The Blender

A guide on mixing drugs...

...and the related risks.

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Street talk

Bad trip : A bad experience under the influence of drugs.
Blow : Cocaine.
Buzz : The effect of a drug. To be buzzed: being under the influence of a drug.
Down : Feelings of depression when the effect (the high) of a drug dissipates. Also another words for opiates.
Downer : Depressant.
Fix : Injection, shoot.
Gear : Equipment including syringes used to make an injection. Also called « works ».
High : Being high under the effect of a stimulant drug. The high point is the drug’s maximum effect.
Hoop : Inserting the drug vaginally or anally.
Huff : Inhaling inhalants.
Nod : To nod your head. To doze off when high on opiates.
OD : Overdose.
Partner : Companion, friend.
Pass out : Falling asleep or losing consciousness.
Pills : Synthetic drugs (pills, capsules or tablets).
Plug : See « hoop ».
Puff : Inhaling (the smoke of) drugs. For instance, « A puff of crack ».
Pusher : drug dealer.
Rig : syringe, needle.
Sommeil
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Glossary

Sketchy: In a context of drug use, a sketchy person has tics, could be searching obsessively for drugs, mostly on the ground, becomes paranoid, especially after using stimulants.

Smack: Héroin.

Snort: To sniff or inhale a drug (such as cocaine or ketamine).

Doctors’ words

Cardiac arrhythmia: Irregular cardiac rhythm, palpitations.
Hypotension: Decrease in blood pressure.
Heart attack: Chest pain due to the death of heart muscle cells.
Metabolism: The reflexes that keep you alive, such as heartbeats or respiration.
Molecule: Molecules are composed of two or more atoms. Chemists create new drugs by modifying molecules.
Psychosis: A mental disorder. A psychotic person can lose contact with reality, hallucinate, feel persecuted without reason or be confused.
Drug-induced psychosis: psychosis caused by drug use.
Respiratory depression: Breathing slows down sometimes to dangerous levels. Lips or skin may turn blue if insufficient oxygen reaches blood.
Respiratory arrest: Breathing stops altogether.
Vasodilator: A drug that causes dilation (expansion) of blood vessels.
Liability:

Any information pertaining to your health is not intended to replace the opinion of a healthcare professional. The contents of this guide should not be considered as medical advice. Any decisions concerning your health must be taken with the help of a healthcare professional.

Since drug possession and trafficking are illegal in Canada, nothing published in this document is meant to incite people to break the law. A “by-and-for” initiative, The Blender aims to provide information, foster discussion, and promote wellbeing.

Although the information in this booklet tries to be as current, complete and thorough as possible, we cannot guarantee its accuracy. There is little information available on the interaction between different street drugs, so some of facts contained in this guide are partly based on personal experiences.

In the same vein, the partners who helped us create this document may not be held responsible for any information within these pages and how it is interpreted or used.

In case of an emergency

If you have questions, talk to a community worker, a doctor, nurse, C.L.S.C. or call the health line at 811 (a registered nurse will answer). If you are feeling really bad, or if your friend has blacked out, call 911 right away. The faster you act, the better!

If your friend is having an OD, stay with them if possible. If you are too afraid, tell the 911 operator which drug your friend used, at what time, and the quantity they took. Tell the operator the person’s exact location. You can also leave a note on your friend with all this information. However, your best bet is to stay with them.

More and more grassroots health organizations throughout Canada are offering training and carrying kits with Naloxone (Narcan™) available to drug users in case of an opiate overdose. Find out if it’s available where you live.
A good partner for drug use!
When using drugs, it is always best to be with someone you trust. A good partner is someone who will take care of you if you don’t feel well or in case of an overdose. A good partner is also someone trustworthy that you feel really comfortable with. Some drugs can make you extremely awkward, anxious and paranoid.

Here is how to be a good partner in case of OD:
If the person you are with does not feel well, stay with them, take them aside, and give them water or juice if they’re too high. Sugar tends to lessen the high.
If the person is ODing, call 911. It could save their life.
If the person has a fever, administer cold compresses on their face and nape of the neck.
If the person nods a lot or loses consciousness, try to keep them awake by talking to them and asking questions.
If the person is breathing, turn them on their side and clear the breathing airway. Make sure they have nothing in their mouth or throat. If they do, take it out.
If the person is having convulsions, make sure there is nothing around that could harm them such as glass, syringes, rocks or debris.
If you know CPR, get on with it!
This tool was created in the spirit of harm reduction, because we are aware that those who are mixing drugs will do so despite warnings about the dangers. On the other hand, we consider it essential to inform as many individuals as possible about what different drug combinations can do in order to reduce the risk of fatal repercussions.

We hope this guide will help you use drugs more responsibly, make your buzz more enjoyable, lessen the impact on your health and perhaps save your life.

Good reading.

The AQPSUD team

Antipsychotic medication

Antipsychotics are medications prescribed to regulate certain mental health problems, such as psychosis (sometimes brought on by drugs) and schizophrenia. Antipsychotics mixed with drugs can produce all kinds of results. Some drugs can change the effects of antipsychotics, and these medications can increase or reduce the effects of street drugs. If you take antipsychotics and dope, talk to your doctor or pharmacist about their interaction and possible risks.
Why do we mix different drugs?

- Because we take whatever people give us. We just can’t « say no to drugs ».
- To look good in front of our friends. Peer pressure.
- To increase the effects of the dope. We are not high anymore or not high enough. Or because that some times, we just want more !
- To even out the effects. We are too high and want to come down, or vice versa.
- To completely lose control. We want to really lose it and get wasted !
- Because we mix trivialized substances. For example, we don’t consider smoking a joint while having a beer as mixing drugs.
- Because we don’t know we’re ingesting a drug cocktail. Someone may have put something in our drink, or we smoke a joint with friends without knowing that there is blow in it.
- To push our limits. We want to see how far we can go or we want to get REALLY high ! !
- Because we take prescription drugs. We have no choice: it’s prescribed to us.

Hepatitis C treatment

Using drugs and alcohol can reduce your chances of success with your hepatitis C treatment. Also, it could be more difficult to follow your treatment plan, which is necessary to be effective and possibly cure your Hep C. Remember that some street drugs can interact with your medication. Talk to your doctor. Doctors often require abstinence, but they do understand drug use ! Being honest with your doctor is a step in the right direction.
Substance + Individual + Context

It’s not easy to explain how we feel when we use drugs because many factors come into play. First of all, it depends on what substance we use. For example, smoking a joint won’t get us as high as taking a puff of crack.

We also have to consider the quantity and the quality of the drug we use, especially if we buy from a new pusher or dealer. This is because the substances we take are rarely pure.

Next up, there is the individual factor: Drug effects vary depending on whether we’ve slept, eaten, Antiretroviral drugs / HIV meds

If you are on antiretroviral drugs for HIV, you must be aware of the possible interactions between drugs and your treatment. When combined with antiretroviral drugs, certain drugs can have a lesser or greater effect. Besides, your treatment can be less effective when combined with street drugs. If you go on a bender, it could be harder for you to follow your doctor’s treatment plan thoroughly. Ask your doctor’s advice if you use street drugs along with your HIV treatment!
have health issues, or if we’ve taken prescription drugs. It also depends on our weight, habits, current mood, and tolerance. We build up tolerance when our body gets used to a substance, leading us to increase our dosage to get the desired effect.

Finally, we also have to keep context in mind: Where we use the drugs, with whom, at what time of day, and our general state of mind/life context at that moment. Are we homeless, grieving, excited...?

The combination of these three factors (substance/individual/context) explains why, from time to time, we do not react the same way when we use the same drugs.

**Viagra®**

Since the arrival of Viagra®, Cialis®, and Levitra®, some people like to use them to enhance their sexual performance. Beware! If you mix it with other drugs, Viagra® can accelerate your cardiac rhythm. Stimulants increase your cardiac rhythm and depressants slow it down. In both cases, you risk palpitations or cardiac arrest. Also, keep in mind that Cialis® and Levitra® last longer than Viagra®, meaning that you will feel bad longer if you already don’t feel that great! Plus, if you use Viagra® regularly without need, you could end up with premature erectile problems in the long run. If you think you need Viagra®, you should look into getting a doctor’s prescription instead of buying it on the street. Be honest about your use and abuse. Your doctor will advise you accordingly.
Manner of Use

There are many ways to use drugs that can influence how they make us feel. If we swallow or hoop (plug) them, it will take longer before we get the desired effect, but the high will last longer. If we smoke or sniff, we will get a faster buzz that will be more intense, but also more short-lived. If we shoot (inject, fix) our dope, we will get high almost immediately, but it is far riskier. Since the drug goes directly into the bloodstream and reaches the brain faster, this way of using carries more risks: Abscesses and other kinds of infections, sharing of gear (needles, ties, tourniquets…) leading to blood-borne infections like HIV and HEP-C.

Other less common ways of consuming drugs are: lingual or sublingual (on or under the tongue), transdermal (through the skin like nicotine patches) and inhalation. Inhaling is similar to smoking but without smoke. You can inhale products like aerosols, compressed air, gas, glue or other solvents.

Suboxone® can trigger withdrawal symptoms if you use opiates prior to taking it. If you took some smack or another opiate, you’d be better off waiting for the withdrawal symptoms to kick in before doing Suboxone® to avoid problems. Generally speaking, it is best to use opiates about eight hours after taking Suboxone®. If you use Suboxone® to get high, only do a small line; you’ll get a better buzz.

As far as stimulants are concerned, they could lower the effects of Suboxone® and methadone.

Alcohol or Benzo + methadone Suboxone®: Those are all strong depressants, so stay careful, especially at the beginning of your treatment!! Seriously; it’s not even fun to use them together. It could slow down your metabolism and your heart. You could even pass out.
An OD, what’s that?

When you hear the word OVERDOSE, you instantly think DEATH. However, overdosing simply means taking more drugs than your body can handle. For example, throwing up after mixing drugs and alcohol is a type of overdose; our body tells us that we went over our limit even though we remain conscious. There are many kinds of overdoses. The main symptoms are: dizziness, sweating, incontinence, vomiting, convulsions, coma, respiratory or cardiac depression or arrest, and loss of consciousness. All of these can lead to death. It is also possible to overdose and not necessarily go to the hospital or even be aware of it!

Avoid an overdose. Know your limits, stay within it!

Methadone and Suboxone®

It’s risky to use opiates (such as heroine and morphine) when you’re on a methadone or Suboxone® program.

Methadone can hide the effects of other opiates. The danger is that you might be tempted to do more smack or other opiates because you didn’t feel your first hit. Although you do not feel the effects, they are adding up and you could OD without even getting your buzz on! What a waste! If you really intend on using smack, don’t take your methadone that day! Something to think about.
Main categories

**Disruptors – Deliberately delirious!**
Disruptors modify your perception of reality and your senses. Your psychological functions are... disrupted!

**The cannabis family**
- Pot
- Hash
- Hash oil

**Hallucinogens**
- Ketamine (MXE)
- LSD
- MDMA/Extasy
- PCP
- Magic mushrooms or ‘shrooms / Mush
- 2C’s (2CB...)
- Salvia

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**La cocaethylene**

When you do cocaine and drink alcohol, your body recombines the molecules from each substance and creates a chemical called cocaethylene. While this chemical reproduces the same effects as coke in your body, they are more harmful and also last longer. Risks of an irregular heartbeat (cardiac arrhythmia) and heart attacks are greater when you mix alcohol and coke. You also run a higher chance of having a breakdown or experiencing psychosis. When you drink alcohol and use cocaine intravenously, 24% of the coke is transformed into cocaethylene. That percentage falls down to 18% when sniffed, and shoots up to 34% when swallowed.
Stimulants – *Uppers. Revving up!*  
Stimulants increase your awareness, energy level and performance. Drugs in this category boost the central nervous system.

**Major stimulants**
- Amphetamine (speed) / methamphetamine (crystal meth)
- Cocaine
- Extasy
- MDPV or Mephedrone (bath salts)

**Minor Stimulants**
- Caffeine
- Energy drinks (guarana and taurine)
- Nicotine

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**Coke or Speed + alcohol**  
Coke and speed mask the effects of alcohol, and booze will diminish the effects of the other substances. Taken together, they increase the risks of having cardiac arrest. You could also go into an ethylic coma. See our note on cocaethylene about the interaction between alcohol and coke. A lot of people who die from coke ODs had been drinking alcohol. Moreover, this mix often makes people aggressive.

**Our advice:** Cut down your doses and avoid driving; you are probably more drunk than you think! If you don’t feel good, take a break, drink water and some juice, eat a bit, and avoid being alone.
Depressants – Downers. Slowing down.
Depressants act on the central nervous system by numbing the brain and slowing down bodily functions.

**Alcohol**

**Sedatives**
- Benzos (Ativan®, Rivotril®, Dalman®, Valium®)

**Opioids**
- Heroin
- Codeine
- Morphine
- Methadone
- Opium

**GHB**

**Inhalants**
- Popper’s
- Glue
- Gaz
- Compressed air
- Nitrates
- Ether

*Marijuana + another drug*
This combo is so common that most people don’t even consider it a drug cocktail.

In general, if you take marijuana with a downer (smack) or with ketamine, there is not much interaction, although it may make some people paranoid.

With a disruptor, you could feel kind of « psycho ».

With a stimulant, it depends:
**Mixed with coke**, you get less high. Be careful not to overdo it with the coke.

**With speed**, you could feel more negative effects.

**With ecstasy**, you could get higher and get a longer-lasting buzz.

**With alcohol**, you could feel higher with these two substances. While the effects aren’t too bad if you stick to small doses, you might feel pretty bad if you smoke and drink a lot.
The unfortunate results…

The greatest risk associated with drug use is, of course, a fatal overdose. But beware, because, other than death, all sorts of other unfortunate events can happen.

Sometimes, we can say or do things that we will regret later. We often do not remember what happened the night before. We may fall and hurt ourselves. Sure, it can be very spectacular, but it can also be very debilitating. We can fall asleep somewhere and wake up penniless.

**Smack + ecstasy**

Ecstasy hides the effects of smack, so you could be tempted to do more.

**Our advice**: Do smack before taking ecstasy to have a better awareness of the effects on your body. This will also reduce your chances of ODing. And if you nod, just be happy with a half ecstasy!
Sometimes, we have less inhibition and « forget » to protect ourselves during sex. We can even have experiences we would never consider sober.

We all know our limits, but we do not always take them into consideration when we start to party and get wired. So, when we start to lose it, maybe it’s time to slow down or stop.

**We can’t say it of ten enough:**
Always make sure you have your personal gear (works) with you! That means your straw, your syringes (rigs), your cup, your tube, stem, mouth piece, pipe, condoms… **Always be prepared.**

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**Smack + ketamine**
The risks associated with ketamine are intensified when mixed with smack. They are: bad-tripping, loss of balance, loss of consciousness, and, especially, respiratory depression. You could also develop a high tolerance to heroin and K. These two drugs may make you throw up.

**Our advice:** Stay put, sit down, try to be with someone and go easy on your doses!

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**Ecstasy + alcohol**
Taking these two substances together increases the risks associated with both of them. Since ecstasy makes you thirsty, you could be inclined to drink more alcohol; your kidneys will have a hard time dealing with that. Risk of coma.

**Our advice:** Try to drink water instead of alcohol! You will get a better buzz.
Mixing different categories

Beware: The category of a drug does not determine the dangers associated with it. It is the chemical reaction of one substance added to another substance that makes it dangerous. In any case, here are the most common effects associated with different drug combos.

Depressant + stimulant
A depressant slows down your metabolism while a stimulant… stimulates (Duh)! It’s very hard on your body and there are risks of cardiac arrhythmia (heart palpitations) and respiratory failure.

Disruptor + stimulant
It could make you sketchy or paranoid and increase the risk of a bad trip. You may feel isolated like you’re in your own bubble.

Disruptors + depressants
The disruptor can increase the effects of the depressant.
**Stimulant + stimulant**
It greatly increases cardiac rhythm and accelerates your metabolism. You may feel super energized, but it’s very hard on your body! You can get twice as sketchy!

**Depressant + depressant**
Two depressants together will slow down your metabolism and cardiac rhythm. Reduced consciousness could lead to more risky behaviour!

**Disruptor + disruptor**
Mixing disruptors will likely be very… disrupting! Higher risk of psychosis, hallucinations, anxiety attacks and general bad tripping.

**Disruptor + depressant + stimulant**
Kaboom! The risks vary according to the drugs and doses taken. Outcomes are hard to categorize, but you might experience any/all of the above symptoms at/in different times/different degrees/durations. A recipe for almost anything that could result in complete disaster.

**Coke + smack (heroin)**
Coke increases your cardiac rhythm while smack slows down your metabolism. You could suffer from cardiac arrest because your heart becomes all fucked up. The risks intensify when you shoot these two substances simultaneously (speedball).

**Our advice**: When you mix smack and coke, cut down your regular doses by half, especially if you take a speedball. Your tolerance could be lower when you mix these two substances.
Common cocktails

Ecstasy or MDMA + speed
As two stimulants, they will boost your body twice as much. This could provoke cardiac arrhythmia and increased blood pressure.
Our advice: Drink a lot of water, juices, or vitamin beverages. Take breaks if you move a lot (in a rave or a show, for example) and, most importantly, do not forget to piss as often as possible! Don’t hold it in.

ALWAYS KEEP IN MIND THAT WHEN DRUGS ARE CONCERNED, YOU CAN’T FEEL THAT GOOD FOR A LONG TIME WITHOUT EVENTUALLY FEELING LIKE CRAP AFTERWARDS.
WITH PILLS, YOU NEVER REALLY KNOW WHAT YOU’RE TAKING. THEY ARE MOSTLY MADE IN UNDERGROUND LABS AND SOME OF THESE SYNTHETIC DRUGS CAN CONTAIN SUBSTANCES FROM ANY CATEGORY OF DRUGS. KEEP IN MIND THAT YOU MIGHT BE TAKING SOMETHING OTHER THAN WHAT YOUTHINK. FOR EXAMPLE, FENTANYL (A DEADLY OPIATE AND DEPRESSANT) HAS BEEN FOUND IN ALL KINDS OF STREET DRUGS, EVEN WHERE YOU’D LEAST EXPECT IT, INCLUDING HEROIN, COCAINE, ECSTASY AND SPEED.

Coke + ketamine (K)
Coke might increase your cardiac rhythm while ketamine might decrease or increase it. While either one of these substances could lessen the

Coke + benzos
Since these two drugs may seem to cancel each other out, you might take much more than you intended. However, even if you don’t feel them as much, their effects are definitely cumulative.
Our advice: If taking benzos to come down from your coke high, take smaller doses.

Energy drinks + alcohol + stimulants
Stimulants and energy drinks can mask the effects of alcohol. You could hurt yourself, drive under the influence without realizing it or have unsafe sex. It could also lead to kidney problems due to dehydration.
Our advice: When you take speed, coke or energy drinks, go easy on the alcohol. You won’t really feel its effects anyway! Drink a lot of water or non-alcoholic beverages to stay properly hydrated.
undesirable outcomes of the other, their effects are cumulative and may cause you to «fall» in a K-hole (a kind of disconnect between your mind and body) or even pass out. When the coke buzz ends, the K effects might return with a vengeance! Beware of accidents caused by a loss of balance.

Our advice: Space out your doses, so as to fully feel the effects of both drugs. This way, you will avoid unwanted surprises. Stay put if you feel unsteady!

Opiates + PCP
You could feel confused and disoriented. PCP increases the cardiac rhythm and the depressant slows it down. Using those two drugs together puts you at a great risk of overdosing. You could suffer respiratory depression or respiratory arrest. You could even fall into a coma.

Our advice: If you mix these two drugs, try to have a friend around that knows what to do in case of an OD. Also, space out your doses of PCP.

Benzos or alcohol + opiates
Alcohol increases the effects of benzos and benzos increase the effects of alcohol. Same thing with opiates. With any two depressants, there is a great risk of respiratory arrest. These cocktails have caused many deaths over the years.

Our advice: While we are inclined to tell you to avoid this cocktail at all costs, we know that you will probably do as you please. So, try to be with someone when you mix these two substances. If you took some benzos because you had no opiates and end up finding some, it is better to wait a while before taking the opiate. And go easy on the quantity!

ALCOHOL / BENZOS + OPIATE = A HIGH CHANCE OF DEATH