Disclaimer

When we put our mind to it, the Gay Men’s Health Collective (GMHC) is intended for the purposes of information, education, satire, and amusement, namely in the health of gay men and men who have sex with men, including sexual health, health promotion and well-being, harm reduction and HIV/HCV prevention. Any resemblance to real persons, living or dead is purely coincidental, or not. Batteries not included. No other warranty expressed or implied. Do not use while operating a motor vehicle or heavy equipment. May be too intense for some viewers. For recreational use only. Please remain seated until the ride has come to a complete stop. Browsing constitutes acceptance of agreement of our terms. Men may be slippery when wet. Not responsible for direct, indirect, incidental or consequential damages resulting from any defect, error or failure to perform. Parental discretion is advised. Although robust enough for general use, adventures into the esoteric periphery may reveal unexpected quirks. Not available in stores. May cause abdominal cramping and loose stools. Not designed or intended for use in on-line control of aircraft, air traffic, aircraft navigation or aircraft communications; or in the design, construction, operation or maintenance of any nuclear facility. May contain traces of various seeds and nuts.

About

This booklet has been produced by PIP PAC volunteers—part of the Gay Men’s Health Collective. We are not doctors or substance misuse professionals, rather a group of gorgeous informed gay men, passionate about sex and our health, with direct experience of drug use, addiction, withdrawal, and recovery.

Acknowledgements

We are not alone and this edition has been updated, tweaked, and proofed by friends, shags, allies and organisations supporting the work we do, and who continue to give their time generously at every turn. Huge thanks to Injecting Advice, Global Drug Survey, Survivors UK, Release, and Exchange Supplies. Rather than re-invent the wheel, extracts from “Slamming Dos and Don’ts” by Mainline (Netherlands), and content from Injecting Advice, and Exchange Supplies have been adapted, with their kind permissions.

Stunning illustrations

Walter Walrus
What’s inside me

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GHB/ GBL information for ambulance and accident and emergency (A&E) staff
Mixing drugs
Mixing drugs is not a good idea as you may not know what you are getting and how the strength and/or combination will affect you. Mixing increases the chances of interactions, overdose, passing out and/or a trip to the accident and emergency department (A&E).

Know your chems
Whenever you can, test your drugs and/or use an accurate scale to measure the proper dose. When using an unknown substance, build up your dose in small increments.

Eat
Make sure you eat enough. Even if you’re not hungry, try to eat small amounts regularly. Soft food is easier to swallow. Fruit, smoothies, protein shakes, porridge, yoghurt and soups are nutritious and provide new energy.

Take your medication
Are you on medication such as HIV antiretroviral medication? Set an alarm on your mobile so that you take your meds on time. Carry a spare dose with you just in case.

Drink water
To prevent dehydration, it’s important to drink water, herbal tea or sport drinks regularly. Coffee and alcohol are not good options.

Get rest
Recreational drugs often delay tiredness and exhaustion. Take regular breaks outside the sex setting and chill out. And if you can’t sleep, find a quiet dark space to help you relax better.
Freshen-up

Take a shower at least once every 24 hours. It’s relaxing and energizing. Wash your hands regularly. If you are going to brush your teeth do so gently or use a mouthwash instead. Sugar free chewing gum helps protect teeth and gums.

Coming down

You may be physically and mentally exhausted, feel empty, moody and grumpy. Watching movies and listening to music is a good way to chill. Good food speeds up recovery and consider taking multivitamins. If you feel up to it, engage in some light activity by going for a walk or playing some sports.

If things are bad make sure you can call a mate and know where to get help, should you need it.

Helpful organisations are listed at the back of this booklet. Scan the QR code to find out more or search for DRUGS SUPPORT at MENRUS.CO.UK
Connection and consent

Connection
Great sex should be about connection, intimacy, affirmation, and fun, as much as it is about being safer. However, some of the choices we make during sex and chemsex can have serious consequences, and can cause lasting harm.

Sexual consent is about having the ability and freedom to agree to sexual activity. This is something that must be clearly established between two people before any kind of sexual act or behaviour, and you can change your mind at any time.

Words we may not fully understand
Words like 'consent', 'sexual assault' and 'rape' may be new in that it has only been recently that they are being talked about more openly particularly in relation to gay men.

Holding a mirror up to our sex lives can be difficult for many reasons; and for many gay men, it's hard to believe that we may be a victim of sexual assault or rape.

Sex without consent
Sex without consent is a crime. Talking about this stuff is not easy, particularly when we’re high and horny. If something has happened to you, you may not even have found the words yet. Whether it’s a feeling … sense … or hazy memory: talk to a friend, go to a sexual health clinic, or phone a helpline.

Scan the QR code to find out more or search for CONSENT at MENRUS.CO.UK
Regular sexual health check-ups every 3-6 months are essential for a responsible and enjoyable sex life.

Sexual health clinics and services:

› Screen, detect and treat sexually transmitted infections (STIs) including HIV—with results often within hours
› Offer ‘PEP’—a course of HIV medication if you have been at risk of HIV infection, effective for up to 72 hours after exposure
› Provide information, support and advice on maintaining a healthy sex life
› May be able to offer PreP (see next page)
› Provide a point of contact in the event of future problems

Scan the QR code to find out more or search for SEXUAL HEALTH CHECK-UPS at MENRUS.CO.UK
Pre-Exposure Prophylaxis (PrEP)

PrEP is the use of HIV medication, taken regularly, to keep HIV negative people from becoming infected.

The evidence supporting this comes from the PROUD study which reported in February 2015 that PrEP reduced the risk of HIV infection by 86% for gay men and other men who have sex with men. This was one of the most robust studies ever taken into drug-based HIV prevention.

Where and how to get PrEP

Accessing PrEP on the NHS is different in England, Scotland, and Wales; it is not currently available in Northern Ireland.

Alternatively, you can buy PrEP privately or on-line for £20-40/month but you are advised to connect with your sexual health service for monitoring.

Scan the QR code to find out more or search for PrEP at MENRUS.CO.UK
Post Exposure Prophylaxis (PEP)

PEP is a course of medication after a potential exposure to HIV, designed to reduce the risk of HIV infection. It is the same meds that are used to treat HIV. The course lasts 28 days and may be able to prevent you becoming infected with HIV if you start taking it within 72 hours from the time of exposure; eg: a condom break or bareback sex.

If you think you may need PEP don’t spend the next 72 hours wondering, or searching the Internet for the right advice as the right advice is go to a sexual health clinic now. The sooner you start treatment the more likely its success.

You can also obtain PEP at accident and emergency departments (A&E) at some hospitals—especially important at weekends because most sexual health clinics are closed.

Scan the QR code to find out more or search for PEP at MENRUS.CO.UK
Safer slamming (injecting)

Avoid ever re-using or sharing equipment

If this booklet is included in a PIP PAC pack you should notice colour-coded syringes, spoons and straws to reduce the risks of sharing (yellow/green or red/blue).

If you find yourself in a situation where you have to re-use, make sure you only use your own and no one else’s. Get into the habit of marking your own syringes (scratch a letter/number on the side) to ensure you know which is yours.

You should also flush it through with clean fresh water after use so that it doesn't clog with congealed blood.

Needles

To reduce possible damage to the veins use thin short needles. Short needles meant for injecting insulin are the most suitable.

Sterile cups, spoons and filters

Sterile packaged cups or spoons with filters are the best choice for dissolving chems in water, but avoid torn filters or exposed fibres as they can end up being injected and can cause problems. Dissolving chems in a regular teaspoon is the best alternative but, before use, disinfect the spoon in boiling water or soak in 1 part thin bleach to 10 parts water remembering to rinse off thoroughly.

Sterile water

Sterile water, available in small ampoules, is best for dissolving and injecting. The best alternative is freshly boiled tap water, letting the water cool down before use. Use sufficient water to completely dissolve the drugs. If you are re-using syringes do not share water. Whether you are using ampoules or boiled water, throw away leftovers after use as bacteria build up quickly.
Washing your hands and cleaning the site

Wash your hands before you inject and clean the injection site with an alcohol pad. Alternatively, clean the site with a cotton ball and alcohol, or by washing it with soap and water, drying with a clean paper towel or tissue.

Choose a quiet place

Choose a quiet, safe and clutter-free place to slam, ensuring surfaces are clean.

Alcohol pads/swabs

Alcohol pads are sterile-packed and suitable for single use only. By wiping the slam site firmly once with a pad, you disinfect the needle’s point of entry. You can also disinfect the site by washing it thoroughly with soap and water or use a cotton ball and alcohol.

Where to inject

The inside of the elbow and lower arms. Try not to inject below a recent hit on the same vein: go above it (towards the heart) so the previous site is not irritated twice.

Aim to slam at least 1cm away from your last slam location and rest injecting sites to allow them to heal and reduce scarring. If possible, learn to swap arms.

Injecting elsewhere else (neck, cock or groin) is potentially very dangerous. If you have done this we advise to seek advice from a drugs service.
Safer slamming (injecting)

**Tourniquet** *(pronounced turn-e-kay)*

Used properly, tourniquets raise veins and can be helpful for some when injecting. However, a badly used tourniquet introduces many new risks and it would be safer not to use one at all rather than to use a tourniquet badly.

For example, some guys don’t like a needle and syringe ‘flapping around’ while they release the tourniquet which is why they release it after injecting. This is not advisable as it puts pressure on the veins (which can burst) and can cause serious circulation problems if you pass out with the tourniquet tight around your arm.

The ideal tourniquet should be:

› Non-absorbent
› Wide enough to not cut into the skin
› Long enough to tie in a way that you can loosen with your mouth
› Have some give in it

**Medical tourniquets**

You need to be able to release the tourniquet without removing a hand from the needle once it’s sited. Medical tourniquets are designed to be used by another person and not the person being injected.

**Tourniquets and the law**

Here we have a problem (at least in the UK) as Section 9a of the Misuse of Drugs act specifically stops being able to legally supply tourniquets of any kind to injecting drug users. It should be noted however that in the history of the act there hasn’t been a single prosecution of a drug service giving out ANY form of harm reduction equipment.

**Cotton wool swabs/ kitchen roll/ tissue**

Immediately after slamming, press on the injection site with a cotton wool swab, folded kitchen roll or tissue to help the site close quickly. This also helps reduce bruising and helps the veins heal faster. Don’t use alcohol pads for this as it slows down the healing of the wound.
Needle (sharps) disposal

Use a sharps bin or sharps disposal unit whenever possible. These come in a variety of shapes and sizes and don’t have to be bulky. Only recap a needle if it’s your own.

Some guys improvise by sealing used equipment in plastic drinks bottles with screw caps then throw them away as domestic waste. Be aware this could present a risk to refuse collectors so it’s important to dispose of equipment as safely as possible.

So, at the risk of repeating ourselves: use a sharps bin or disposal unit whenever possible and take it to a needle exchange for safe disposal.

Scan the QR code to find out more or search for INJECTING at MENRUS.CO.UK
Booty bumps and back-loading

Booty bumps (chems up the arse)

Booty bumps are chems taken up the arse using a syringe without the needle (mixed in the barrel and squirted up) or put up there using a finger. Chems are absorbed through the lining of the anal canal and rectum.

Some chems taken this way can act faster than if swallowed or snorted and feel much stronger but doing it like this can cause irritation, bleeding and/or inflammation inside the arse. This can also increase the risk of infection, and cause lasting damage to the arsehole and rectum.

Remember to wash your hands and use a new syringe each time, and lube your arsehole and the syringe barrel … before inserting gently.

Back-loading (barrel-mixing chems)

Some guys dissolve chems in warm water inside the syringe barrel, giving it a vigorous shake before slamming.

However, tiny particles that don’t dissolve can cause problems as you don’t want them in your blood stream.

Crystal meth dissolves easily in water, while mephedrone and other drugs can be more difficult to dissolve.

We strongly recommend you dissolve chems in sterile water, or freshly boiled water, in a sterile cup and draw the solution through a filter.

Bottom line: whatever you inject into your vein needs to be fully dissolved, as pure as possible, and not contain any unnecessary crap.
Injecting people and the law

There are possible serious outcomes for someone who injects another person with drugs.

There is a risk of prosecution for administering a drug to someone, if it can be proved that there was an intention to cause injury or endanger life.

Anyone prosecuted for one of these offences could argue that the intention didn’t exist because they were giving the drug to help someone and increase safety, rather than harm them. But this probably won’t protect them from at least being arrested initially and potentially having to go through a court case where that argument can be made.

If someone dies after being injected by you, you could be charged with manslaughter. Intent does not need to be proved instead the prosecution would have to show that you had been reckless or negligent. This would be on the grounds that someone injecting another person takes on a duty of care to that person, so where that duty is breached (either by doing something or failing to do something), and this causes or significantly contributes to the person’s death, that is gross negligence and so a crime.

This is a very serious offence and can carry a long prison sentence.
Hepatitis C, and douche kit/ heads

Hepatitis C
There has been a marked increase in Hepatitis C (HCV) among gay men, which raises additional issues if you are already living with HIV.

Fucking, fisting, and sharing douche kits, dildoes and snorting straws can all put you at risk of getting HCV, HIV and other STIs.

Reducing the risks
You can reduce risks by using:

- Condoms for fucking or getting fucked
- Sterile syringes and needles when slamming
- Sterile syringes for booty bumps
- Latex or non latex gloves when fisting or getting fisted
- Your own supply of lube and not sharing
- A new condom on a dildo every time it is used
- Your own straw when snorting drugs

Douche kit and douche heads
Keeping douche heads and douche kit clean is an important part of reducing risks, especially at sex parties where they may be shared.

Use a commercially available sex toy cleaner, or you can make up your own solution of 1 part thin bleach to 10 parts water.

Make sure you clean and rinse the douche head thoroughly between each arse.
About ‘G’ and withdrawal

GHB and GBL

GHB (gamma hydroxybutyrate) or GBL (gamma butyrolactone) are drugs that guys take for clubbing, partying, and for sex. GHB and GBL are ‘depressant’ drugs, which means they slow you and your body down.

GBL turns into GHB inside your body, and so its effects can be stronger or more unpredictable than when taking GHB.

In the UK, GHB usually available as a clear, salty, odourless liquid. It can also come as a powder that can be added to drinks. GBL has a sharp, acidic taste and chemical odour.

Remember: GBL is much stronger than GHB and you are more likely to come into contact with GBL than GHB.

Withdrawal

For users physically dependent on G one of the biggest risks is rapid onset of ‘withdrawal syndrome’, which can be potentially fatal.

Within a few hours of their last dose they start to develop cravings for more G and can become anxious, sweaty, agitated, and confused.

In a matter of hours, withdrawal can rapidly escalate, progressing to hallucinations, delirium and life threatening seizures. Users experiencing these symptoms are likely to require admission to an accident and emergency department (A&E).
Reducing ‘G’ risks

› Use a syringe to precisely measure doses; and make sure you can read the measurements as G removes the markings.

› If you prefer to use a pipette or soy sauce ‘fish’ bottle make sure you can measure accurately. They look similar but different bottles and different pipettes hold different amounts.

› Mixing G with alcohol or ketamine increases the risks of overdose. It can impact the effect of the G, making safer dosing more difficult. Stick to soft drinks to mix.

› Safer use is about the right dose at the right time. Dosage intervals and results vary from person to person. Go slow, build up or STOP if you are uncertain.

› It’s easy to make up a dose in a drink, but then forget whether you’ve put it in there. If in doubt: chuck it out and start again.

› Make a note of when you take your G using your phone’s notepad, or use the stopwatch to keep time between doses. Keeping track of the time between doses can help reduce your risk of needing a wake-up call in an accident and emergency (A&E) department or intensive care.

› In the event of an overdose or emergency tear off the back page this booklet and give it to ambulance/accident and emergency department (A&E) staff.
Finding the right support

Gay men experiencing chemsex ‘overload’ require specialist help and advice. Unfortunately, services are not universally available and things can even worse outside the big cities.

When guys ‘crash’ or are in crisis, they often require multiple services (eg: recovery, mental health, legal, housing, debt) and mainstream services are not always geared up to work together—though some are trying to improve.

Issues like this affect many LGBT+ people accessing health services generally at a time when there is less funding and more cuts than ever before.

The response to chemsex by mainstream drug services is understandably slower than we would like. Many only seem to have a cursory understanding of gay men’s health and wider LGBT+ issues. However, some are starting to respond positively, becoming LGBT+ friendlier, something long overdue.

But, the first step in getting help may be talking to someone you trust, a friend, a sex bud … even the ex. Some of the best support is to be found within our own community.
Helpful organisations

MEN R US menrus.co.uk
Encyclopaedic health/well-being life manual for gay men including a large section on chemsex and PnP including further advice and information (not included in this booklet) and additional support organisations.

Drugs Meter drugsmeter.com
Drugs Meter from Global Drug Survey allows users to see how their drug use compares to others, offering objective, personalised feedback.

Exchange Supplies exchangesupplies.org.uk
Unique social enterprise established to supply products, information, and services to improve and prolong the lives of people who inject drugs.

GALOP galop.org.uk
Advice/support to people who have experienced bi/homo/transphobia, sexual violence or domestic abuse; with the police, or have questions about the criminal justice system.

HIV Drug Interaction Checker hiv-druginteractions.org
Comprehensive, user-friendly, drug interaction charts providing clinically useful, reliable, up-to-date, evidence-based information.

Injecting Advice injectingadvice.com
Offers support and advice to injecting drug users and people working in harm reduction services (especially needle programmes).

Survivors www.survivorsuk.org
Help/support for sexually abused men as well as their friends and family, no matter when the abuse happened, and challenge the silence and attitudes.

SXT sxt.org.uk
Online service that helps find the right type of sexual health service near you in under a minute including screening, HIV testing, chlamydia testing, PEP and sexual assault.
Ambulance call-outs and the police

In July 2018, the Metropolitan police issued the following guidance on chemsex and what they do if they are called.

The guidance (in blue) has been produced working with LGBT advisors to the police (including the Gay Men’s Health Collective and Release) and third party agencies with experience of supporting victims of sexual violence under the influence of drugs.

**If you’re under the influence of drugs**

All allegations of crime are taken seriously and sexual assaults are dealt with sensitively by specially trained officers, known as SOIT (Sexual Offence Investigation Techniques) officers.

They’re trained to understand the difficulties faced by someone reporting sexual violence and can direct you to the most appropriate support services. If you report a sexual assault to us your SOIT officer will be the point of contact with us.

You’ll be asked if you’ve taken or used drugs or alcohol, this is mainly to make sure you are feeling well enough to give a proper account of what happened, and legally agree (consent) to a medical examination. If you aren’t able to they can take some basic information and take a statement and tests at a later date.

It’s also important that we know from the start if there were any drugs and/or alcohol involved, because if it comes out later it might affect how well you are believed. Not because you’ve taken drugs, but because you didn’t give the full information from the beginning which might look like you’re trying to hide something.

You won’t be arrested for using or telling us you’ve used drugs; that isn’t illegal. You can report to us online, by calling 101 if it isn’t an emergency, and on 999 if you or someone else is in immediate danger. If you want to report to us anonymously, you can do that. Some recommended ways to report anonymously:
If you’re in possession of drugs

If you tell us you’re in possession of drugs, or that you supplied (shared or sold) drugs in the past, we can’t ignore this, as physical possession, supply, or possession with intent to supply (PWITS) are criminal offences.

If you’re the victim of a crime when you were taking drugs, and you don’t tell us but it comes out later, it might affect any future court case. You might be seen as a less reliable witness or victim because you kept information back. But you will have a chance to explain why you did this. The law that deals with drug offences is the Misuse of Drugs Act 1971.

If you’re arrested

You won’t be arrested for using drugs while having sex; if you admit to criminal offences (e.g. supply of drugs, committing rape or other sexual offences) you’ll be arrested.

If you work with children or vulnerable adults (as an employee or volunteer) we might tell them you have been arrested, but this depends on the offence and other things. This is called a disclosure.

There’s no set list of jobs or types of jobs that will trigger us telling your employer, or an organisation where you volunteer, if you’re arrested. Instead, the police have the power to decide what information to disclose, and to who – this is under the Common Law Police Disclosure (CLPD) scheme.

The police should only disclose information if they identify a ‘significant risk’ and an ‘urgent pressing’ social need to address. The National Police Chiefs’ Council (NPCC) says that ‘pressing social need might be the safeguarding, or protection from harm, of an individual,
Ambulance call-outs and the police

A group of individuals, or society at large. The police have a duty to balance public interest against your rights, including how a disclosure might affect your private life.

If you’re in a job or voluntary role that involves being in a position of trust or responsibility with the public, then the police will definitely think about making a disclosure. The decision will be based on:

- your job/type of work
- the offence being investigated
- any specific circumstances
- an assessment of risk to an individual or group of people

Any disclosure has to be authorised by an experienced officer. For example, in London, the decision is taken by an officer who is at least an Inspector. The police can’t make a decision about what happens with your job – they just give the information to your employer so they can decide what, if anything, to do. Your employer should have policies in place on how to deal with this situation.

**Will police attend if an ambulance is called?**

We work with the Ambulance Service to work out when we need to attend if they are called. We’ll likely attend if:

- there’s suspicion that a crime has been committed
- entry (to the premises) may need to be forced to let the ambulance crew in
- the patient may be a danger to themselves
- the patient may be a danger to the ambulance crew

There are lots of specific reasons why police can enter (and search) a property without a warrant. The police also have a general power to enter to arrest someone or ‘to save life or limb’. So if, for example, an ambulance crew arrive and are refused entry by the occupier they’ll call us for help.
The police can then use their power if they feel that they need to gain entry to save or protect someone’s life. But if the Ambulance Service are already inside dealing with the situation the power to save life or limb wouldn’t apply, as it wouldn’t be necessary to enter.

It’s possible that refusing entry will look suspicious, but you have the right to say no. The law that deals with drug offences is the Police and Criminal Evidence Act 1984.

Our thoughts on this guidance

This guidance is based on the position of the Metropolitan Police Service (MPS), which covers the Greater London area. Whilst police forces in other parts of the country can look to the MPS for working practices, they might actually do things differently. Whilst this guidance does not provide clear protection against investigation of a drug-related offence, it is absolutely right that drug use is not an offence in the UK.

However, possession and/ or possession with intent to supply a control drug is, and if you are questioned about these specific activities you should say nothing until you have a solicitor to represent you, or have at least spoken to one. But, the possibility of being questioned by the police should not be a reason to not call an ambulance if there has been an overdose or some other incident that needs medical help.

Calling an ambulance in an overdose situation can save lives. Ensuring friends get the right medical help if they need it is the top priority. However, there have been occasions when an ambulance has not been called because guys are fearful the police will turn up as well, and that if there has been a fatality this could lead to arrest and investigation.

Unfortunately, we cannot advise you to air rooms, tidy up, shower and put on some clothes and send your house guests away because (if a crime has been committed under the law, and evidence is removed or destroyed as a result) we could be arrested and prosecuted for actively encouraging you to do this.

The best advice we can give you is to always call an ambulance if you think someone’s life is at risk.
Drugs and the law

Thousands of people are prosecuted for simple drug possession every year in the UK – with no legal aid available. Furthermore, it’s our experience that gay men’s understanding of drugs law, arrest, cautions and the criminal justice system is pretty poor. There’s a wealth of anecdotal evidence to say that when things go wrong we don’t know who to call or what to do.

Drugs and the law is a complicated subject and if you find yourself in trouble you should get legal advice at the earliest opportunity.

**RELEASE release.org.uk**

Release provides a free, confidential, non-judgemental national information and advice service in relation to drugs and drug laws.

**020 7324 2989**

11am – 1pm and 2pm – 4pm, Mon – Fri Message service is available 24 hours and they will return your call within one business day.

**Legal Aide App**

The Legal Aide app from Release aims to help people navigate the criminal justice system. The app has been launched to help people who have been arrested for the personal possession of controlled drugs.

**Y-Stop App**

The Y-Stop app from Release aims to give you the tools to interact with the police safely, equipping you with all the skills and knowledge you need to handle a stop and search.
GHB (gamma hydroxybutyrate) and GBL (gamma butyrolactone)

GHB (gamma hydroxybutyrate) and GBL (gamma butyrolactone) are party drugs mixed with soft drinks and taken for clubbing and/or during sex. Closely related chemically, GHB and GBL are commonly known as ‘G’ and produce similar effects: euphoria, reduced inhibitions, and drowsiness. They are ‘depressant’ drugs, so slow the body down.

GBL turns into GHB inside the body, and so its effects can be stronger or more unpredictable than when taking GHB. GHB is a clear, salty, odourless liquid, and also comes as a powder that’s added to drinks. GBL has a sharp, acidic taste and chemical odour. GBL is much stronger than GHB. Today GBL is much more common in its use than GHB.

Effects

Effects start from 10 minutes to 1 hour after taking and can last for several hours. It’s widespread availability means it’s often hard to know the quality and strength of an individual batch; even for experienced and/or regular users.

Dependency

Although overdose (passing out/being unconscious) is the most common risk associated with the use of G, people who use it every day can become dependent. Habitual users find it necessary to typically dose themselves 1-2mls every 1-2 hours. Some habitual users find themselves having to dose continuously and wake regularly throughout the night to take their next dose. People who use the drug for more than 2 or 3 days continuously are at risk of developing withdrawal.
Withdrawal

For users physically dependent on G one of the biggest risks is rapid onset of ‘withdrawal syndrome’, which can be potentially fatal. Within a few hours of their last dose they start to develop cravings for more G and can become anxious, sweaty, agitated, and confused. In a matter of hours, withdrawal can rapidly escalate, progressing to hallucinations, delirium and life threatening seizures. Users experiencing these symptoms are likely to require admission to an Intensive Care Unit (ICU).

Treatment

The main treatment for GHB/ GBL withdrawal is with benzodiazepines (diazepam type drugs). Planning reductions in your use of G before you stop altogether can reduce withdrawal symptoms and make them less severe. If you are a regular G user you should always seek medical advice before you stop using, as sudden withdrawal can be life threatening.