Introduction to Drugs

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Introduction

For many people, taking drugs or substances orally (by mouth) is the preferred way to end life. Substances taken in this way (eg. Nembutal liquid) require no special equipment. It is this simplicity that explains the appeal of this version of the Peaceful Pill. And with no need for any additional equipment, the death is more likely to be misinterpreted as a death from 'natural causes'.

For example, a person with serious illness who dies from drinking Nembutal looks as if they have died in their sleep. Most examining doctors would sign the death certificate indicating that this was the natural death from their illness. If an autopsy is undertaken, the causative drug will be discovered, but autopsies are increasingly rare in situations where the attending doctor believes the cause of death is clear (see the final Chapter for a discussion of this).

Although taking a drug orally might seem to be the simplest way of obtaining a peaceful and dignified death, the method does requires planning and a detailed knowledge of the substance to be used.

The Role of the Drug Overdose

Drugs are developed to provide a cure to an illness or to give relief from symptoms. *Human pharmaceuticals are never developed to end life.* Yet some drugs do cause death, especially if they are administered in ways that were not intended. The usual misuse is to exceed the suggested dose: 'the overdose'.

All drugs have side-effects (effects other than the purpose for which they are designed), and most side-effects are more pronounced when a drug is misused or taken in overdose. The most serious of 'side-effects' is death and drugs with this side effect are dangerous, unpopular and avoided if possible.

A drug that does cause death in overdose will always be unpopular and there will be a search to develop safer alternatives. So, while there are *some* drugs that do reliably cause death if misused, this number is small and decreasing as they are replaced with safer, modern alternatives.

For example, the barbiturate sleeping drugs, so popular in the 1950's, have now been replaced by modern, safer, non-lethal alternatives. The lethal tri-cyclic antidepressants have almost disappeared, replaced by safer serotonin-uptake inhibitors like Prozac, and pain-relieving lethal drugs like propoxyphene have already been replaced in many countries. The number of drugs that are of practical assistance to a person seeking a peaceful death decreases each year.

Drugs, Swallowing & Taste

A person wishing to die will need to consume a lethal quantity of their chosen drug. Such drugs are often bitter to taste. T aking a large number of tablets can also be difficult if a person has a problem with swallowing. Some diseases of the throat and oesophagus, and some neurological diseases like Motor Neurone Disease can so severely effect swallowing, that oral ingestion of drugs is simply not an option.

To avoid the bitter taste of the lethal dose, drugs are sometimes mixed with another substance. This approach is often unsatisfactory as mixing an unpleasant-tasting drug with another substance to disguise the taste, often results in an even larger volume of an unpalatable substance. Another option has been to spray the tongue and palate with a topical anaesthetic like Lignocaine. Anaesthetic sprays can work, but they are prescription items and require practice in administration.

The most effective method of successfully consuming the required lethal quantity of a bitter-tasting drug is to turn it into a liquid which can then be quickly drunk. This can be done by crushing tablets. Removing the gelatin covering of capsules and then dissolving the powder in a common solvent such as water is another option. Even if the drug does not fully dissolve, the powder can still be made drinkable by rapid stirring with a teaspoon so that it forms a suspension of the fine particles.

By keeping the volume of the liquid to be drunk to around 100ml (approx. 1/3 cup), only a few mouthfuls will be needed. Any bitter after-taste can then effectively be addressed by following up with another stronger tasting drink - usually alcohol (see Drugs & Alcohol).

Drugs & Alcohol

Alcohol is often used as a 'supplement' when drugs are used to end life. Alcohol serves several functions. Firstly, if the lethal drug is especially bitter, it will leave a prolonged unpleasant after-taste. Even when the drug is consumed in a few quick mouthfuls, a seriously ill person can find this taste quite distressing. Strong alcohol is an effective means of removing this after-taste. As this is to be the person's last drink, a favoured spirit or liqueur makes sense. People can sip at their favourite Scotch or Baileys Irish Cream and the bitter taste will quickly disappear.

Secondly, alcohol can play a useful role in 'potentiating' lethal drugs. To follow a lethal drug with an alcoholic drink will usually enhance the drug's speed of action and potency. This is true of most of the commonly-used lethal, oral drugs.

Thirdly, alcohol is a useful calming agent (anxiolytic) in what is inevitably a stressful time. It is important that the alcohol is taken *after* the consumption of the lethal drugs so that there is no clouding of a person's mind.

Note - if a person does not like alcohol, the person should not force themselves to drink it, especially if they find the thought distasteful. The drugs described in this book cause death with or without alcohol. The

most likely effect of excluding the alcohol is that the process will take longer. Liquid morphine (Ordine) can be used as a supplement/potentiator by people with an aversion to alcohol.

Drug Tolerance

Exposure to a particular drug over a prolonged period of time can often lead to the development of an insensitivity to that drug. If a drug is being taken for a particular medical purpose (eg. the relief of pain), one might find that after a while the same pain relief can only be obtained by increasing the dose. This is known as 'tolerance.'

Some drugs are particularly prone to this effect. One example is the body's response to opiates like morphine or pethidine. After taking morphine for even a short time, the effect of a particular dose will lessen with greater amounts being needed to achieve the same pain-relieving effect.

After a period 'off the drugs', one's sensitivity usually returns. This explains why people often accidentally die when taking illegal narcotics like heroin. A person who regularly uses heroin soon develops a tolerance for it. If they are unable to continue taking the drug - perhaps because their supply has broken down or perhaps they have spent time in an institution - they will redevelop their sensitivity. When a new supply becomes available, their greater sensitivity increases the likelihood of accidental death (see the Chapter on the 'opiates' for further discussion).

Tolerance to a particular drug can be an important factor when choosing a drug to end one's life. If a seriously ill person has

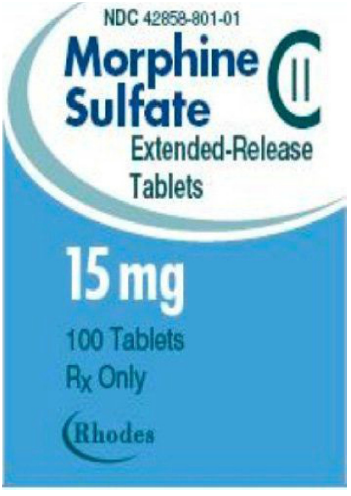
been taking a drug for some time and has developed a tolerance for this particular drug, the necessary 'lethal dose' for the drug can be higher than that usually quoted.

Slow Release (SR) & Enteric Coated (EC) Drugs

Some drugs are treated in a way so as to effect the rate or manner with which they are absorbed into the human body. Examples include 'Slow Release' and 'Enteric Coated' forms of the pharmaceutical.

Drugs packaged in a way that allows a slow, steady absorption from the gut into the blood stream are called 'Slow Release' and often given the initials 'SR'. Some drugs that provide a peaceful death are available in SR forms. That said, one should be aware that these forms of the drug are usually *less effective than standard preparations*. Let us explain why.

A drug's lethal efficacy usually depends on a rapid rise in the level of the drug in a person's blood (ie. at a rate that is too fast for the body's normal excretion mechanisms to operate effectively). Slow Release forms of a drug *do not* cause a steep rise in the blood level of the drug. Crushing or dissolving the drugs before consumption is unlikely to alter this. *Powdered, slow release drugs are still slow release.* Morphine (NOT the best end of life drug - see Chapter 10) is often prescribed in slow release tablet forms to ensure long periods of pain control, and is less effective in this form.



Typical SR Morphine tablets

Enteric Coating (EC) is a way of treating some pharmaceuticals so that the active ingredient passes to a more receptive part of the gut before being absorbed into the bloodstream. Examples of EC drugs include those that may be partially destroyed by the strong acid environment of the stomach, but yet are stable, potent and readily absorbed in the alkaline duodenum and upper small intestine. Drugs with Enteric Coating will inevitably slow the release of the drug in question and are best avoided. Some anti-emetic (anti-vomiting) drugs come in EC forms.

Alternative Routes of Administration of Drugs

Stomach PEGs & Nasogastric (NG) Tubes

People who have difficulty swallowing sometimes have a surgical procedure that allows for the introduction of liquid food directly into the stomach. This feeding tube is inserted through the wall of the abdomen and is called a percutaneous endoscopic gastrostomy (PEG tube) or 'stomach peg'.

The administration of drugs is often easier for a person who has a peg. There are no concerns with a drug's bitter taste, vomiting, or the person's ability to swallow the required lethal quantity of the drug. For a person with a PEG, a drug can be injected directly into the stomach.

Nasogastric tubes are used to provide fluids to a person who is having difficulty swallowing. This temporary procedure sees a small diameter tube positioned through the nose and down the throat into the stomach. It is possible to deliver fluids directly into the stomach through such a tube. Lethal drugs given in this way need to be in liquid form.

Intravenous Drugs

Drugs can also be delivered directly into the body through a needle or cannula that is placed into a vein. Drugs delivered by this route must be liquids. The procedure of inserting a needle into a vein requires a degree of expertise and this can be difficult for people who have not had medical or nursing training.

The speed of action of any drug administered in this way is much greater than for those administered orally. The rapid effect of such administration can occasionally cause difficulty. For example, if a person decides to inject the drug themselves they may loose consciousness before the required dose has been delivered.

Intravenous drug administration

To ensure that the full lethal dose is administered intravenously, a bag of saline can be used. The saline bag is attached to a cannula through a standard intravenous 'giving set'. The drugs can be added to the saline where they will continue to flow, even if consciousness is lost. Although there is always the risk that the intravenous access will be lost if the cannula is mechanically dislodged.

One advantage of intravenous administration is that it extends the range of drugs that can be

used. Some drugs that are not well absorbed through the gut when taken orally (potassium for example), can cause death when administered intravenously.

Rectal Administration

Drugs are occasionally also administered rectally using suppositories, or by direct infusion (enema). This is usually done if there is difficulty swallowing or if vomiting is a problem. Some lethal drugs can be quickly absorbed in this way. Recatl administration can provide a means of proceeding if there are intractable difficulties associated with oral administration.

Resuscitation

The act of taking a lethal drug does not generally result in an immediate death. Rather, the time that elapses from consuming the drugs until death, depends on a number of factors. This time in between administration and death can occasionally lead to failure.

Some drugs or substances, when taken orally, act very quickly. In some cases, speed of death *can be* an important factor. Such as when a spy takes a suicide pill to prevent interrogation or torture. For example, Hermann Goering took a cyanide pill in his cell the night before he was due to be executed. Although Goering was being watched very closely, his death was so quick that resuscitation was impossible.

A very rapid death - Goering-style - is rarely a consideration for a seriously ill person. Rather the readers of this book are more likely to think of a peaceful death as dying in one's sleep.

Drugs that put you to sleep before they cause your death are, understandably, those most preferred.

However, the time spent asleep before death can vary greatly. The longer the time, the greater the likelihood of being disturbed (and resuscitated). To reduce the risk of this, drugs that bring about sleep, loss of consciousness, and death shortly after are the priority. This is one clear advantage of the barbiturate, Nembutal, is that sleep will occur within minutes of consumption of the drug and alcohol. Death usually follows within the hour. Other drugs discussed in this book, however, have a much longer 'window period'. For example, the window period for the propoxyphene/oxazepam combination may be a matter of hours. Because of this, carefuly planning may be needed to reduce the chance of discovery during the time between the drugs have been taken and death has been realised.

The possibility of unwanted intervention is why it is wise to take lethal drugs in the evening. If a deeply-unconscious person is ever found before death, this can present a significant

Resuscitation

problem, not only for the person attempting to die but for the person tasked with, or who accidentally, finds them. Even if the discoverer is aware of the unconscious person's plan, he/she must do something to protect themselves.

It would not be acceptable, for example, to claim in the morning that you noticed that your friend or partner was unconscious but that you decided to 'just leave them'. If the dying occurs at night time, however, the would-be discoverer might argue that they had been asleep and been unaware of what had taken place.

If an ambulance is called, the discoverer will also be protected. It is important to remember that paramedics will usually likely attempt to resuscitate an unconscious person, despite the fact that this may thwart their wish to die. Generally speaking, ambulance paramedics are generally under no legal obligation to abide by a person's Advance Medical Directive (AMD) (Living Will/ Do Not Resuscitate (DNR) notice). Rather, paramedics will say that these issues 'can be sorted out at the hospital.' (For more discussion about the pros and cons of AMDs and role of emergency workers see my first book - *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill*.)

Another way for the discoverer to protect themselves is to call the family physician (rather than an ambulance). The physician should be aware if a AMD exists and can avoid initiating resuscitation without risking legal repercussions. A doctor who knows the background may well begin a morphine infusion ('to make the patient comfortable'), and allow their patient to peacefully die.

The Shelf Life of Drugs

The shelf life of drugs - the time taken from manufacture to expiry date is referred to as the drug's - is an often dicussed topic at Exit workshops. It is general knowledge that most drugs will be subject to some form of degradation over time. This may be brought about by chemical, physical or microbial breakdown. This is why all drugs now include an 'expiry date'.

Clearly, while a drug does not become ineffective after the stated expiry date, the loss of potency of a drug over time is something that drug companies are careful to notify their customers about. Just to be on the safe side. Despite the caution of drug manufacturers in this area, research shows that many drugs remain highly effective for many years after their expiry date.

For modern medicines, expiration dates are usually set for two to three years after the date of the manufacture of the drug. This is the case for veterinary liquid Nembutal which has a shelf life/ expiry date stamped on the side of the bottle. However, Exit research has shown Nembutal to be very effective many years after the formal expiry date.

A further consideration in regard to drug shelf life concerns the form of the drug in question. For example is it liquid or powder as this too can effect its shelf life. For example, pills and capsules stored in their original, air-tight containers at cool room temperatures, free from humidity can be viable for around 10 years. This is much longer than the stated expiry date. The powdered form of a drug has similar longevity, especially if it is vacuum-packed (using a standard kitchen food vacuum-sealer) and kept in a cool place, away from the light. For drugs in liquid form, the shelf life is commonly shorter.

To determine if a drug has deteriorated, here are some common sense guidelines.

In the case of a liquid, the drug's appearance is important. One should check its colour and clarity (has it become cloudy?); particulate matter (are there tiny visible particles?); preservative content (if stated); sterility (has the bottle been tampered with or opened?) and whether the drug has interacted with its enclosure (bottle or lid?). If none of these signs are present, then the liquid in question is more likely to be viable, than if there were any visible signs of degradation.

If the drug is in tablet form, signs of degradation include the tablet's appearance, moisture content, hardness (has the tablet become as hard as a rock), friability (uncoated tablets), disintegration time (when placed in water) and uniformity of content. Again, any of these tell-tale signs may indicate chemical degradation.

Of course, the only certain way of establishing whether significant degradation has taken place is by carrying out a chemical assay on the product. For drugs that are hard to obtain and difficult to replace with fresh samples, an assay makes a lot of sense. A detailed discussion on the testing of the purity and potency of Nembutal is given in a later Chapter.

Conclusion

This Chapter details some of the most important issues that should be considered by a person planning to use drugs to achieve a peaceful, reliable and dignified death.

Specific issues such as: drug preparation, administration, formulation, speed of action, resuscitation, and shelf-life apply to all drugs used to end life. An understanding of these issues will reduce any chance of failure. This Chapter should be read in conjunction with the following Chapters that detail the use of particular drugs.