

Dope Guide

2nd edition | 2021

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Sex work,
drugs
and alcohol



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Introduction

For a lot of people outside our community, sex work and drugs go hand in hand. According to media and entertainment all sex workers are “drug addicts.” Sex workers who work on the street are all “junkies.” Strippers are all “cokeheads.” Our work is so stigmatized that many people believe it’s impossible to do it at all without being high in one way or another.

We know that reality is much more nuanced. Just like workers in other industries, some of us drink alcohol or take drugs only outside of work, like when we’re out for dinner, or at a party; to have fun, or to relax. Others drink or use at work, whether to kick off the night ahead or to get through a long shift. For some, going to work is the equivalent of starting the party, while for others, we see clients to make money to buy our next hit.



Stigma is an equally familiar concept to sex workers and to people who use drugs. It is the mark of unwanted differentness, “othering” and discreditation that is imposed on us. Stigma is a set of assumptions about people, activities and behaviours that reduces people to stereotypes. Stigma’s effects extend beyond negative perception and into real-world consequences, like discrimination, exclusion from mainstream society and its protections, and criminalization.

Maybe our alcohol or drug use is like other people’s, but we are not seen as like everyone else. This guide was created by and for sex workers without judgement. Regardless of your relationship to drugs, alcohol or other substances, we aim simply to provide you with what you need to make informed decisions

around drug and alcohol use in a sex work context, and to support you in your efforts to live and work safely and with dignity. The guide covers the various drugs currently on the market, potential risks that come with each and how to reduce those risks. It addresses using and drinking and how that can play out at work.

The guide also provides crucial information if you're using drugs and drinking and want to avoid getting pregnant, or if you want information about risk and harm reduction during pregnancy. It contains information about the law and your rights with regard to drugs and sex work. And lastly, there is information about quitting or reducing your use, if that is what you are looking for.

Some notes about language: we use the word **DOPE** to refer to drugs, which is any product that changes your mood and behaviour—in other words, a psychoactive substance—and that is used for that purpose. We also include information about alcohol. Although sex workers and clients come in all genders, in the interests of conciseness we have used the feminine to refer to sex

workers. This guide is aimed at cis and trans women who do sex work, but other gender-diverse sex workers will also find plenty of useful information. Finally, it can also be an intervention tool for those who work front-line with sex workers and with people who use drugs.

This guide is not intended to influence you, or to tell you what is better for you, for your use or for your health. We simply hope that it will help you to make the decisions that are right for you.



In Your Dealer's Bag



Stimulants

Stimulants (or uppers) will generally accelerate the mental process and make you more alert and energetic, while decreasing fatigue and appetite. Getting too high on stimulants can result in a severe intoxication ('overamping") which involves things like irregular heartbeat, dehydration and paranoia (see page 60 for more information on overdoses and severe intoxications).

Amphetamines

peach, peanut,
speed, wake-ups



What does it look like and how is it used?

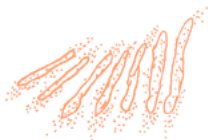
Pills to swallow, or powder to snort, inject or smoke.

What are its desired effects?

Feeling like you are in top shape with lots of energy for hours.

Cocaine

blow, C, coke, flake,
snow, soft



What does it look like and how is it used?

White powder to smoke, snort, hoop or inject.

What are its desired effects?

Euphoria, and a feeling of intellectual and physical strength; suppression of inhibitions, of fatigue, and of pain.

Crack

freebase, hard, hit, puff, rock

What does it look like and how is it used?

Usually small rocks that are smoked with a pipe, but can also be injected if cooked down with an acidifier (e.g.: vitamin C).

What are its desired effects?

Effects similar to cocaine, but that may not last as long.

Methamphetamine

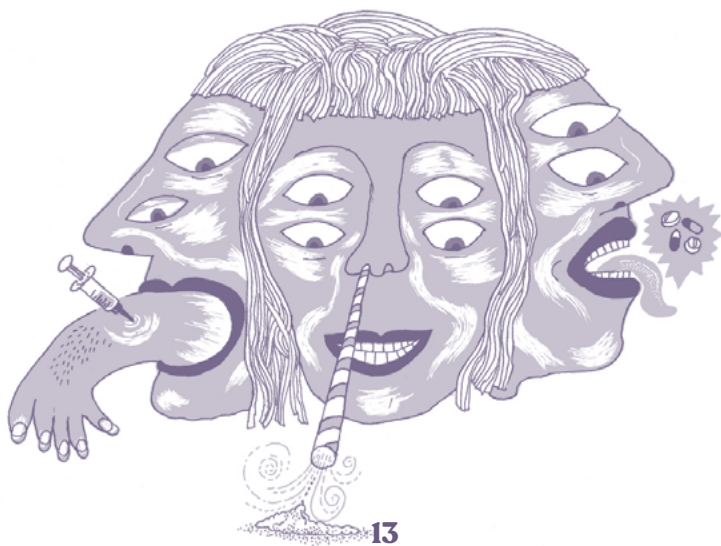
crank, crystal, glass, ice, meth, tina

What does it look like and how is it used?

Pills or capsules to swallow or whiteish powder or crystals to snort, inject (with a double-filtration system), smoke or hoop.

What are its desired effects?

Strong sensation of euphoria and wellbeing and an impression of being invincible that can last up to 12 hours. It might make you feel horny which makes it popular for sex.



MDMA/Ecstasy

MD, molly, E, X

What does it look like and how is it used?

Pills and capsules in various colours to swallow or white-ish powder you can snort or ingest. It's often cut with other substances, and doses vary greatly in strength. It can also be considered a disruptor (see page 22 for more info).

What are its desired effects?

Sensations of euphoria and wellbeing. Increased energy and heightened sensory experiences. Reduced inhibitions and the desire to be close to others both physically and emotionally.

What are the risks?

In general, stimulants can reduce the capacity to maintain an erection and cum.

The comedowns can be hard to handle psychologically.

Heavy use can lead to fatigue, trembling, anxiety, and paranoia, and in extreme cases to visual and auditory hallucinations, seizures, and psychosis.

These substances may aggravate existing heart problems.

Depressants

Depressants (or downers) usually reduce your level of alertness, brain activity and general body functions, as well as relaxing you and making you less conscious of what's going on around you. Heavy use or combining several downers can put you at risk of an overdose by slowing down your breathing and blood pressure (see pages 58-59 for more information on overdoses).

Benzodiazepines

benzos, sleeping pills
(e.g.: Ativan, Xanax,
Valium, etc.)

What does it look like and how is it used?

Pills to swallow or to crush and inject (with a double filtration system).

What are its desired effects?

Usually prescribed to reduce anxiety. Also used without a prescription to calm cravings or to reduce the effects of stimulants.

What are its risks?

Heavy use of benzos can cause drowsiness and affect concentration, reflexes and memory. They can be fatal if mixed with alcohol or opioids, including heroin and methadone.



Alcohol

beverage alcohol
(BA), booze, cocktail,
drink

What does it look like and how is it used?

Beer, wine, cider, aperitifs, digestifs or spirits that you drink.

What are its desired effects?

Relaxes and lowers inhibitions.

What are its risks?

In larger quantities alcohol may reduce self-control, cause blackout, and in more severe cases, cause liver damage. Drinking too much alcohol too fast can lead to death in less than an hour.

Other ethanol-containing products

non-beverage
alcohol (NBA)

What does it look like and how is it used?

Mouthwash, perfume, hand sanitizer, rubbing alcohol ("rubby") that you drink.

What are its desired effects?

Relaxes and lowers inhibitions.

What are its risks?

There is a higher concentration of ethanol (the substance that makes you drunk) in NBAs than in BAs so the effects happen faster and are more severe (e.g.: organ damage or organ failure, alcohol poisoning, alcoholic hepatitis, etc). Also, NBAs are not made to be ingested so they are harder to digest.



GHB

date-rape drug,
fantasy, GH, liquid
ecstasy, liquid X,
scoop



What does it look like and how is it used?

Thick, colourless, odourless and tasteless liquid, white powder or capsules that dissolve in water. Usually ingested or hooped.

What are its desired effects?

In small doses, it reduces anxiety, diminishes sexual inhibitions and creates euphoria.

What are its risks?

In higher doses, GHB can cause loss of consciousness, hallucinations, and convulsions. Mixed with alcohol it can quickly lead to blacking out and you might not remember anything when you wake up. It's difficult to measure the concentration in a dose, and it's best to avoid mixing GHB with ketamine or other depressants because that can lead to an overdose.

Inhalants

acetone, butane, gas, glue, nitrous oxide/laughing gas/whippets

What does it look like and how is it used?

Domestic or industrial products whose vapours are inhaled.

What are its desired effects?

Euphoria, intense fantasies, hallucinations, dizziness, and disconnection from reality.

What are its risks?

In heavy doses inhalants can make you feel like your head is spinning, or cause fainting, irregular heartbeat and respiratory depression. In extreme cases, they can lead to asphyxiation and death. They are also super flammable.

Alkyl nitrites

poppers, room odorizers/deodorizers

What does it look like and how is it used?

Liquid whose vapours are inhaled. NOT to be ingested.

What are its desired effects?

Sensations of euphoria, internal warmth and sensuality, but only for 2 to 3 minutes. Creates muscular relaxation that can facilitate penetration.

What are its risks?

Regular use of alkyl nitrates can create a yellowish crust around the nose and lips, lesions on the nasal septum, distorted perceptions and anemia. It can also be fatal when these are taken with Viagra.

Lean

cody, juice, purple drank, sizzurp

What does it look like and how is it used?

Mixture of cough syrup containing codeine (an opioid) and/or promethazine, pop, and some candy for flavouring. It's usually purple, green or pink, depending on the syrup, pop or candy used in its mixture. Might look like a regular colourful cocktail and is consumed by drinking.

What are its desired effects?

Depending on the strength, it can cause euphoria, pain relief, elevated mood and overall feeling of contentedness.

What are its risks?

Lean can lead to overdose when it is consumed in large quantities or when it is mixed with other downers (alcohol, GHB, benzos, opioids, etc).



Opioids

codeine, Dilaudid,
Demerol, morphine

What does it look like and how is it used?

Analgesic derived from opiates as pills, patches or ampules to swallow, inject (with a double-filter) or hoop.

What are its desired effects?

Euphoria, ecstasy, pain relief, relaxation and calm.

What are its risks?

Opioids can cause constipation, drowsiness and nausea. In heavy doses, they can reduce sexual desire and can cause liver problems and respiratory arrest.

Heroin

down, H, junk, skag,
smack

What does it look like and how is it used?

White, beige or brown powder to inject, smoke, hoop or snort. We are finding it more and more in different colours like fuchsia and teal. Brown stone heroin is a rock.

What are its desired effects?

Euphoria, ecstasy, pain relief, relaxation and calm.

What are its risks?

Opioids can cause constipation, drowsiness and nausea. In heavy doses, they can reduce sexual desire and can cause liver problems and respiratory arrest.



Fentanyl and its analogues

(e.g.: carfentanyl)

What does it look like and how is it used?

Pills, patches, powder or ampules to swallow, inject (with a double filter) or hoop. It can also be used as a cutting agent for other substances. See Drug Checking at page 67 for more info.

What are its desired effects?

Euphoria, ecstasy, pain relief, relaxation and calm.

What are its risks?

Fentanyl's effects are difficult to quantify and can be stronger than expected. It is often used to cut other substances and is responsible for the sudden increase in opioid-related overdoses. See page 55 for more information.

Opioid agonist treatment (OAT)

methadone and buprenorphine or Suboxone

What does it look like and how is it used?

Pills or oral solutions that are often prescribed to manage opioid withdrawal symptoms. They are ingested. See page 93 for more info about OATs.

What are its desired effects?

Though they don't usually produce a high for those who use heroin or other opioids, in sufficient doses they can reduce cravings as part of opioid withdrawal treatment.

What are its risks?

Methadone can be fatal for people who don't already use opioids. If you use this drug without a prescription, be very careful about estimating dosage. There is also a risk of death if it is taken with benzos or with alcohol.

Disruptors

This family of substances (otherwise known as “disassociatives” or “hallucinogens”) fucks with our perceptions, mood, and general brain functions. While some people may use them to help with their mental health, if you’re pre-disposed to mental health issues, they can potentially exacerbate your symptoms instead. Having a “bad trip” on disruptors may induce stress, anxiety and/or paranoia—see page 61 for more information about severe intoxication.



Cannabis

420, hash, joint, marijuana, pot, spliff, weed



What does it look like and how is it used?

Dried leaves, oils or chunks that are either smoked or mixed into food to be ingested. It can also be considered a depressant (see page 15).

What are its desired effects?

Relaxation, calm and sense of wellbeing.

What are its risks?

Consuming cannabis regularly can lead to a loss of motivation. With strong doses, time perception and short-term memory can be affected.

Ketamine

K, ket, kitty, special K, vitamin K

What does it look like and how is it used?

White powder, pills, capsules, crystals or liquid solution to swallow, hoop, inject (see more info about intra-muscular injecting at page 40), snort or smoke. It can also be considered a depressant (see page 15)

What are its desired effects?

Similar to PCP (reduced sensation of pain, euphoria, disassociation, hallucination) but less intense and shorter-lasting (about an hour).

What are its risks?

In heavy doses, ketamine may cause loss of consciousness (k-hole) along with vomiting, anxiety, panic, psychosis and temporary paralysis. Avoid mixing it with opiates, benzos and GHB.

LSD

acid, blotter, liquid
LSD, tab



What does it look like and how is it used?

Small paper squares, odorless and colourless liquid, tablets or microdots to ingest.

What are its desired effects?

Giggle fits, heightened sensory experiences and hallucinations. Lasts between 5 and 12 hours.

What are its risks?

With heavy use of these disruptors, people who are predisposed to mental health problems risk experiencing intellectual, psychological and psychiatric problems.



MICRODOSING

This trendy practice involves taking tiny amounts of psychedelics that don't make you trip, but may enhance your mood. Some people do this over a certain period of time looking for a therapeutic effect, with or without the supervision of a mental health professional.



PCP

angel dust, fairy dust,
mescaline, mess



What does it look like and how is it used?

Powders, pills and capsules in various colours to be ingested. Please note that PCP is often mixed with other drugs, such as MDMA, ketamine, mescaline, cannabis and cocaine.

What are its desired effects?

Euphoria, reduced sensation of pain, disassociation and hallucination. Lasts about 4 to 6 hours.

What are its risks?

With heavy use of these disruptors, people who are predisposed to mental health problems risk experiencing intellectual, psychological and psychiatric problems.

Psilocybin mushrooms

magic mushrooms,
mush, shrooms



What does it look like and how is it used?

Dried up mushrooms that are either eaten or steeped for drinking.

What are its desired effects?

Giggling and hallucinations. Depending on the dose, the effects are usually not as strong as those of LSD. Lasts 3 to 6 hours.

What are its risks?

With heavy use of these disruptors, people who are predisposed to mental health problems risk experiencing intellectual, psychological and psychiatric problems.

Dope and the Law of Effect

Whatever you take will feel a little different based on what's called the "Law of Effect." The Law of Effect takes three things into consideration: the **SUBSTANCE**, the **INDIVIDUAL** and the **CONTEXT**. Basically, this means that your buzz will be different depending on things like how you're feeling that day, where you're using, if you had a good night sleep the night before, and so on. Even if you've been using the same substance for 20 years, you can still feel its effects differently depending on the combination of all of these factors.



Substance

Which substance are you using?
What's its potency?
Have you tried this before?
Is it mixed with something else?
Is it a new batch?
How are you administering it?
New dealer?

Effect

Individual

Did you eat/drink recently?
Are you well-rested?
Are you in a good headspace?
Did you have a bad day?
What's your tolerance like?

Context

Are you with people you know?
Are you using in a space where
you feel safe?
What time of the day is it?



Using, Drinking and Sex Work

Regardless of what, why, or how much you consume, here are some things to consider when using at work.

Your Boundaries

Sober or high, every SW needs to know her boundaries in terms of services, safety and working conditions. Maintaining those boundaries when you have been using or drinking can be challenging. As an example, alcohol and drugs can lower your inhibitions, which can make you

forget safer sex practices, like condom use, not double-dipping toys and using separate hands for different people/holes. For more information about sexual health, check out Stella's *XXX Guide* (see Further Reading on pages 108-109).

Potential problem situations can be a lot easier to manage with advance planning. For instance, if you know you will have a cravings crisis when you run out, you can plan in advance to keep a stash in reserve. If you're dope-sick

you might run risks you would normally avoid, like taking clients you would normally refuse, and you might then not be in a state to make them respect your limits and conditions. If you don't have a back-up stash or cash set aside you can end up with a drug debt which has the potential to expose you to violence. If you decide to go into debt regardless, choose people that you don't risk either putting yourself in danger with or breaking ties with. Or if you can, take this as an opportunity to let your body to recover before you get some more.

Your Clients

Whether you are working in exchange for money or for drugs, ensure that the terms of the exchange are clear from the beginning. Like any transaction in sex work, we get paid upfront! Check your drugs, and verify that your clients is paying you in the substance you want (more info about drug checking at page 67). Note that if you use with a client, they may also be tempted to confuse your work relationship with a friendship, and that can blur crucial boundaries around

time, services and payment. Make sure to be clear about your expectations at the beginning, with yourself and with your client.

Some clients are specifically looking for someone to use or drink with them, or to find drugs for them, or want to hire "party girls." If that's a service you offer, great! Hustle it and make extra money from it. Getting high or drunk on the client's dime is also a great way to save your own money for other things you enjoy.

Bear in mind that if your client gets too high or drunk, it can affect their mood, behaviour and sexual arousal. Using with clients can lead to extended time, especially if they are having trouble getting aroused or finishing. Make sure your client hits up the ATM or a dealer before you extend the session. Men may also get frustrated or violent when they experience trouble staying hard or cumming. If you become the focus of their frustration, stay calm and follow your gut—this might be a good time to leave if you can. At worst you can offer to reimburse the difference in time left in your appointment or



service and GTFO (get the fuck out). Better to lose some money than risk things escalating or getting dangerous. Sometimes there's no time to negotiate and you shouldn't hesitate to leave if you feel unsafe.

It's possible that using and drinking can affect your mood and behaviour as well. Maybe you won't have the patience to deal with a difficult client or the presence of mind to diffuse a conflict. Maybe you say what you really think after you've had a few! Planning ahead can be a great tool

for pre-empting problems. You can consider what you personally are like when you have been using or drinking, and how you think your client will react to that, how you plan to manage potential scenarios, and what your exit plan might be if you want or need one.



Whatever your drug use looks like, you're always better off if you eat well and get enough sleep. Also, remember to drink a lot of water!

Your Employer

Some workplaces or agencies have no tolerance for alcohol and/or drug use at work, some don't care, and some expect you to drink or party with clients. You might want to take that into consideration when you're choosing a place to work. The latter are often advertised as offering "party girls." If you're trying to reduce or quit using and drinking, you may want to find another workplace where that's not an expectation (see page 89 for more information).

If your workplace or boss provides drugs or alcohol while you're at work, make sure that you know ahead of time if that's part of the perks of working there or if you have to pay for them. You might also want to check whether they can garnish your wages for outstanding drug or alcohol debts.

Your Physical Labour

Along with changes in your perceptions, inhibitions and behaviour, your pain thresholds will alter when you are high or drunk, and the mucous membranes in your body may

become dry, including the ones in your vagina or anus. Dry mucous membranes increase the risk of tears with penetration, which then increases the risk of infection. Use lube for both anus and vagina.



Services like domination and S&M especially require you to control your movements and to carefully evaluate both your clients' limits and your own. If you or your client take drugs or drink, pain thresholds, judgment and coordination are affected for both of you, thereby increasing the risk of injury.



If you find your mucous membranes or sores on your skin have been exposed to someone's bodily fluids (sperm, blood, etc.) after a riskier activity (e.g.: a broken condom, or if you've scratched yourself by accident with a used needle), you might consider going to the emergency room or a specialized sexually-transmitted and blood-borne infection (STBBI) clinic as quickly

as possible. There is a treatment called PEP (post-exposure prophylaxis) that can prevent you from getting HIV if you access it within 72 hours of your possible contact. The earlier you start the treatment, the more effective it is. PrEP (pre-exposure prophylaxis—to be taken *before* the riskier activity) is also an option, although the success rate for people with vaginas is lower than for those with penises. If you're considering going on PrEP, talk to a health professional about the pros and cons for your situation.

If high heels are your thing or if you use massage oils, watch out to not to slip and hurt yourself, especially when you get fucked up. Falling offstage is never a good time, and can lead to you getting kicked out of your workplace ... and unfortunately, ankle injuries in the sex industry aren't covered by the CNESST.

Finally, it's cool when a client falls asleep and you keep getting paid, but not so cool when you're the one who falls asleep on the client (and risks not getting paid). Some downers may make us nod off for a millisecond, while taking just a **tiny** bit too much GHB or K may have us star-fishing, or maybe you've been up for four days and the bed got a little too comfy. Regardless, passing out or being too fucked up while you're with a client may put you at risk of being taken advantage of (like getting robbed, having pictures taken of you, experiencing other non-consensual acts, or experiencing sexual or other types of violence, etc.). If you're feeling sleepy or too trashed, and if you can afford to cut your losses without repercussions to you or your employer, you might consider leaving.



What's the Deal With...?

This section is about reducing risks. Known as “harm reduction,” this is an approach to drug or alcohol use that centers on the human rights of people who use or drink. It starts with respect for our agency and for our capacity to decide what’s best for ourselves. It focuses straight up on what works here and now. It understands that the potential risks associated with using and drinking are the result of criminalization, stigma and marginalization. Below you’ll find strategies to reduce possible risks and stay healthy.



Putting Together Your Drug Kit

A good trip should always start with getting some new gear that's just for you. You can get all the supplies mentioned below at Stella or at your local harm reduction organization (see Resources on pages 96-107).

If you use in a place where there are lots of people, mark your gear with a pen or with nail polish and keep an eye on it. You don't want anyone else to use it or tamper with it, or to mistake it for something it's not (e.g.: fentanyl for cocaine or methadone for Kool Aid) while you're in the bathroom or with a client. Your dope and medication should also be kept out of reach of children and animals because these things can be fatal for them, even in small quantities

The gear in your drug kit should never be shared. That includes straws, pipes, baggies, or your injection equipment, including the tie (tourniquet). HIV, Hepatitis C (HepC) and other viruses such as herpes can be transmitted through the material if it has traces of blood or infection. Just because you can't see it, doesn't mean it's not there.



Even if you already have Hepatitis C or HIV, you can be transmitted different strains of the same virus, or other infections that could further weaken your immune system. Each new strain that you are infected with makes it more difficult for treatment to work on you. Always use new gear.

Shooting Up

Injecting into your vein (AKA intravenous injection - IV) is the most direct way to get drugs into your system, but it is also the one that comes with the most health risks: higher rates of HIV and HepC transmissions, as well as damage to your veins. Always use a new needle. The needle will be very sharp and that will be easier on your veins, which helps prevent the spread of infections and also helps you to avoid marks.

The entire contents of the cooker, as well as the filter, vial of water, tourniquet and the needle should be thrown out after use

in a designated sharps disposal. If there's none nearby, you can pop your used gear into a glass or plastic bottle, jar, or can until you find a sharps disposal. They are found in public bathrooms, CLSCs, and in metal boxes placed in strategic locations all over Montreal. Discarded needles also cause neighbours and business owners to complain, which encourages the police to increase their presence and repression. Try not to leave traces behind that attract negative attention. In any case, the less they know, the better!



Tips & Tricks

People who inject can get abscesses, cellulitis, phlebitis (inflammation of the vein) and endocarditis (inflammation of the heart membrane) and these things can lead to further complications. Here are some tips to avoid these infections, and to help keep your veins from hardening and from showing noticeable marks:

If you need to shoot up in your feet, your hands, your breast, your groin or your neck, take extra caution. There are arteries that increase the risk of bleeding out and smaller veins there that are more likely to burst.

If you are injecting drugs that come in a pill format, it is recommended to use a double filtration system in order to avoid injecting larger chunks into your veins.

Alternate from one arm to the other and change veins. Your arms are the safest places to inject.

Always aim the contents of the needle towards the heart (upwards if injecting into your arms or legs).



- Safest
- More risky
- Riskiest



Intra-muscular (IM) Injection

For IM substances (e.g.: hormones, ketamine, naloxone), make sure you are using an intramuscular (IM) injection needle which is bigger than a usual IV needle. The best spots to do IM are on the front or side

of the thigh. Try to alternate the injection spots and times to prevent the area from being overused.

Check out AQPSUD's *Master Your Hit* (French only) for more detailed info on IV and IM injection.



Snorting and Sniffing



Remember that different drugs will affect you differently depending on the way you take them. Sniffing hits faster than ingesting, but not as fast as injecting, for instance. Snorting instead of shooting up reduces the risk of overdosing, but it doesn't eliminate it (see page 55 for more about ODs). Here are some things to keep in mind:

- You might want to wash out your nostrils with some sterile water (the ones provided in injection kits are perfect) to clear 'em out before you start the party—less drugs will be wasted getting clogged up!
- Space out your lines, that way you can feel out the effect before deciding to do another one.
- Switch nostrils each time you take a bump.
- Lubricate your nostrils with some Vaseline or lip balm to avoid crusties.
- Keep some tissues nearby to avoid dripping.
- If you prefer using a sniffing bullet, keep it to yourself and disinfect it after use.
- Keep track of how much you have left/how much you've used if you start out with more than you intend to use.
- Drink water and use lube!

A straw is the safest tool to use to snort your dope. When you use a straw, you're only snorting your dope. Snorting with a rolled bill or doing a bump off a key or your nail can pull all kinds of bacteria into your nose, which can infect existing micro lesions. It's better if you have your own unshared straws (you can mark yours with a sharpie or nail polish) because otherwise you risk being exposed, or exposing someone else, to HepC.

Smoking and Inhaling

Whatever you're smoking, like tobacco, weed or crack, it will have an effect on your teeth, lungs and respiratory system. Smoking will also deteriorate your gums, which can make it easier for infections to get in. That's something to keep in mind if you are offering blowjobs without a condom.

It's best to smoke with a glass device or with rolling papers as smoking heated-up metal or plastic is really hard on the lungs. Smoking out of a glass pipe can dry out and burn your lips, though, which makes it easier to transmit STBBIs like HepC, so try to use a mouthpiece and apply lip balm. Also, having screens will help filter out some gunk that you might inhale by accident. It better to use the screens provided in your smoke kit, because when Brillo is heated up, little pieces break off and burn your lungs (or you can cover it with your screens provided in your kit). For more details on setting up your pipe, check out CATIE's pamphlets *Safer Crystal Meth Smoking* and *Safer Crack Smoking*.



**Smoking tobacco may
interact with your meds—ask
your doctor!**

Finally, remember that the legalization of weed in Canada comes with its own rules: you cannot legally have more than 30 grams in your possession in public, you must obtain it “legally” (meaning through an authorized dealer, e.g. the SQDC), and the legal age for

buying and consuming weed in Quebec is 21 years old. See Stella’s document [*Read Between the Lines*](#) for more information about criminal offences related to cannabis (see Further Reading at pages 108-109).

Drinking

Beverage alcohol (or BA) is probably the most socially-accepted psychoactive substance in our society. Although there are societal expectations and judgements around who, when and how much, it is legal to buy and consume it in Québec if you’re 18 and over. Nevertheless, you can still be criminalized, especially if you are already known to the police or if you are drinking non-beverage alcohol like mouthwash or rubbing alcohol. Law enforcement also use infractions related to “incivilities” to criminalize some behaviours like public intoxication, causing a disturbance, or simply consuming

alcohol in public (with a few exceptions).

There are several factors that will affect your buzz. This includes sugar content, the fizz and if you’re using something else in combination with booze. For example, uppers like coke and crack prevent you from feeling the effects of alcohol as strongly, while downers will make you feel more drunk. It’s not recommended to mix alcohol with opiates, GHB, ketamine or benzos because you risk overdosing, having memory blanks and fainting.

When you're out and about, watch your drink or ask someone you trust to watch it for you to make it hard for anyone to put anything in it without your consent. If after a drink or two you feel like you've had ten, consider talking about it right away with someone, and you might want to get yourself to the hospital or the CLSC right away. Make sure you go with someone you trust. If you think you've been sexually assaulted, you can get preventive treatments against

STBBIs if you go to the hospital quickly (see pages 32-33 for more info on PEP).

If you don't drink alcohol, you can drink other substances to get high—cannabis drinks, mushroom tea or dropping some GHB or MDMA in tea, juice, or water. Just remember that the effect of the drug will take longer to hit because it's absorbed by your system differently than other methods like injection, sniffing or smoking.

Ingesting

Eating or swallowing your dope can mean eating cannabis edibles, dropping some GHB in your drink, swallowing a speed pill, or "parachuting" MDMA (wrapping your drug in a bit of tissue or rolling paper before swallowing). Ingesting as a method to take drugs might make your buzz less strong because the substance has to pass through the digestive system. It will also take a longer time for the drug to hit, versus smoking it, sniffing it or injecting it.

On the other hand, the buzz might last longer, for the same reasons. Give it time for your body to adjust (1-2 hours) because it may sneak up on you. You can always take more if you don't feel what you want after 2 hours, but you can't take less when you realize you're too high! This method can also make it difficult to measure the dose that you're taking, especially if you're ingesting something you didn't prepare yourself. Go slow and be patient!

Hoopling

Also known as boofing, plugging, woofing or booty-bumping, inserting your dope in your anus or vagina is an alternative to injecting, smoking or sniffing. This method avoids vein, lung and nose damage, and it has a high "bioavailability," which means more of the substance is absorbed in the bloodstream and it hits faster (similar to intravenous injection). This also means that there is a higher risk of overdose. It's therefore recommended to use a smaller-than-usual amount the first few times you try it out to see what kind of buzz you get. It is also recommended to use lube before inserting your substance in order

to avoid tears and damage to your anus or vagina. You can insert the substance unwrapped, or wrap it in a rolling paper and insert it that way, or dissolve it in water with a syringe (like you would heroin), remove the needle, and insert the syringe. Always (as much as possible) use your own new and sterile material to do the insertion, and to wash your hands before and after.



Doing a Little Bit of Everything

To avoid an overdose or other bad experiences, and to get the most out of your high, it's best to be cautious about mixing different drugs, alcohol and medication. Depending on what you take, the combination may slow or speed up your heartbeat or breathing.





There's some really great drug interaction charts online if you're curious about the mixing and mingling of different substances like [this one by Tripsit](#) (see Bibliography on p. III).

DEPRESSANTS reduce your breathing rhythm. If you mix two or more depressants, their effects on your respiratory system will be that much stronger and more damaging than one alone. Alcohol, opiates and benzos are all depressants, so mixing them will increase the risk of overdose. (see pages 58–59 for more info about overdoses).

Mixing a **DEPRESSANT** with a **STIMULANT** can counter each other's desired effects, so you may end up taking more of each to get the buzz you want. This mix also fucks with your heart because the depressant makes everything slow down, while the stimulant speeds everything up. A "speedball" (coke and heroin) can even lead to cardiac arrest.

Using more than one **STIMULANT** at the same time, like crack and meth, can put you at higher risk of overamping because your vital signs go up even more quickly (body temperature, pulse, blood pressure, etc.). See page 60 for more details about overdosing on uppers.

Mixing two **DISRUPTORS** can increase your chances of psychosis. Mixing a **DISRUPTOR** with a **DOWNER**, like weed combined with alcohol, can increase the effect of the depressant, while mixing a **DISRUPTOR** with a **STIMULANT**, like MDMA and speed, might make you feel a bit paranoid.



Get yourself a copy of AQPSUD's Blender next time you're at Stella (see Further Reading on pages 108-109). It's THE ultimate guide about mixing drugs, or polyuse.

Medication

As a general rule, if you take medication, by prescription or otherwise, you might want to ask your doctor or pharmacist whether there are any side effects if it's mixed with alcohol or other drugs. Mixing might mean that your medication doesn't do what it's supposed to do as well as it should (like if you are taking antibiotics to clear an infection), or it might mean that any crappy side effects your

medication has are magnified. If that's the case but you can't or don't want to avoid drugs or alcohol, it's still best to talk about it with a doctor. He or she may be able to review your medication and offer you alternatives. If your doctor is not giving you the help you need, contact Stella or your local community organization until you find a health professional that suits your needs.

Hepatitis C and HIV medication

Mixing with Hepatitis C (HepC) medication is low-risk. Current HepC treatment options work as well on folks who use as on folks who don't. HIV medications, on the other hand, can fuck with or get fucked by other drugs that are in your blood. Better to check in with your health professional about the possible risks or to find the right options for you.

Hormones

Most hormones are metabolized by the liver, and drugs are metabolized by the liver, so the hormones you take can interact with whatever other medications and drugs you take. A doctor can clarify that interaction.

The difficulties in accessing hormones sometimes lead some trans people to get their hormones from non-medical sources. You may or may not get quality hormones from a non-medical source, but there are other things to consider. Even if you get quality hormones you can

develop complications. A medical follow up is designed to catch and treat those complications. Non-medical sources likely will not include follow up, which means complications can be missed. Serious complications include phlebitis (inflammation of the veins), hypothyroidism (the insufficient production of thyroid hormones) and hypertension. The risk of developing cardiovascular illness also increases, and of course there are effects on the liver. If you take hormones without a prescription, try to find a doctor with whom you can talk about it openly or go talk to our lovely friends at [ASTTeQ](#) (see Resources on p. 96).



How to Feel Less Like Shit the Next Morning



What goes up must come down, so it's normal to feel crappy the morning after feeling good all night. The downs are inevitable. The depression, anxiety, or paranoia they might provoke will vary. Nonetheless, if you plan to go into party mode, here are a few pointers that might help:

- The only way of being certain to avoid a hangover is not to drink too much alcohol. When you've had too much to drink, the only real cure is time.
- Eat before and while you're using/drinking. Find what foods work for you—some people prefer greasy or salty food.
- Drink water before, during and after and don't forget electrolytes (e.g.: Gatorade).
- Try to stop drinking and/or using at least an hour before going to sleep.

- Avoid taking aspirin—it's not the best remedy for a stomach that's queasy from alcohol. Try Tylenol or Advil.
- If you know you're going to be in withdrawal the next day, keep some of your drugs aside before you start your night ("morning stash").

Sometimes we want to avoid experiencing the crash so we keep using without giving our bodies a break. If you take stimulants like speed, crack or coke, you stop feeling fatigue. But if you never give your body a rest, you can end up completely exhausted or develop side effects like nervous tics. Consider setting a limit on the maximum number of hours that you'll let yourself go without sleep or staying on the go and think about how you'll make that happen.



If you've drank or used too much to drive, don't take the chance of losing your license, or getting into an accident that would prevent you from earning your money, or putting yourself in a situation that might kill you or someone else.

Take the metro, grab a taxi, or ask someone you trust to take you home.

If you know in advance that you're going to drink or use, don't take your car at all, or take it but give the keys to someone you know well.



Tips & Tricks

Try not to book a client or a shift the next day, if you can avoid it.

Make sure you have all your necessities so you don't have to leave the house the next day for some TP or other basic necessities.

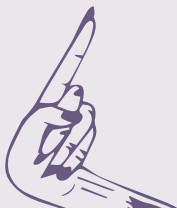
Try to get home before you pass out. It's always nice to wake up in your own bed.

Keep a down kit with your dope kit. Fill it with whatever makes you feel good, like a bath bomb, a chill out playlist, a trashy magazine, or snacks and drinks.

Some of us like to take vitamins before ("preload") or after using to help with the comedown (e.g.: 5-HTP, melatonin and vitamin C), while others like to use a downer during a crash to mitigate the effects or to help sleep them off (e.g.: CBD oil).

Take a self-care day of listening to music, watching movies, smudging, soaking in a bath or having couch time with a friend.

If you start to have dark or suicidal thoughts, talk about them with a close friend, or come and get help from Stella or your other favourite community organization. You can also call Crisis Services Canada at 1-833-456-4566 or Suicide Action Montreal at 1-866-277-3553 for immediate support 24/7.





Overdose

In 2021, at the time of writing this guide, we are experiencing an overdose (OD) crisis in Montreal. There has been a sharp increase of fentanyl in the drug supply, and a correspondingly sharp increase in overdose and death as a result. In addition to fentanyl, other analogue (i.e. drugs with similar properties) have also been found in cocaine, crack, meth and in fake pharmaceuticals like Dilaudid or hydromorphone.

The situation is not stable and that makes reducing potential drug-related harms really hard. If the makeup of the drug supply were consistent, we could provide clearer info about ODs and how to avoid them. In our current

context ALL illicit drug supplies are contaminated and poisoned with crap it's a lot harder to gauge exactly which substances, combinations and methods of consumption now put you at higher or lower risk of overdose. When drugs are contaminated, or the ones you want are unavailable, it might also mean you're trying new drugs more frequently, and learning all over again how your body reacts to a new drug, what the right dosage is, what to watch out for, and so on.

We will always have to be vigilant about what is in our drugs. Whether you use casually, party twice a year or are a seasoned user, all of us need to take precautions to avoid an overdose.

Tips & Tricks

Drink water and try to eat before using. Heat and dehydration can heighten the risks of overdosing.

Avoid using alone, but if you do, give your friend a head's up so they can check up on you and leave your door unlocked just in case.

Use fentanyl testing strips or other testing equipment (see page 67 for more info on drug checking).

Take a smaller dose to test out its effect.

Carry naloxone and keep some visible wherever you use.

If you haven't used in a while (even just for a few days), go slow. Your tolerance won't be the same as before.

Even if you're not using your different drugs at the exact same time, it's still mixing. The substances can interact with each other over a period of a few hours.

If it's a new batch, try half your regular dose to see how you react.

If you are with other people, try not to all use at the same time.

Go to a supervised injection/consumption site (SIS) if you can (see pages 67-68 for more info on SIS).

Avoid adding benzos to your mix of depressants (especially alcohol).

Remember that if a person is having an OD, do not move them from where they are and try to stay with them until the ambulance arrives. If you just can't stay, write on a piece of paper any information you have about what drug the person took, how much, and when they took it. **THIS INFORMATION MAY HELP SAVE THEIR LIFE.**



Overdose versus Severe Intoxication

It can be difficult to tell if a person is just really buzzed ("severe intoxication") or is actually having an overdose. The best way to check is by calling their name

loudly, pinching their shoulder and checking their vitals. If they're not responding, or if you're not sure, place the person on their side, call 9-1-1 and ask for an ambulance.



Opioids

(e.g.: fentanyl, heroin, hydromorphone)

Signs of severe intoxication (really high)?

Your heart, respiratory and general body functions slow down:

- Slurring
- Nodding off
- Slow movement
- Vomiting

What to do in case of a severe intoxication?

- 1 Put the person on their side on the ground so that if they vomit, they don't choke on it.
- 2 Keep an eye on their breathing to make sure they're not falling into an overdose.



NOTE: There have been some reports of unusual opioid overdose symptoms such as the body becoming super rigid, and flailing of the arms. These cases have usually required more than one dose of naloxone to pause the OD. When in doubt, use naloxone!

Signs of overdose (risk of death)?

- Unresponsive to pain or verbal stimulation (no need to hit anyone in the face—simply pinch their arm or tap the clavicle bone)
- Extreme drowsiness
- Tiny pupils
- Slow or no breathing
- Choking/gurgling/snoring sounds
- Pale or blue lips
- Clammy skin

What to do in case of an overdose?

- 1 Call 9-1-1 for an ambulance.
- 2 Administer naloxone.
- 3 Tilt the head and lift the chin to open the airway.
- 4 Give one mouth-to-mouth breath every 5 seconds (AKA rescue breathing).
- 5 If their heart has stopped, do CPR if you know it.

Other depressants

(e.g.: alcohol, benzos, GHB)

Signs of severe intoxication (really high)?

- Slurring
- Nodding off
- Slow movement
- Vomiting

What to do in case of a severe intoxication?

- 1 Put the person on their side on the ground so that if they vomit, they don't choke on it.
- 2 Keep an eye on their breathing to make sure they're not falling into an overdose.

Signs of overdose (risk of death)?

- Low body temperature
- Slow or laboured breathing

What to do in case of an overdose?

- 1 Call 911 for an ambulance.
- 2 Administer naloxone. Naloxone won't reverse an OD for depressants other than opioids, but it can still help if their drug was cut with opioids.
- 3 Tilt the head and lift the chin to open the airway.
- 4 Give one mouth-to-mouth breath every 5 seconds.
- 5 Do CPR if you know it.

Stimulant

(e.g.: crystal meth, coke, speed)

Signs of severe intoxication (really high)?

our heart and general body functions ramp up (AKA overamping):

- The shakes
- Hot skin and sweating a shit ton
- HUGE pupils
- Vomiting
- Fast or irregular pulse
- Anxiety, paranoia or agitation

What to do in case of a severe intoxication?

- 1 Provide a chill and quiet environment.
- 2 Keep them hydrate.
- 3 Place a cool, wet cloth on their forehead and on the back of their neck.
- 4 Reassure them that symptoms will pass.

Signs of overdose (risk of death)?

- Convulsions (“faire le bacon” as we say in Quebec)
- Crushing chest pains
- Unconscious or in-and-out

What to do in case of an overdose?

- 1 Call 9-1-1 for an ambulance
- 2 Administer naloxone. Naloxone won't reverse a stimulant OD but it can still help if their drug was cut with opioids.
- 3 Remove any objects nearby that could hurt them if they are having convulsions.
- 4 Don't restrain them or put anything in their mouth.

Most common with coke.



Disruptors

(e.g.: weed, LSD, mushrooms)



Signs of severe intoxication (really high)?

AKA Bad trip:

- Losing touch with reality
- Paranoia, anxiety, psychosis

What to do in case of a severe intoxication?

- 1 Provide a chill and quiet environment.
 - 2 Keep them hydrated.
 - 3 Place a cool, wet cloth on their forehead and on the back of the neck.
 - 4 Reassure them that the symptoms will pass.
-

Signs of overdose (risk of death)?

The deaths associated to disruptors is more related to behaviours (e.g.: jumping into traffic, drowning, etc). The drugs in and of themselves do not directly cause death.

What to do in case of an overdose?

If you're worried about the person's behaviour while on disruptors, call 9-1-1.

For more detailed information about opioid and stimulant overdoses, check out [CATIE and BCCDC's pamphlets](#) (see Bibliography on page 113).

Naloxone

Basically, naloxone is a TEMPORARY antidote to an *opioid* overdose that has little to no dangerous side effects for people who take it (kind of like an EpiPen!). Administering naloxone for an opioid overdose will cause withdrawal, but it may save the person's life. If the overdose is not due to opioids, naloxone won't do anything. Same if it turns out not to be an overdose at all. Although naloxone won't counteract an OD for stimulants or other depressants, it is still recommended to give it in ANY overdose situation. An overdose of one substance might actually be the result of opioids cut into that substance.

Naloxone is free, and it's available all over Québec (see Resources at pages 96-107). It comes in two formats: an intranasal spray and an intramuscular (IM) injection dose. Keep a kit at your place, in your purse, or ask if there's some available at the place where you're crashing. You can always come get your own kit at Stella. Don't forget: even if naloxone has been administered, the person can still fall back into overdose so they still need access to emergency medical attention. You may need to give them more than one dose if they're still not responding after the first one



Good Samaritan Drug Overdose Act

Chances are police will show up at the site of an overdose (OD) situation. We can take precautions, like using a calm voice to talk to the 9-1-1 operator, asking specifically for an ambulance, and stating simply that someone is unconscious instead of saying that they are overdosing (as recommended by our friends at AQPSUD in their *Master Your Hit*—see Further Reading on pages 108-109). Police will likely come anyway. This can be scary, especially if we are with a client, or at our workplace, or with other people who are using.

The *Good Samaritan Drug Overdose Act* (“Good Sam Law”) passed in 2017 by the Federal government, *claims* to immunize those who are present on the site of an OD from any arrest by the police who show up when 9-1-1 is called. It CAN protect you from arrest in some cases, for instance if you have a small amount of drugs on you (small enough to be considered as “personal consumption”), or if you’re breaching court conditions for simple possession charges. However, it does not offer protection against warrants or arrest for drug trafficking charges or other non-drug related charges. **The law doesn’t offer any guarantees and police discretion is a factor to keep in mind.**

This law prohibits cops from arresting you for:

- possession for personal use ("simple" possession)
OR
- breach of conditions (parole, bail, probation or conditional sentence) related to a charge of possession for personal use *ONLY*.

This law does NOT protect you against arrest or charges for:

- breaching your conditions (parole, bail, probation or conditional sentence) related to any other criminal charge (e.g.: sex work)
- ANY OTHER criminal charge (e.g.: drug trafficking)
- outstanding warrants

Check out the [HIV Legal Network's info cards](#) on the topic, [PIVOT's factsheet](#) or [Stella's Read Between the Lines](#) for more information on the topic (see Further Reading on pages 108-109) for more information.



Grief and Bereavement



Grief may present itself in all kinds of different ways both emotionally and physically, like numbness, irritability, anger, panic attacks, changes in eating and sleeping patterns, and aches and pains. There are sometimes feelings of guilt, especially if you were present at the scene of the OD.

Grieving the death of a friend or family member is hard enough, but when there is stigma associated to the death, like a drug-related death, loved ones may find it even harder to deal with. Don't forget that just because someone passed away from an overdose does not

mean that that defines them as a person.

You might feel more pressure from people around you to stop using, which can be unhelpful. You might feel more inclined to drink or use to overcome the difficult emotions, or to distract yourself and ignore them. You might become overprotective and worried or you might behave more recklessly than usual. Remember that there's no getting around feeling the feelings. They might pop up in unexpected way. Feeling guilty, sad and angry can be overwhelming and scary, but they are a normal part of grief.

Tips & Tricks

Do some self-care activities that make you feel good like taking a bath, going for a walk, listening to loud music or spending some quality time with a pet.

Practice grounding techniques when you feel overwhelmed (e.g.: inhale for 5 seconds and exhale for 5 seconds, notice 5 things you see, hear and feel, or write in a journal).

Talk to someone about what you're feeling.
Stella is here for you.

There is a ton of support groups and online resources to help support you. You can also post memorials of your friends and family who have died due to overdose on [CAPUD's \(Canadian Association of People who Use Drugs\) Memorial page](#) and attend the events for the International Overdose Awareness Day every year on August 31st. [Maison Monbourquette](#) also offers support and resources for those who are grieving a loved one (see Resources on page 102).



Overdose Prevention Services

The higher rates of OD have led communities to mobilize and develop some overdose prevention tools. See Resources at pages 96-107 for more info about these services in Montreal.

Drug Checking

When we have no choice but to buy our drugs in a criminalized system, it's hard to tell *exactly* what we're buying, using and sharing. Not knowing makes it hard to manage risk. There are ways to test your drugs yourself, so that you do know what substance you are using. Some tests determine the main active substance in your dope and some check for a specific substance, like fentanyl. Some tests come in little strips that you use at home and some require you to bring in a sample that then gets run

through a fancy machine that analyzes its entire composition. There are limits to all these tests and their results aren't 100% accurate, but more sophisticated technologies are making their way to community harm reduction organizations. Talk to your local harm reduction organizations (see Resources on pages 96-107) to see what they can offer!

Supervised injection/ consumption sites (SIS)

SIS are safe, clean, non-judgmental spaces to shoot up and to have the support of medical and other front-line staff. In Montreal, we have four designated spaces who also offer harm reduction gear, drug checking services and treatment options. This can be a good option if you're trying a

new batch or something you've never tried before. Your friendly neighbourhood SIS include:

- **DOPAMINE** – 4205 Ontario street East (nights in Hochelaga) – 514-251-8872
- **CACTUS** – 1244 Berger street (evenings and nights downtown) – 514-847-0067
- **SPECTRE DE RUE** – 1280 Ontario street East (daytime in Centre-Sud) – 514-528-1700
- **L'ANONYME** – mobile (available all over the island of Montreal at night) – 1-844-381-2455

We hope that in the years to come these might transition into safer *consumption* sites where we will be able to snort, smoke and eat our drugs in a safe space with all the same services that are provided by SIS. If this is something you need, don't hesitate to ask and see if they can help.

Prescribed treatment and safer supply

"Safer supply" is about reducing the risks (i.e. overdose) inherent in a poisoned local drug supply by providing safer alternatives. The programs currently available in Montreal aim to offer access to pharmaceutical-quality substances whose composition is known and stable and that can provide the same effects we are looking for whether that's euphoria, or pain relief, or whatever. For example, Dilaudid (hydromorphone) is a controlled opioid that can be prescribed to someone who usually uses street opioids.

For those who use stimulants, some pharmaceutical molecules could be prescribed as safer supply. However, there isn't much research about this in Canada, which limits this approach.

If you're interested in learning more about safe supply, ask your local harm reduction organization or a medical professional you trust—sometimes it is possible to get a doctor to prescribe you dope.

Pregnancy, Lactation and Parenthood



The decision to carry a pregnancy to term or to have an abortion is a deeply personal one. No one should pressure you to continue a pregnancy or to end a pregnancy; not your health care practitioner, partner, boss, client, or anyone else. If you feel emotional or overwhelmed or if you need to talk to someone about your options, you can reach [Action Canada for Sexual Health and Rights'](#) 24h access line at 1-888-642-2725 or call Stella.

When a person who usually menstruates uses drugs regularly, she may start menstruating on an irregular schedule or stop menstruating altogether. You can still get pregnant while your period is messed up and if you do, you might not notice your pregnancy for several months. If you then decide to keep your baby, you won't have had the benefit of good medical care throughout your pregnancy. Or if you decide to have an abortion, it may be more complicated, or even impossible. Getting pregnant or not is up to you, but unless you are actively wanting to get pregnant, it's worth exploring some birth-control options.

Stella has a nurse that can offer some guidance, or talk to health professional you trust.



In the long run, alcohol and most drugs reduce your appetite. The amount of fat in your body drops as a result, and that can cause menstrual irregularities or even amenorrhea (loss of menstruation). This does not mean you cannot get pregnant.

If you've decided to keep the pregnancy (whether or not you plan to raise the child) that may inspire you to stop using or to use less. It can be a golden opportunity to start listening more carefully to your body and your needs along with those of your future baby. Pregnancy is demanding on the body. You will need more rest and you could benefit from a regular, balanced diet and lots of water.

Using and/or Drinking During Pregnancy and Lactation

Stigma is common for parents who are sex workers or parents who use drugs, but when that parent is both a sex worker and a person who uses drugs, the stigma can reach another level. Deciding whether or not to continue using during your pregnancy is yours alone to make. Stella is there to help you navigate your options.

Stigma may inhibit you from accessing resources that are there for you. Medical care is a crucial element in the smooth progress of your pregnancy. Find a doctor or midwife who you feel you can trust. By telling them that you use drugs, you'll get medical advice and follow-up better adapted to your needs. If you feel judged or are worried about disclosing your drug use, look for another medical professional or come to Stella for support and referrals.

If you take drugs, the possible risks for your health and the baby's health depend on the type of drug you use, its quality, how much you use, how frequently you use it, and your lifestyle in general. In fact, most psychoactive substances, including cigarettes and coffee, go through the placenta to some extent, but some products can be more damaging than others. If you're not able to stop using or if you don't want to, you could perhaps reduce your use or change how you do your drugs (e.g.: smoking instead of shooting up). Instead of focusing on using versus not using, try thinking about the conditions around your use like eating and sleeping and your overall physical and mental health. As for smoking cigarettes, remember that nicotine replacement therapy (e.g. the nicotine patch) is safe during pregnancy. If the quitting process stresses you out too much it may be preferable to reduce how often you smoke rather than totally quitting smoking.

On the one hand, a 1997 judgment from the Supreme Court of Canada stated that a pregnant person who uses drugs can't be forced into detox against their will. On the other hand, Quebec still has a system where healthcare providers can report you to child protection before your child is even born and apprehend the baby at birth if they deem that the child is in danger. Decisions about rehab or substitution treatments during pregnancy are often made in extremely difficult circumstances, but remember that accessing treatment is your decision. Don't let anyone pressure you into it!

Drinking can increase the chance of miscarriage, stillbirth and Foetal Alcohol Spectrum Disorder (FASD).

People with FASD can have birth defects and developmental and/or intellectual disabilities. Not all pregnant people who drink will give birth to babies with FASD. Still, there is no known safe minimum amount for alcohol. One interesting thing to know, however, is that alcohol is not an issue when chest/breastfeeding: your milk will contain the same percentage alcohol as your blood—such as 0.07% when too drunk to drive. You would have to

be in an alcohol-induced coma before your breastmilk brings any risk to the child.



Did you know that with current HIV treatments, the vast majority of HIV-positive people don't transmit HIV to their babies during pregnancy and labour? However, despite all the advances in promoting the fact that an undetectable viral load means no transmission ("Undetectable = Untransmittable", or U=U), official recommendations are still for parents living with HIV not to chest/breastfeed.



Stimulant use during pregnancy can be linked to miscarriage and premature birth. If you use coke or crack while you're chest/breastfeeding, it's recommended to discard your milk 24 hours after your use, and 72 hours for meth. They're both excreted in human milk and may cause the baby to be irritable, have sleep issues, nausea and vomiting.

If you've been regularly using opioids during your pregnancy, your baby may experience neonatal abstinence syndrome (NAS) or neonatal withdrawal (NOW) which can be treated with skin-to-skin contact, chest/breastfeeding or opioid substitutes like methadone or morphine. Methadone or Suboxone are considered safe while chest/breastfeeding while other opioids can be dangerous. If possible, you can try asking your doctor to prescribe you safer opioids and discuss safe dosages.

If you decide that is what you want, and with assistance, it is possible to stop using during your pregnancy. A team specialized in the effects of psychoactive substances during pregnancy can

There might be some counter-indications for some pharmaceuticals you're taking (e.g.: benzos). Some pharmaceuticals can even cause withdrawal in babies during birth, although many are compatible with chest/breastfeeding. Ask your doctor or pharmacist about possible interactions.

assist you in stopping or reducing your use, and they can suggest further treatment options. Quitting "cold turkey" and the withdrawal symptoms that can come with it can be dangerous for both you and the baby. You could have a miscarriage or give birth prematurely. If you do continue using during your pregnancy, your baby may be put through gradual withdrawal when they're born.

Remember that if you've decreased your use or stopped using during your pregnancy and lactation, your tolerance has also decreased. You will be at a higher risk of an OD. If or when you decide to use again, go slow, and don't use alone.

Drugs, Sex Work and Child Protection Services

We know that sex work in and of itself is not a threat to the well-being of our children, and that it may actually offer us more time, energy and financial support for our kids than we would have had otherwise. In theory, the simple fact of being a sex worker or of drinking or using drugs shouldn't be enough to put the welfare of our children in question, but in reality, we know that the stigma around what we do shapes perceptions of our ability to parent.

At some point you may fear that your child(ren) will be taken away by the Director of Youth Protection (DYP, AKA Child Protection). According to Quebec's *Youth Protection Act*, health workers (doctors, nurses, social workers and psychologists), police, daycare educators and teachers you're in contact with are obliged to act when they have reasonable grounds to believe that the security or development of your child(ren) is or may be considered to be in danger. That often means calling the DYP. Even if they don't take away the children, the DYP

can be very invasive and it can feel like losing your children is a constant threat, especially if you're Indigenous, Black, or a person of colour. Child Protection has a long and ongoing history of child apprehension in those communities, and the racist and colonial structures present in the organisation continue to disproportionately target those families.



Don't try to go through this alone. You'll increase your chances of getting through such a difficult time if you ask for support, either from us at Stella or from another resource. A good support system also demonstrates that you have people to rely on to help if you or your child(ren) are ever in need.

If Child Protection receives a call from someone regarding the welfare of a child, they legally must open an investigation. Once they open an investigation, they may decide that there is harm to the welfare of the child, and

pursue the case. Or, they may decide that there is no harm to the welfare of the child, and close the file. Alternatively, they may decide that there is no harm to the welfare of the child, but also decide that either the child or one or both of the parents require assistance. In this third case, the DYP must inform you of the services and resources

available in your community. Bear in mind that even though they do evaluations on a case-by-case basis, the results also depend on the case-worker you're assigned to. Ultimately, every decision made under the *Youth Protection Act* is supposed to prioritize keeping the child in the family environment.



Tips & Tricks

Make sure you understand what is expected of you. Consider what measures are most conducive to putting an end to the situation that is considered by the DYP to be endangering the security or development of your child, and how to prevent its recurrence.

Other factors that are taken into consideration by Child Protection include overall stability and living conditions, your partner, and controlled drug use.

Your living arrangement will be taken into consideration. Find a stable place to live before giving birth. Living with someone else is ok, as long as they're not considered a risk to your child(ren)'s security or development. Some housing exists specifically for new parents, but it might require a lot of work to get access so start looking as soon as possible.

Unless otherwise stated in a court order, you are entitled to know and make decisions regarding your child(ren) even when they are not in your care.

Unless they are adopted, always remember that the primary responsibility of the care, maintenance and education of the child(ren) rests with the biological parents, even when they are not entrusted to you.

For every contact with Child Protection, you have the right to be accompanied by someone you trust.

Know that even if you have had one or more children “taken” by Child Protection, the situation may be different this time around if you have made changes in your lifestyle or if you show that you are committed to doing so.

Keep in mind that after a certain amount of time without contact with a child in the custody of the DYP, you risk losing parental rights permanently.

Even when the situation is not what you had hoped for, be aware of how your reaction can be perceived. Showing anger or yelling at the people you are dealing with can be used against you.

Losing a child to DYP is a horrible and life altering experience. Don't hesitate to seek support when you need it, even years after it happened.



Dope, the Law and Your Rights



Just as being a sex worker who uses drugs carries a dual stigma in society at large, it factors into our experience of the criminal (in)justice system. Using, trading or selling drugs or sex in a criminalized context can put you at risk of police surveillance, interrogation and arrest. Because we have historically been considered both victims and criminals, we do not have the same access to the human rights protections that other non-sex working or non-drug using folks have. In fact, various forms of criminalization prevent marginalized people like us from seeking supports and services when we experience abuse by law enforcement, neighbours, employers, or partners, while empowering the police.

It is important to keep in mind that drug prohibition and enforcement are rooted in colonialism and in the oppression of Black, Indigenous and migrant communities, and that this might further impact your experience of the system. People from these communities are specifically surveilled and targeted by police, they are arrested more frequently and they experience human rights violations by law

enforcement more frequently. They are also prosecuted more often, receive more punitive sentences, and are incarcerated at higher rates than white people. This is not an unexpected side effect of criminalization; it is part of its objective.

The majority of the information provided in this section comes from Stella's *Arrest and Detention & Police Powers*, the *Rights Guide* and *Read Between the Lines* (see Further Reading at pages 108-109).

Law Enforcement in the Workplace

Drug use can make our workplaces vulnerable to extra attention from law enforcement. In some circumstances, cops are more likely to bust sex work workplaces for drugs than for sex work infractions. Drug raids will provide the legal basis for police to enter a location in instances where they would not otherwise have had legal authority to enter or to investigate. This may in turn lead to drug, immigration, sex work or Child Protection charges. Some workplaces have strict "no drugs" policies for these and other reasons.



Police are trained to make people talk. Strategies include playing good cop/bad cop, making promises, lying to you, and using intimidation and violence. Stay calm and try not be intimidated. Try NOT to say more than what you need to because everything you say is considered making a statement.

During sting operations that specifically target sex workers, law enforcement might pretend to be clients and show up under the guise of "saving victims of trafficking." Police surveillance is also more likely in places that hire migrant folks and people of colour because of racist and colonial preconceived notions of who might be "trafficked," "working illegally" or committing other "crimes."

There are some limits to police powers if they show up to your workplace. If cops show up at a workplace that is considered a **PRIVATE RESIDENCE**, like an apartment, a condo, a house, or a hotel room, they are not allowed to enter without a warrant,

except under certain conditions. Exceptions include if the person who answers the door agrees to let them in, or if they have reason to believe that:

- Someone inside is committing or is about to commit a criminal offence.
- Someone they are looking to arrest is inside.
- The life or security of an occupant or of anyone else inside is threatened.

If cops show up at a workplace that is considered a **COMMERCIAL SPACE**, like a strip club, a massage parlour, or an escort agency, they can enter without a warrant in order to "inspect" that everything is in accordance with local by-laws

(things like health and safety standards, or permits, etc.). These by-laws may force you to identify yourself, however these by-laws do NOT give police the power to search your bag or take your picture.

If cops approach you in a **PUBLIC SPACE** like in a hotel lobby or on the street, you have no obligation to speak to them. However, you are legally required to identify yourself if:

- You are told you are being arrested for a crime (e.g. drug possession, sex work-related offence)
- You are stopped and ticketed for breaking another type of law, like a municipal or metro by-law, provincial highway code or public health regulation (e.g. being in a park at night, jaywalking, COVID-related provincial orders)
- You are driving a car (passengers are not obliged to identify themselves)
- The police suspect you are a minor and you are in a place that serves alcohol

Stay calm, ask if you're under arrest, and if you are not under arrest, you can tell them you wish to leave and walk away.

For more information about law enforcement in the sex industry, check out Stella's *Police Powers: In-call and Outcall* (see Further Reading at pages 108-109).

Arrest and Detention

If the police arrest you, they're obligated to tell you why (that is, they have to formally charge you with a crime), and they must read you your rights. If you are under arrest, you must give them:

- your name
- your address
- your date of birth.



Don't forget that it's considered a criminal offence to lie to police about your identity.

Beyond giving that basic information you have the right to remain silent until you're in the presence of your lawyer, which might be that day, but can take up to three days. You have a right to a lawyer. Ask to see one. If you don't have one already, ask for them to assign one to you. For more information, take a peek at Stella's *Arrest and Detention pamphlet* (see Further Reading on pages 108-109).

In practice, police will almost always try to search you, even if it's not always legal. You might want to let them search your pockets and your things. If you

have needles or other sharp objects on you, it's better that you tell them than to let them rather than run the risk of someone injuring themselves during their search. If they prick themselves on your needles, they won't be motivated to treat you very well!

Finally, if you go to jail, you might have to go through withdrawal with no support, although if you are already on a methadone program you may be able to continue it. At Stella, we accept collect calls from prison in and around Montreal. Don't hesitate to call us for support on our prison-line at Stella at 514-285-1145.



Everything you do, including arguing with the police, insulting them, or fighting with them, can bring on additional problems for you. Also, everything you say, whether information, or confessions, or lies, can be used against you. Keep in mind that not everyone has the privilege to remain silent. People with precarious migration status or folks who are known to police might be in a different position. Weigh out the pros and cons and possible outcomes of staying silent versus talking to police.

Tips & Tricks



Make sure that you and your colleagues, your driver, your boss and your client all have the same story.

Remember that, unfortunately, your rights might not always be respected and the situation may not play out the way you want it to.

Think through and prepare what your response to police would be if you came into contact with the police.

While some prefer to stay calm, others prefer to use a different tactic like crying or having a panic attack to get police sympathy.

Check out Stella's other resources on sex work, drugs and the law.

Try to be aware of (by)laws regarding sex work, drugs and other criminalized aspects of your life or work so you can be as prepared as possible before any encounter with police.

Reducing Your Use or Quitting

For some sex workers, reducing or quitting drugs and/or alcohol is part of a broader change in our health or lifestyle priorities. For some it can be a way to take back control over spending and financial goals. Some people make the decision because their loved ones are pushing them to do it, because a judge requires it or because they're scared of losing their children. Ultimately your chances of successfully quitting are much better if you're doing it for yourself first and foremost. When you're well-prepared, your chances are even higher.

What makes quitting or reducing so hard might not necessarily be the number of years of using or drinking behind you, but social factors like the absence of a support network, the social pressure to have a drink, or your general state of emotional, mental or physical health. Some people also find it hard to cope with losing the rush of getting high, or with depriving themselves of the ritual before/after using. If quitting is too hard, you can start by trying reducing your use, or by making changes to the way you use. For example, if you are injecting heroin you could switch to smoking instead, and gradually reduce your doses.



If you've been through some less sexy or perhaps even humiliating moments due to drugs and/or alcohol (e.g., falling off stage, getting banned from a studio or falling asleep on a client), stopping might make you feel like you're taking back some power. Focus on that strength!

To make it through the quitting or reducing process, you need to understand why you're using or drinking. It might be for fun, for a

confidence boost, for stress relief, or for pain relief, for example. It's a good idea to draw up a list of the reasons why you started, and of factors that keep you using now, and see what has changed along the way. Assess the frequency, duration, context and amount of your use. Take note of what makes you want to use. Do you use more when you're stressed out, or when certain people are around? If you've already tried to stop using and you started again, try to see what worked and what didn't before you try quitting again.



Tips & Tricks



A common fear about reducing or quitting is that you'll make less money, but some sex workers say that being more focused on work as opposed to partying or using can result in more money, as well as being more likely to respect their own limits and being more organized overall.

Why not give yourself a reward when you respect the decisions you've made to help yourself stay in charge of your own using? Maybe a new nail polish colour or an ice cream cone?

If it's your first time working sober, try offering a service with your favourite or easiest client to test it out.

Book a shorter shift or appointment and focus on getting through one hour at a time. Better to start with short periods of time before hopping on for the whole night.

Try to do something you enjoy when you get a craving. Keep yourself busy so that you have less time to think about not using.

Focus on how you're not working to party, you're working to make money.

You might make more money when you're sober because you're not spending as much, you're more focused on hustling instead of having a good time.

If you slip up, it's doesn't mean that you've lost all that you've worked for—don't lose the focus! However, remember that your tolerance won't be the same so watch out for overdoing it.

Your Clients

Some sex workers decide not to tell anyone that they're not drinking or using, others feature it as part of their marketing. If you feel like you want to share it with your clients, start with a client who you have a well-established relationship with.

Some clients might be worried you won't be as much fun if you're sober and you can reassure them that you're fun no matter what. Others might be concerned that maybe you won't perform the services they want. This can be a red flag for shitty clients. Use your judgement to see if they're worth

reassuring. In fact, some workers state that not using or drinking allows them to better recognize, state and maintain their boundaries, and that it reduces opportunities for bad clients to take advantage. Finally, it's possible that your usual clientele might decide to not continue to see you if partying was part of your services. Although it might be hard to accept this at first, don't forget that there is a niche for everyone. Some clients specifically seek out sex workers who don't drink or use other drugs, and some don't care one way or another!



Tips & Tricks

Change your work hours to daytime or prioritize shorter appointments to limit the number of drunk clients and socializing-based appointments.

Create a code system with bartenders for when clients order a drink for you. For example, say that when you ask for a drink with a straw, it means that you want your drink without alcohol.

If you work with third parties, such as an agency, the person who books your appointments can be a great ally in avoiding certain situations, if you have a comfortable relationship with them.

Try to find a duo partner that is using/drinking so that they can distract the client who wants that away from you.

Fill up your glass with water, cold tea or juice and pretend it is booze.

Tell your client you're allergic to alcohol.

There are some pretty inventive ways of pretending to sniff a line or take a shot – get creative! Are there any plant pots, ice buckets or abandoned glasses around?

You can do the “cheers” part, put the glass to your lips and they won't even notice if you don't take a real sip.

Offer to serve the drug/booze on your body so that you divert attention away from consuming it yourself.

To get out of doing a bump or another shot, fake that you're tipsy and say "Oops, I think I've had too much already." Remember that we are performers first and foremost!

Come up with sexy or funny lines to respond when offered drugs and alcohol to lighten the mood, and to move on with the conversations. "I don't need drugs, all I need is you!"

All in all, often clients are too wrapped up in their own partying and enjoying being in the presence of a gorgeous person, that they won't even notice if your glass isn't going down!

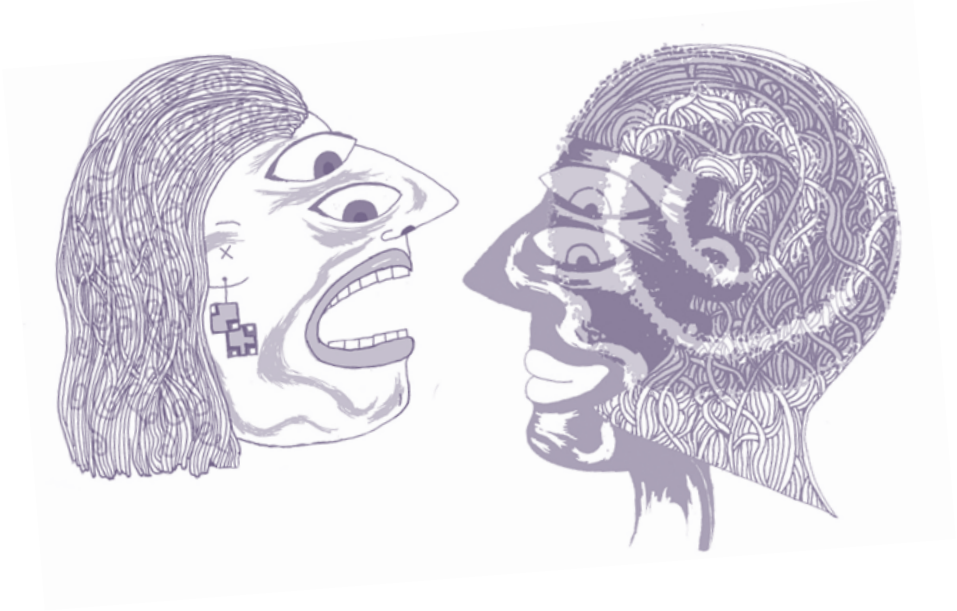


Your Employer

A workplace that fits right when you were using or drinking might not fit right after you reduce or quit. It can be worth it to shop around for a work environment that suits your wants and needs, including your relationship to drugs or alcohol. It can even be an interesting time to think about pivoting into a different sector of the industry where it's less likely there will be substances around you. Maybe you want to try a new persona or a new look. If you can allow yourself to, it can be a great time to take break from work for a few weeks to focus on your new goals.

Your Colleagues

Using, drinking and smoking can sometimes offer a way to bond with your colleagues, so it's normal that it might be hard to integrate with other workers in a party environment if you've made the decision not to use. The sobriety movement has also been given a bad rap by some for being anti-drugs and anti-harm reduction, and for promoting a judgey environment critical of people who continue to use. Try



not to let those sentiments get in your way, your well-being and your capacity to make money.

You never know, there might be other workers reducing or stopping their use and some might have a lot of respect for the hard work you're putting into working sober. The longer the night or appointment lasts the drunker people get, and you'll still be in top shape, feeling fresh at 3am!

Possible Challenges

You want to make the best decision for yourself, and you can only do that with the right information. Reducing and/or stopping may present some challenges, especially in the work that we do. Working while sober or reducing your use may require more energy (to hustle clients, to maintain your confidence, or make it through long shifts), and might be physically harder (like dealing with high heels or uncomfortable

lingerie, certain positions, etc.). It can also be hard on morale if drugs and alcohol help you overcome your shyness or lack of confidence. You might have to develop other techniques or ways of thinking to keep your confidence up like getting your hair done, wearing sexy lingerie and painting your nails.



If you buy your drugs from someone you work with, a regular client or if your partner is your supplier, you may find it a lot harder to reduce your use or stop using if ever you decide to.

It can be scary to think about what your life will look like if you reduce or quit drinking and drugs, especially if these things played a big role in your life. Don't forget that there might be moments that are harder than others, but that, with time, it can get easier. As sex workers, we've had to learn how to navigate

an industry where you learn things on the fly and often fake it till you make it. Don't forget that you know how to be resourceful.

Specialized Therapies and Centres

Some people choose to stop or reduce on their own or with help from their community, while others get professional help. In some cases, it's not a good idea to quit on your own and it may even be dangerous for your health (e.g.: if you're pregnant or if you want to quit alcohol or benzos "cold turkey").

Detox centres offer the possibility of quitting with professional help. In most rehabilitation centres ("rehab" or "*thérapie*"), you need to be sober before you start a program, which is often provided on a long-term basis. Many places also offer individual and group therapy. Some therapy programs and detox centres are government-funded, while others are private. You can also go through detox in a hospital. The programs, approaches and time frames vary from one place to another.

**HERE ARE A FEW QUESTIONS
YOU MAY WANT TO THINK
ABOUT:**

- Is it individual or group therapy?
- How long does it last?
- What approach do they take? What does it consist of?
- How much do I have to pay?
- Will my sex work be considered a problem?
- Can I continue to work during treatment?
- Will my gender identity be respected?
- Does the therapy take place in Montreal, in Quebec or in the countryside? For some of us, it's best to get away from big cities, whereas for others it's best to stay close to our homes and communities.
- Is there a spiritual aspect?
- Will it be respectful of my culture and practice?
- Do I need to stay there, or do I go home every night?
- Can I leave, use the phone and receive visitors?
- Can I rest when I want to, or do I need to follow a strict schedule?
- Do they offer workshops? If yes, am I obliged to take part in all the activities?
- Will it be possible to do physical exercise?

If you do decide to go into treatment, think about what might be a good fit for you. If ever you change your mind, you can always try another one.

Support Groups and Meetings

12-step meetings may or may not be the right choice for you. Some sex workers have told us that they love the community element and the structured nature of these meetings and philosophy, while others have said that they experience a lot of stigma around sex work itself and have felt that others in these programs equate sex work and drug use with “rock bottom.” You need to decide the right fit for you.

The important element is finding community, whether that means finding a sponsor who is sex work-friendly, following some sober sex workers on Twitter for inspiration, or stopping in to chat with one of our outreach workers at Stella.

Opioid Agonist Treatments

Opioid agonist treatments (OAT) prevent withdrawal symptoms, but do not produce a buzz. These treatments are an option for those who want to stop or reduce opioids, as well as for those who do not necessarily wish to stop, but who wish to reduce the possible harms associated with the use of street drugs.

Many options exist for those interested in OATs, like our good-old fashioned methadone and buprenorphine-naloxone (Suboxone), but also include new alternatives such as slow-release oral morphine (Kadian). This can be an interesting option for those who aren’t fans of methadone or Suboxone, and is a good option if you wish to combine it with your safer supply (see page 68 for more info) – talk to your doctor about it!

Conclusion

All that info, and you probably just wanted to get high and have a good time!

Whatever your use looks like, the team at Stella is here for you. We can support and accompany you whatever your needs. Never forget that no matter the stigma that exists and the injustices you face, you have the right to live and work in safety and in dignity. Call us at 514.285.8889 or come by our office to talk to one of our front-line workers.



Resources

**Name
Contact
Site**



Resources with an asterisk are peer-led (by and for)

Action Canada for Sexual Health and Rights
24h reproductive and sexual health helpline

1-888-642-2725

www.actioncanadashr.org/

AQPSUD*

Association Québécoise pour la promotion de la santé des personnes utilisatrices de drogues

514-904-1241

1555 René-Lévesque E.

aqpsud.org/

ASTTeQ*

Action Santé Transvesti(e)s & Transsexuel(le)s du Québec

514-836-4293

300 Ste-Catherine E.

astteq.org/

Day/Evening center	Detox/Rehab	Directory	Drugs and alcohol info	Harm reduction supplies/	Helpline	Housing	Indigenous-specific services	2SLGBTQI-specific services	Law and your rights	Outreach	Pregnancy and parenting	Reproductive/sexual health	Supervised injection/ consumption site	Sex work-specific services	Opioid Agonist Treatment	Support groups/workshops
	X	X		X	X						X	X				
			X												X	
			X	X				X		X		X		X		

CACTUS

Harm reduction programs and services

514-847-0067

1300 Sanguinet

SIS: 1244 Berger

www.cactusmontreal.org

X

X

X

X

X

X

X

X

CAPAHC

HepC info and support

514-521-0444

1-866-522-0444

2000 Notre-Dame E., suite 502

www.capahc.com/en

X

X

X

X

X

Centre de pédiatrie sociale centre-sud

Social Pediatric Center – Specialized team for pregnant folks who are using (Rond-Point)

514-507-9907

2185 Larivière

pediatricsociale-cs.org/ (in French only)

X

X

X

X

X

Centre de réadaptation en dépendances de Montréal

Center for addictions and rehabilitation of Montreal

514-385-1232

110 Prince-Arthur W.

ciuss-centresudmtl.gouv.qc.ca/soins-et-services/problemes-de-consommation-ou-de-dependance
(French only)

X

X

Name Contact Site	Day/Evening center	Detox/Rehab	Directory	Drugs and alcohol info	Harm reduction supplies/ Naloxone	Helpline	Housing	Indigenous-specific services	2SLGBTQI-specific services	Law and your rights	Outreach	Pregnancy and parenting	Reproductive/sexual health	Supervised injection/ consumption site	Sex work-specific services	Opioid Agonist Treatment	Support groups/workshops
Centre de santé des femmes de Montréal Montreal's Women Health Center 514-270-6110 3401 De Lorimier www.csfmontreal.qc.ca/wp/en/			X		X	X						X	X				
Clinique Droits Devant Community legal info clinic 514-603-0265 105 Ontario E., office 214 www.cliniquedroitsdevant.org/index.php/en/home/					X					X							
Clinique de l'Alternative Sexual and reproductive health clinic 514-281-9848 2034 St-Hubert www.cliniquedelalternative.com/en/												X	X				

CRAN

Centre for help and research for people using opioids

514-527-6939

1-866-726-2343

110 Prince-Arthur W.

www.cran.qc.ca/ (French only)

X

X

X

X

X

Crisis Services Canada

Suicide prevention hotline

1-833-456-4566

www.crisisservicescanada.ca/en/

X

Dopamine

Harm reduction programs and services

514-251-8872

Day Centre: 3591 Ste-Catherine E.

Evening Centre/SIS: 4205 Ontario E.

www.dopamine.ca/en/

X

X

X

X

X

X

X

X

Drugs: Help and Referral

24-hour helpline for drug info and referrals

514-527-2626

1-800-265-2626

www.drogue-aiderference.qc.ca/www/index.php?locale=en-CA

X

X

X

X

Educ'Alcool

Info and resources about alcohol

514-875-7454

1-888-252-6651

www.educalcoool.qc.ca/en/home/

X

X

X

X

X

Name Contact Site	Day/Evening center	Detox/Rehab	Directory	Drugs and alcohol info	Harm reduction supplies/ Naloxone	Helpline	Housing	Indigenous-specific services	2SLGBTQI-specific services	Law and your rights	Outreach	Pregnancy and parenting	Reproductive/sexual health	Supervised injection/ consumption site	Sex work-specific services	Opioid Agonist Treatment	Support groups/workshops
First Peoples Justice Center of Montreal Legal services and support for Indigenous folks 514-499-1854 2001 St-Laurent cjpjm.org/en/homeen/								X		X							X
Grosesse-Secours Abortion and reproductive health services - In French only 514-271-0554 www.grosesse-secours.org/			X			X						X	X				
Head and Hands For people 12-25 years old 514-481-0277 3465 Benny headandhands.ca/				X								X	X				
I Quit Now Tobacco Free Quebec 1-866-7383 tobaccofreequebec.ca/iqitnow/																	X

INSPQ

Interactive map for where you can find naloxone
— In French only
www.inspq.qc.ca/sites/default/files/cartes/naloxone/index.html

Interligne

Helpline for 2SLGBTQ+ folks
514-866-0103
1-866-505-1010
Legal info: 1-888-970-2720
interligne.co/en/

L'anonyme

Mobile harm reduction organization
Bus: 1-855-236-6700
Mobile SIS: 1-844-381-2455
www.anonyme.ca/

LegalAid

Centre communautaire juridique de Montréal
514-864-2111
www.aidejuridiquedemontreal.ca/en/

Logis-Phare

Housing and programming for parents who are on an OST
514-523-3135
www.logisphare.ca/?lang=en

Name Contact Site	Day/Evening center	Detox/Rehab	Directory	Drugs and alcohol info/ Harm reduction supplies/ Naloxone	Helpline	Housing	Indigenous-specific services	2SLGBTQI-specific services	Law and your rights	Outreach	Pregnancy and parenting/ Reproductive/sexual health	Supervised injection/ consumption site	Sex work-specific services	Opioid Agonist Treatment	Support groups/workshops
Maison Mombourquette Resources for grief and bereavement 514-894-8981 Support line: 1-888-533-3845 (in French only) www.maisonmombourquette.com/deuil-ressources-anglais			X		X										X
Maison l'exode Detox and social reintegration programs (not available for those on OST) Detox: 514-508-6900 6400 Clark www.maison-exode.org/ (in French only)		X				X									
Maison Jean Lapointe Detox and rehab in a closed facility 514-288-2611 1-800-567-9543 111 Normand www.maisonjeanlapointe.org/ (in French)	X														

Méta d'Âme*

By and for people who use opiates

514-528-9000

2250 Florian

www.metadame.org (in French)

X

X

X

X

X

X X

Mères avec pouvoir

Resources and programming for single moms

514-282-1882

2015 Fullum

meresavecouvoir.org/Home

X

X

X

Montreal's abortion appointment centre

Helps you find an appointment in an abortion clinic ASAP

514-380-8299

santemontreal.qc.ca/en/public/support-and-services/abortion-montreal-appointment-centre/

X

X

Native Friendship Center

Resources and services for urban Indigenous folks

514-499-1854

1-855-499-1854

2001 St-Laurent

Crisis Line: 1-866-925-4419

nfc.m.org/en/

X

X

X

X

Native Women's Shelter of Montreal

Services for Indigenous women, their family and community

514-933-4688

1-866-933-5747

www.nwsm.info/en/home

X

X

X

X

X

Name Contact Site	Day/Evening center	Detox/Rehab	Directory	Drugs and alcohol info	Harm reduction supplies/ Naloxone	Helpline	Housing	Indigenous-specific services	2SLGBTQI-specific services	Law and your rights	Outreach	Pregnancy and parenting	Reproductive/sexual health	Supervised injection/ consumption site	Sex work-specific services	Opioid Agonist Treatment	Support groups/workshops
Pact de rue Harm reduction services and programming 514-278-9181 8105 de Gaspé, suite 200 www.pactderue.org/en/accueil/	X			X	X						X		X				
PIAMP For sex workers 12-25 years old 514-284-1267 435 Beaubien E., suite 204 piamp.net/ (French only)	X														X		X
Plein Milieu Harm reduction services and programming 514-524-3661 1-877-257-0477 4677 St-Denis pleinmilieu.qc.ca/en	X			X	X								X				

Portage

Rehab programs for youth, adults, parents and folks with mental health issues

514-935-3152

portage.ca/en/

X

X

X

X

RAP Jeunesse

Harm reduction services and programming

514-388-7336

10780 Laverdure

www.rapjeunesse.org (French only)

X

X

X

X

X

RÉZO

Services and resources for men who have sex with men

514-521-7778

2075 Plessis

www.rezosante.org/ (French only)

X

X

X

X

X

X

Spectre de rue

Harm reduction services and programming

514-528-1700

1278 Ontario E.

www.spectrederue.org (in French only)

X

X

X

X

X

X

Stella, l'amie de Maimie*

Offering support and services by and for sex workers

Helpline: 514-285-8889

Administration: 514-285-1599

Prison line: 514-285-1145

2065 Parthenais, suite 404

www.chezstella.org

X

X

X

X

X

X

X

X

Name Contact Site	Day/Evening center	Detox/Rehab	Directory	Drugs and alcohol info	Harm reduction supplies/ Naloxone	Helpline	Housing	Indigenous-specific services	2SLGBTQI-specific services	Law and your rights	Outreach	Pregnancy and parenting	Reproductive/sexual health	Supervised injection/ consumption site	Sex work-specific services	Opioid Agonist Treatment	Support groups/workshops
Suicide Action Montreal 24/7 crisis line 1-866-277-3553 suicideactionmontreal.org/en/						X											
TRAC Harm reduction services and programming 514-278-9181 400 de l'Église www.letrac.org (in French only)	X			X	X						X		X				
Trouveton centre Online directory of drug and alcohol resources www.trouvetoncentre.com/en/			X														
Urgence Avocat Emergency 24/7 consultation services provided by a lawyer Criminal law: 514-954-3444 Immigration law: 1-866-954-3525 www.barreaudemontreal.qc.ca/en/public/assistance-services																	

Urgence-dépendance

24/7 emergency support for folks who are using and are in a crisis situation

514-288-1515

110 Prince-Arthur W.

ciuss-centresudmtl.gouv.qc.ca/soins-et-services/
problemes-de-consommation-ou-de-dependance/urgence-dependance-en-toxicomanie (in French only)

Wanaki Centre

Indigenous-specific rehabilitation program

819-449-7000

1-800-745-4205

Maniwaki

www.wanakicenter.com/

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