

UNDERSTANDING CHEMS & STAYING SAFE

COCAINE

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- Cocaine & crack are common psychostimulants
- Often used in a sexual context & with other substances
- ↑ energy, arousal, confidence, endurance
- Longer & stronger orgasms

Mixing with prescribed meds

- Antidepressants affecting serotonin → palpitations, sweating, convulsions, insomnia.
- Benzodiazepines may lead to overdose
- Paracetamol may increase liver harm
- Systematic use may reduce some ART effectiveness

Mixing with substances

- Stimulants: cocaine may block their effect while straining the heart → stroke/heart
- GHB/GBL → respiratory problems/failure
- Depressants mix can → to cocaine overdose
- Ketamine + cocaine (“Calvin Klein”): increase ketamine toxicity
- Alcohol + cocaine: forms cocaethylene → dangerously toxic for heart & liver

Harm reduction (testing)

- Cocaine is often adulterated
- Test before use
- If not possible → taste a very small amount
- Pure cocaine numbs the tongue quickly
- Melt test: adulterated cocaine melts unevenly and slowly

Harm reduction (dosing)

- Start low and slow
- Avoid taking >60 mg in a short period
- Effects last ~20 min, depends on tolerance
- Best grinded to very thin powder to be used more safely & avoid overdose
- Chronic use → heart, kidney, mental health, gastrointestinal problems

Harm reduction (sex)

- It can ↑ compulsively → higher probability for condomless sex
- Anaesthetic effect (especially if rubbed on anus) → condom breaks or injuries → ↑ infection risk.
- Take breaks during sex to check everything's OK

Overdose

- No fixed “safe dose”
- Overdose may be fatal
- Signs: seizures, confusion, tremors, respiratory problems, nausea, vomiting, tachycardia, high body temperature, paranoia, hallucinations and panic attacks.
- Action: stop use + call an ambulance

Content is shortened for Instagram

For full information, see

AIDS Action Europe,

*Harm reduction in the context of
chemsex: training manual*