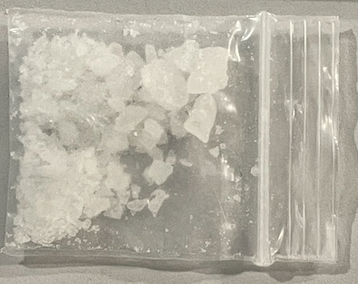
**Drug advice**

**Potent dissociative ‘O-PCE’ sold as methamphetamine or MDMA**

**O-PCE is a potent and long-acting ‘dissociative’**

**O-PCE** (deschloro-N-ethyl-ketamine) is a dissociative/hallucinogen that is most commonly mis-sold as “extra strong ketamine”. **Dissociatives** are drugs that make you feel disconnected from your body or surroundings.

Compared with ketamine, O-PCE appears to be **more potent** and **stimulating** and is **much longer-acting** (3-6 hours compared with 30-60 minutes). **People who have used O-PCE** say the dissociation is deeper and more disorienting, with more intense sedation and a lingering mental fog. This is **very different** from stimulants like methamphetamine or MDMA.

**Be cautious with drugs that look like these white crystals – start low and go slow**

**Five people** in two separate incidents across Melbourne are known to have been exposed to this substance believing it was **methamphetamine or MDMA**. **It’s unusual** for O-PCE to appear as larger crystals which resemble these other drugs. The substance has produced **adverse effects in small amounts** (35-40 mg).

**People who are expecting methamphetamine or MDMA** are likely to experience **unexpected dissociative effects** from this substance, including sedation, loss of consciousness, and loss of judgement with the subsequent risk of injury. Some may also experience **psychological distress** as a result of not being prepared for or familiar with dissociatives. Consuming dissociatives such as O-PCE with **depressants** such as opioids, benzodiazepines, GHB or alcohol will increase the risk of intense sedation and disorientation. Consuming O-PCE with **stimulants** may increase the risk of effects like anxiety and feelings of fear or dread.

While all drug use comes with risk, if you intend to use a substance resembling the one pictured, make sure you’re in a **safe environment with people you trust**. **Start with a low dose – less than 20 mg** (a typical dose of methamphetamine/MDMA is 70-100 mg). Get one person in the group **delaying taking their portion** so they can monitor and seek help if required. **Any dissociative effects should appear within 20-40 minutes**.

**Reduce the risk of harm**

If you experience toxic drug effects, or are present when someone has an unexpected reaction, **seek help immediately by calling Triple Zero (000)**.

All alcohol and other drug use comes with risks, so:

* **Be aware** that other false or contaminated drug products may circulate in Victoria, even if no specific warning has been issued about them.
* **Know the signs of opioid overdose and carry naloxone** – no matter what drugs you think you’re getting**.** Dissociatives and opioids both cause sedation, however opioid overdose can also cause dangerously slow breathing. In the case of a suspected overdose, **the best and safest approach is to administer naloxone**. [Find an approved pharmacy or health service](https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program) to get naloxone free of charge.
* **Remember**, even ‘pure’ drugs can produce serious side effects and death and can interact dangerously with medications/pharmaceutical drugs. Get the facts from [the Alcohol and Drug Foundation website](https://adf.org.au/drug-facts/).

Contact **Harm Reduction Victoria’s DanceWize team** for anonymous support and education from peers. Talk to DanceWize volunteers by email at [info@dancewize.org.au](mailto:info@dancewize.org.au).

If you or someone you know needs help with alcohol or drug use, call DirectLine on 1800 888 236 or visit [directline.org.au](https://www.directline.org.au/) for information and support to access treatment.