AKA: KETAMINE, K, 2F-NENDCK (CANKET), PCP (ANGEL DUST), TILETAMINE (POLAR BEAR KET), MXE (RHINO KET, MKET, MEXXY), FXE, PCP ANALOGUES, 3-HO-PCP, RESEARCH CHEMICALS (RCS), DESIGNER DRUGS + MORE

ARYLCYCLOHEXYLAMINES

This resource is produced by Hi-Ground and CAHMA.

In an unregulated market it's impossible to know the purity or dose of any substance, educate yourself and practice harm reduction to reduce this risk.

For more information visit:

www.hi-ground.org

https://www.cahma.org.au/article/

Hi-Ground is a program of QuIVAA

Hi-Ground

Arylcyclohexylamine refers to a class of compounds which typically produce dissociation, anesthesia and hallucinogenic effects. In recent years, various new drugs have been emerging in the drug market which are commonly called research chemicals (RCs) or designer drugs. RC dissocatives are both specifically sought after for their unique effects and incorrectly sold as other drugs, such as ketamine. Importantly, many of these RC dissociatives, including 3-HO-PCP, have not been studied in humans and may have unexpected and/or dangerous side effects.

(Refer to individual resources for more info on Ketamine and MXE).

COMPOUNDS: Ketamine, Tiletamine, Phencyclidine (PCP), Methoxetamine (MXE), 3-hydroxyphencyclidine (3-HO-PCP), 2-fluoro-N–ethylnordeschloroketamine (2F-NENDCK), 4-MeO-PCP, 3-MeO-PCP, 3-MeO-PCE, fluorexetamine (3'-oxo-2-PCE, FXE)

ADMINISTRATION

Many Arylcyclohexylamines can be taken intranasal (snorted), oral (swallowed) or injected. PCP can also be smoked when in liquid form.

DURATION OF EFFECTS

3-HO-PCP reportedly last between 4-6 hours in total, and it likely takes significantly longer to kick in than ketamine (possibly up to 90 minutes)

Tiletamine is not well documented however peer reports have experienced persistent effects well after the peak of the experience, with it lasting approximately 4-6 hours in total. Other sources suggest it can last 2-5 hours in total when snorted.

2F-NENDCK effects appear to last longer than ketamine, possibly lasting 4-6 hours.

MXE It normally takes 10 to 15 minutes for the effects to be felt, but sometimes it can take 60 to 90 minutes.

PCP (intranasal) typically lasts 2-4 hours, 10-20min onset however can be delayed by up to 30-90mins.

PCP (smoking) total duration 2-6 hours, onset 1-5 mins, peak 15-30 mins, coming down 2-5 hours.

PCP half life is stored in the body's fat tissue and slowly releases over time, it can take up to three days to break down in the body.

DRUG TESTS

Roadside Police: Roadside saliva tests do not look for Arylcyclohexylamines however other substances can be detected that might have been cut into them. It is illegal to drive under the influence of any illicit drugs, including speed and any driver may be subject to a roadside behavioural impairment test. Wait at least 48 hours before driving.

Drug Checking: Lab-quality testing is recommended for best results and is available in Canberra (ACT) and in Brisbane & Gold Coast (QLD).

EFFECTS

Many of the Arylcyclohexylamines share some of the same effects and risks, however some are more intense and longer lasting. For this reason, it is important for a person taking them to let someone else know they've taken it or preferably to have a trusted, sober person nearby to assist them if needed (e.g., a trip sitter). If a person falls unconscious, place them in the recovery position to prevent vomit aspiration. If you are concerned, consider seeking medical attention.

3-HO-PCP is more potent than both PCP & ketamine.

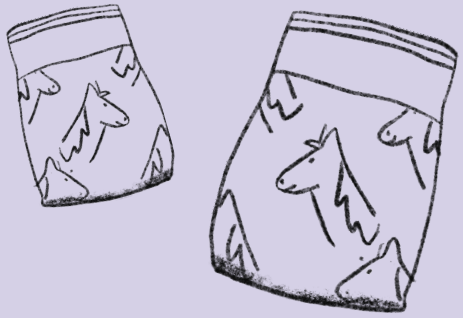
MXE and 3-HO-PCP are dissociative anaesthetics, so high doses have the potential to cause the loss of a person's ability to move and loss of consciousness.

Tiletamine is notably more potent than ketamine and its effects last significantly longer.

The commonly reported effects of 3-HO-PCP include: Euphoria, Stimulation or sedation, Pain relief, Visual distortions (stop motion effect, blurry or double vision), Altered perception of space and time, Dissociation of mind from body, Enhanced music appreciation, Visual and auditory hallucinations, Poor coordination, Dizziness, Increased blood pressure, Increased heart rate, Sweating.

The commonly reported effects of PCP include: Similar to effects listed in 3-HO-PCP, PCP also includes: Emotional and cognitive impairment that resembles a schizophrenic episode, Unexpected mood changes, dreamlike and 'floaty' or numb feelings, Paranoia, Depersonalisation, Agitation and dysphoria, Suicidal impulses, Aggressive behaviour, Induced feelings of strength and power, High doses can lead to convulsions.

The reported effects of 2F-NENDCK include: Dissociation of mind from body, Mild to no euphoria, Strong visual distortions, Disorientation, Nausea, Stimulation/ energisation, Hangover the following day.



SAFER USING

Taking drugs is never without risk. In an unregulated market it's difficult to know the purity or dose of any drug.

Start with a very small amount to test the strength. Give it time to feel the effects before redosing, it can quickly become too much.

Due to its potency, these substances are commonly used in small doses ('bumps') rather than larger amounts ('lines').

If injecting- especially IV- only have SMALL amounts as it comes on IMMEDIATELY and you usually k-hole right away.

Eating within 1½ hours prior to using ketamine can cause nausea & vomiting

Have a sober friend present, you may need a trip sitter to assist you!

Be seated, especially with higher doses due to the effects on coordination

If redosing, wait at least 2 hours

Ketamine can increase the chance of developing problems with your urinary tract, do not use if you have an infection or sensitive to getting them.

Mixing Arylcyclohexylamines with depressants, including alcohol, GHB, and opioids, may be particularly dangerous since the combination could increase the risk of vomiting and unconsciousness.

Tiletamine & 2F-NENDCK are more potent than ketamine, meaning it requires a smaller dose to achieve a similar intensity of effects. An exact dosage guide for these substances is not available but it is always recommended to start at a low dose and wait before redosing.

The following is a rough dosage guide for Ketamine: Low dose – 20-50 mg, Medium dose – 50-125 mg, Strong dose – 125-175 mg, Heavy dose, possible anesthesia – 175+ mg

The following is a rough dosage guide for 3-HO-PCP: Low dose – 2-4 mg, Moderate dose – 4-6 mg, Strong dose – 6-8 mg, Heavy dose, possible overdose – 8+ mg

The following is a rough dosage guide for PCP: Low to Moderate dose (intranasal): 5mg - 10mg, Heavy dose, possible life-threatening effects: 20mg +, Moderate dose (intramuscular or intravenous): 0.01–0.02 mg/kg