



## Frequently Asked Questions for Common Substance Classes

### Empathogens

**Common Drugs in Class:** MDMA, MDA, 5-APB, 5-MAPB, 6-APB, etc.

- **Can I snort MDMA?**

Not recommended. Oral administration is better for absorption (20% higher bioavailability). Snorting may irritate the nasal passages and lead to inconsistent doses.

- **Food Intake:**

Best taken on an empty stomach for faster onset and absorption. A light meal 30 to 60 minutes prior may help sensitive individuals.

- **Hydration:**

Sip water slowly (250ml / hour, that is about half a pint of water). Avoid excessive intake of water, if you're feeling particularly thirsty, cold electrolyte drinks could help.

- **Dosing:**

*All dosing guidelines are based on having a pure substance, be sure to test any and all substances you intend to consume.*

Table 1: MDMA Dosing Guidelines:

Guideline	Oral Dose
Common Dose	80 - 120 mg
Maximum Dose	1.5 mg/kg

- Be sure to weigh all doses using a high quality milligram scale (0.001g) - the AWS Gemini 20 is a great option for under £30/\$35/35€
- Avoid re-dosing before 90 minutes, and after 3 hours to reduce neurotoxicity.
- Wait a minimum of 3 - 6 months between uses to allow serotonin levels to stabilize.

### Cannabis

- **Can I eat or drink with cannabis?**

Take on an empty stomach for better absorption or with a light meal if you're sensitive to the drug.

Effects are quicker when smoked, however edibles have delayed but stronger effects.

- **Dosing:**

Start with 5 mg THC for edibles. Wait 2 hours minimum before re-dosing.

## Opioids

**Common Drugs in Class:** Codeine, Tramadol, Morphine, Oxycodone, etc.

- **Can I snort Tramadol/Codeine?**

No. These drugs need to be metabolised for them to be active in the body, which snorting bypasses, rendering them inactive.

- **Food Intake:**

Take with light food to reduce nausea.

Table 2: Recommended Beginner Doses for Opioids

Drug	Oral Dose (mg)	Snorted Dose (mg)
Codeine	50 - 100	—
Dihydrocodeine	30 - 70	25 - 50
Tramadol	25 - 100	—
Tapentadol	25 - 50	15 - 30
Morphine	10 - 15	7 - 11
Oxycodone	2.5 - 10	2.5 - 7.5
Heroin	—	7.5 - 20

- **Combining:**

Avoid mixing opioids with stimulants (e.g., speedballs) as it increases overdose risk. Avoid combining with alcohol or benzodiazepines to prevent respiratory depression.

## Benzodiazepines

**Common Drugs in Class:** Alprazolam (Xanax), Diazepam (Valium), etc.

- **Can I snort benzodiazepines?**

No. The poor water solubility makes snorting ineffective. Use sublingual or oral routes for the best bio-availability.

- **Food Intake:**

Benzodiazepines can be taken with or without food. Using on an empty stomach may increase the sedative effects and have a faster rate of onset.

- **Dosing and Dependency:**

Limit usage to situations of acute anxiety to avoid addiction. Gradually taper dose if used daily for over 6 weeks to reduce withdrawal risks.

If usage has been less than this amount of time then the user should NOT taper their dose, and should stop the medication 'cold turkey', as tapering here would do more harm than good.

## Stimulants

**Common Drugs in Class:** Cocaine, Amphetamine, Methamphetamine, etc.

- **My watch tracks heart rate / blood pressure, is this accurate?** No, Heart Rate and Blood Pressure readings from a smart watch are not an accurate source, it is advisable to invest in an Automatic Sphygmomanometer, these are available on Amazon for less than £20/\$25/25€, and these devices can accurately tell you your blood pressure and heart rate, an important vital to monitor as a stimulant user.

Heart Rate changes are expect on stimulants, generally a normal heart rate is between 60 - 100 BPM, however as long as your heart rate is not 160+ BPM for an extended period of time, there is generally minimal concern. Cooling down and breathing exercises can help lower your heart rate. if you experience a prolonged increase in heart rate of 160+ or feel unwell else-wise, it is recommended to seek medical guidance.

Below is a chart showing the expected blood pressure ranges, whilst on stimulants it is typical to experience an elevated or high blood pressure, however if you enter the Very High / Hypertension II category, it is recommended to keep a close eye on your vitals, and if you enter Hypertensive Crisis you should attend your nearest Emergency Department.

Table 3: Blood Pressure Ranges

Category	Systolic Top Number (mm/Hg)	Diastolic Bottom Number (mm/Hg)
Low / Hypotension	Less Than 100	Less Than 60
Normal	100 - 119	60 - 80
Elevated	120 - 139	Less Than 80
High / Hypertension I	140 - 159	80 - 89
Very High / Hypertension II	160 - 179	90 - 119
Hypertensive Crisis	Greater Than 180	Greater Than 120

- **Food Intake:**

When on stimulants you should make an effort to try to eat something around every 4 - 5 hours even if you're not hungry as to avoid the risk of malnutrition.

- **Hydration:**

Sip water slowly (250ml / hour, that is about half a pint of water). Avoid excessive intake of water, if you're feeling particularly thirsty, cold electrolyte drinks could help.

- **Stimulant Induced Psychosis:**

Stimulant induced psychosis is a thing that occurs in around 30% of stimulant users, so knowing how to prevent it can be very important:

***Prevention:***

- Reducing sleep deprivation as much as possible, even if this is only a couple hours a day, by reducing concurrent days of not sleeping and cutting the binge short you drastically reduce the risk of falling into psychosis.
- Ensuring you're drinking and eating enough, while it may feel unpleasant to eat on stimulants, can help prevent you from getting into a psychotic or particularly unwell state.
- Choosing the substance you use wisely can also be a large factor, some substances carry higher rates of psychosis, so recognising what each substance does for you is important.

**Management:**

- If you suspect yourself or a loved one is in psychosis the most important thing is trying to seek professional help, there is ultimately a limited amount of things that you can do yourself at home.
- Don't directly agree with the psychotic persons delusions, but likewise don't directly disagree. Direct agreement or disagreement could reinforce their delusions and makes it more dangerous for both you and the patient.
- Encouraging the person to sleep is one of the best things you can do, ensuring that they're eating, drinking, sleeping can massively help someone in the earlier stages of psychosis and prevent them getting worse.

**• Dosing:**

Start with small doses (e.g., 20 mg for cocaine, 5 - 10mg for meth/amphetamine).

Be sure to weigh all doses using a high quality milligram scale (0.001g) - the AWS Gemini 20 is a great option for under £30/\$35/35€

**• Combining:**

Never mix with alcohol or depressants due to cardiovascular risks, and the increased risk of overdose.

Stimulants should never be mixed with opioids ('speedballing') as this increases the risk of overdosing on the opioid especially in the case where the stimulant's effects run out prior to the opioid which can cause you to accidentally take too much of the substance.

## Dissociatives

**Common Drugs in Class:** Ketamine, DXM, 2F-DCK, etc.

**• Can I snort Ketamine?**

Yes. Snorting provides a faster onset of the substance.

**• Can I take Ketamine orally?**

Oral administration is possible and lasts longer but it is more taxing on your bladder and has a significantly reduced bioavailability to more of the substance is needed to achieve the desired effects.

**• Food Intake:**

Take on an empty stomach or after a light meal to reduce nausea.

**• Dosing:**

For Ketamine, 25 - 50mg is a safe starting point if you're snorting, or 100mg orally. You can re-dose until you reach the desired effects

The table below summarizes DXM dosing using the plateaus system and shows their respective effects.

Table 4: DXM Plateaus: Dosage and Effects

Plateau	Dose (mg/kg)	Common Effects
First Plateau	1.5 - 2.5	Mild euphoria, time distortion, music appreciation
Second Plateau	2.5 - 7.5	Sedation, spatial disorientation, physical euphoria
Third Plateau	7.5 - 15	Dissociation, hallucinations, memory suppression
Fourth Plateau	15 - 20	Complete dissociation, risk of amnesia, overdose

## Alcohol

- **Can I drink on an empty stomach?**

Having food in your stomach slows alcohol absorption and reduces risks of blackouts. It's therefore advisable to eat something prior to drinking. Try to choose light meals over heavy, greasy foods.

- **Hydration:**

Drink water between alcoholic beverages to prevent hangovers and dehydration.

- **Club / Bar Safety:**

Avoid leaving drinks unattended, ideally if you're in a social environment you should never drink from a glass that has been out of your line of site as spiking can and does occur regularly. If you need to go to the toilet, you could even bring your drink with you.

## Psychedelics

**Common Drugs in Class:** LSD, Psilocybin mushrooms, 4-AcO-DMT, etc.

- **Can I eat before or after psychedelics?** Take an empty stomach or a light meal to reduce nausea.

Safe and comfortable settings are crucial for positive experiences.

- **Dosing:**

LSD: 50 - 100µg (This is generally around  $\frac{1}{2}$  to 1 whole tab).

Psilocybin mushrooms: 1 - 2 g for beginners.

- **Timing between trips:**

In general it is recommended to wait at least 2 weeks between trips, this is so your tolerance to the psychedelic can come down to baseline and so you can look back on and reintegrate properly after your trip.

Tripping frequently, or with very high doses can increase the chance of getting Hallucinogen Persisting Perception Disorder (HPPD), this varies in effects from people to people but it can manifest in things like visual snow, hallucinations, and auditory differences.

- **Medication Interactions:**

Avoid use if using SSRIs, SNRIs, or similar medications. If using psychiatric medications, then these medications will need to be stopped for a period of 2 to 6 weeks prior to psychedelic use to ensure that the substances are effective and the monoamine receptors in your brain react normally.

## Gabapentinoids

**Common Drugs in Class:** Gabapentin, Pregabalin, etc.

- **Can I snort Pregabalin/Gabapentin?**

No. These drugs are inactive when snorted.

- **Administration:**

Gabapentin: Better absorbed with high-fat meals.

Pregabalin: Better absorbed on an empty stomach or 4+ hours after eating.

- **Dosing:**

Gabapentin: 300 mg/hour until desired results.

Pregabalin: 200 - 600 mg, avoiding high doses to avoid risk of seizures.

- **Combining:**

Avoid mixing with alcohol or other depressants to prevent respiratory depression and increased disinhibition.