



SAFER USING

- Use around people you trust and somewhere you feel safe.
- Wait a minimum of 30 minutes after eating.
- Learn about carry naloxone (reverses an overdose).
- Start with a small amount to reduce overdose risk.

SWALLOWING

- Use as per recommended on packaging if available.

INJECTING

- Use your own, new and sterile injecting equipment (inc. water when mixing).
- Wash your hands thoroughly before and after.
- Learn about safer injecting practices.
- Many opioids are now tamper proof and do not mix up well—This can result in dangerous outcomes if injecting.
- Dispose of syringes & equipment responsibly.

SNORTING

- Crush to fine powder as crystals can cause little cuts.
- Snort water before and after to protect your nose.
- Use your own straw/spoon (& not money bills) to avoid infection or blood borne viruses (HIV/HVC)
- Repeated snorting can damage your nose, switch nostrils regularly and take breaks.

SHELVING (DRY)/PLUGGING (WET MIX)

- Use lubrication to avoid tearing the skin
- Use a condom or latex/vinyl glove to avoid internal scratches
- Wash your hands thoroughly before and after
- Use sterile water to mix with powdered pill
- Find a discreet and safe place to do it.

SAFER HANDLING

- Carrying drugs & paraphernalia puts you at greater risk of criminal charges (inc. trafficking, even if you don't deal). Know your local laws.

DRUG TESTS

Roadside Police: Roadside saliva tests do not look for opioids but other substances can be detected that might have been cut into opioids. It is illegal to drive under the influence of any illicit drugs, including opioids and any driver may be subject to a roadside behavioural impairment test. Wait at least 24 hours before driving.

Workplace: OHS law gives employers rights to test employees for drug use. This should be contained in workplace policy, it should be reasonable, and a risk assessment should be done to determine whether testing of employees is appropriate. Be mindful of issues around opioid substitute treatment (OST) medications and the workplace.

Urine: Up to 3 days Hair: Up to 90 days Blood: Up to 3 days Saliva: Up to 3 days.

'Pill Testing'/Drug Checking: Lab-quality testing has been trialled in Australia and is not available as a health service yet but DIY reagents like produce a reaction with opioids.

The pharmaceutical market is regulated and because of this the pills are made to a very high standard. When sourcing from a dealer you could encounter counterfeit pills that contain unknown substances at unknown doses with unknown side effects.

Counterfeit pills are very common. Approach any opioid sourced from a dealer with caution.

MORE INFO

This resource has been made by people who use drugs for their peers & the wider community. The role of DanceWize is to provide credible & non-judgmental info to promote health & harm reduction. In an unregulated (illegal) market you don't know the purity or dose of any drug and there is always some risk. You can educate yourself and practise harm reduction to reduce risk.

Knowledge is power.

MORE INFO @ WWW.

dancewize.org.au
dancewizensw.org.au
higround.org
prism.org.au
consciousnest.info
erowid.org
tripsit.me (drug combos chart)

dancesafe.org
trippproject.ca
kosmicare.org/
pillreports.net
bluelight.org

Research your jurisdiction's Department of Health website for drug 'alerts' or 'warnings.'



Opioids

STREET NAMES

Oxy, OC, grey nurses, MS Contin, lean, purple drank, hillbilly heroin, subbies, kickers, bupe, ox, grapes, greys, oranges

CHEMICAL COMPOUND

Oxycodone (OxyContin), Hydrocodone (Vicodin), Codeine, Morphine, Tramadol, Methadone, buprenorphine + more

Know Your Body & Mind - 'Set
Know Your Environment - 'Setting
Know Your Drug - Practise Harm Reduction

DESCRIPTION

Opioids are a class of medication that takes its name from the opium poppy, where opioids originally come from. One of the main functions of opioids is to relieve pain and they have been the mainstay of analgesia for thousands of years. An opioid is a synthetic chemical that works by binding to the opioid receptors in the central nervous system (brain and spinal cord). Our bodies produce their own natural opioids, called endorphins. Opioids reduce the nerve transmission to the brain and reduce feelings of pain and affect those brain areas controlling emotion. They are used to treat moderate to severe pain.

There are multiple forms of opioids used to treat pain.

These include:

- Codeine - ie. Panadeine, Nurofen Plus, Mersyndol, Dolased, Panafen Plus
- Dihydrocodeine- ie. Paramol
- Tramadol
- Oxycodone- ie. Endone, Percocet
- Morphine sulfate- ie. MS Contin
- Methadone- ie. Biodone, Physeptone
- Buprenorphine- ie. Suboxone, Subutex
- Hydromorphone- ie. Dilaudid
- Fentanyl- ie. Durogesic (transdermal patches), Actiq (lozenges/lollipops), Sublimaze (intravenous injection).

DURATION OF EFFECTS

Duration and Half Life is dependent on the type of opioid and differentiate between onset, peak and total durations. Research the specific pharmaceutical you are taking.

*Opioids vary in the duration of their effects. 15 minutes - 36 hours, e.g. pethidine is much shorter acting than oxycodone. Fentanyl can last for up to 72 hours.

Even though the apparent effects of the drug may have worn off, Opioids can stay active for a long period of time (up to a couple of days) dependent on what type. Do your research.

EFFECTS

'Set' (your mind & body) + 'Setting' (environment) + Drug

🔥 LESS COMMON 🔥 RARE

PHYSICAL

- Slowed breathing
- Decreased heart rate
- Decreased blood pressure
- Warm sensations in extremities
- Lethargy
- Drowsiness
- & Sedation
- Constipation
- Decreased saliva production resulting in oral health issues (long term use)
- Itchiness
- 🔥 Irregular menstruation
- 🔥 Hypoxia (oxygen deprivation)
- 🔥 Unconsciousness
- 🔥 Nausea/Vomiting
- 🔥 Respiratory depression/ failure
- 🔥 Muscle spasms
- 🔥 Death
- 🔥 Risk of Coma
- 🔥 Brain damage due to respiratory depression
- 🔥 Bluish fingers, toes, lips

EMOTIONAL

- Euphoria
- Feeling of wellbeing
- Contentment
- Relief of anxiety
- 🔥 Moodiness
- 🔥 Depression

PSYCHOLOGICAL

- Decreased Sexual Desire
- Confusion
- Pain Relief
- 🔥 Paranoia
- 🔥 Sensitivity to light
- 🔥 Constant stress or anxiety about getting the next hit to avoid feeling sick
- 🔥 Death
- 🔥 Insomnia

DRUG COMBINATIONS

Polydrug use has many possible outcomes. What could be fun for one person could be dangerous for another. We recommend you proceed with caution.

DANGEROUS

Alcohol: nausea and vomiting at low doses and higher doses can cause respiratory/breathing failure.

Other depressants e.g. other opioids, GHB, Heroin & benzodiazepine i.e. Valium: Can cause a loss of consciousness, difficulty breathing & respiratory failure which can lead to death.

Ketamine, DXM, MXE, Nitrous Oxide: Can cause respiratory/breathing failure.

CAUTION

Stimulants eg. Amphetamines and Cocaine: can cause heart strain.

MAOIs: Monoamine oxidase inhibitors (MAOIs) with certain opioids have been associated with rare reports of severe and fatal adverse reactions.

SSRIs eg. some anti-depressants.

LOW RISK

Cannabis: Is low risk and can sometimes have synergy.

Psychedelics (LSD, Mushrooms, DMT, Mescaline): Low risk with no synergy.

It is not recommended to use opioids if you have or are at risk of:

- Sleep apnea
- Obesity
- Anxiety or depression
- Fibromyalgia (a condition marked by generalised pain and muscle stiffness).

LONG TERM EFFECTS

Physical dependence. Withdrawal symptoms can begin within hours of last use. This includes sneezing, excessive yawning, coughing, sweating, chills, restless legs, irritability, moodiness, insomnia, severe muscle & bone pain, diarrhea, increased urinating, dehydration, anxiety, nausea, vomiting, cramps, involuntary spasms, sensitive genitals (females)