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

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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.

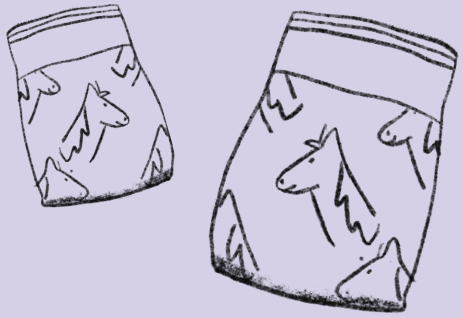
MXE and 3-HO-PCP are dissociative anaesthetics, so high doses have the potential to cause the loss of a person's ability to move and loss of consciousness.

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

AKA: BATH SALTS (MDPV), M-CAT & MEOW MEOW (MEPHEDRONE), FLAKKA (A-PVP), NOVEL PSYCHOACTIVE SUBSTANCES (NSPS), RESEARCH CHEMICALS (RCS), DESIGNER DRUGS

Cathinones

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Cathinone is a stimulant drug found in the leaves of khat (Catha edulis) which are chewed in Africa and the Middle East for their stimulant effects. Synthetic cathinones are commonly referred to as "bath salts" since they have been sold as powders disguised as bath salts to evade detection. Cathinones are a diverse group of drugs in terms of chemical structures, effects, and toxicity. The most widely known cathinone is mephedrone, which is a stimulant and empathogenic drug with effects similar to MDMA.

COMPOUNDS: VARIOUS SUCH AS: 4-METHYLMETHCATHINONE (4-MMC/MEPHEDRONE), DIMETHYLPENTYLONE, 3-CHLOROMETHCATHINONE, 4-CHLOROMETHCATHINONE (4-CMC), ALPHA-PYRROLINDINOVALEROPHENONE (a-PVP), EUTYLONE, METHYLONE, PENTYLONE, N-ETHYLPENTYLONE, MDPV, METHEDRONE AND PYROVALERONE TO NAME A FEW.

ADMINISTRATION

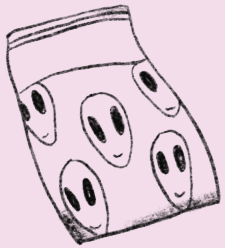
Most commonly oral (swallowed) but can be intranasal (snorted), injected or shelved.

DURATION OF EFFECTS

Cathinones are a broad class of drugs and small differences in chemical structure can lead to large differences in subjective effects, dosage, and toxicity. Additionally, the effects of many novel cathinones have not been well documented.

	Mephedrone (Intranasal)
TOTAL	3-6HRS
ONSET	15-45MIN
PEAK	30-60MIN
AFTER EFFECTS	2-4HRS

	Mephedrone (Oral)
TOTAL	4-8HRS
ONSET	15-45MIN
PEAK	2-4HRS
AFTER EFFECTS	4-8HRS



	MDPV (Oral)
TOTAL	2-7HRS
ONSET	15-30MIN
PEAK	1-4HRS
AFTER EFFECTS	2-48HRS

	3-MMC (Oral)
TOTAL	5-10HRS
ONSET	45-90MIN
PEAK	2-3HRS
AFTER EFFECTS	6-24HRS

	Pentylone (Oral)
TOTAL	3-4HRS
ONSET	20-40 MIN
AFTER EFFECTS	1-6HRS

	N-Ethylpentylone
TOTAL	4-8HRS
ONSET	15-30 MIN
AFTER EFFECTS	6-24HRS

*Each dose of n-ethylpentylone extends the period of action by around 6 hours.

*Pentylone: Some reports have also indicated effects lasting for several days at high doses.

DRUG TESTS

Roadside Police: Roadside saliva tests do not look for cathinones however other substances can be detected that might have been cut into your them such as amphetamines. 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 the best option and is available in Canberra (ACT) and in Brisbane & Gold Coast (QLD). If only using Marquis and Mandelin reagents the result will turn black if it contains MDMA, however it does not mean the substance is unadulterated with other cathinones. Recommended reagents are: Marquis, Froehde, Simon's, Zimmermann and Morris. Using all these reagents help identify Mephedrone (4-MMC) or Methedrone (3-MMC) and CMC from eutylone, cyputylone, dipentylone, hexen, a-PHiP, a-PVP and other cathinones.

EFFECTS

Cathinone effects vary and many have not been well documented. Effects also vary from person to person. They are sometimes categorised according to the other drugs they are similar to.

For example:

- "MDMA-like cathinones" include mephedrone and methylone.
- "Methamphetamine-like cathinones" include methcathinone, n-ethylpentylone..
- "Cocaine-like cathinones" include 3-MMC, α-PVP, MDPV and pyrovalerone.

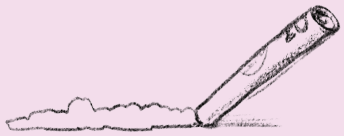
These are the potential effects of Mephedrone:

Decreased appetite, facial flushing, chills, and goosebumps, changes in body temperature, sweating, increased heart rate and blood pressure, dilated pupils, jaw clenching, chewing and teeth grinding, muscle twitching, involuntary eye jiggling (nystagmus), dizziness, light-headedness, and vertigo, stimulation, euphoria, mood lift, feelings of empathy, connectedness, and openness, increase in sociability and desire to talk with others, memory problems, insomnia, compulsion to take more when coming down.

SAFER USING & DOSING

Some harm reduction advice relevant to cathinones is similar to the harm reduction advice provided for methamphetamine and MDMA, however little is known about some of the risks.

- Start with a small amount as you don't know how strong it will be.
- The dosage varies between cathinones, with some being significantly more potent than others. Dosages can also vary between individuals, so it's important to start at a low dose and wait before redosing.
- Oral administration is the safest route of administration
- Remember to eat well then wait 20-30 minutes before using.
- Be aware of overheating and try to cool down & chill out regularly.
- Remember to keep your fluids up but don't drink too much – 1 cup of water (250ml) p/h when resting & up to 500ml p/h when dancing or active.
- Pentylone is significantly more potent than mephedrone, dipentylone may be as potent or even more potent than pentylone.
- People who take dipentylone or pentylone thinking it is MDMA, may be at a greatly increased risk of overdose. It is therefore important to test it before you take it and to accurately weigh out your doses.
- If a user takes Eutylone or n-ethylpentylone thinking it's MDMA, there is a greater risk of them unknowingly taking a dangerous amount. Because it is a stimulant, high doses can lead to restlessness and insomnia, and eventually psychosis due to lack of sleep.

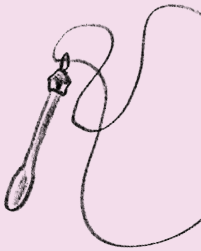


These are the potential effects of 3-MMC:

3-MMC an analog of mephedrone (4-MMC), is described as being slightly less entactogenic and more stimulating than mephedrone, and some report more side effects. Like mephedrone and cocaine, it is associated with compulsive redosing and abuse due to its powerful, short-lived euphoric rush.

Mephedrone (4-MMC)

	Oral (mg)	**Intranasal** (mg)
LOW	50-100	15-35
MODERATE	100-200	35-80
STRONG	150-300	75-125
HEAVY/ POSSIBLE OVERDOSE	300+	125+



α-PVP

	Oral (mg)
LOW	5-10
MODERATE	10-25
STRONG	25-50
HEAVY/ POSSIBLE OVERDOSE	50+

MDPV

	Oral (mg)
LOW	4-8
MODERATE	8-14
STRONG	14-25
HEAVY/ POSSIBLE OVERDOSE	25+

Pentylone & N-Ethylpentylone

	Oral (mg)
LOW	5-10
MODERATE	20-40
STRONG	40-80
HEAVY/ POSSIBLE OVERDOSE	80+

*N-Ethylpentylone may be fatal at high doses, **not recommended!**

MEDICATIONS ANTIDEPRESSANTS & ANTIPSYCHOTICS

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ANTIDEPRESSANTS

Antidepressants include a wide variety of drugs including, but not limited to, selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and monoamine oxidase inhibitors (MAOIs). They are generally prescribed for depression and anxiety disorders, among other conditions. They are rarely used recreationally but they do interact with many recreational drugs.

Chemical Compounds & Medications: Chemical Compounds & Medications: Sertraline (Zoloft), Escitalopram (Lexapro), Fluoxetine (Prozac), Venlafaxine (Effexor), Duloxetine (Cymbalta), Moclobemide (Aurorix - MAOI) and many more...

DOSAGE & SAFER USING TIPS

- It's important to take antidepressants every day, as prescribed, to experience the positive effects on your mental health.
- Some people report reduced sex drive, difficulty reaching orgasm, and erectile dysfunction.
- Antidepressants have been linked to increased suicidal thoughts and behaviours, especially in people under 25.
- Abruptly quitting antidepressants or missing multiple doses can lead to some nasty withdrawal symptoms. If considering discontinuing your use of antidepressants, speak to your doctor about how you can taper off safely.

UNSAFE COMBINATIONS:

- **SSRI/SNRI + MAOI =** extreme risk of serotonin syndrome – always taper completely off one antidepressant before starting on another
- **SSRI + MDMA/DXM =** SSRI can counter the effects of MDMA. Risk of serotonin syndrome
- **MAOI + MDMA/DXM/cocaine =** extreme risk of serotonin syndrome
- **SSRI/SNRI + alcohol =** increased effects of alcohol
- **MAOI + 2C-x/DOx/amphetamines/ketamine/ MXE =** unpredictably intensified effects

Antidepressant use is not recommended if you suffer (or have suffered) from: Seizure disorders, Hyponatremia, Renal dysfunction, Psychosis and Hypotension

ANTI-PSYCHOTICS

Antipsychotics include a very wide variety of drugs that are generally prescribed for the management of bipolar disorder, schizophrenia, psychosis, and related illnesses. All antipsychotics act on dopamine receptors in the brain, while some also act on serotonin receptors as well. They are usually split into two groups: typical (or first generation) antipsychotics and, the more popularly prescribed, atypical (or second generation) antipsychotics.

Chemical Compounds & Medications: Quetiapine (Seroquel), Aripiprazole (Abilify), Olanzapine (Zyprexa), Risperidone (Rixadone)

ADMINISTRATION

Most antipsychotics are tablets, which are taken orally. Others are given by regular injection (called 'depot' medication). These release medicine into the body slowly over several weeks. Some people prefer injections so they don't need to remember to take their tablets.

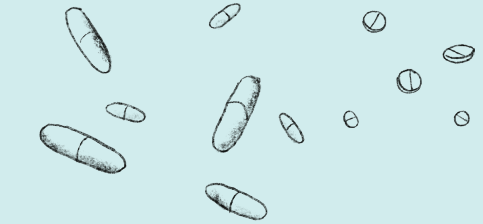
DOSAGE & SAFER USING TIPS

- Many antipsychotics have a sedating effect, so they will probably put you to sleep and affect your coordination. Take this into consideration before making the decision to use them – get nice and comfy and make sure you have nothing important to do for the next 6-12 hours.
- Some antipsychotics come in extended release form (usually denoted by 'XR' on the label). This formulation will affect you longer than the regular formulation.
- Antipsychotics generally remain in your system (bloodstream) long after the apparent effects have worn off. Keep this in mind before considering re-dosing or using other drugs.

UNSAFE COMBINATIONS:

- **Antipsychotics + depressants (opiates, GHB, alcohol) =** risk of overdose, loss of consciousness, difficulty breathing, respiratory failure leading to death
- **Antipsychotics + stimulants/psychedelics =** partially counters effects of stimulants/ psychedelics. Both drugs remain active in the body
- **Antipsychotics + Benzos=** excessive sedation, saliva production, and loss of coordination

Antipsychotic use is not recommended if you suffer (or have suffered) from: Diabetes, Hypertension, Thyroid issues and Obesity



GENERAL MEDICATION SAFETY TIPS:

- Regardless of medication, partying is not always the best idea when you are unwell, whether it's a mental or physical health issue. If it's physical, give your body a chance to rest and recover. If you suffer from poor mental health, think about how recreational drugs might affect you.
- If you are prescribed medication, follow your doctor's instructions.
- Discuss recreational drug use with your doctor to help them find the medication to suit you.
- If using medications recreationally or self-medicating, start with a small dose and allow plenty of time for it to work.
- Effects vary from person to person; sharing your prescription may seem like a nice way to help your friends recover from a bender, but their tolerance may be different from your own, so start with a smaller dose.
- Just because your friend is experiencing similar symptoms, does not mean it's a good idea to share your prescription with them.
- It's easy to forget to take your meds when partying; set a reminder in your phone.

AKA: N-BOMB, NBOME, BOM-25, 2C-I-NBOME, 25-I-NBOME, 25I, PANDORA, SOLARIS, NEW PSYCHOACTIVE SUBSTANCES (NSPS), NBOME, PHENETHYLAMINES, PSYCHEDELICS

NBOMes

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The NBOMe-type hallucinogens (referred to generically as NBOMe) are a series of potent serotonin agonists related to the 2C-(x) series of phenethylamines. The most frequently reported drugs from this group are 25I-NBOMe, 25B-NBOMe, and 25C-NBOMe. Since their introduction in the early 2010s, numerous reports have been published on clinical intoxications and fatalities resulting from the consumption of NBOMe compounds. NBOMes have been sold as an alternative to LSD or as LSD due to the very potent psychedelic activity. Thus, users may accidentally ingest NBOMe as counterfeited LSD or MDMA. Users may find that LSD has a slight metallic taste or no taste at all, while 25I-NBOMe will have a bitter taste.The most common NBOMe chemicals in circulation in Australia include: 25B-NBOMe, 25C-NBOMe and 25I-NBOMe.

COMPOUND: N-methoxybenzyl or 25X-NBOMe

ADMINISTRATION

The drugs are sold as blotter papers, or in powder, liquid, or tablet form, and they are administered sublingually/buccally, intravenously, via nasal insufflations, or by smoking.

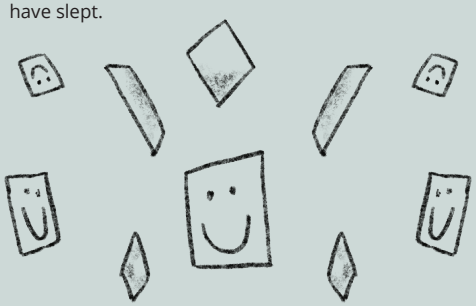
25B-NBOME	**SUBLINGUAL**	**INSUFFLATION**
ONSET	20-40MIN	2-5MIN
DURATION	8-12HRS	8-12HRS
AFTER EFFECTS	2-6HRS	2-6HRS

25C-NBOME	**SUBLINGUAL**
ONSET	45-90MIN
DURATION	4-10HRS
AFTER EFFECTS	1-24HRS

25I-NBOME	**SUBLINGUAL**
ONSET	45-90MIN
DURATION	5-10HRS
AFTER EFFECTS	6-24HRS

HALF LIFE

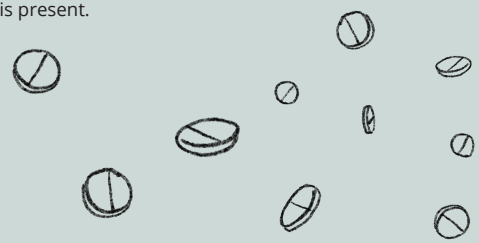
Although the effects may seem to have worn off after 8 hours, the drug is still active in your system for another 5 hours and effects may linger until you have slept.



DRUG TESTS

Roadside Police: NBOMes are not detectable by a saliva test. It is illegal to drive under the influence of any illicit drugs, including NBOMes and any driver may be subject to a roadside behavioural impairment test. Wait at least 24-48 hours before driving.

Reagent Testing: Lab-quality testing for detecting NBOMes is recommended for best results and is available in Canberra (ACT) and in Brisbane & Gold Coast (QLD). If you are testing a substance sold as LSD an Ehrlich's reagent turns purple in the presence of a class of drugs called "indoles," which includes substances like LSD, psilocybin, DMT, and more. If Ehrlich's does not turn purple, it means that no LSD is present.



EFFECTS

NBOMes such as 25I-NBOMe produces visual effects like LSD, but unlike LSD, 25I has an unpredictable safety profile and seemingly random negative effects. Refer to LSD flyer for effects of LSD. Reported NBOMe effects:

- Intense visual hallucinations
- Auditory hallucinations
- Distortion of perceptions of reality
- Distortions of time
- Synesthesia (Seeing sounds, tasting colours etc)
- Itching or tingling sensations
- Nausea and vomiting
- Seizures
- While the hallucinations can be enjoyable, funny and even profound, there is a risk that users will experience disturbing and frightening hallucinations and lose touch with reality
- Confusion/ anxiety/ 'bad trip' reaction.
- Vasoconstriction (constriction of blood vessels)
- Symptoms of serotonin toxicity (eg. heavy sweating, confusion, rapid heart rate and high blood pressure, fever, dilated pupils, seizures, unconsciousness)
- Rhabdomyolysis (a breakdown of muscle tissue that releases a damaging protein into the blood, can be fatal or result in permanent disability).

SAFER USING & DOSING

- Active doses start at around 200 micrograms. This is too small a dose to "eye ball". If unsure of the dosage, start with a tiny amount, and wait 60-90 minutes minimum.
- Avoid using other substances in conjunction with NBOMe, particularly stimulants like methamphetamine and MDMA
- Avoid snorting NBOMe. NBOMe on blotter is designed to be used sublingually, while NBOMe in tablet form is designed for oral administration
- When snorted, NBOMe-dtype hallucinogens have amplified effects. There have been several overdoses and fatalities in Australia related to NBOMe that has been snorted.
- Have a sober person on hand who can assist if someone has a difficult experience or physical side effects.
- Bad trip reactions caused by NBOMe can be severe, and may not successfully managed by the usual techniques used with classic psychedelics.
- If someone has a difficult experience, consider how to best keep the person safe. Seek urgent medical attention if a person cannot be calmed, or is extremely delirious and unaware of their surroundings.
- Seek urgent medical attention in the event of a seizure
- Any adverse reaction to a suspected NBOMe substance should be treated as a possible medical emergency.

25B-NBOMe	**Oral** (µg)	**Snorted** (µg)
THRESHOLD	100	50
LIGHT	100-300	50-200
COMMON	350-500	200-350
STRONG	500-700+	350-500+

25C-NBOMe	**Oral** (µg)
THRESHOLD	50-250
LIGHT	250-500
COMMON	500-750
STRONG	750-1250+

25I-NBOMe	**Oral** (µg)
THRESHOLD	50-250
LIGHT	200-500
COMMON	500-750
STRONG	700-1000+

References: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7054380/

AKA: A'S, ANABOLIC-ANDROGENIC STEROIDS (AAS), ANDRO, ARNIES, CASEYS, GYM CANDY, HGH, HUMAN GROWTH HORMONE (HGH), PEIDS, PERFORMANCE AND IMAGE ENHANCING DRUGS (PIEDS), PUMPERS, ROIDS, STEROIDS, VETS' DRUGS, WEIGHT TRAINERS

STEROIDS

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Anabolic-Androgenic Steroids (AAS) are primarily used medically to treat certain types of anemia and to stimulate sexual development in hypogonadal males. Additionally, they are known for enhancing muscle growth and strength, with studies consistently showing increased strength in weightlifters using AAS beyond what can be achieved through training alone.

Compound: 17-ALPHA-METHYL, 17-ALPHA-ETHYL, ESTERS OF 19-NORTESTOSTERONE

ADMINISTRATION

AAS - Injected Intramuscularly, Taken Orally.

Human growth hormone (HGH), other peptides and hormones (e.g., insulin) – Subcutaneous.

MOST COMMON EFFECTS

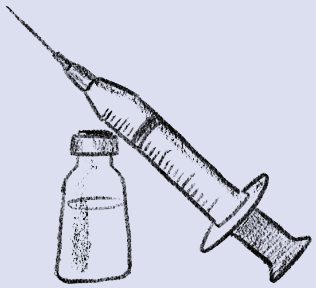
COMMON (Physical): Anabolic (muscle-building) effects, shutdown of testosterone production, hair loss or growth, erectile dysfunction, increase or reduction of sex drive, infertility, breast tissue development (gyno), prostate enlargement, acne, blood pressure changes, changes in liver enzymes, increase in developing cardiovascular complications, changes in HDL and LDL cholesterol, joint pain.

COMMON (Psychological): Mood swings and changes in emotions (generally increases in aggression, although this may not necessarily translate to violence), paranoia, depression, psychosis.

Longer-term Effects: Individuals may develop steroid dependence through anabolic effects that represent the major motivation for most individuals to begin using steroids.

HALF LIFE

The half life of AAS varies and is generally dependent on the length of the ester. For example, the half life of testosterone enanthate is 10 days while the half life of testosterone propionate is 4 days. Details of the half life of different AAS can be found below.



SAFER HANDLING

In Australia, increases in the detection of PIEDs at the border in combination with concerns about the substances links to organised crime, has led to increased law enforcement efforts. Queensland reclassified steroids a schedule-one drug in 2014 and under this legislation, the maximum penalty for possession or supply of steroids is 25 years' imprisonment. Similar tough penalties apply in New South Wales and Victoria.

SAFER USING

Monitoring your health is very important, with a medical professional as well as a coach. Things to get monitored include liver function, testosterone and cholesterol levels with full blood tests. Keep an eye on blood pressure as well. Also talk about how much, how long, and how many combinations of substances you are using.

Injecting: When using steroids, or other drugs like human growth hormone, this is likely going to be the primary mode of use. For steroids (intramuscular) are generally suspended in oil or water, and these are injected into the muscle, where they are then released into the blood gradually. For growth hormone and other peptides, these are injected subcutaneously (e.g., 'belly fat').

Before starting the injection process, thoroughly wash your hands with soap and water and clean the injection site. Swab the top of the vial before extracting the substance. Prior to injecting, clean the injection site with a swab and allow it to dry. After the injection, use a cotton ball or band-aid to control bleeding and treat the wound like a regular cut or puncture. Avoid swabbing the injection site after the injection to prevent further bleeding. Monitor old injection sites for signs of infection and seek medical attention if necessary.

Equipment:

You will need barrels, needles, swabs, sharps container.

Selecting the correct needles:

SIZE	Use
GREY 19G	Drawing up oils from vials
GREEN 21G	Drawing up oils from vials (can be used for larger muscle injections)
BLUE 23G	Injection into larger muscles (Glutes, Quads)
ORANGE 25G	Injection into smaller muscles (Deltoid)
27-29G 1 MIL	Subcutaneous injections (fatty tissue)

INJECTABLE STEROIDS

Boldenone Undecanoate: 14 days

Drostanolone Propionate: 3 days

Methenolone Enanthate: 10 days

Nandrolone Decanate: 8 days

Nandrolone Phenylpropionate: 4 days

Stanozolol: 1 day

Sustanon 250: 15 days

Testosterone Cypionate: 12 days

Testosterone Enanthate: 10 days

Testosterone Propionate: 4 days

Testosterone Suspension: 1 day

Trenbolone Acetate: 3 days

Trenbolone Enanthate: 10 days

Trenbolone Hexahydrobenzylcarbonate: 10 Days

ORAL STEROIDS

4-chlorodehydromethyltestosterone: 7HRS

Fluoxymesterone: 8HRS

Methandrostenolone: 6HRS

Mesterolone: 12HRS

Oxandrolone: 9HRS

Oxymetholone: 8HRS

Stanozolol: 9HRS