaine and amphetamines, I usually feel a tremendous motivation to accomplish tasks and goals – while I am under the influence of the drug. When the drugs wear off, usually I am unmotivated to complete whatever brilliant tasks that I thought I could complete while I was high. LSD is different. I am often filled with a motivation to complete certain tasks while under the influence of the drug, but due to its mind-altering effects, I am rarely successful. Gratefully, the desire to achieve my goals usually persists even after the drug wears off, and I have accomplished many things thanks to the inspiration provided by LSD.

FOCUS AND ATTENTION

LSD might make it hard to focus on specific tasks for extended periods of time. Perhaps if the activity is “fun” like a sport or game, it can be easier to focus, but with moderate to high doses of the drug, users’ attention spans will decrease and they may become easily distracted.

SLEEP QUALITY AND DREAMING

If you are fortunate enough to be able to sleep once an LSD trip winds down, usually the quality of sleep will be a bit diminished. It likely will not be as restful or rejuvenating, and a lower than average amount of sleep will be had. When I try to think back to the many nights I slept after tripping, I believe that I usually did not recall my dreams, nor did I notice a rise in intensity of dreaming after the experience. Some users have claimed that LSD had increased the intensity of their dreams or allowed them to lucid dream, but this has not been my experience.

CREATIVITY

I know many of my friends enjoy indulging in the creation of artwork. The style in which they draw or paint changes pretty dramatically when under the influence of LSD. Sometimes, the style can change into something almost infantile, but other times the complexity may seem to increase. Artwork can be a useful activity of expression for some, even occasionally as a tool to pull a user out of a bad trip.

DECISION MAKING

As LSD can put a user in a *very* altered state of mind, the ability to make worthwhile decisions may be negatively impacted. My best suggestion would be to consult with a trip sitter or sober friend in person or over the phone to see if whatever it is you are about to do is a good idea. LSD can obscure rational thought in the moment, so having a second opinion can *always* be beneficial.

ANXIETY

For inexperienced users, it is normal to have some anxiety as LSD builds in effect. It is likely a very unfamiliar drug, which affects the body differently than many others, so a reaction of anxiety is not uncommon. Taking deep breaths can be helpful and put the user in a state of relaxation. Acknowledging the anxiety, and trying to make peace with it can be a helpful tactic. Sometimes, finding something to distract a user, such as a song or activity, can help mitigate feelings of anxiety.

DISINHIBITION AND SOCIABILITY

Although there is an association between the use of LSD and the music festival scene, where large groups of people gather to socialize and party, LSD is not always ideal for sociability, especially among users who take the drug infrequently. Due to LSD’s sometimes unpredictable nature, an individual who is planning on taking the drug with the intent to party may wind up sitting on the grass and thinking difficult or unpleasant thoughts for multiple hours. Personally, I think low doses of LSD (50 mcg) are the most conducive to partying, and only if the user has past experience with the drug in a variety of settings. A first-time user taking LSD at a festival may be overwhelmed and need to take time away from crowds in order to dismantle complex or unfamiliar feelings.

MEMORY (POTENTIAL BLACK OUT)

Unlike a tranquilizing psychedelic like ketamine, where memory may be impeded, a stimulating psychedelic like LSD rarely has a significant impact on memory. In some cases, remembering back to specific events during the duration of a trip (which may be longer than 10 hours) will be difficult, but not impossible. In very rare circumstances, usually during a particularly bad or difficult trip, a user may **black out** and lose memory of part of the experience. I have witnessed this once personally. A friend of mine was completely overwhelmed by the effects of the drug and could not make sense of what was happening. He was fighting the effects of the drug so much, that we had to give him a small piece of alprazolam to abort the trip.

FOCUS AND ATTENTION

For some, it is harder to focus and concentrate on a task at hand. In the case of watching a movie, I find it difficult to pay attention to the plotline, as I am constantly distracted by details or triggering thoughts. In contrast, for others who might be instrumentally inclined, they have remarked that LSD gives them an extraordinary ability to hyper-focus on their preferred musical instrument. It seems that if a user can purpose themselves on a given activity, there may be an increase of focus, but if the user is sitting idle, it may be more difficult to keep attention. This latter effect can be beneficial for the inexperienced user who is enduring a difficult or bad trip, as it may allow them to get easily distracted and shift the focus away from painful thoughts.

SEEING FLAWS IN YOURSELF

When you look in a mirror in a sober state of mind, you see yourself from a different perspective. You may see flaws of your physical appearance. Some of these aspects can be changed, but other aspects you must accept. Taking psychedelic drugs is similar, except that instead of looking at your physical appearance, you look at your mind from an outside perspective. There may be things you enjoy and appreciate about yourself, but there may also be things you do not like about yourself, such as anxieties, behaviors, or outlooks on life. Some of these things you can change, and others, you must accept. This can be particularly difficult or uncomfortable for people who have a lot of internal struggle. LSD can be helpful in certain circumstances.

HALLUCINATIONS

Since LSD is classified as a hallucinogen by the DEA, many people are expecting to hallucinate. People also have this expectation based on observing psychedelic artwork or watching television shows or movies where psychedelic drugs have been used. By definition, a hallucination is perceiving something, either visually or auditorily, that does not actually exist. From what I have experienced, I do not believe I have ever experienced a genuine hallucination while under the influence of LSD.

VISUAL DISTORTIONS I EXPERIENCED

Watching a person travel past rapidly on a bicycle while I was standing still, it seems as though they are floating across the ground, a little bit to each side, even though I know they are going in a straight line.

While staring at the bright green door of a Porto-potty at a music festival, I would swear that it was changing color in front of me. It was not, of course, but due to the intensity of the LSD trip the teal-green color seemed to waver in different shades of color to an almost purple hue.

When going for a long run under the influence of LSD, I start to get what I would call a vibrational tunnel vision. The outside portions of my visual perception seem to almost vibrate while I was focused on running straight ahead.

If I focus very hard on one particular point, occasionally I can force the visual distortions to stop. This is often very fleeting and temporary. Due to LSD's fluid nature, by the time I can force a stop, my mind is probably already thinking of something else, allowing the visual distortions to continue.

Interestingly, when I think back to my LSD experience after it has ended, upon trying to recall some of the distorted images, I am usually unable to. Most of the time, I remember the images I saw during my trip, but without the distortion.

Some may also experience a phenomenon of closed-eye visuals (CEVs). This is exactly what it sounds like. When the eyes are closed, patterns, shapes, and movements may be "seen". This is the closest to a true hallucination that I have experienced.

VISUAL DISTORTIONS EXPERIENCED WHILE SOBER – POSSIBLY COMPARABLE TO LSD

There have been a few real-life experiences where I think I have witnessed sober what LSD can do to my visual perception. On one occasion I remember, I was looking out from my 11th floor apartment. After a day of rain, I noticed puddles on the large, flat, black, parking garage rooftop about nine floors lower. It also happened to be very windy this day. The way the wind blew in different directions across the top of the puddles, causing them to create ripples that fanned out in every direction, was vaguely reminiscent of one of the visual distortions I had seen on LSD.

Another example which comes to mind is wind blowing through a field of tall grass. The ripple effect that the wind can have over the grass is almost like what my vision is warped like while under the influence of LSD.

Recently, I had another experience that reminded me of an LSD trip. As I was running along the shore line of the beach, after the wave had receded, the sand would seem to “dry out” and change color/textured. It is difficult to explain, but if you go to the shoreline, if you are fortunate enough to live by a beach, you may better understand what I am talking about.

LOOKING IN A MIRROR – A VISUALLY DISTORTED VIEW OF THE SELF

Mirrors can be a touchy subject for some psychedelic users. There are some that will stare at their face for hours (I have seen it), and others will avoid mirrors at all costs. Perhaps it is because the user does not immediately recognize themselves, which can be an alarming sensation or it could be because they see something about themselves that they do not like and cannot immediately accept. When tripping with some of my friends who dislike mirrors, we have had sessions where we cover all the mirrors in the vicinity to allow for a more enjoyable experience.

THOUGHT LOOPING

This is generally regarded as an unpleasant effect of a trip. It is named after the cyclical loop that thoughts can flow in when under the influence of psychedelic drugs. A user could be stuck thinking about the same thought in circles for hours at a time. This can cause anxiety, especially if the effect is unfamiliar. The experienced user may be able to coach themselves out of a loop.

I have witnessed this before in another user. Sometimes rational conversation is not enough. A useful strategy could be to relocate to a new place and preoccupy the sufferer with a different task to distract from the perpetual thought loop. Another strategy could be having them write on a piece of paper a small story (if they are able) that can prove that something exists outside their mental loop.

RELIVING PAST TRAUMAS

CAUTION! Knowing that this is a possible effect is important. There are many who have endured traumatic events over the years. Some of these events are repressed so deeply that the individual may not even consciously remember the event even happening. LSD can sometimes reawaken these traumas, whether or not bringing back the memory is wanted by the user. Perhaps the user was the victim of molestation or rape. Another trauma could be witnessing the death of a close family member.

Interestingly, LSD will not only affect the victim of the trauma, but it could also affect the perpetrator of the crime. There may be some individuals who have performed relatively repugnant acts, and LSD will show them from an outside perspective what this was like. In either circumstance, it can be very painful, occasionally causing users to shout or shed tears. For best results, I would consider trying to address these issues before tripping, perhaps with another individual, so that your mind may be better prepared should painful memories creep into your consciousness.

APPRECIATION OF NATURE

It is often suggested to first-time trippers to take the drug and go for a walk in the woods. LSD and other psychedelic drugs can bring an appreciation for life, which is easier to observe when in nature, rather than at home. Be careful not to get lost when walking in the woods, as sense of direction can be skewed while on LSD. Mark the GPS location on your phone if you can!

DIFFICULT TRIPS

Not all trips are happy, beautiful, or pleasurable experiences. There are trips that are difficult, and there are trips that are just bad. What is the difference? And how can the user ensure a positive trip?

A difficult trip is exactly what it sounds like – difficult to endure. A user may spend hours crying, possibly coming to terms with a painful life event or a sense of self. Someone may also feel anxious or stressed for an extended period of time

for seemingly no reason. Personal growth is usually the strongest from trips such as these. These unenjoyable feelings may be part of a psychedelic trip. Being forced to deal with emotions, which the user may not do in sober life, could be difficult.

THE “BAD TRIP”

Even people who have not known anyone to personally take psychedelic drugs may be familiar with this term. Someone could be said to be having a bad trip if they are unable to behave rationally. It is commonly understood that this is a state of mind that is best avoided.

While it can be argued that a difficult trip is a useful experience, a bad trip is usually far from that. Someone experiencing a bad trip will usually behave quite illogically. They may try to hurt themselves or close friends. They may believe it is possible to fly by jumping out of a window. They may start screaming or yelling, with no way to calm them down. They may urinate or defecate while their clothes are on in front of others. They may take all their clothes off and try to go out in public. These are some extreme examples, but were mentioned to explain just how powerful and unpredictable the effects of LSD can be. For suggestions on avoiding a bad trip, see the *Negating the Effects* section.

PSYCHOSIS

I have heard that LSD can trigger possibly psychotic symptoms, however, according to several studies, there is no link found between psychosis and psychedelic drug use [Nature]. That being said, there have been times where I may have felt a bit psychotic while under the influence of powerful psychedelic drugs. Fortunately, the rational part of my brain was active, and I was able to explain to myself how irrational some of the thoughts were in my head. Sometimes, explaining out loud what is being felt and discussing it with others can help rationalize a situation as well.

TOLERANCE (IMMEDIATE)

For the avid and frequent LSD consumer, tolerance is one of the biggest hurdles. Unlike most drugs, where a substantial tolerance increase is unlikely with a few days of daily use, LSD has a *very* profound build in tolerance from one day to the next.

The general rule is to take *double* what was taken the day before to achieve similar effects. From my experience, even consuming three times the amount of what was consumed from one day to the next still will not yield the same effect. LSD requires a period of time of abstinence for the brain to get back to normalcy. For best results, waiting at least two weeks between trips is advised at the bare minimum, and try not to trip *every* two weeks. The longer a user waits between trips, the more powerful the trip will be.

I have tried taking LSD three days in a row. The first day, I took maybe three hits, and on the second day, maybe 10. All visual effects subsided on the second day. By the third day, even taking 20 hits of the drug led to a hardly perceptible change of consciousness. Taking the drug on consecutive days tends to be understood as being wasteful. There are other drugs that exist if you feel you must consume something.

RE-DOSING (TAKING A SUPPLEMENTARY DOSE DURING THE EXPERIENCE)

When individuals are enjoying a drug experience, sometimes they may desire to take more of the drug in order to prolong the experience. This is particularly popular in the case of drugs like cocaine or alcohol, where taking more of the drug is usually effective for increasing effect. For psychedelic drugs like LSD, this is not the case. Taking another dose several hours into an LSD experience is usually largely ineffective. It might extend the duration of the experience for a few hours, but the psychedelic headspace and visuals will likely not return.

The only exception I have seen for this is if a *heavy* dose of the drug was taken some time into the experience. For instance, I once started a trip with two hits of LSD (about 200mcg). At least six or seven hours into the experience, I decided I wanted to increase the intensity of the trip, so I ingested ten more hits. With this high of a dose, I was merely able to prolong the visual effects and headspace I was in, but it was nowhere near as strong as it could have been if I had taken all twelve tabs at the same time, or within two hours of each other.

FLASHBACKS (HPPD)

One of the consequences of (usually frequent or high-dose) LSD use is the potential to have flashbacks to past trips while not under the influence of any drugs. Hallucinogen Persisting Perception Disorder (HPPD) is fairly uncommon, but is characterized by having a flashback to previous visual distortions or hallucinations that originally appeared while under

the influence of psychedelic drugs. These effects usually subside with continued abstinence from the drug, but in extreme circumstances these distortions will persist for months.

Personally, only after taking an exceedingly high dose of psychedelic drugs, have I ever experienced anything like this. Lights have had a faint hue around them for a couple days after the drug wears off, but this has only happened on a couple occasions.

VARIATION IN EFFECTS IN THE SAME INDIVIDUAL WITH THE SAME DOSE

Drugs such as cocaine can produce fairly consistent results for an individual. Most people know how much cocaine to ingest for their desired effect, and can control their use to achieve the benefit. LSD is quite different in that it can produce very inconsistent effects on the same person, at the same dose, in the same place, at a different time. On one occasion, the user may comment that the experience was overwhelmingly positive, but during another occasion the user could feel emotionally scarred for some time after the drug wears off.

It is difficult to predict how the drug will take hold, especially if the user has never taken a psychedelic drug before. Please check the *PART II - Safety* chapters for information about how internal and external factors could shape your drug experience. Extra research is highly recommended in this case!

Comparison with Similar Drugs

COMPARISON WITH 25C-NBOMe (Estimated equivalent - LSD: 200mcg, 25-C: 400mcg)

Not only is the taste of the drug very different, the effects are markedly different as well. The visuals granted by 25X (Including 25B and 25I) drugs are more kaleidoscopic and intense, whereas with LSD, the mental aspects are more pronounced. There is a greater level of depth to an LSD trip, while there may be a greater appreciation for visualization in 25X drugs.

25X drugs also seem to feel more stimulating, perhaps because they are **phenethylamines**, distant cousins of amphetamines. The experience is shorter in duration, perhaps 4-6 hours, whereas LSD can last for 8-10 at this dose. For 25X, there is usually little that I am learning from the trip, but with LSD I will likely come out with an altered perspective. The come-down from 25X can often generate some unpleasantness and irritability combined with residual stimulation.

COMPARISON WITH PSILOCYBIN MUSHROOMS (Estimated equivalent – LSD: 200mcg, Mushrooms: 2.5g)

Please note, the above doses for LSD and mushrooms are approximate. The strength of LSD tabs can vary greatly, making it hard to know how strong they are. Mushrooms can also vary greatly in strength. I have eaten a single gram of mushrooms that has felt more intense than a seven-gram dose experience – take the dose equivalents into consideration lightly.

For me, LSD has a lightness of body to it, with a greater tendency to be stimulated and active. Mushrooms can feel a bit heavier, with an increased body load. My desire to participate in activities is not as high with mushrooms as it would be with LSD. There is more of an internal headiness to mushrooms. LSD can be a bit internal as well, but it is easier to externalize and control. LSD is more of a social extrovert drug at this dose, while mushrooms can be more introverted.

There are some users who have the exact opposite experience that I just described. While they are both psychedelic drugs, they are still different drugs, and should be treated as such.

CROSS-TOLERANCE

Cross-tolerance is a phenomenon where tolerance can build between two different drugs in the same class. It seems that all psychedelic drugs share this attribute. In other words, taking psilocybin mushrooms one day, will increase the tolerance to LSD, requiring more to be taken for the desired effect to be achieved. Again, the best advice would be to wait as long as possible between trips, no matter what the drug of choice is for the experience.

Overdose Effects and Lethal Dose

IF IT IS NOT LSD...

If you are 100% sure, and I mean *really* 100% sure, that the drug that was taken is genuine LSD there is a *very* low chance of an overdose. Users can take 50 or 100 hits and not even risk physical overdosing (though they will likely have a very intense experience). However, taking just a few hits of another drug like the DOX or 25X-NBOMe compounds could cause a drug overdose. It is important to get medical attention and be honest about what was taken. Hundreds of hits of LSD can be taken with relative physical safety, but only a few hits of these other compounds can be taken before overdose effects may start to happen.

Potential overdose effects from 25-C NBOMe include confusion, agitation, rapid heartrate, heart failure, seizure, loss of consciousness, and kidney failure [Hinda].

POTENTIAL OVERDOSE IF IT IS LSD

According to one publication in MAPS, there have been no documented deaths of LSD overdose [PharmaLSD 2008]. While there is no direct cause of overdose, some users may behave irrationally while on a very high dose, risking harm to themselves or others. In extreme cases, medical attention should be sought if an individual may act violently or break laws that could lead them into trouble.

ACCIDENTAL MEGADOSE OF LSD (Potentially 300-500 doses of LSD, or more)

According to one study recorded in the US National Library of Medicine, eight individuals **insufflated** (snorted) a white powder that they believed to be cocaine, when it in fact was powdered LSD (OOPS!). LSD in its pure powder form is rare, and very potent. The individuals in this study exhibited a wide array of symptoms: visual and auditory hallucinations, massive pupils, tachycardia, flushing, sweating, fever, and diarrhea. Bleeding was mild and disappeared within 4-6 hours. Supportive care included respiratory assistance, hypothermic blankets, and administration of anti-biotics or cortical steroids. No blood transfusions were necessary, and all the patients recovered within 12 hours [HighDose 1974]. Some were able to converse after just 4 to 6 hours. After following up with 5 of the patients a year later, no long-term effects were noted.

INTENTIONAL MEGADOSE OF LSD (THUMBPRINT)

There are some users who will embark on an experience taking a “thumbprint” size dose of the drug. A person will dip their thumb into powdered or crystal LSD, then lick it off their finger. This could be a dose as high as 50-200 average hits [<https://www.shroomery.org/forums/showflat.php?Number/13167931>]. While this may be physically safe, it will likely cause a powerful and lasting change in mental function. I cannot think of another drug that can be taken at 100-200 times the average dose without suffering an overdose.

LETHAL DOSE

While the lethal dose in humans is not known, monkeys have been injected with 1mg/kg without lasting physical damage [PharmaLSD 2008]. If this is extrapolated to humans, for an 80kg (175-pound) human, 80mgs of LSD would be roughly 800 average size hits. Judging by the “Accidental megadose” data above, it seems likely that a human could endure this much LSD, although the experience would likely be very uncomfortable. Avoid experimenting with this.

Negating the Effects

“Help! Me or someone I know is having a bad trip! What do I do?”

If you have not witnessed it or felt it yourself, a bad trip can be a thoroughly unpleasant, and sometimes terrifying experience.

THREE STEPS OF PREPARATION TO MINIMIZE THE CHANCE OF A BAD TRIP

The first three steps are preventive

STEP 1: Before the trip, make sure you are well-informed about the many potential effects that LSD could have. My *Psychological Effects* section earlier in this chapter barely touches on some possibilities. Please check on the internet for additional information.

STEP 2: Make sure the drug and dose are correct. Is it LSD? If you are not 100% sure, do not take it. If you do not know the dose, do not take it. It may be beneficial to have a seasoned LSD user “test-run” a specific batch of the drug first to estimate strength. **CAUTION!** This is obviously risky. Make sure you do not take a second dose if the first one has not fully kicked in. Wait at least 180 minutes before even considering a second dose. Otherwise, both doses may take effect at the same time causing overwhelming effects.

STEP 3: If possible, have “trip-killing” drugs on hand. Antipsychotics such as quetiapine (Seroquel) can effectively kill a trip. **Benzodiazepines**, such as **alprazolam (Xanax)**, are commonly used as trip-killers, but often do not actually *kill* the trip. They usually make the trip more bearable if a user is having a particularly bad trip. **CAUTION!** Sometimes, benzodiazepines can cause further intoxication, making it harder for the user to come back to reality, though this is usually rare.

WHAT CAN BE DONE DURING A BAD TRIP?

While the bad trip is happening, make sure the individual is drinking water and taking deep breaths. Eating may be helpful, but is usually difficult depending on the circumstances. Remind the person that they took drugs and that all the effects that are happening are as a result of the drugs ingested, and that they are not permanent. Try to keep facial expressions calm or friendly, as overly concerned expressions can cause further anxiety in the user.

If tripping alone, visit [<https://chat.tripsit.me/chat/?a=1&theme=mini&nick=TripSitMePlease?&#tripsit>] where there is a link to a chatroom full of users who can assist with a bad trip. They may provide helpful advice to mitigate the stress of a bad trip. My understanding is that there is almost always someone online that can help.

Play familiar music or engage in discussion that the user might find comforting. Keep the volume soft to minimize over-stimulation of the senses. If it is possible to engage the user in a game or other simple task, try to do this, as this can distract them from the unpleasant thoughts that may be circulating in their mind.

Even though a drug like LSD can last for many hours, the duration of a bad trip within the experience is usually much shorter, sometimes only 30 or 60 minutes. **Consistently reminding them that a drug was taken and that effects are temporary is important.** Those suffering a bad trip will often believe that they will be permanently stuck in their troubled mentality. There have been several studies done that show this does not happen.

OTHER UNCOMFORTABLE EFFECTS

Perhaps unpleasant thoughts are crossing the user’s mind and they wish to no longer think about them. This might be part of a difficult trip. Try to avoid taking any trip-killer drugs, as this could be a valuable lesson for the user to learn. Sit with these thoughts, maybe even discuss them, if others are around. What stems from these unpleasant thoughts can yield lasting positive changes even after the trip has ended. Sadness, anger, and anxiety are all normal emotions that can exist within the body harmoniously.

Addiction and Withdrawal

ADDICTION

I have found LSD tolerance can be rather cumbersome at times to a person seeking constant doses over consecutive days. From experience, LSD is rather resilient to repetitive dosing and for the best (most desirable) effects for myself, I prefer a larger dose at first, as taking further doses at a later time during the experience will never increase the high beyond the original dose. It is because of this aspect of rapidly building tolerance that LSD is largely non-addictive.

At one time in my life, I had tried to take LSD on a regular basis. I believe the longest streak of trying to take the drug was four days consecutively. By the third day, there were hardly perceptible effects, and this was from taking 20 hits of the drug at the same time! By the time day four came around, I was eating the drug for no purpose and deriving no benefit beyond being able to say I ate the drug for four consecutive days. I derived stronger effects from two hits of LSD after taking a month-long break, than I did from consuming 40+ hits over two days.

How can a drug be addictive if the effects dissipate after just two days of consistent use? Some may argue that the drug is addictive for occasional use – once a week perhaps. Individuals might crave the altered state of mind, and look forward to

it on a weekly basis, but I am unsure if this constitutes a true addiction. I suppose it depends on your definition of addiction.

WITHDRAWAL

When searching online for any reports of LSD withdrawal, the only mention of such a thing were from drug rehabilitation facilities that seemed to have a different definition of withdrawal. I did not find any reports of individual users who experienced withdrawal from the drug.

Personal Experiences

For a drug such as LSD, where the effects can vary so greatly from one individual to another, I would suggest [reading as many experiences as you can before taking the drug](#) in order to have some idea of what may happen for you. My experiences are likely very personal, as LSD can cause an almost reflective effect on the consciousness of the user, and that is why I am not sharing any experiences with you at this time :).

EXPERIENCE WITH 25-C NBOMe (A FRIEND STUCK IN A LOOP)

This drug helped give rise to a phrase with regards to 'fake' or 'imitation' LSD: "If it's bitter, it's a spitter." In other words, if the tab of alleged LSD you took has a distinctly bitter taste, spit it out because it is rather likely that there is no LSD in the tab at all. There is likely some other drug present.

A group of five or six of us ingested about 400-500mcg of 25-C-N(BOM)e [25C] on a weekend night during the summer. This was a moderately high dose for the intolerant user and none of us had tolerance. Several of us were curious about the compound. How would this LSD look-a-like feel, as the drug came on tabs with beautiful blotter art similar to how LSD is usually found.

The tabs were ingested and we all remarked on the bad taste. It was a bitter and chemical taste, but having read reports of this, we felt confident it was how it was supposed to be. I didn't feel much for the first 30-40 minutes, except the residual taste of chemicals in my mouth and sinuses. The chemical seemed to make mucus throughout the entire experience. 45 minutes later an inner euphoria started to rise, and by about 60 minutes in, I was experiencing visual distortions. The visual trip grew in intensity for approximately another 60 minutes. I would see swirling checkered patterns, and grass in the dim light seemed to have a new dimension. The faces of my friends took different shapes, and the lines between colors in my visual field seemed to bend and twist. It was truly incredible to watch, however there was very little thought-provocation like LSD usually granted me. It was predominantly visual, with mild auditory distortion.

We were all riding out the inner euphoria and visual high until about the four-hour mark. We had funny conversations, watched colorful videos, and walked through the woods, which was honestly a very colorful journey in the dim light. Around that four-hour mark, as the visual experience began subsiding, it seemed one of our friends became what I would call 'lost in her own head'. She was no longer enjoying herself. In fact, she seemed to have an occasional fearful expression. She kept asking us what we were doing, as if it was necessary to be doing something, but after the bulk of the trip was over, we were all simply enjoying sitting around and talking. She developed an edginess and sense of urgency that confused the rest of us. She kept saying "I thought this would be over by now!" over and over again to herself, with increasing apprehension. She kept trying to keep herself preoccupied, but was repeatedly distracted by whatever was in her mind.

On multiple occasions, she would leave the rest of us alone, then come back to check on us every few minutes to see if we were acting differently. We all felt 'normal' relative to the come down effects of the trip, but she kept saying we were acting strangely. Perhaps this was a projection of how she felt. We had tried comforting her throughout her discomforting experience, reminding her that there were psychedelics in her body that were still affecting her mind. She seemed to have a case of what other 'difficult trips' have, forgetting or denying a drug has been taken.

These feelings lasted for several hours until she went to bed, long after the trip had completely ended. The next day she awoke a bit confused, but without the nervousness and anxieties she felt the night prior. We exchanged a normal conversation and she asked questions to clarify what happened, and still did not seem to fully believe that nothing was

really wrong. I suggested she research a bit about the drug herself, apologizing that I didn't make the suggestion before the trip.

She researched the drug and discovered her behaviors were not uncommon. This helped her recover, and she better understood why she felt the way she did. I must stress how important it is to **educate yourself drugs before you take them**, especially with psychedelics. Knowing possible outcomes before an experience, both enjoyable and uncomfortable, will be most helpful.

Combining with Other Drugs

25-X COMPOUNDS

What would happen if I mixed real LSD with the “fake” LSD (25C-NBOMe) that I had heard so much about? I had taken each drug a few times on their own, so I was fairly familiar with each of their effects. My research told me I was in for the visual trip of a lifetime, and I was not disappointed.

Although I am recalling this experience about six or seven years later, this is one experience that is not easily forgotten. The LSD was taken first (perhaps 200mcg), since it takes longer to manifest effects, and about an hour later, the 25C-NBOMe was ingested (about 400mcg). About an hour after this, I was launched into the most elaborate visual distortion that I ever witnessed.

I have one clear memory, coming down the stairs of my house from the bedroom to the living room. It was like everything was decorated by the stripes of a tiger – the walls, the ceiling, the floor, the furniture... And as my head would turn from side to side, the stripes would push and pull and breathe and stretch all over the place. Looking at the stairs, it is as if these stripes were a cascading waterfall as I walked down.

Normally, when I try to remember a change in visual perception caused by a psychedelic drug, it is hard to describe and difficult to remember, but this effect has been etched into my mind for years. Even now, in my mind's eye, I can still recall the winding stripes. I must have been gazing in awe around the living room for at least 10 minutes, because someone had come to get me to spend time outside and stare in the firepit. Interestingly the fire in the darkness outside was not as visually stunning as the dimly lit interior of the house. Overall, the trip was lacking in psychedelic headspace, but where it was lacking, it was made up for with the most fantastic imagery I have ever seen to this day.

ALCOHOL

As alcohol can have a tranquilizing effect when consumed on its own, it seems that this effect follows through when used in conjunction with LSD. Drinking alcohol will dampen some of the more intense aspects of LSD. It will also reduce the visual distortion. Some of the elevated mood is taken down, and the duration of the trip is usually decreased in length.

Interestingly, it seems that I gain a temporary alcohol tolerance while drinking on LSD. Whether I have three **standard drinks** or eight, I do not seem to feel more intoxicated. If I were to have eight drinks on its own, I would become a bit messy, likely slurring speech, and making poor decisions. While I drink that much on LSD, it is as if the LSD has a sobering effect on alcohol intoxication.

AMPHETAMINES

Please see the *Amphetamines* chapter.

ANTI-DEPRESSANTS - SSRI: ZOLOFT, PAXIL, MAOI's, TRICYCLICS

Chronic administration of selective serotonin reuptake inhibitors (SSRI's/common antidepressants) as well as monoamine oxidase inhibitor (MAOI) antidepressants are reported to diminish LSD effects. Conversely, tricyclic anti-depressants, which are infrequently prescribed, may increase the effect of LSD [PharmaLSD 2008].

ANTI-PSYCHOTICS - QUETIAPINE (SEROQUEL)

Seroquel is allegedly the best trip-killer. If someone is suffering through a particularly bad trip, this drug can be highly useful. As it is only available by prescription, it may be difficult to stumble upon. If someone is taking this drug regularly, LSD will likely have almost no effect.

BENZODIAZEPINES

Benzodiazepines can alter a trip in different ways depending on when they are used in relation to LSD.

If alprazolam (Xanax), the most common benzodiazepine, is taken 12-24 hours before an LSD trip, it will hinder the effects of the trip. A small dose (0.25-0.5mg) will likely alter the experience imperceptibly, but 1-2mg of alprazolam will greatly diminish effects of LSD. Individuals who use alprazolam as a sleep-aid in the evenings will find the effects of LSD blunted, more so if alprazolam is taken frequently, as this causes a buildup of the drug in the body. The trip will also be shorter in duration.

If alprazolam is taken at the same time as LSD, the trip will be much weaker, less visual, and shorter in duration. This combination is useful for the user who may be prone to anxiety or panic attacks when not taking drugs. Alprazolam takes away from the depth and significance of emotion that LSD can cause me to feel.

It is this reason that sometimes benzodiazepines can be a good “trip-killer” if someone is having a bad trip. Not as effective as the anti-psychotic quetiapine, but they are usually useful to keep on hand just in case. These drugs are even used in a medical setting. Sedative-hypnotics such as the **benzodiazepine, diazepam (Valium)** can be administered by injection in the emergency room for acute LSD intoxication to help reduce panic and anxiety.

As mentioned in the *Psychological Effects* section earlier in this chapter, LSD can have a stimulant effect, so yet another use of benzodiazepines would be to have them lessen the stimulation and induce sleep at the conclusion of a trip.

CANNABIS

Please see the *Cannabis* chapter.

COCAINE

Please see the *Cocaine* chapter.

KETAMINE

When used while under the influence of LSD, ketamine has very interesting effects. As it is a dissociative drug, it can often cause a user to feel quite unlike themselves.

A brief experience of continuous ketamine use on a moderate dose (200mcg) of LSD:

I have found this combination of two drugs to be one of the most euphoric, but perhaps that is just because my fondest memory of the combination was in a relaxing setting surrounded by close friends. On this particular day, we adventured to the beach in the early part of summer to enjoy the sun and warmth. We each ate about 200 micrograms of LSD, and I went for a brief and quick run, something I find very exhilarating while tripping on LSD. I was in good spirits when returning, and was glad that we brought some ketamine with us, as I had never tried ketamine with LSD on its own.

About 20 minutes after insufflating a small amount of ketamine, perhaps 20-30mg, the visuals of LSD were dampened as well as the complicated thoughts I had at the time. What came next was a soaring euphoria. I found myself smiling often for no reason and laughing. I would occasionally turn back into a psychedelic state, but the ketamine definitely provided a significant mood lift. I was able to do higher doses of ketamine with less of an intoxication while under the influence of LSD, then I would if ketamine were ingested on its own. I ended up ingesting a higher amount of ketamine than I was used to, but it was not problematic as I was fully functional and had a thoroughly enjoyable time with the drug combination. If I could make a recommendation, I might say this would be a fun union of drugs at a party or some other social gathering – if the user were experienced with each drug separately and others were indulging in the combination.

LITHIUM

Lithium can increase the effects of LSD to a near-comatose level [PharmaLSD 2008].

MDMA

Combining MDMA and LSD together is called “candy-flipping”. This is a powerful and usually positive combination of drugs. My preferred method of taking these drugs together would be to take the LSD first, as it is longer lasting and usually takes longer to take effect, then about two or three hours after the dose, I would take the MDMA. This way the peaks of both drugs line up at fairly similar times, and both drugs will also come down smoothly at about the same time.

As with most drugs that are mixed with LSD, MDMA will decrease the psychedelic and visual effects. Interestingly, LSD seems to boost the effects of MDMA, perhaps because they both act on the serotonin neurotransmitters in the brain. The euphoria is more profound and meaningful. The empathogenic effects are more significant, and the duration of MDMA seems to be slightly increased by the LSD. For the seasoned drug user, this can be quite a fun combination at a social event, or at home with close friends for meaningful discussion. Music takes on a new meaning, and songs that I have heard on this combination of drugs never sound the same again – in a good way.

NICOTINE

Please see the *Nicotine* chapter.

OPIOIDS/OPIATES

Please see the *Opioids* chapter.

PSILOCYBIN MUSHROOMS

This combination can be very *intense*. I have tried this mixture on two separate occasions that I remember. Both times, I ingested the LSD first because it takes longer to take effect, and then the mushrooms were consumed about an hour after the LSD dose.

The first experience was at an outdoor music festival. I had only read about this combination briefly, but I knew I enjoyed both drugs on their own at the time, so I thought why not together? I had consumed approximately 200 micrograms of LSD and about 1.5 grams of mushrooms, neither dose particularly high for my psychedelic tolerance at the time (I was tripping a few times a month). I was getting very heavy auditory sensory distortions and time dilation. My clearest memory is when I would look at the sky the clouds were moving and melting in a warm and comforting manner. It was truly incredible. I sat down with a couple other friends who were also enjoying the same combination of drugs and we just watched the sky as if it were some sort of live action motion picture. There was dominating euphoria and a very trippy mindset. I was recollecting old memories I had not thought of in years with a more positive mindset and communicating them to friends. It was, however, difficult to communicate because of the way these drugs cross-potentiated each other.

The second experience was at my own house when I had just received some seriously unfortunate news. I decided to indulge in high doses of psychedelic drugs to “cope” with recent news that was communicated to me. This is NOT ADVISED and can lead some to make rash decisions, especially when under the influence of drugs. At least 800 micrograms of LSD (I had some tolerance, this number could be looked at as about 200-300 micrograms with minimal tolerance) were consumed, and 5 grams of mushrooms (I also had a slight mushroom tolerance at the time as well) caused a very intense experience. I felt the need to be very honest and answer every question asked of me as honestly as possible, no matter how much I knew about the matter or no matter how much I would have felt comfortable sharing in a sober mindset. I had a nearly ego-shattering experience. About 1.5 to 2 hours into the experience, I began deeply contemplating issues that were bothering me without having the ability not to think about them. I decided that the experience was overwhelming, and took my own advice and ceased it with a high dose of alprazolam – about 1.5mg. I would like to repeat a high dose combinatory psychedelic experience one day when I am in a more comfortable mindset.

I can say that low doses of these drugs used together can be enjoyable, but only for the seasoned psychedelic traveler. There is an enjoyable side, but the intensity of emotions and feelings that are provided by this experience will likely overwhelm the novice user.

SUGAR

Please see the *Sugar* chapter.

SYNTHETIC CANNABINOIDS

I have personally witnessed a wide array of effects from **synthetic cannabinoids** depending on which cannabinoid was used, and how much of it was used. **CAUTION!** When psychedelic drugs such as LSD are combined with synthetics, the effects can be even MORE varied, sometimes highly unpleasant or anxiety inducing. Please proceed with caution!

There was a point in time where I chose to smoke synthetic cannabinoids over natural cannabis sativa in order to evade drug testing as most drug tests do not test for synthetics. I experimented with LSD frequently during this time as well. Since I was smoking synthetics to get high like I would with regular cannabis, I followed what I would normally do

during LSD trips and smoked synthetics with the intention to create a calming effect. The effects were PROFOUNDLY different than when I would get high on natural cannabis while tripping.

About ten seconds after a synthetic cannabinoid hit of UR-144 (one of the stronger synthetics), I found myself launched into a completely different headspace. I felt as though I was tripping *very* hard for the next 10 or 20 minutes. In one instance me and a friend smoked this drug while tripping, and we both forgot where we were and even *who we were*. People talked to us, but we hardly responded. It was unsettling and troubling. I would occasionally enjoy the way my mind would think when I indulged in this chemical cocktail, but sometimes the effects would terrify me as well. When JWH-018 was consumed, one of the original synthetic cannabinoids that was sold on shelves, it would feel more similar to cannabis but still quite disorienting, even with a tolerance to both JWH and LSD. Avoid.

Personal Opinion

WHAT IS YOUR INTENTION? DOES IT MATTER?

LSD can be a very intention dependent drug. Whether the intention is to write, party, make art, learn, or make peace with an enemy... Some effects of the drug can be shaped by intention. Sometimes, usually with higher doses, regardless of what the intention is, LSD will do whatever it wants to do to a user. This is how powerful lessons are learned. A user may have intended to take a certain dose to see pretty colors and patterns, but instead they are left thinking about a past trauma that brings back anger and tears. Usually, the individual will come out of the experience with a positive outlook, but this is not always the case.

LSD IS NOT FOR EVERYONE

While I think LSD could help a lot of people as a useful tool to assist with issues within the mind, such as stress, depression, or anxiety, it is certainly not meant for everyone. Though rare and extreme, there are occasionally stories of people who behave irrationally, and try to hurt themselves or others. Being aware that these issues may occur is the first step in preventing them from happening. The reader will have to use their own judgment to determine if they or one of their friends who intend to use will fall into this category.

WHAT HAS LSD DONE FOR ME?

It helped me rationalize that smoking cigarettes was a bad idea so I was able to quit using them. While I was never a heavy smoker, I still used cigarettes daily for years. I had always thought, "I'll quit at some point, just not now." LSD forced me to take a step back and look at myself from the outside, and give my shoulders a bit of a shake, so to speak. Of course, I knew cigarettes were unhealthy before the trip began, but during the trip it was as if I *felt* how unhealthy they were. That "at some point" reference where I would quit was thrust upon me in that moment.

It is worth noting that this trip was very powerful with a very high dose (1000mcg – about 10 hits) was consumed. I stayed off all nicotine products for almost two years after this trip.

LSD also gave me a new perspective. I saw character traits of myself that I never consciously observed. It was as if I could almost hear myself talking or see myself behaving. There were parts of myself that I did not like, and parts of myself that I grew to appreciate more. I looked back at myself in high school during a trip five years after I graduated, and finally realized what a disrespectful person I used to be. I saw how this led to current issues in myself that I did not like, and resolved to change them because I felt so uncomfortable with the way I saw myself behaving. In some ways, LSD was a life-changing drug for me.

SPIRITUAL USE OF LSD

I saved this for the opinion section, rather than in the *Introduction* or *Psychological Effects* section, because this is a very open-ended topic. I have known people to start attending religious gatherings after taking the drug, while others have become devout atheists after having a couple LSD trips.

Some people think that LSD brought them to a state of enlightenment, perhaps a oneness with the universe, with greater understanding. This can be a powerful sensation if it has not been felt before. It may be a genuine experience, but many spiritual gurus will say that using drugs to achieve this enlightenment is somehow inauthentic.

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Glossary

Words that are italicized in the definition of a word or phrase are defined elsewhere in the glossary.

Δ9-Tetrahydrocannabinol (THC) - This is the primary psychoactive cannabinoid of the cannabis sativa plant. When people desire a strong strain of cannabis, they are usually wanting a high-THC strain.

Acid - Slang terminology for LSD (Lysergic Acid)

Adderall – This is a prescription *stimulant* drug, often used to treat ADHD. It is an *amphetamine*, with a 3:1 ratio of *isomers*, dextroamphetamine: levoamphetamine. It can improve focus, wakefulness, and concentration.

Afterglow – The afterglow of a drug experience is traditionally positive. It describes subtle effects that may persist for days, weeks, or even longer, following the cessation of the main effects of a drug. It is more prevalent in psychedelic drugs such as LSD, ketamine, and MDMA, but can still occur in other drugs.

Alprazolam – a short-acting benzodiazepine drug commonly known by the brand name, Xanax.

Analog - Drugs that are very close chemical relatives of each other. Ex: Fentanyl has an analog called methyl-fentanyl, and ketamine has deschloroketamine as an analog.

Analgesic - A class of drug that indicates there is a pain-killing effect.

Anterograde Amnesia - This type of amnesia is the loss of the ability to create new memories leading to the inability to recall the recent past. Sufferers may often repeat comments or questions several times, or fail to recognize people that they just met minutes before [HumMemNet]. This effect is most noticeable in people taking high doses of GABA agonizing drugs such as benzodiazepines or alcohol.

Anxiety – Sometimes labeled as a disorder, anxiety is a natural human response to a situation.

Asphyxiation – This refers to when the brain is deprived of oxygen. In the drug world, asphyxiation is most common when a user has fallen unconscious from drug use, and proceeds to choke or suffocate on their own vomit.

Baseline - When the short-term and long-term effects of the drug have worn off, both positive and negative, the user is then said to have returned to baseline.

Benzodiazepine – Describes a class of drugs that have sedative, hypnotic, and anxiolytic powers. **Alprazolam** (Xanax), *diazepam* (Valium), *chlordiazepoxide* (Librium) and *clonazepam* (Klonopin) belong to this class. It is hard to overdose on these drugs alone, but when combined with other drugs that cause respiratory depression, fatalities are more common.

Black Out – If people “black out”, they are having a lapse in memory about a period of time that transpired. This usually only happens with very high doses of the drug, but can happen with lower doses to sensitive individuals. It is most common with alcohol, but can also happen with benzodiazepines, opiates, MDMA, and other drugs.

Blood Brain Barrier – The “wall” between the blood and the brain that allows drugs to pass in. This barrier is stronger against some drug molecules, but weaker against others. Once in the brain, the user feels the effects.

Bump - Referring to a single small **hit** of a drug, usually when **insufflated**. A key (called a key bump) or other similar device is used to take a scoop out of a bag containing drugs, lifted to the nose, and then sharply inhaled through a nostril.

Bruxism - Grinding of the teeth, a common side effect of those who take MDMA, especially when in larger doses. Sometimes the grinding can be pronounced enough to cause soreness and tooth pain for several days following heavy use. In severe cases, teeth have even been known to crack. A useful remedy is to chew gum while under the influence of Bruxism inducing drugs.

Buzz - Relative term. Usually referred to with alcohol, it describes a relatively light state of intoxication. For example, if someone has one or two beers, they may be “buzzed”, however if they have five or six, they are no longer buzzed and can be called “drunk”.

Cannabinoids – These usually refer to naturally occurring cannabinoids in the cannabis sativa plant, as opposed to chemically synthesized **synthetic cannabinoids**. They include Δ9-THC, CBD, CBN, CBG, terpenes, and other constituents that make up the plant.

Carbohydrate – One of the three macronutrients (also fat and protein) which can be used in the body for energy. Unlike fat and protein, carbohydrates are NOT essential for bodily function. If unused, carbohydrates are converted to fat. Sugar, starch, and fiber are different types of carbohydrates.

Ceiling Effect – A name given to an effect of a drug where the maximum effects are felt regardless of the dose. In other words, taking more of the drug once you have already reached peak effect does not yield a stronger high.

Chain-Smoking – When cigarettes are continuously smoked consecutively without pause. This is usually done for heavy cigarette addictions or when users are under great stress. Chain-smoking fills me with anxiety – I do not like it.

Chasing the High - When you had a powerful or life-changing experience from a drug, and you desire to repeat it, you will “chase it”. Usually, you can never achieve such an effect again, despite repeated attempts, hence the “chase”.

Closed-Eye Visuals (CEV's) – More common than **open-eye visuals** (OEV's), CEV's are essentially minor visual hallucinations that occur when the eyes are closed. There could be swirling patterns, people's faces, or other bizarre visual effects. They are most often experienced on psychedelic drugs like LSD or mushrooms, but can also be experienced on dissociatives like ketamine or DXM.

Cold Turkey – A phrase used when referring to the cessation of habitual drug use abruptly, as opposed to weaning oneself off a particular drug slowly with diminishing doses. For example, a smoker who smokes a pack of cigarettes a day then stops suddenly without smoking ever again would say they "quit cold turkey".

Come-up – The come-up relates to the part of a drug experience from the moment the drug is ingested, until the effects begin to build up

Come-down – The come-down is when the effects of the drug begin to wane and lead the user back to *baseline*.

Concentrate – For a drug to be concentrated, it is usually extracted from the parent product to be made more potent. For instance, THC can be extracted from cannabis flower into an oil (hash oil) with more than 10x the potency.

Cross-Potentiate – When two drugs of a similar class (such as stimulants: cocaine and amphetamine, or depressants: opiates and benzodiazepines) are combined together the effects combine to create a super stronger effect. For instance, taking cocaine and amphetamine simultaneously, even at low doses, will cause a massive heart rate increase and usually create anxiety due to the cross-potentiation effects.

Cross-Tolerance – Having cross-tolerance means that drugs of similar classes will raise tolerance to each other. For instance, amphetamines and cocaine (both stimulants)

are cross-tolerant, meaning that after a cocaine habit, a higher dose of amphetamines will be needed to achieve a desirable effect. Drugs of different classes, such as downers and stimulants, likely do not display cross-tolerance.

Di-Acetyl Morphine – Chemical name for *Heroin*. See *Opioids* chapter

Curiosity - The innate desire to learn new things

Diazepam – Commonly known by its brand name Valium, Diazepam is a long-acting **benzodiazepine** drug. See the chapter on Benzodiazepines

Diagnostic and Statistical Manual - Abbreviated to DSM, sometimes called the "Psychiatry Bible," it contains more than 150 mental disorders, such as ADHD, Schizophrenia, as well as Substance Use Disorders.

DoE - Short for Duration of Effect. How long the drug effects will last, roughly from first effect to last

Dopamine - A neurotransmitter released when a variety of drugs are ingested. It often causes feelings of euphoria. It serves as a motivator to cause animals to want to continue to life. Dopamine is the primary neurotransmitter involved in stimulants. It is the "reward and pleasure" neurotransmitter.

Drip - When drugs that have been **insufflated** begin to slide down the back of the throat with mucus from the nose. In addition to a bad taste, this is often an uncomfortable experience and can cause nausea, gagging, and vomiting.

Drug - In the scope of this book, a drug is defined as an external substance or material, that when taken internally, produces an altered sense of consciousness, with such effects as stimulation or tranquilization (relaxation), among many others. Drugs can also produce physiological changes such as sweating, elevated heart rate, dilated pupils, or digestive disruption. A drug can be naturally cultivated, as from **tobacco, cannabis, or psilocybin mushrooms**, or it can be chemically synthesized, as in the case of **benzodiazepines, LSD, or amphetamines**.

Drug Test Kit – See **Reagent Kit**

DSM - Abbreviation for **Diagnostic and Statistical Manual of Mental Disorders**

Duration of Effect (DoE) - This is given in each drug chapter about how long each drug takes to work. If the DoE is three hours, then the drug will have active effects for about three hours.

Ecstasy - Slang for the use of MDMA, but can also relate to other euphoric stimulant drugs such as *Mephedrone* or *Methylone*

Ego Death – This is usually achieved with a very high dose of psychedelic or dissociative drugs. In this state, a user may not have any concept of the sense of self. It can be a growing experience, but it can also be terrifying to the unprepared explorer.

Emotional Blunting - This is a common trait with benzodiazepines and some anti-depressants. There may be an absence of perceived unpleasant emotions, like depression or anxiety, but positive emotions like joy and happiness will also be weakened as well.

Empathogen – Empathogenic, describing a class of drugs which create a sense of empathy. Most commonly found with MDMA, and a "loving" feeling and appreciation for those around you.

ENDS - Short for electronic nicotine delivery system. This includes electronic cigarettes and vaporizers.

Endorphin - The naturally "opioid" that is released in the brain, released during exercise, sex, and other pleasurable activities. It is somewhat chemically similar to an opioid molecule, even linguistically: mORPHINe versus endORPHIN. As far as I know endorphins are only produced endogenously (within the body), as opposed to coming from an external substance.

Energy Control - The name of a drug testing facility in Europe where you can mail a sample of a drug legally and find out what is actually inside. Perhaps you thought you had MDMA, but really it feels like something else. Mailing a sample to this facility will yield the results in an easy to understand way, for example: 30% baking soda, 30% methylone, and 40% MDMA. The cost is rather pricey, but worth it if you really want to know what was in the alleged drug that was acquired. Link: <https://energycontrol-international.org/>

Escapism – Usually used in reference to addiction, drugs that are escapist are drugs that allow a person to escape the difficulties of life. Perhaps there is a burdensome relationship, painful emotions, or traumatic experiences that a user may

want to avoid. Escapist drugs can be temporarily helpful, but never actually solve the problem and can make the problem worse sometimes.

Experience Reports - These are at the end of each drug chapter in *Personal Experiences*. Essentially, they are a minute-by-minute recount of the effects, sensations, and feelings that a drug has had. I try to be as detailed as possible so the curious drug consumer is aware of potential effects.

Fat Soluble

FDA - Food and Drug Administration

Freebase - What does it mean if a drug is in Freebase form? A direct quote from Erowid: "A "freebase" is merely one form that many drugs can take, the other being a "salt". The salt is formed by acidifying the drug, whereas the freebase is made by basifying the drug. Most drugs can be made into a freebase by dissolving in water and heating with baking soda until the water evaporates/boils off. It should be noted that many freebases are oils, not solids (and any solids remaining are salt or unreacted baking soda, the latter of which breaks down to CO₂ when heated, pretty harmless)." [ErowidFB]. To give a reference. Cocaine in its purest form is cocaine hydrochloride (a salt). Crack cocaine, made by using a basic chemical such as baking soda converts it to "freebase" form which readies it for smoking. Smoking cocaine hydrochloride is highly inefficient with many reporting it as a wasteful way of using cocaine.

GABA -

Gateway Drug - A drug that is said to encourage further drug use. In other words, opening the "gate" to other drugs. This term is most commonly used with regard to cannabis. Since cannabis is illegal in most places, using it may allow the user to explore harder drugs such as cocaine or MDMA.

Ground - The idea of being grounded relates back to something that can be used to keep you in this reality. For instance, if a user (usually with **psychedelic** or **dissociative** drugs) is conscious but appears lost in the eyes, providing them with a familiar food or drink may help ground them in reality. Bodily urges, like urination or defecation, can be grounding. Sometimes, familiar faces can be grounding.

Hangover - The unfortunate consequences of doing some drugs (especially at higher than recommended levels). The positive effects can cause a balance reaction where the user will then experience a *come-down* or hangover, where they feel ill-effects after the drug has worn off. This can be anxiety, laziness, depression, or any conventionally negative emotion.

Hard Drug - It is difficult to define what a hard drug is, but for the scope of this book, I define hard drugs as those that are more prone to addiction, or substantially alter the consciousness

Harm Reduction - This is one of the goals of the book. Harm reduction refers to ways that a drug can be consumed in order to reduce the chance of injury due to inexperience. An example could be the importance of using a **drug test kit** to test if the drug you acquired is the drug it is supposed to be. Knowing this would decrease your chance of being harmed by the drug when it is taken.

Heroin - A drug with arguably the worst stigma, it is an opiate **analgesic** known for its increased likelihood to cause addiction. The correct drug name is diacetylmorphine, and eventually metabolizes into morphine in the body.

Hemp - Hemp is still cannabis sativa, but by law it has to have less than 0.3% Δ9-THC. It still looks, smells, and tastes like traditional high-THC cannabis, but it usually does not get a user high. There may be some alterations of consciousness, but they are usually mild. Favorable effects include relief from depression and anxiety.

Hit - Usually referring to a single dose of a drug. In cannabis it could be one inhale off a **joint** or **blunt**. For **LSD**, it could refer to one square of dose paper or one drop of liquid. For **MDMA** (ecstasy), it could be one pill or capsule. Usually does not refer to powdered drugs that are snuffed in lines like ketamine or cocaine.

Hypnotic -

Instant Gratification - When a person looks for whatever will bring the quickest pleasure. Common in addicts, it is easier to do a drug or euphoric activity (such as sex or TV) than it is to invest in a long-term reward, such as college or getting a "good" job.

Insufflation/Intranasal (Method of Ingestion) -

Intoxicants - Drugs that cause a state of intoxication - the most common being alcohol. I believe other drugs can be described as intoxicants, such as cannabis or MDMA, although the term is somewhat uncommon for the latter.

Intramuscular (Method of Ingestion) -

Intravenous (Method of Ingestion) - Short for IV

Isomers - Drugs can be isomers of each other if they have the same chemical formula but a different chemical arrangement. Effects can also be different. The R-isomer

Junkie - A derogatory slang term for a drug addict. Users rarely describe themselves as junkies. This term most commonly refers to someone who heavily uses heroin, but it can apply to other drugs as well.

Ketogenic Diet - A diet that aims to reduce the number of net carbohydrates a person consumes. Sometimes less than 20 grams are consumed a day. There is usually a high amount of dietary fat ingested. This low-carb high-fat style diet helps overweight individuals burn through fat efficiently, while also curbing the desire for sugary and carbohydrate heavy foods.

Line - Used when referencing **insufflated** drugs. A drug can be chopped up into a fine powder, where it is then “raked” into a line(s). Users then take a straw, rolled up dollar bill, or similar device, put it in their nose and inhale the line in front of them through the nostrils.

LD50 - In drug research, this is the lethal dose needed to kill 50% of the population. As this would be unethical to do in humans, we often use animal models to attempt to relate the information to ourselves proportionately.

Lilly, John – American neuroscientist, psychiatrist, and psychonaut (Glossary), who used psychedelic drugs to explore the mind-body connection. In the early 1960's, he initially documented his LSD use, occasionally in a sensory isolation flotation tank. In the early 1970's he began to explore ketamine with intramuscular injection, occasionally using the sensory isolation tank [Psychotherapy 2014 (ketamine)].

Liver (Drug metabolism) – There are various enzymes in the liver that break down drugs. Some can be inhibited, causing the drug to not break down and stay longer in the body, thus increasing effect. It is also quite dangerous, as unsafe levels of the drug can then permeate the body and cause harm, even death.

MAPS -

Mephedrone – A cousin of MDMA and cocaine in effect, but not chemical structure. It is a euphoric stimulant, with a short duration, and a strong desire to keep taking it when effects wear off. It was sold in place of MDMA or cocaine in places around the world until it was banned and made illegal. It is now almost impossible to get.

Methamphetamine - A powerful and long-lasting stimulant. Users can stay awake for days, or even weeks at a time with constant dosing without sleeping. Can cause psychosis at these levels. Chemically related to amphetamine, which is found in prescription Adderall.

Method of Ingestion – See *Route of Administration* (RoA)

Methylone - A cousin of MDMA with a beta-ketone group attachment. The effect can feel quite similar to MDMA, but shorter in duration. It has a slightly more addictive tendency, with an increased desire to continually dose comparatively. It is also more stimulating. After a ban on the chemical in 2012, it has become much more difficult to find, but cousins to this drug still emerge on the market occasionally.

Micro-Sleeping -

Morphine - An *opiate analgesic* extracted from the poppy flower. It is more commonly found in hospitals, whereas heroin is most commonly found amongst recreational drug users.

Munchies – This describes the effect for having an increased appetite as the result of drug use. It is common for cannabis, but I also experience it with benzodiazepines, alcohol, and some opioids.

Music Festival - Music festivals can come in a wide variety of types. Woodstock would be the best example of one of the first music festivals. Back in the 1960's, mostly younger people of all kinds from around the country gathered and listened to some of the top bands at the time. Some took drugs, which forever tied the concept of music festivals and drugs together.

MLD-41 – See LSD chapter, PAGE

Narcolepsy - This is the opposite of insomnia, where a person has trouble sleeping. Narcolepsy is characterized by overwhelming sleepiness and “sleep attacks” which could be dangerous, if the bout hits while performing dangerous activities, such as driving.

Narcotics Anonymous - A branch off of Alcoholics Anonymous (AA), a place where people who are addicted to drugs can go and help themselves without professional treatment. It is free to go and has helped many.

National Institute on Drug Abuse - A United States based organization whose purpose is to spread information about drug addiction and substance abuse.

Needle Exchange Program - For intravenous drug users, there are locations that exist where a drug user can exchange dirty needles for clean needles. This is to help prevent needles from being shared which can spread disease.

Nervous System - The system of nerves that run throughout the body. It is essentially the bodies internal electrical wiring where neurons are transported to make the body perform certain tasks.

Neurotransmitter - Help send chemical messages in the brain. There are many different types. Serotonin, Dopamine, Norepinephrine, and they each are responsible for different effects – wakefulness, sexual feelings, and changes in emotional states.

NIDA - Abbreviation for **National Institute on Drug Abuse**

Nixon, Richard – The 37th President of the United States of America. Declared “War on Drugs” in 1971 which seems to have had no actual impact on eradicating drug use. He was the only president ever to resign from office before his second term was completed.

Opiate – Drugs that are derived from the opium poppy

Opioid – Usually describing a synthetically created *analgesic*. By definition, opioids are not derived from the poppy plant, however “opiate” and “opioid” have been used interchangeably to encompass all forms of chemically similar opiates, both natural, like opium/morphine, and synthetic, such as *oxycodone*

Opium - A liquid that oozes out of the opium poppy. This substance can be used to synthesize two of the most addictive drugs known to humans: *morphine* and *heroin*.

Oral (Method of Ingestion) -

Over-Stimulation – A side effect of stimulant drugs such as amphetamines or cocaine. This describes an often-unpleasant sensation when too much of the drug has been taken. Anxiety is often present, the heart rate is uncomfortably increased, and breathing may become shallow.

Over The Counter (OTC) – When drugs can be bought without a prescription, usually in the aisles of general stores or pharmacies.

Oxycodone – A synthetic prescription *analgesic*. Commonly given after certain surgeries or for chronic pain. Doctors have limited prescriptions of this drug in recent years due to increased-likelihood of addiction.

Paranoia – This is an effect that is observable past anxiety. It usually consists of irrational thoughts or fears when there is nothing to physically be afraid of. A good example of paranoia includes an individual fearing that their friends are conspiring against them, even when they are not. To the paranoid person it seems entirely real. The friends may be reinforcing the fact that they are not in on a conspiracy, but it will oftentimes not sway the paranoid person away from their paranoia.

Phenethylamine – Usually describes a psychedelic drug that is chemically related to amphetamines. Typically has characteristics of stimulant drugs.

Pill Press - These are machines that can press a number of drugs or other substances into a pill. At one point, they were more commonly used for pressing different shapes of ecstasy pills, but now, they are gaining increasing popularity amongst drug dealers who press fake prescription pills containing different drugs than were advertised.

Peer Pressure – People who are taking drugs may make the act seem appealing and seductive. They can persuade or pressure their friends into taking these drugs, and these friends will easily fall victim, because the influence of friends over friends can be powerful.

Percocet – Brand name for [*Oxycodone*]

Potentiate – To potentiate a drug is to make it stronger. Saying benzodiazepines potentiate the sedative effect of opioids means there is an increase in sedative effect.

Pot-head - Slang terminology for someone who uses cannabis on a frequent or daily basis.

Pseudoephedrine – A nasal decongestant available over-the-counter (OTC) in most American pharmacies, with proof of identification. Due to the

Psychedelic - Describes a class of drugs which can distort visual, and sometimes auditory, perception

Psychoactive – A drug that acts primarily on the **central nervous system**, where brain function is then affected. It can cause changes in mood, perception, consciousness, and behavior. These drugs can be used recreationally (such as alcohol or caffeine), spiritually (as in the case of mescaline), or as medication [PsychoDrug]. It is psychoactive drugs, rather than non-psychoactive drugs like blood pressure medication or digestive medication, which are the primary focus of this book.

Psychonaut – one who explores his or her own mind, often with the aid of substances [Psychotherapy 2014 (Ketamine)]

Psychotherapy -

PTSD - Post-traumatic Stress Disorder, PTSD is more common among soldiers returning from war, and others who experienced severe trauma, such as those who experienced rape or a car accident. Characterized by realistic flashbacks that cause extreme stress or anxiety. Treating this disorder is arguably inadequate, however research is currently being done with the drug MDMA (ecstasy) as another option.

Rave - Raves which began in the United Kingdom in the early 1990's eventually spread to North America. They are large parties where people gather and dance to loud rhythmic music until dawn or later, reminiscent of the 1960's "acid tests". Glow sticks are common, as well as oversized pants, or other seemingly ridiculous accessories which may make the experience more surreal. A common rave motto is "P.L.U.R." Meaning Peace, Love, Understanding, and Respect, indicative of the accepting attitude of people who frequent these gatherings. It is likely not a coincidence that MDMA generates feelings of love, empathy, and peace in those who use it [ContrMDX 2001][SOURCE MDMA page].

Reagent Kits - Devices used to test for the presence of a drug. The chemicals inside the kit will change colors depending on which drug is being tested. This can help the user discover if the drug they purchased is indeed the correct drug they intent to ingest. Directions and suggestions for use can be found in the *Safety Part I – FAQs* chapter.

Rebound – This is a subset of withdrawal in a sense. After a drug wears off, if the user is experiencing rebound effects, they are essentially experiencing delayed negative effects. For instance, a person taking alprazolam (an anxiolytic) for two weeks, may experience rebound anxiety upon cessation, where the anxiety that was repressed by the drug now comes back – rebounded onto the individual.

Recovery Position – The position that someone should be placed in if they are unconscious from the use of drugs to prevent **asphyxiation**. The user should be turned on their side with their top leg bent so they do not roll onto their stomach or back. Being in either of those latter two positions can allow a user to vomit, resulting in choking or suffocation.

Research Chemicals – This encompasses drugs that were mostly created in the couple decades or so. As chemically derived drugs are made illegal, chemists take whichever drug was made illegal and change the chemical formula slightly. What is born is a chemically similar, but likely more unsafe drug, that dodges the current law so it can be mass produced and sold. For example, the banning of ketamine gave rise to methoxetamine and deschloroketamine, and banning methylone birthed ethylone and butylone.

Retrograde Amnesia - Converse to anterograde amnesia, this form of amnesia is where someone is able to recall events that happened right before the development of this amnesia, even if memories can be encoded following the onset [HumMemNet].

Rolling - Describes the feeling of being intoxicated on **MDMA**

Route of Administration (RoA) – This can refer to the number of ways a drug can enter the body: intravenously, intramuscularly, orally, buccally, subcutaneously, transdermally, rectally, sublingually, or intranasally. Each method is detailed further in different sections of this glossary. Relevant routes are addressed in each drug chapter for each drug. For a summary of suggestions with how to best ingest drugs through each RoA there is a chapter, *Suggestions on Routes of Administration* in the PART II – SAFETY section of this book.

Scopolamine - Also known as Barandanga or Devil's Breath, is a naturally occurring drug said to be able bend the will of the user to the desires of another. In extreme cases, it is alleged to cause people to get sexually assaulted, commit crimes, even empty their bank account without having memory of the event.

Sensitization (Versus tolerance) –

Serotonin Syndrome - Characterized by excessive serotonin release in the brain [ADD MORE]

Set and Setting - When referencing drug experiences, the “set” refers to the mindset of the person. Are they in a good mood? Have they had negative past traumas or experiences? What thoughts or expectations do they have? The “setting” refers to everything outside the person. This includes the social setting where the drug is taken, and the subsequent influence of peers on the individual. This also refers to the environment: a party, a bar, or simply a quiet room.

Smoking Blend - Commonly refers to a package containing a combination of synthetic cannabinoids, such as JWH-018, CP-55,940, or AKB48, blended with various plant matter, such as damiana, marshmallow leaf, or mullein, to give an appearance and effect similar to that of cannabis when ingested, usually through inhalation.

Solubility -

Speed - In the United Kingdom and other European countries, speed usually refers to racemic amphetamine paste. In the United States, speed usually refers to methamphetamine. European style speed paste is largely unheard of.

Speedballing - This term refers to when a stimulant (upper) and depressant (downer) drug are used in conjunction. The most common combination of drugs is cocaine and heroin, where users might believe they are getting the "best of both worlds" by using the drugs at the same time.

Spins – Getting “the spins” is a slang term which describes the experience when consuming high amounts of alcohol and cannabis simultaneously. The effects are usually unpleasant and undesirable. Common feelings are dizziness, nausea, and sedation.

Standard drink – The definition may vary from place to place, but what I have been taught was that one 12-ounce beer, one five-ounce glass of wine, and a 1.5-ounce shot of hard liquor was the rough equivalent to one standard "drink". If asked "how many drinks did you have?" Think back through the evening and count how many beers, glasses of wine, or shots you had to determine how many drinks you had. Consuming mixed drinks can cause uncertainty when counting the number of drinks.

Stoner - Slang terminology for a frequent, usually daily cannabis user.

Stimulant – A stimulant can be defined as, “a drug that increases the level of activity and alertness, by selectively reducing stimulus from the outside world” [GinsBook 199x (CaffSection)]. This being from a book which focuses on the stimulating properties of herbs. I would like to add that I feel stimulant drugs increase wakefulness and suppress sleep.

Synthetic Cannabinoids - These drugs were more popular around 2009-2012, however they occasionally appear illegally in products advertising CBD. There are hundreds of fully synthetic chemicals in this class of drugs. JWH-018, UR-144, STS-135, AKB-48, and CP-55,940 are just a few. They bind to cannabinoid receptors in the body similar to THC, but they often have unpredictable effects. Heavy use can result in psychosis or even death. They can be quite dangerous.

Tachycardia – A side effect of a high dose of stimulant drugs. Tachycardia is when the heart beats at greater than 100 beats per minute.

THC – See Δ9-tetrahydrcannabinol (beginning of Glossary)

Threshold - The lowest level of perceivable effects. If someone takes a dose even a little bit lower than this, effects may not even be perceptible. An example of this would be a micro-dose of psychedelics – something barely passing threshold. Tolerance - See Section Headers section PAGE

Tolerance Break – In order to get **tolerance** down, a tolerance break can be had where a period of abstinence of several days, weeks, or months can be taken. This will seemingly *reset* tolerance, and allow for pleasurable effects of a drug to persist.

Tracers – While usually highly intoxicated, the user may see a trail of colors or lights behind an object as it moves. It can appear blurry or blended into the background.

UNODC – United Nations Office on Drugs and Crime, an international committee that looks at the World Drug Problem and tries to formulate a strategy to handle the issues at hand.

Vasoconstriction – This is a common effect of stimulants. The blood vessels will constrict, reducing blood flow to the body. This can indirectly lead to anxiety and general unpleasantness.

Valium - see [Diazepam]

Volumetric – Describes a system of dissolving a drug in a liquid to make it easier to take a dose. This is commonly used for liquid LSD, and less commonly for other drugs, such as powdered benzodiazepines. An amount of drug is dissolved in an amount of liquid, and then an amount of liquid in drops or milliliters is produced for more accurate dosing.

Withdrawal - When an addictive drug ceases to be taken after an extended period of time, rebound or negative effects may be present. For instance, when an opiate addict stops drug use, they may experience nausea, vomiting, depression, and anxiety. In almost every withdrawal, a user will experience an intense craving for a drug. Sometimes that craving is so intense that ethics and morals will be sacrificed just to get the drug.

World Drug Report – An annual report printed by the **UNODC** that details various issues with drugs in society for the given year. It remarks on rates of drug production and profits, as well as other useful information about drugs.

Xanax - see **Alprazolam**

[HumMemNet]

Amnesia

<http://www.human-memory.net/>

[ErowidFB]

What does it mean if a drug is in freebase form?

<https://www.erowid.org/ask/ask.php?ID=2348>

[PsychoDrug]

Reference Drug – Psychoactive Drug

https://www.sciencedaily.com/terms/psychoactive_drug.htm

Personal Q and A

What is your favorite drug and why?

Discounting the fact that a preference can change from moment-to-moment, generally speaking, cannabis is actually my favorite. There are so many strain varieties: stimulating, sedating, relaxing, thought-provoking... the list goes on. I also find it the most balanced drug, and probably the least harmful for the physical body out of everything that was mentioned in this book.

My favorite psychedelic is 4-AcO-DMT, created by Albert Hofmann, who also made LSD. If you want to know why, you can search for yourself :).

What do you want?

That's a loaded question. I want Honest information to be exchanged freely, especially when it comes to human health. People need to know the truth about the world we live in. That is why I am making this book freely available. Hopefully it will save a life.

What do you want to do in the future?

It was only recently, that I actually began creating a plan for the rest of my life. For the short-term, I am studying website development and software engineering so I have employable skills. For the long-term, I would love to do a serious study on drugs, and perhaps pursue a career in chemistry. Maybe we could create drugs that exist that would actually somehow benefit humanity, rather than most of the substances that are put out by the pharmaceutical industry currently – which I believe may be a detriment to humanity.

Worst drug experience?

I have had MANY! Let me say it like this: If you do enough drugs that you lose your sense self entirely, it may be time to take a good look at what you are actually doing.

Best drug experience?

Too many to count. I don't think I could clearly answer this question. The day I took LSD and quit cigarettes comes to mind first, though.

Any parting words?

Yes. Fuck capitalism. Power to the People. Give Peace a Chance. Nobody NEEDS Millions of Dollars.



