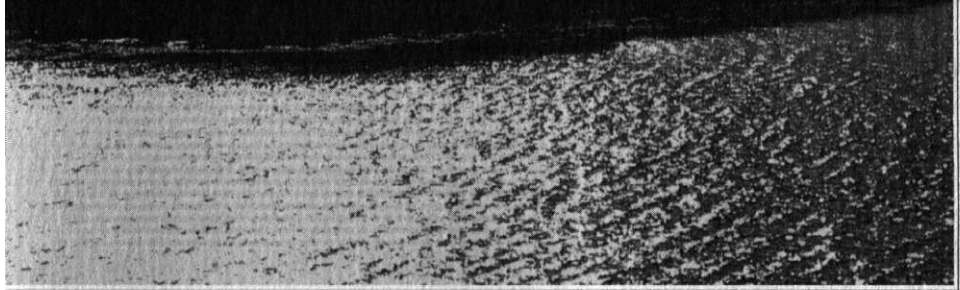




Departing Drugs



The research for this volume, which is aimed at lay readers, was completed by Chris G. Docker & Cheryl K. Smith, with the assistance of an international study team that also included Colin Brewer and Kurt Schobert.

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Departing Drugs

*An International Guidebook
to Self-Deliverance
for the Terminally Ill*

INTRODUCTION



Right-to-Die Societies world-wide unite in trying to improve the freedom of choice for the hopelessly ill to die with dignity. The present volume is not a do-it-yourself suicide manual and does not represent the whole of the aims of any Right-to-Die Society. It is offered to established members of such societies for their interest and information, and is not intended for any person who is impulsively or desperately seeking to end his or her own life in the immediate future. We would not encourage such an action.

We present here some of the most up-to-date information world-wide which is available to us. It is based on research from medical papers and feedback from several right-to-die societies as well as expert opinion from leading medical professionals. No one has absolute knowledge in this field. No "euthanasia experts" or magic pills exist when it comes to self deliverance. We can do no more than present the best of the available evidence. For all the methods discussed, we offer rational conclusions, not guarantees or absolute answers. Your life is in your own hands.

Most people who read the information presented here will never need to use it. Some see it as insurance, for finding the door marked "EXIT", should the need ever arise. We recommend that you read this booklet thoroughly, several times, NOW - not leaving it until you need it! PLEASE READ THROUGH TO THE END BEFORE DECIDING WHICH PARTS MAY BE MOST USEFUL TO YOU PERSONALLY. That way, you will know what may be involved and can make necessary arrangements in good time, without stress or strain.

This information is made available only after a formal waiting period in order to discourage impulsive or irrational use. In buying this volume you agree to consult it privately and confidentially and not make the contents known to anyone else. We have updated certain drug dosages in the light of newer information, other drugs appear for the first time as a result of recent research, and we have attempted to simplify explanations. We welcome comments for consideration in the compilation of future editions.

NOTE TO DOCTORS

The editors hope to produce a small technical manual for doctors. Meanwhile we urge sympathetic doctors not to prescribe potentially lethal drugs unless they know the patient's medical history well enough to verify that the intention to self-deliver is rational and justified.

INTRODUCTION

IMPORTANT: Nothing in this book is unlawful but, in some countries (including the UK), it has never been legally tested. The information can also be found in most medical libraries and even newspaper reports. Bear in mind that we are attempting to provide a service and not to encourage ill-considered suicide; we suggest you first either return the book or destroy it should you ever implement the knowledge contained in it, and in that way help rather than hinder us in our aims.

We assume that you have thought long and deeply about the issues involved. We aim, in this small volume, to hold out a candle of hope to those who might one day reach a point where life holds no promise of anything apart from a succession of days of misery, pain and hopelessness; and who, of their own free will, have rationally decided to end an intolerable existence. Several studies have shown that knowing that you have the power to stop may give you the courage to go on. Before you actually decide on self deliverance, consider your decision thoroughly and make sure that in your case no other acceptable solution is any longer available. You are dealing, after all, with an irreversible decision.

For those who have not reached this point, life may still have something to offer. You should not take an irrevocable step without full and conscious deliberation or without thinking about how your actions may affect your family members or others who may care about you. You should not take any action under emotional stress or in a hurried manner. Whatever method you decide on, remember that you should consider suicide only after you have thought about and rejected all other options.

Make sure you have been fully informed of the medical consequences of any different treatments and of the most appropriate pain relief. At this time, up to 95% of pain may be relieved. If your pain is not being adequately controlled, or you have other distressing symptoms, complain loudly to your doctor or consultant until he or she does something, or until you have authoritative evidence that nothing further can be done. If necessary, seek a second opinion or a referral to a pain control specialist.

Act responsibly, and question your attitudes to your life and death, and the quality, to you, of that life and death, at different times and in different moods. Discuss the matter, if possible, with near relatives and intimate friends. If you have a terminal condition, find out from your doctor the stage at which you are likely to be admitted to a hospital or hospice and then make it very clear if you do not wish to spend the last days of your life there. If you find you have been admitted to hospital, do not place doctors in embarrassing situations by sug-

gesting they illegally assist you, especially when they are scrutinised to a much greater degree than if you were at home.

If you decide that self deliverance is the last and best solution, take full and sole responsibility for your death.

Consider carefully the meaning of death and dying. Many people find that only the deep inner awareness that death is the final part of existence can give them the strength to organize this last chapter of their lives according to their own individual ideas. The certainty of being able to avoid insufferable misery by dying at a moment of your choosing may give you new strength even in the midst of otherwise unfortunate and distressing circumstances.

Consider your friends and family, and arrange your affairs to minimize suffering or controversy. You may wish to take time to consider if your financial affairs and your estate are in order. If, in your will, you have made requests of those who are financially dependent on you, consider if you have allowed sufficient resources for them to carry through your wishes.

If you are bequeathing a portion of your estate, whether to an individual or to an organisation, consider whether making a discreet donation some weeks before your death would be more appropriate, avoiding legal delays and complications that could arise after your death. If large sums are involved, obtain expert advice.

Study any information you can obtain on lethal medications. Get a supply in hand well in advance. If you later become confined to a hospital bed consider very carefully whether you have any degree of control over your supply of medications.

After making the decision, consider the medications and treatments you are still undergoing. Would your quality of life be better in the time that is left without them or do they make life better?

DEPRESSION AND OTHER KINDS OF UNHAPPINESS

If you are depressed, please remember that some kinds of depression can be treated. An example is depression characterized by dejection, lack of hope and unhappiness which cannot be rationally explained simply by your circumstances or philosophy or is disproportionate to the circumstances that led to it. Depression of all types is commoner with increasing age, partly because the

LEGAL WARNINGS

elderly often have more reasons for unhappiness. However, even seemingly "understandable" depression sometimes responds to antidepressant drugs and/or psychological treatments. They may have to be persevered with for several weeks before their effectiveness or lack of it becomes apparent.

Impulsive suicide, abundantly understandable though it may sometimes seem, is to be discouraged. This applies particularly to younger people whose feelings have been savagely hurt. For emotional wounds often heal, and help from loving friends, or new possibilities of help from doctors, may be waiting round the corner. Why burn one's house down because it has just been burgled?

Occasionally we hear from people who feel driven to contemplate suicide because of inadequate knowledge of medical or other resources available; right-to-die societies will, where possible, recommend organizations that can help, whether specialist support groups for particular conditions or professional psychotherapists.

People sometimes approach us out of a desperation brought on by emotional turmoil that makes life too much to bear: although we provide a sympathetic ear where possible, if you are in this category we urge you to turn for advice to a group that has far more time and expertise in this area than we have - for example, the Samaritans (in the USA: Crisis Intervention Agencies or Suicide Prevention Agencies). The Samaritans provide sympathetic, caring and confidential support by telephone. They are not a religious organization and are available to anyone from any walk of life, whatever race, age, religion or sex. You can share your innermost feelings with the volunteers without fear of criticism or judgement and be safe in the knowledge that they will not repeat anything to anyone. Actually, you needn't even tell them your name. They are NOT an "anti-suicide" society - they provide an opportunity to talk when there is perhaps no one else to talk to. Your call will not be traced. The Telephone Directory lists the local branch, and in the UK you can use the Linkline number 0345-90-90-90 (UK) at the cost of a local call. (Names vary in different countries: Australia - Lifeline/Befrienders; Belgium - Prevention du Suicide; Germany - Telefonseelsorge; Netherlands - Telefonische Hulpdienst/S.O.S.).

LEGAL WARNINGS

1. The current law in most countries prohibits a doctor from knowingly prescribing or administering drugs to you for the purpose of ending your life. A doctor who knows you are terminally ill, however, may be less hesitant in prescribing strong drugs.

2. Assisting suicide is illegal at present in Britain, Australia, Canada and most of the U.S.A., potentially carrying a long jail sentence. In Britain, if you do not complete the act alone, anyone who is even present at the time may be liable to a criminal prosecution. Procuring pills or other means for another person is illegal, as is physically assisting another person in the act. At the present time, assisting suicide is also largely illegal in other countries. In Germany, Switzerland, and some parts of the U.S.A. a person may be present with you when you self deliver, or obtain euthanasic drugs for you, and possibly remain within the law as long as he or she does not administer the drugs. In Germany and Switzerland a doctor may legally prescribe lethal drugs for the purpose of suicide but is often not willing to do so. In the Netherlands, a doctor may assist if he or she follows government guidelines. Note: These relaxations will NOT, in practice, generally help visitors (from Britain, the U.S. or elsewhere).
3. Personally advising anyone on committing suicide may violate the law, because it may be construed as assisting. For this reason we are unable to give individual counselling, and this applies to most societies. The information given here is given to members only upon sustained request. We are not encouraging suicide. We may choose to clarify statements in this publication, but we do not advise anyone, on a one-to-one basis, privately or otherwise, to commit suicide.
4. Attempting to obtain a prescription for "Controlled Drugs" for any purpose apart from the one disclosed to the doctor is illegal. Controlled drugs (including barbiturates) are the drugs popular with drug-abusers. In Britain, only barbiturates for the treatment of epilepsy may be dispensed by a pharmacist in an emergency without prescription. Possession of Controlled Drugs is also an offence unless you have a valid prescription for them. If travelling from country to country, retain valid prescriptions, do not carry more than you think you need, and be prepared to justify their legitimate, personal, therapeutic use if asked. Penalties for carrying unauthorized drugs in certain Asian countries (such as Malaysia) are extreme.
5. Some life assurance/insurance policies may contain a "suicide clause". The purpose of this is to prevent abuse and applies if the suicide occurs shortly after the payment of premiums commenced. If the person was suffering from a terminal illness, the insurance companies may be less reluctant to honour a claim. If you are terminal and considering ending your life at a time of your own choosing, you may wish to consider selling your policy

RELIGIOUS VIEWS

to a specialist company that can convert it into cash. This assignment of the benefits of this type of policy is often known as "viatical settlement". It has the benefit of providing cash in hand prior to your death, which you can then use to extend the quality of your life, pay for medical procedures, dispose of in the form of a discreet gift, or as you otherwise see fit. There may be some tax liability on the recipient of large gifts. (For Britain, Netherlands and Germany, the specialist company is *Life Benefit Resources Ltd*, P.O. Box 115, Bromley, BR2 9FE. In Britain, the freephone number is 0800 451333, in Holland it is 06 02 29031, and in Germany 0130 818875. NB: The company is not connected with any right-to-die society. In the U.S.A. there are a number of specialist companies, including *Life Benefit Resources Ltd*, and they are known as viatical settlement companies). Disposing of your policy in this way may realise about 70% of the value that would have been payable on death, compared to a normal surrender value that may be as low as 15% of that value.

RELIGIOUS VIEWS

Some people with strong religious convictions may experience worries about the morality of self deliverance. We cannot pronounce on the rights or wrongs of the official beliefs of any particular religious group, but we would assure you that advocates of self deliverance are to be found in all the major religions. If you find that your own cleric or spiritual adviser is hostile or unsympathetic, you should know that such views are not held universally by his/her co-religionists. Have the courage of your own convictions, and try to identify others who share your religious allegiance but think as you do.

USE OF SLEEPING PILLS

Passing from life into death by way of sleep is often considered a most pleasing way of departing. Please remember, however, that not all sleeping pills are lethal. Most are only suitable for a sound sleep, but would be useful in conjunction with the "plastic bag" method.

SHELF LIFE AND STORAGE OF DRUGS

Most pills retain their potency for at least five years and generally much longer. This applies if they have been stored properly in reasonably airtight containers in a cool, dry, dark place (preferably in an original unbroken sealed package). Eventually they may gradually tend to lose their potency. Drugs that have been stored for longer than five years will require a slightly higher dosage. Avoid storing drugs in the fridge unless you have protected them from moisture. Capsules, generally speaking, are less likely than tablets to retain their potency beyond five years. Some manufacturers quote a shorter shelf life for chloroquine of 1 to 3 years. You might wish to ask the pharmacist, at the time he or she dispenses the drug, what the expiration date is, but remember that this might make the pharmacist suspicious if you are purchasing "anti-malarials for a trip to the Far East in the immediate future" !

Storing drugs in hot climates requires a cool, dry place. If you use a refrigerator, be sure the drugs are tightly sealed, perhaps further enclosed with some anti-moisture pellets (these often come with bottles of vitamins, or are sold at hardware stores to reduce condensation).

INGESTION OF DRUGS

Grinding tablets using a coffee-grinder (or mortar and pestle) and dissolving them in a little liquid may be helpful if you are taking a large amount (Use water or an alcoholic drink - check to see which the drug dissolves best in). Mixing the powder with something such as apple sauce helps to cover up the taste and make it more palatable. You may prefer to take some of the required dosage ground up like this and a portion as pills. If so, try it with a single pill first, to see how acceptable/unacceptable you find the taste. Does washing them down with alcohol help? Some tablets, such as chloroquine, may be quite bitter tasting and better swallowed whole than mixed with something. Gelatin capsules cannot be ground up, but you can twist or cut open the casing and empty a powdered drug out, or simply dissolve them in hot water. Remember that drugs may start to work quickly - taking them as swiftly as possible avoids the danger of becoming drowsy before you have swallowed them all.

MILK PRODUCTS

Using milk products before, during or after ingestion of the drugs can slow absorption in the stomach and reduce their effectiveness. (This rule is not absolute however; one American pharmaceutical reference suggests taking chloroquine with a *little* milk to reduce stomach irritation - but food should be just as effective).

LEAVING MESSAGES

(If, for any reason, you do not wish your death to appear as a suicide, ignore this section).

If possible, post messages to trusted friends and relatives the same day, by second class post, immediately before the final act. Messages sent out too early increase the danger of "rescue" attempts. Barbiturates alone may take several days to be lethal, increasing the possibility of someone rescuing you from a coma. You may wish to take advantage of weekends and bank holidays.

Messages left near the body may be taken away by police. In all cases however, you should leave a message near your body to explain to anyone finding you what you have done. This can not only avoid needless distress, but save valuable police and coroner time.

In addition, indicate that you do not want to be resuscitated. You might wish to pin a letter to your clothing saying that it is your express instruction that you should not be resuscitated under any circumstances (*see Appendix 1 for an example*). If you are suffering from a terminal disease, we recommended that you include a note from your doctor explaining that. This may discourage emergency teams who might otherwise go against your wishes. To obtain such a note (if you have a terminal illness) you might tell your doctor that you require it for legal or insurance reasons. (E.g. See *Viatical Settlements* in *Legal Warnings Section*). Leaving a copy of your living will near your body is also a good idea.

Messages to friends and relatives can be the final act of love towards them. Such messages can reassure, besides explain that your act is well-considered and the final touch of a fulfilled life. You can explain that you have enjoyed and treasured the moments you have shared, but that the time has come for you to depart. Remember to thank them for all they have done for you, but do *not* thank

them for getting drugs for you or in any other way facilitating your self deliverance - you don't want to incriminate anyone. But a proper message can enrich the lives of those you leave. Generally you should not leave personal messages near the body as they will probably need to be taken away by the police.

Note: If you are able to discuss the matter with those close to you who may find your body, it may be well to advise them that many people who end their lives by overdose vomit or purge somewhat from the mouth or other orifices once unconscious; if they are aware of this in advance, surprise or distress may be minimised.

PREPARATORY MEASURES

(A Checklist)

Check the following, as appropriate, before considering the step-by-step procedure for your preferred means of self deliverance.

- Personal Statement of wishes.
- Living Will/Advance Directives.
- Consent for organ donation.
- Medical School forms, if donating body for research.

COPIES OF THE ABOVE GIVEN TO: a) Family members, b) Closest friends, c) Doctors, d) Spiritual advisor, e) Hospital, f) Lawyer, g) Other. Copies of the above may also be left near your body.

- Note to place by the body for police/coroner.
- Information to be used in obituary.
- Last Will and Testament for distribution of property & personal effects.
- Funeral Society forms / Memorial service or funeral instructions / Instructions regarding cremation / Burial instructions.
- List & location of insurance, health, accident, burial policies.
- List & location of pension or retirement plans.
- List & location of investment information.
- List & location of any properties (personal & business).
- Names addresses, telephone numbers of executors, proxy, tutor, or anyone else nominated or authorized by you to interpret your wishes.

WHAT METHOD SHOULD I CHOOSE?

- Names, addresses, telephone numbers of close relatives & friends, G.P., lawyer, insurance agent, clergy, accountant, solicitor.
 - Wishes regarding pets, if any.
 - Remember to ensure privacy for the necessary period of time and ensure that you will not be disturbed; you will need at least eight hours, and **preferably longer**. Don't do anything to arouse suspicion such as taking the phone off the hook (turn the bell down or put a blanket over the telephone so you won't be disturbed). If in a hotel, put your "Do Not Disturb" sign outside the door.
- * Consider whether you will wish to use an enema an hour or so before self-deliverance. This bears on how concerned you might be about the state of the body when it is found.

Note: For religious or family reasons, some people may wish to leave an appearance of natural death, in which case many of these points will not apply.

WHAT METHOD SHOULD I CHOOSE?

The method you choose will depend on a number of things, but the chief considerations are the availability (present or potential) of various drugs and your own personal preferences. For some, physical agility (sufficient to arrange the plastic bag) will be a factor. You may have an offer of assistance. Remember that anyone who assists you (or even is present when you self-deliver) may be accused of committing a crime, and they alone must weigh the moral and legal implications, without pressure from you. (See *Legal Warnings* section).

With forethought, ending your life in a dignified and peaceful manner is fairly simple.

The use of alcohol can be helpful in any of the following methods. Plenty of alcohol helps the action of most sleeping drugs; however, if you have never taken alcohol before, do not do so now as it might make you vomit. If you are planning to use alcohol, consider drinking a large amount on a test run, well in advance, to see how well you react to it.

1. If you have or can obtain drugs with a strong sedative action (many antidepressants fall in this category), you have an ideal combination for the plastic bag method. NO METHOD IS ABSOLUTELY FOOLPROOF, BUT THIS METHOD IS PERHAPS THE MOST UNIVERSALLY "PREFERRED

METHOD". It combines ease of operation with low risk of failure. In a failed

attempt, the chances of unpleasant after-effects are small. Failures with this method are few; occasionally people have been "rescued" and resuscitated or, on a few occasions, the person has managed to open the bag while asleep (after taking insufficient sedation, or not allowing time for it to work before putting the bag on). Some people find the plastic bag method aesthetically displeasing either on their own account or because of the appearance of the body when discovered. Consider it carefully and try the "dress-rehearsals" before discounting it totally. If possible, test whatever drug you intend to use in a small "therapeutic" quantity to make sure you don't have a personal adverse reaction to that drug.

2. Barbiturates provide a pleasant, peaceful and generally reliable method of dying, if you have or can obtain them. Failed attempts are relatively rare and side-effects are few. The worst danger is discovery and resuscitation (brain damage occasionally results in such cases). Death is usually rapid, although in a small number of cases people have been known to remain unconscious for several days before death occurs. You can avoid such a contingency by using the plastic bag in addition to the barbiturates, or by adding other drugs.
3. Several right-to-die societies recommend the use of chloroquine. After fairly intensive medical research on this drug we are unable to give it an unqualified recommendation, but do not wish to withhold the necessary information from those members who would consider using it. Although a large percentage of those dying by chloroquine experience no symptoms whatsoever before passing into a coma and subsequent cardiac arrest, the drug *may* cause side effects prior to unconsciousness. Therefore, if you choose chloroquine, we suggest taking a suitable sedative at the same time. Washing the chloroquine down with strong tasting alcohol may help to overcome the bitter taste. Prescription drugs are better, but you could also consider non-prescription drugs such as Phenergan (Australia, Canada, UK) or Dramamine (Australia, UK, USA). These are cheap and easy to obtain and you can set aside more than you need. Medical evidence on the effect of Valium (or other benzodiazepine drugs, sometimes considered an antidote for chloroquine poisoning) in combination with chloroquine as a euthanatic is inconclusive, but you should avoid this combination if you can. Chloroquine is available in some countries, including the UK, without prescription. Side-effects following a *failed* suicide attempt using chloroquine may include temporary blindness (this is not, according to the literature, permanent). After examining the evidence of a large number of

cases, we do not know of *anyone* surviving 10,000mg-12,000mg of chloroquine phosphate (or sulphate or disulphate) unless they had extremely vigorous medical treatment after taking it (even with medical treatment, the chances of survival are very small). Many authorities place the lethal dose even lower.

4. Orphenadrine, a drug used to treat a variety of conditions including Parkinsonism, is often fatal in overdose, causing a variety of symptoms including excitement, confusion and respiratory arrest. It is not the most favoured of methods, but may be effective, especially if taken with sufficient sedatives, and, preferably, the plastic bag to make absolutely sure. Only certain orphenadrine compounds are useful - see the notes on orphenadrine in the *Glossary*.
5. Propoxyphene/dextropropoxyphene. While not the most favoured of methods, it will be a viable option for many people because it is commonly lethal and the fact that it is prescribed fairly readily for pain. It is best taken with a sedative and alcohol.
6. The times when other methods such as hypothermia or carbon monoxide poisoning might be suitable are limited. These and other options are dealt with briefly later.

METHOD 1: Physical Method: Plastic Bags And A Sedative

This is the foremost method favoured by the right-to-die societies that publish information on self deliverance. (VESS, ERGO, DGHS, HEMLOCK USA, RTDS of CANADA).

Quite simply, you need a drug that will knock you out long enough for the build up of carbon dioxide to displace the oxygen in the bag around your head. No one can guarantee any method as utterly foolproof, but this seems to be the most comfortable and reliable, especially in the absence of a large quantity of barbiturates (which most people will find impossible to obtain). We do not recommend use of the plastic bag without a sedative.

A sufficient number of over-the-counter preparations that will ensure a sound sleep, though not cause death, are available. If you want to experiment, you could see how many pills you need to get 8 hours of daytime sleep (as opposed

to a dangerously high dose) - in other words, send you to sleep when you're not particularly tired. Multiply this number by a suitably high factor. If you need 4 Phenergan to get 8 hours daytime sleep, then 40 should be sufficient to keep you under for the changes in the air that you are breathing to take effect. A suitable tricyclic antidepressant with sedative action is even better (These must be prescribed, but getting a prescription for them is easier than getting one for barbiturate sleeping drugs).

Some people may wish to combine chloroquine (which, in large doses, stops the heart) with a strong dose of sedatives and the plastic bag.

You may wish to add a few drops of something pleasant smelling or a touch of your favourite perfume to the bag so that you can breathe air that is fragrant.

You can use two large bags, one inside the other, for double protection against leaks. They should be big and roomy for comfort. Experiment with clear, opaque, or coloured bags to see which you prefer.

Whatever sort of bag is used, you will need elastic to close the bag around your neck before you lose consciousness. Sewing elastic is fine - make a loop by tying the ends of a suitable length. Alternatively, large rubber bands should suffice. You will probably find it easier to put the rubber bands around your neck before putting the bag on.

If you are still conscious when the air gets stale, just use your thumb to stretch the elastic and let some fresh air in (After you do this, you must remove your thumb to enable the elastic to cause a good seal once more; if you are seated, gravity will remind in case you forget). Beware of falling asleep with your thumb still in.

Following are two case examples which help to clarify the method.

1. Jeannie Geddes, related by her son Colin.

"My mother used a large 'binbag' or dustbin liner. You're right, I don't need to give you any instructions. I'll just tell you what my mother did, describe the method she used, and share with you my personal experience. I fear that many people who have heard of this idea of 'putting a plastic bag over one's head' as a method of self deliverance (if the need arises) may imagine, quite mistakenly, a struggling for air using this method. No! It looked very much to me as if my mother had been asleep when she died (asleep or unconscious) and not in any way 'struggling for air' or in a panic of some kind, but already asleep (or unconscious) from an overdose (or *sufficient* dose, in other words) of whatever pills she took. The pills by themselves were not the cause of death (or at any rate, they didn't need to be).

"The pills don't need to be a lethal dose. The 'cause of death' was not those pills my mother took, but rather the gradual changes in the air in the bag and therefore in the air she breathed, and consequently in her bloodstream.

"My mother took a quantity of pills on a not quite empty stomach. She'd eaten a snack (a buttered oatcake and honey, I think it was) to avoid the risk of vomiting. She didn't happen to like whisky - but if she had, I daresay she might have taken 'a wee dram' of that as well. I'm not giving you *advice*. I'm just telling what my mother did. Only I wasn't there, so I don't know exactly; but what I *do* remember, when I got home after midnight, from visiting some friends, I found a rather poignant plate with crumbs on it and a butter-knife with honey on it... and I cried, because that's when I *knew* she'd done it.

"Because of the law as it stands on assisted suicide, or voluntary euthanasia, or self deliverance or whatever you call it, my mother didn't want me to be there - in case I got in trouble afterwards with the police. The police came anyway next morning, because the doctor saw fit to inform the Procurator Fiscal (Scotland).

"The doctor must have considered it to be a case of 'sudden or unexpected death' - therefore considered it his duty to inform the P.F. Or he wanted to be on the safe side, I don't know. Luckily for me, the police and the P.F. decided there were no 'suspicious circumstances' and the conclusion from the autopsy was that she died of 'anoxia' (or whatever the correct word is).

"We said farewell to one another for the last time, the previous evening, before I left her to go out. I went to hear a folk group at an open air concert. I didn't doubt that she would do it. But all the same... 'seeing is believing'... and, when I saw that plate with the crumbs, *that's when I knew she'd done it*. Of course I waited until morning before I called a doctor. She didn't want to be resuscitated! That's the only danger I can think of, if someone finds you, you can be resuscitated - that is, if they find you soon enough of course. With the bag, it's "too late" much sooner... too late to be resuscitated. Also, with the bag, the pills serve only to render you unconscious; they don't need to be fatal, or a lethal dose. You don't have to be afraid of waking up in hospital - and presumably you don't have to take so many. Without the bag, you have to take more pills, enough to kill you - and so there's the risk (a) of not taking enough, i.e. of surviving the 'overdose' (or the *underdose*), and (b) a greater risk of vomiting instead of dying. "Anyway, presumably you're familiar with all of this.

"The important thing to realize about 'the bag method' - this method that my mother used - the bag is *not* pressed against the face! The bag is loose about the head! Death is the result, not of a cutting off of the supply of oxygen but of

a gradual build-up of carbon dioxide in the bag compared to the reducing amount of oxygen. (*Ed: The essential cause of death is anoxia. This is totally devoid of any subjective unpleasantness as the individual will be deeply asleep*) The bag is closely but not tightly secured around the neck, chest, or waist, thus minimizing the circulation of air in or out of the bag itself. But the bag is loose about the head, the plastic is not pressed against the face. On the contrary, I would recommend using cardboard or wire to make sure that this doesn't happen. An arrangement of wire or cardboard may be devised, to make sure that the plastic bag doesn't interfere with breathing. My mother didn't do this, so it seems not to have been necessary, even though she lay on her back. If it was me, I think I'd use wire or cardboard or something just to keep the plastic of the bag extended, away from my face, and so as not to interfere with breathing. For example, a frame of wire, or just some cardboard curved around the head, as if keeping off the rain if one were standing upright. That would be sufficient, I should think. The point is, you should still be able to breathe freely through the mouth (and/or the nose) and fill your lungs. The breathing should not be restricted by the plastic of the bag. You don't want any difficulty, restriction or interference with normal breathing to arouse you out of unconsciousness. There should be no difficulty breathing.

"Breathing uses up some of the oxygen in the bag. More significantly, there is a build-up of carbon dioxide in the bag, therefore in the air breathed in and consequently in the bloodstream.

"As I've said before, it is to the best of my knowledge that my mother died peacefully in her sleep (asleep or at least unconscious from an overdose of pills); died, not suffocating from lack of air but from a gradual and excessive build-up of carbon dioxide over oxygen in her bloodstream. I'm not too sure of the technical explanation, but I'd like to know, out of a natural curiosity of interest and also for if and when there ever comes a time when I might want to use the bag method - which is not now - not yet - not while I can still type!"

2. *The second example is from someone who, for obvious legal reasons perhaps, has preferred to remain anonymous.*

"A wonderful thing happened to me a little while ago that I think everyone ought to know about, because it holds out such hope to us all, meant so much to me, and is so immensely to the credit of - but let me begin at the beginning..."

"My first wife and I had broken up decades ago, but remained friends. I returned from a short job abroad and became aware that she was seriously ill, so I arranged to travel up to see her in a few days' time. On the appointed day she

called and said: 'Do you think you could stay the night? I desperately need your help.' 'Desperately' was not a word she would ever normally use.

"Reaching her house I found she was just barely able to get around and had managed to prepare lunch for us. But in the last month or so she had lost a lot of weight and she was clearly dying of cancer. It took me a minute to realize what she wanted me for. And as she saw that I had realized it, 10 years dropped from her face - she became almost elated. 'My good angel sent you! I am so happy - no, joyful!'

"It appeared that she had long since thought out her suicide, and prepared the means; but for weeks she had been lying awake at night turning over the details of the act, to make sure all the links were sound. She needed someone by her to ensure that nothing went wrong, who would, if necessary, complete the act. Then she could relax, and *enjoy* her dying.

"She said she had reached a good age - she was in her 80's - and had had a most fulfilling life. She had lost nearly all her friends as they aged, had nothing particular that she still wanted to do, and was damned if she would, if she could help it, allow herself a long miserable drawn-out end. Death itself she had - as I have too - always felt beside her as a good friend, not an enemy. And the change-over from life to death she had very positive ideas about: individual ones of her own, but formed against the background of a religious upbringing and had now, in a sociable way, returned to. (She had left suggestions about her funeral service to her minister.)

"Through lunch and on until evening, when she was ready for her early bed, we had a marvellous time, going over early days, laughing a great deal (as one can, from the detached position of age), and simply enjoying each other's existence. And she was more open than I have, I think, ever known her: telling me things about herself many of which were new to me. 'I am so happy, so happy -I could dance!' "What an adventure!". She had not only accepted death but was looking forward to it, almost was impatient for it: as a thing of grandeur, sweetness.

"About eight o'clock she went upstairs, washed, put on her best nightgown, and lay down on the bed; the pills (I've forgotten what they were) beside her, also a large transparent plastic bag. After a while she gulped down the pills and lay back, eyes shut, on the pillow. 'This is bliss. All my troubles dropping away.' Sitting by the bed, I held her hand. After a little while she began to feel the drug working. She immediately started to put the bag over her head (so that, if the drug proved not strong enough she would, after it had knocked her out, die of lack of air - an essential precaution), but her fingers fumbled: she should have

put it on as soon as she swallowed the pills. Thank God I was there; for I was able to help her do that simple job. Her face, clearly seen through the bag, was entirely serene.

"And that was that. Twice there was a slight intake of breath; and once her hand in mine suddenly tightened - that was perhaps the moment when she died. (Otherwise nothing happened). Throughout this, her face was completely serene. When I was sure she must be dead I took the bag off, and tidied her hair. Then I spent the night in the next room, sleeping a bit, and going in from time to time (one needs the body to be there) to be with her, touch her hand, kiss her forehead.

"Next day her relatives, not at my instigation (I had wanted to leave things as they were), removed the signs of euthanasia and concocted a story (which I then, against the grain, had to help spread) that she had been found dead in her sleep; and the doctor, bless him, signed a fictitious death certificate. The relatives felt that some of her acquaintances, as distinct from her friends (who were told the truth) might be shocked and hurt if they knew the real story. Also, maybe they wanted to protect me. Sheer conventionality may also have come into it.

"Now consider. The law would have required me to refuse, to betray, my old friend, once wife. And she might have dragged on for another stretch in the wretched existence she had so resolutely taken steps to avoid. What a law!

"Think too of the beauty, joy, the sweetness of her death. The loving time we had together. The fulfilment for me: our relationship brought thus full cycle. The way she shared this last privilege. And finally this: of all the people close to me who have died, she alone has left me with no feeling of regret. Her death was a completion. Was right. The books are sweetly closed.

"And *she* did this. She should have public recognition and respect for it. May each one of us be able to die as well."

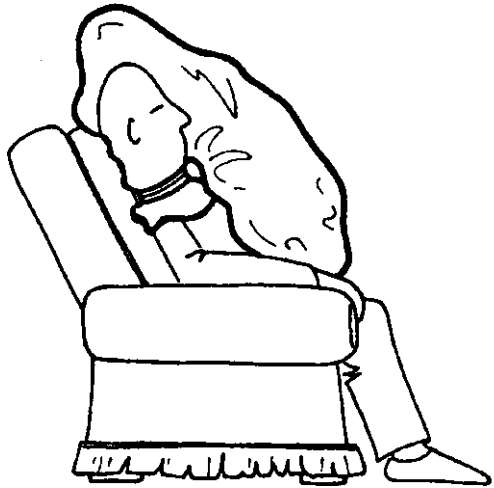
NOTE ON ASSISTED SUICIDE

This publication in no way encourages assisted suicide or breaking the law, although some people will take that option. Before doing so, one should contemplate all the possible repercussions, legal and psychological, very carefully. For some, in spite of the risks, the act remains fulfilling; others are emotionally scarred, sometimes for many years. Remember that the phrase is capable of many meanings. It is one thing to grind pills up for someone: it is a

totally different thing to place a plastic bag over someone's head should the drugs not be strong enough. Fingerprints on a plastic bag or other items might be incriminating.

PLASTIC BAG PLUS SEDATIVES: Step by Step

- i) Carefully check that you have the required amount of pills to ensure a deep sleep. You will probably need two large plastic bags. The exact size of the bag is not critical, but a larger size such as used for disposing of garbage is better, not the smaller ones used for carrying groceries. Place one inside the other to guard against leaks. You will need some elastic or large rubber bands to secure the



lower end of the bags around your neck. The inner bag will have enough air to allow you to breathe comfortably until you lose consciousness, and without any nasty feelings of lack of air. After you lose consciousness from the pills, you will soon die quietly as the carbon dioxide in the bag builds up and the usual 20% of oxygen is used up, leaving the 80% of nitrogen which forms the remainder of air and does not support life.

Some people have suggested pulling the bag down as far as the waist. The disadvantages of doing this are a) a poorer seal if you are wearing clothing, and b) the smaller margin of time in which to become properly sedated before the changes in the air cause death (if a large part of your body is in the bag, there will be less air in the bag).

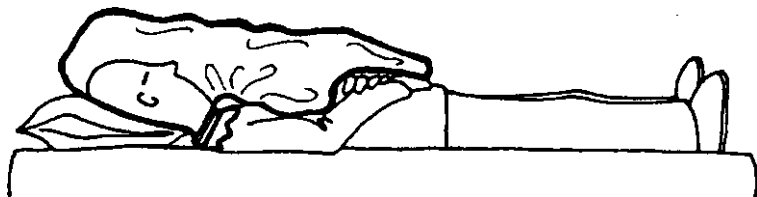
- ii) Practice getting the bag on and off a few times, well before the need arises and without taking any pills, until you are comfortable and familiar with

the process. Decide if you want to construct a frame to keep the bag away from your face, or if you wish to use a wide-brimmed hat or a spray-painter's mask (available in most hardware stores) for the same reason. Consider whether you want to be lying down or in an armchair. Familiarising yourself with the process as much as possible beforehand reduces anxiety when the time comes.

- iii) Go through the CHECKLIST in this booklet to make sure you have concluded all other necessary practical arrangements.

When the time comes:

- iv) Take a very light meal or snack, together with a couple of travel-sickness pills/anti-emetics (remember these can make you sleepy, so don't wait more than 15-20 minutes before proceeding to the next stage). The room should be comfortably warm.
- v) Allow time for your snack to settle, then take the self deliverance pills quickly to induce sleep, with alcohol if you wish. A *large* amount of alcohol (enough to cause inebriation), will help to ensure the efficacy of most drugs. If you do not normally drink alcohol, however, do not force yourself to do so as it may make you feel nauseated.
- vi) *Before becoming too drowsy* (i.e. within 5 minutes after starting to take the pills) secure the bag loosely. Having two bags, one inside the other, in case one leaks is a safeguard; but even several small pin-sized holes should not cause failure. The elastic does not need to be overly tight. If, before losing consciousness, you feel discomfort owing to lack of air, use a thumb to lift the hem and allow some air in. Once you release the elastic (before you lose consciousness) at least 10 to 20 minutes will elapse before lack of oxygen causes death.



METHOD 2: Drug Overdose: Barbiturate Sleeping Pills (*see Table 2*) With Anti-Sickness Pills.

Check that you have the required number of pills, then proceed as for (iii), (iv) and (v) in METHOD 1, above. Combination with alcohol and/or other drugs is strongly recommended.

METHOD 3: Drug Overdose: Anti-malarial Pills (*Chloroquine - See Table 3*) With Sedatives/ Anti-Sickness Pills

We are not advocating chloroquine as the *best* method of self deliverance, but we realize a number of people will opt to use it. We are therefore offering members the best information available. Chloroquine acts by stopping the heart. It may, of itself, produce coma. Taking a sedative will help to overcome any possible unpleasant symptoms that could occur before death. Adverse symptoms occur in a small percentage of unsedated patients and include hyperactivity. Speed of action, as with side effects, is not predictable and varies from individual to individual. Therefore we would recommend a long acting sedative that will induce unconsciousness or profound sleep. The tricyclic antidepressants that have a sedative action are probably the most suitable (eg Amitriptyline). The benzodiazepines (particularly Diazepam) could negate some of the lethal effect of chloroquine and so are less suitable. The dosage is 8000g of base chloroquine, equivalent to 10,000-13,000mg of the compound of which the pills are made. This method needs care: in the event of a failed attempt, certain side effects, including visual disturbances, may persist for a time.

BUYING CHLOROQUINE

You do not, at present, need a prescription to buy chloroquine at least in Britain, Belgium, France, Spain, Portugal, Italy (mostly), Algeria or Tunisia, though

some countries require one. When chloroquine (pronounced "klorokwin") is sold as an anti-malarial, the usual dosage is 2 tablets per week while travelling in malaria infected areas plus four weeks after returning; the same dose is often recommended for the two weeks before travel as well. So to need 52 pills (NIVAQUINE or AVLOCLOR) you would be going for a trip lasting 20 weeks, or *buy up twice for a trip lasting 7 weeks*. (Note: some pills, eg USA Aralen, may be double-dose, ie 500mg, requiring only 1 per week).

The pharmacists may or may not ask you about your trip. Be aware that other drugs are also used for malaria prevention, so if you are offered something else, you might say that you had chloroquine last time and it didn't disagree with you so you would like to stick with it. There may actually be more suitable anti-malarial drugs, especially for Far East travel, but chloroquine is still among the most common anti-malarials sold in the UK for any region, including Thailand, Malaysia and India. The areas that it is more strictly appropriate for are Egypt, the Middle East, the Dominican Republic, Haiti, and Central America west of the Panama Canal (in some countries it may be prescribed for these areas only). A doctor is not likely to write a prescription in the UK as the drug is cheaper than a prescription charge. With the pills available in Britain, you need about 50-55 pills (NIVAQUINE 200mg or AVLOCLOR 250mg). Obtained in France, Nivaquine contain either 100mg or 300mg, or Aralen bought in the USA may contain 500mg, so adjust the dose accordingly. Follow the same procedure as in (iii), (iv) and (v) of METHOD 1, above.

METHOD 4: Drug Overdose: Orphenadrine Pills (*see Table 4*) With Sedatives/Anti-Sickness Pills

If suitable orphenadrine pills, together with a strong sedative are available, this is a further method. Orphenadrine is prescribed for a variety of conditions including Parkinsonism and as a muscular relaxant. You could also use it with sedatives in conjunction with the plastic bag. Some orphenadrine pills also contain other drugs, such as aspirin, which increases stomach irritation. If you have an orphenadrine compound, check in the *Glossary* to see if it is suitable for self deliverance. Grinding it up with a sedative and making it into a sweet syrup makes it easier to swallow (Don't allow the liquid to stand for more than a day as there will be chemical interactions). Some orphenadrine products are

DRUG OVERDOSE: PROPOXYPHENE

combination drugs also containing other ingredients, or else are sustained release; it is better to avoid such compounds if possible.

METHOD 5: Drug Overdose: Pain-killers (*Propoxyphene* - see Table 5) With Sedatives/ Anti-Sickness Pills

The pain-killer propoxyphene (or dextropropoxyphene) can be used as long as care is taken. As with methods three and four, one of its main advantages is that the drug is frequently prescribed - in this case for moderate to severe pain. It is best to use not only other sedative drugs but also the plastic bag *in addition to* propoxyphene.

Study the *Glossary* notes carefully on the particular compound available - not all propoxyphene preparations are suitable. Beware of combination propoxyphene drugs that may contain a large proportion of other drugs such as aspirin, paracetamol/tylenol, which may irritate the stomach and add an increased risk of vomiting, plus serious side effects in the event of a failed attempt. If the preparations are "sustained release" they must be ground up, though it is better to avoid these altogether if possible. *Note: "Sustained release" pills are also known as "delayed release", "time release" or "retarded action".*

Propoxyphene is an opioid (see *Glossary*) and is likely to be ineffective in those that regularly take and tolerate large doses of this type of drug.

Other opioid drugs may be useful in combination but should not be considered completely reliable by themselves. These include morphine, hydrocodone and hydromorphone. Other pain killers, especially morphine and codeine based ones, may be helpful if added to other, swifter drugs.

(Dextro)propoxyphene products which are combination drugs and also contain other ingredients, or else are sustained release, are best avoided if possible at all possible.

OTHER POSSIBLE METHODS

Hypothermia (Loss of body heat).

Only attempt this method in extremely cold weather and in a spot where you will be free from possible interruptions. You may wish to combine the method

with a sedative. Auto-euthanasia is possible if you are undressed and in the snow for long enough, especially if you take plenty of alcohol (which will mean you lose heat faster). You are unlikely to die of hypothermia indoors, however cold your house is. One of the main difficulties of this method is that sufficient physical agility is needed to climb to a suitably isolated spot and then swiftly remove all outer clothing. You could then use a sedative, if you wished, to speed unconsciousness. Beware of possible changes in the weather and don't attempt this method except in a period of prolonged cold.

Car exhaust/Carbon monoxide poisoning.

You might be tempted to believe that this method is easier or more reliable than is actually the case. It is difficult if your car has a properly functioning catalytic converter (see *Glossary* notes on *Car Exhausts*). If properly arranged, however carbon monoxide gives a peaceful and pleasant death. To use the method, attach a hose to the exhaust pipe and lead it through the car window. Alternatively (or additionally) run the car in a garage, which is then sealed on the inside against fresh air. Brown adhesive parcel-tape is suitable for sealing most gaps. A hose may be a vacuum cleaner hose or similar. The end fitted over the exhaust should be attached firmly, with metallic adhesive tape or by tying it tightly - for instance with garden twine (bear in mind the exhaust will get quite hot, so some adhesive tapes will not be suitable). A test run is a way of checking that the hose will not melt from the heat of the exhaust pipe. Make sure you have a plenty of fuel in the tank and the car has been overhauled to minimize the possibility of any mechanical hitch. The accelerator must be adjusted to do slightly more than just turn over, yet not sufficiently powered to attract attention. Avoid the risk of stalling due to poor adjustment of the choke. Experiment first in an open space.

An interrupted attempt (ie partial but not fatal poisoning from carbon monoxide) could result in brain damage.

Fasting

This method is extremely slow, taking two weeks or more. A peaceful death from fasting is described in *The Natural Death Handbook* (see *Bibliography*) As a traditional method, it was practised by the American Indians. Unpleasant medical complications may set in before death occurs. A little liquid should be taken to moisten the mouth and prevent painful dehydration. Pain after a few days is minimized if *no* food is taken (rather than just a little or an intravenous drip containing calories).

METHODS NOT RECOMMENDED

Aspirin or paracetamol - This method is painful and unreliable and damaging in the event of failure.

Drowning - This method is unreliable and uncomfortable and another life might be lost in a misguided attempt to save you. Currents and eddies mean that many people throwing themselves into rivers are washed up and survive.

Electrocution - This is unreliable unless you have expert knowledge, and you could be permanently damaged by a failed attempt; if you are successful, someone else may be hurt or killed trying to move your body afterwards.

Guns - Use of firearms is disturbing for those that discover your body, besides being messy, violent and not always effective.

Hanging - Effective, though at least briefly very uncomfortable. It is likely to distress family and friends.

Household poisons - Most, if not all household poisons are painful, slow and unreliable.

Jumping from bridges and buildings, in front of a train, crashing a car - Survival is possible with terrible injuries and this method is highly distressing to others, particularly drivers (drivers may experience psychological trauma for a prolonged period afterwards). A large proportion of people who throw themselves under trains survive, yet terribly mutilated. A large number of people that throw themselves from buildings survive but with spinal cord injury and resulting paraplegia.

Knives or razor blades - These are likely to be painful and unreliable. Cutting the wrists is frequently ineffective and also rather messy. Finding a suitable artery requires a greater knowledge of anatomy than most people possess. Skin is much thicker and tougher than most people imagine and damage to important nerves, with resultant paralysis or disability, is a more likely outcome than death. Bleeding, in any case, is a relatively slow method of dying.

Poisonous plants - These generally are a painful and unreliable method, and determining the precise dose can be very difficult. (For further information, see the article on poisonous plants in the *VESS Newsletter*, Sept 1993).

OBTAINING PRESCRIPTION DRUGS

Sleeping Drugs and Tricyclic Antidepressants

Knowing exactly what a particular drug is normally prescribed or bought for is important. However, doctors may be wary of patients who are "doctor shopping" - going from one doctor to another trying to get prescriptions. They may be put on guard by addictive behaviour or complaints of chronic pain or depression. Establish a close relationship with your doctor if possible. Asking a doctor outright for a strong sleeping pill by name for instance is likely to be met with outright refusal. Tell your doctor you have tried all the simple common remedies - a warm bath or hot milk drink before bedtime. Try the one offered, then go back a few weeks later and ask for something stronger. Do this several times. You have no guarantee this tactic will work; it may depend on how convincing you are. Stay calm.

TYPES OF SLEEPING DRUGS

Benzodiazepines

These are fairly commonly prescribed for short-term relief (2-4 weeks) of anxiety that is severe, disabling, or subjecting the individual to unacceptable distress, or for insomnia that is similarly disabling. They are not lethal in themselves but excellent in combination with the plastic bag. Temazepam, flurazepam and triazolam have an excellent sedative effect.

Barbiturates

Barbiturates are lethal in sufficient quantities but rarely prescribed. A smaller quantity could also be used with a plastic bag and/or with alcohol (which greatly increases their effect).

DRUGS NOT LISTED IN THIS VOLUME

Non-benzodiazepine/non-barbiturate

These have been developed as "better", less lethal, or less addictive alternatives to the first two categories. They include drugs such as trazodone and zopiclone, and anti-histamines such as promethazine and diphenhydramine.

Tricyclic antidepressants

Because of the sedative properties of some tricyclics, they are prescribed for sleeplessness. Amitriptyline, dothiepin, doxepin and trimipramine have good sedative properties. Butriptyline, clomipramine, desipramine, imipramine, iprindole, lofepramine, nortriptyline, protriptyline have stimulating properties or else a weaker sedative effect. Desipramine and imipramine however are nevertheless associated with a large number of fatalities.

DRUGS NOT LISTED IN THIS VOLUME

Of drugs currently available

If not listed, they are, to the best of our knowledge, unreliable and/or painful for self deliverance. There are hundreds of drugs that are deadly toxic to humans. Many of these cause death in a short time, but few cause a peaceful death.

Old supplies of drugs no longer available, or brands only available in other countries.

We cannot here list all the old brand names of various drugs which have since been withdrawn, or the brands available in every country. To ascertain the *generic* (chemical) name you may consult "Martindale's" (available in large reference libraries). In continental Europe, you could also use "EDIMS - Dictionaire Européen des Médicaments". When you know the generic name, check in the *Glossary* and *Tables*.

FOR MEMBERS LIVING ABROAD:

Only a few societies produce self deliverance information; however, if you live in any of the countries below, you should consider writing to the

appropriate address. The small cost of membership of the societies will be amply repaid.

CANADA:

The Right to Die Society of Canada
P.O. Box 39018
Victoria B.C. V8V 4X8 CANADA

GERMANY:

Deutsche Gesellschaft für Humanes Sterben e.V. (DGHS)
Lange Gasse 2-4
Postfach 11 05 29
86030 Augsburg GERMANY

SWITZERLAND:

EXIT Deutsche Schweiz
Vereinigung für humanes Sterben
CH-2540, Grenchen SWITZERLAND

UK:

The Voluntary Euthanasia Society of Scotland (VESS)
17 Hart Street

Edinburgh EH1 3RN UK

USA:

Euthanasia Research & Guidance Organisation (ERGO!)
P.O. BOX 2422
Eugene
Oregon 97402 USA

To discover the local brand names of drugs in countries not listed it may be necessary to refer to medical (pharmacopoeia) manuals. These can be found in medical libraries such as exist at most universities. We have limited resource and information on drugs in some countries. Ask for the drug by its local brand name if you know it, rather than the generic name, and specify the usual reason for which it is prescribed (eg sleeplessness). If at first offered something else a chemist may be more likely to comply if you say that the drug you asked for is what you usually have but that your supply has run out. An empty, labelled container (if you have one) may help to prove the point.

TRAVELLING ABROAD TO OBTAIN MEDICAMENTS

We do not, generally speaking, presently recommend you to travel abroad to obtain drugs. There are one or two exceptions, but since availability in such countries varies, we do not recommend you make an expensive journey.

Cyprus, at the time of writing, has many unregulated pharmacies that will sell many drugs over the counter and without a prescription (especially in the Turkish Quarter). However some people have reported difficulty. If you are in Cyprus, try the pharmacists away from the main town, or try several until you succeed.

Certain towns in Mexico have a broad availability of drugs, with willing doctors on hand to write a prescription for drugs not available without one. This does not apply uniformly to all of Mexico, nor to all drugs: Algodones, just across from the California-Arizona border, specialises in cut-price pharmaceuticals of all descriptions.

In Third-World countries, like Mexico and India, the drugs may be available but local knowledge and contacts may be necessary to obtain them (We are not able to provide these). Ecuador is reputed to have most drugs available without prescription. If you buy drugs in other countries, retain prescriptions, if issued, and do not buy vastly more than you need (see section entitled *Legal Warnings*).

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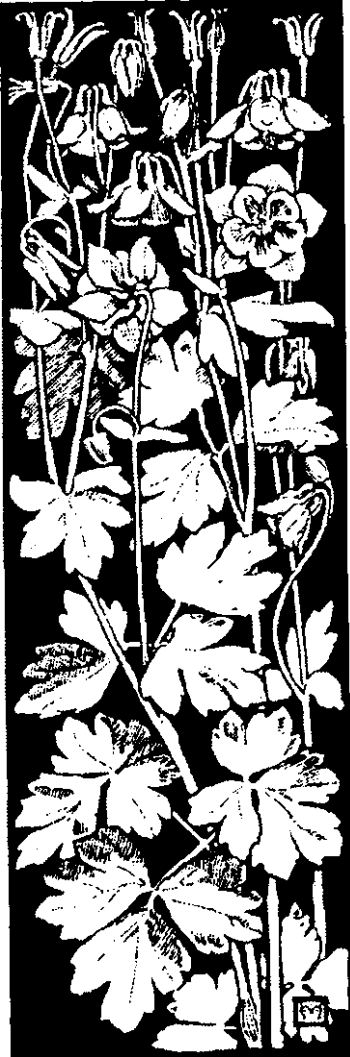
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In preparing this publication, we have consulted several hundred specialist reference works. A full reference list is available on request. We have included here some works of a general nature that were consulted, many of which provide useful further references.



Pullout Section

Sample Document

Your
**"DO NOT
RESUSCITATE"**
Note

DO NOT RESUSCITATE

- DO NOT DIAL 911* -

IN THE EVENT THAT I AM DISCOVERED UNCONSCIOUS BUT STILL ALIVE, WHETHER BY MEDICAL PERSONNEL (INCLUDING EMERGENCY SERVICES) OR ANYONE ELSE, I HEREBY, IN ADVANCE, EXPLICITLY REFUSE CONSENT TO MEDICAL TREATMENT, RESUSCITATION, OR ANY MEASURES THAT MIGHT PROLONG MY LIFE. THESE INSTRUCTIONS ARE MY DECLARED WISHES AS A COMPETENT INDIVIDUAL - PERSONS DISREGARDING THEM MAY BE RENDERED LIABLE TO CRIMINAL PROSECUTION AND I HEREBY AUTHORIZE ANYONE TO SUE, ON MY BEHALF, ANY PERSONS DISREGARDING THEM.

MY DECISION WAS MADE OVER A PERIOD OF TIME AND WAS NOT CARRIED OUT IN ACUTE DESPERATION, NOR IS IT THE EXPRESSION OF A MENTAL ILLNESS. I HAVE CONSCIOUSLY, RATIONALLY, DELIBERATELY AND OF MY OWN FREE WILL TAKEN MEASURES TO END MY LIFE TODAY, TO PUT AN END TO INCURABLE AND UNBEARABLE SUFFERING, AND I OFFER MY THANKS TO ANYONE FINDING ME FOR RESPECTING MY WISHES AS EXPRESSED IN THIS NOTE.

Full Name _____

Signed _____

Date _____

**The above example uses the U.S. & Canadian telephone number for emergency services. For the UK, you would use "999", for Australia 000, for Belgium 100, for Germany 112, for Netherlands 0611, etc.*

EXAMPLE OF A PERSONALIZED "DO NOT RESUSCITATE" NOTE

(Left by Arthur Koestler)

"To Whom It May Concern,

"The purpose of this note is to make it unmistakably clear that I intend to commit suicide by taking an overdose of drugs without the knowledge or aid of any other person.

"...Should this attempt fail and I survive in a physically or mentally impaired state, in which I can no longer control what is done to me, or communicate my wishes, I hereby request that I be allowed to die in my own home and not be resuscitated or kept alive by artificial means.

"...My reasons for deciding to put an end to my life are simple and compelling: Parkinson's Disease and the slow-killing variety of leukemia. I kept the latter a secret even from intimate friends to save them distress. After a more or less steady physical decline over the last years, the process has now reached an acute state with added complications which make it advisable to seek self deliverance now, before I become incapable of making the necessary arrangements.

"I wish my friends to know that I am leaving their company in a peaceful frame of mind..."

DRUG TABLES

WARNING: Do NOT use these tables without reading the rest of this publication! Read any *Glossary* notes on drugs you can obtain and are considering using.

TABLE 1: Fairly strong sedatives, including sedative antidepressants.

TABLE 2: Very strong sleeping pills (barbiturates).

TABLE 3: Anti-malarial pills (chloroquine).

TABLE 4: Orphenadrine.

TABLE 5: Painkillers (Propoxyphene).

TABLE 6: Anti-nausea and mild sleeping pills.

These following tables contain the best examples of suitable drugs that we know of, usually in combination, as indicated.

Amounts in the Tables are given as a guide to dosages. Individual reactions vary so greatly, especially with drugs in Tables One and Two, that you may see slight variations in other manuals. Read the whole of this book thoroughly so that you understand the principles of combining drugs and methods.

It is far more important to understand something about the drugs you plan to use than to be overly concerned with whether you should take, say, 50 or 60 of a particular pill. Similarly with the plastic bag, it is more important to go through your dress rehearsal thoroughly and understand what you will do and in what order, than it is to worry about the exact size of the bag.

Use any drugs in Table One with the plastic bag.

Alternatively, choose one of the drugs from Table Two, Three, Four or Five.

For a drug from Table Two, the addition of a drug from Table Three, Four or Five is preferable, or the addition of the plastic bag, to ensure a *swift* death.

For drugs from Table Three, Four or Five add 20 pills from Table One or Two, to ensure a restful sleep.

Drugs from Tables One and Two may be combined with excellent results (eg, if you have 70% of the dosage recommended of a drug in Table One, but can supplement it with 30% of the dosage indicated for a drug in Table Two, you have an excellent combination for use with the plastic bag.

Whatever drugs you use, an hour before the time set, take some anti-nausea pills from Table Six. Use the manufacturers recommendations - 2 or 3 are usually sufficient.

Brand names given are ones common to many countries. For a further indication of regional variations, see the Country-by-Country appendix that follows. Drugs not mentioned: see *Glossary*.

Mg = milligram, the unit of measure for pills, tablets and capsules.

1000mg = 1 Gram.

Some old drugs may be measured in grains. One grain = 65mg.

TABLE ONE Sedatives (including sedative antidepressants) Prescription drugs largely unsuitable by themselves but effective in combination with the plastic bag. Antidepressant doses quoted are those that are commonly lethal, but less will likely be sufficient if used with the plastic bag (See note in the *Glossary* that follows under *Estimating Dosages*). Alcohol increases their effect. If medications in this category cannot be obtained, use 40 pills marked (D) from Group 6 with the plastic bag method. If taken without a large amount of alcohol it may be advisable to increase the dose by up to 30%. Benzodiazepines (B) are far less toxic than the other drugs; they may also lessen the effect of drugs from Table Three (chloroquine). Dosage may be less for a frail person in poor health, or more if a tolerance to the drug has been developed. Slow release tablets ** should be ground up.

Chemical Name	Brand Names	Quantity	Total
Amitriptyline	Lentizol** Tryptizol Elavil	60x50mg 120x25mg 120x25mg	3000mg 3000mg 3000mg
Dothiepin	Prothiaden	40x75mg	3000mg
Doxepin	Sinequan Aponal	40x75mg 120x25mg	3000mg 3000mg
Chloral betaine	Welldorm	25x707mg	17675mg
Chloral hydrate	Noctec.	30x500mg	15000mg
Chlordiazepoxide(B)	Librium	80x25mg	2000mg
Chlormethiazole	Heminevrin	30x250mg	7500mg
Diazepam (B)	Valium	100x5mg	500mg
Meprobamate	Equanil Miltown	100x400mg 100x400mg	40000mg 40000mg
Nitrazepam (B)	Mogadon	100x5mg	500mg
Temazepam (B)	Euhypnos Restoril	50x20mg 35x30mg	1000mg 1050mg
Trimipramine	Surmontil	60x50mg	3000mg

TABLE TWO Barbiturates (Strong Sleeping Pills). Barbiturates, in sufficient doses, are lethal. However, in about 20% of cases death will take up to four days to occur. The addition of the plastic bag or other lethal drugs avoids this long drawn-out possibility. The most suitable drugs for combining with barbiturates to ensure rapid death can be found in Tables 3, 4 or 5. Alcohol greatly increases the effect of barbiturates. The official oral dosage of barbiturates in the Netherlands for euthanasia at present is 10000mg pentobarbitone, but even with this dosage a lethal injection is necessary after several hours if the patient is in coma yet still alive; the dosage is currently under review as many doctors believe it is unnecessarily high. A higher dosage makes it especially important to add good anti-emetics (Table 6). Barbiturates are difficult to obtain, even on prescription.

Chemical Name	Brand Names	Notes
Amylobarbitone	Amytal	
Amylobarbitone + secobarbitone	Tuinal	
Brallobarbitone + secobarbitone (+ hydroxyzine)	Vesperax Somatarax	* *
Butobarbitone	Soneryl	
Mephobarbitone	Mebaral	#
Pentobarbitone	Nembutal	*
Phenobarbitone	Gardenal Luminal	# #
Secbutobarbitone (=Butabarbitone)	Butisol	
Secobarbitone (=Quinalbarbitone)	Seconal	*

DOSAGE FOR ANY OF THESE WHEN USED IN CONJUNCTION WITH THE PLASTIC BAG OR DRUGS FROM TABLES 3, 4 or 5 IS AROUND 3000 to 6000 mg. (See also *Estimating Dosages in the Glossary*)

*** These may be more potent. # These may be less potent.**

Note: The endings of the generic (chemical) names may differ slightly depending on the country: "-tone" is equivalent to "-tal", so "amylobarbitone" is exactly the same drug as "amylobarbital".

DRUG TABLES

TABLE THREE Chloroquine (Anti-Malaria Pills). While these drugs are lethal, a supply of sedatives is advisable to ensure a sound sleep before death occurs. Available without a prescription in some countries, including the UK, when bought as an anti-malarial.

Chemical Name	Brand Names	Quantity	Total
Chloroquine-diphosphate	Resochin (Germ/Neth)	50x250mg	12500mg
Chloroquine-phosphate	Avloclor (UK)	50x250mg	12500mg
	Aralen (USA)	25x500mg	12500mg
Chloroquine-sulphate	Nivaquine(UK)	50x200mg	10000mg
	Nivaquine (France)	100x100mg	10000mg

TABLE FOUR Orphenadrine. While this drug can be lethal, a supply of sedatives is recommended to ensure a sound sleep before death occurs. Prescription only.

Chemical Name	Brand Names	Quantity	Total
Orphenadrine	Norflex	35x100mg	3500mg
	Disipal	70x50mg	3500mg

TABLE FIVE Propoxyphene (Pain-Killer). While these drugs are usually lethal, a supply of sedatives is recommended to ensure a sound sleep before death occurs. Additional use of the plastic bag is a further safeguard. Quantities given below are for the amount of propoxyphene/dextropropoxyphene hydrochloride or equivalent in the pills, and the total commonly needed for a lethal effect Alcohol reinforces toxicity. Do not grind up pills in this table with barbiturates (they may react chemically). Prescription only.

Chemical Name	Brand Names	Quantity	Total
Dextropropoxyphene	Doloxene	34x60mg	2040mg
Propoxyphene	Darvon	30x65mg	1950mg

TABLE SIX Anti-Nausea and Mild Sleeping Pills. Use as prescribed against nausea. Many also cause drowsiness (D), though not always for a prolonged period. They are usually available without prescription, except for metoclopramide (In the US, a prescription is needed for Phenergan). **USE A SMALL NUMBER OF THESE TO PREVENT NAUSEA, IN ADDITION TO ANY OTHER PILLS TAKEN.** If taken *only* to prevent nausea, remember you will need to take your other pills before the ones in this Table make you too drowsy to do so. The preferred anti-nausea drug for use with lethal doses of barbiturates in the Netherlands is Metoclopramide.

Chemical Name	Note	Brand Names
Dimenhydrinate	(D) (D)	Dramamine Marzine
Diphenhydramine	(D) (D)	Valeriana-comp. Benadryl
Metoclopramide		Primperan Reglan Maxolon
Prochlorperazine		Compazine
Promethazine	(D) (D)	Avomine Sominex

COUNTRY BY COUNTRY - Brand Names Of Some Principal Drugs

Below are some additional brand names to help you identify useful drugs obtained in particular countries, including drugs obtained some time ago. Having found the generic name (boldface), check to see how much is in each of the pills and then calculate the amount needed using the Tables. Check in case the tablets/capsules are sustained or retarded action - in which case they must be ground up to be effective.

AUSTRALIA

Amitriptyline (Endep, Mutabon D, Tryptanol), Barbiturate (Amytal, Neur-Amyl, Carbrital, Soneryl), Chlordiazepoxide (Librium), Chlormethiazole (Hemineurin-M), Chloroquine (Chlorquin, Nivaquine), Dextropropoxyphene (Doloxene), Diazepam (Antenex, Ducene, Valium), Dimenhydrinate (Andrumin, Dramamine), Diphenhydramine (Benadryl), Dothiepin (Dothep, Prothiaden), Doxepin (Depran, Sinequan), Metoclopramide (Maxalon, Pramin), Meprobamate (Equanil), Nitrazepam (Alodorm, Mogadon), Orphenadrine (Disipal, Norflex), Promethazine (Phenergan), Temazepam (Euhypnos, Normison, Temaze).

BELGIUM

Amitriptyline (Redomex, Tryptizol), Barbiturate (Bellanox, Gardenal, Luminol, Octonox), Chloral Hydrate (Somnox), Chloroquine (Nivaquine, Resochine), Dextropropoxyphene (Depronal) Diazepam (Valium), Doxepin (Quitaxon, Sinequan), Metoclopramide (Primperan), Nitrazepam (Mogadon), Orphenadrine (Disipal, Norflex), Promethazine (Phenergan), Temazepam (Euhypnos, Levaxol).

CANADA

Amitriptyline (Apo-Amitriptyline, Elavil, Levate), Barbiturate (Butisol Sodium, Nembutal, Seconal Sodium, Soneryl, Tuinal), Chloroquine (Aralen), Diazepam (Apo-Diazepam, Valium, Vivol), Dextropropoxyphene (Darvon-N), Dimenhydrinate (Apo-Dimenhydrinate, Gravol, Nauseatol, Travel Aid, Travel Eze, Travel Tabs), Diphenhydramine (Allerdryl, Benadryl, Sleep-Eze), Doxepin (Sinequan, Triadapin), Meprobamate (Equanil), Metoclopramide (Apo-Metoclop, Maxeran, Reglan), Nitrazepam (Mogadon), Orphenadrine (Disipal, Norflex), Promethazine (Histanyl, Phenergan), Propoxyphene (Darvon-N), Temazepam (Restoril).

DENMARK

Barbiturate (Nembutal, Phanadorm, Sedonal Natrium, Soneryl), Chloroquine (Resochin), Dextropropoxyphene (Abalgin), Diazepam (Apozepam, Stesolid), Doxepin (Quitaxon, Sinquan), Metoclopramide (Emperal, Primperan), Nitrazepam (Apodorm, Dumolid, Mogadon, Pacisyn).

FRANCE

Amitriptyline (Elavil, Laroxy), Barbiturate (Eunoctal, Gardenal, Immenoc-tal, Medomine, Nembutal, Noctivane, Soneryl), Chloroquine (Nivaquine), Dextropropoxyphene (Antalvic), Diazepam (Novazam), Dothiepin (Prothiaden), Doxepin (Quitaxon, Sinequan), Metoclopramide (Primperan), Nitrazepam (Mogadon).

GERMANY

Amitriptyline (Amineurin, Laroxy, Saroten), Barbiturate (Luminal, Medi-nox Mono), Chloral Hydrate (Chloraldurat), Chloroquine (Resochin, Weimerquin), Dextropropoxyphene (Develin), Dimenhydrinate (Vomex-A), Diazepam (Valium), Doxepin (Aponal, Sinquan), Metoclopramide (Pas-pertin), Nitrazepam (Mogadan), Promethazine (Atosil).

HONG KONG

Amitriptyline (Domical, Saroten), Barbiturate (Gardenal), Chlormethiazole (Heminevrin), Diazepam (Valium), Dimenhydrinate (Dimenate, Dramamine, Gravol), Dothiepin (Prothiaden), Doxepin (Sinequan), Metoclopramide (Maxolan, Primperan), Orphenadrine (Norflex), Temazepam (Euhypnos, Normison), Trimipramine (Surmontil).

INDIA

Amitriptyline (Amiline, Eliwel, Quietal, Sarotena, Tryptomer), Barbiturate (Gardenal, Luminal, Vesperax), Chlordiazepoxide (Equilibrium, Librium), Chloroquine (Emquin, Lariago, Nivaquine, Resochin, Stadmed), Diazepam (Calmod, Calmpose, Paci-Quil, Paxum, Sedyne), Dimenhydrinate (Drama-mine, Gravol), Dothiepin (Prothiaden), Doxepin (Doxetar, Spectra), Metoclo-pramide (Emenil, Maxeran, Perinorm, Reglan), Nitrazepam (Hypnotex, Nitravet, Nitrosun), Prochlorperazine (Stemetil), Promethazine (Avomine), Trimepramine (Surmontil).

COUNTRY BY COUNTRY

IRELAND

Amitriptyline (Amyline, Domical, Laroxy, Lentizol, Tryptizol), Barbiturate (Seconal, Sodium Amytal, Tuinal), Chloroquine (Avloclor, Nivaquine), Dextropropoxyphene (Doloxene), Diazepam (Anxicalm, Atensine, Stesolid Valium), Dimenhydrinate (Dramamine), Dothiepin (Prothiaden), Doxepin (Sinequan), Metoclopramide (Antimet, Maxolon, Metocyl, Primperan), Nitrazepam (Mogadon, Nitrados, Somnite), Promethazine (Avomine, Phenergan), Temazepam (Euhypnos, Normison, Tenox).

ISRAEL

Amitriptyline (Elatrol, Tryptal), Barbiturate (Prodormel), Chlordiazepoxide (Servium), Diazepam (Assival, Diaz), Dimenhydrinate (Travamin), Doxepin (Gilex), Meprobamate (Mepro), Metoclopramide (Pramin), Nitrazepam (Numbon), Orphenadrine (Disipal).

ITALY

Amitriptyline (Laroxy), Barbiturate (Comizial, Gardenale, Luminale), Chloroquine (Chlorochina, Dichinalex), Dextropropoxyphene (Liberen), Diazepam (Noan, Valium), Doxepin (Sinequan), Metoclopramide (Ananda, Clodil-ion, Clopan, Digetres, Metocobil, Placitril, Plasil, Regastrol), Nitrazepam (Mitidin, Mogadon, Persopir, Prosonno, Quill, Sonnolin), Orphenadrine (Disipal), Promethazine (Fargan, Fenazil), Temazepam (Levanxol, Maeva).

MEXICO

Amitriptyline (Mutabon, Tryptanol), Amitriptyline with diazepam (Adepsique), Barbiturate (Alepsal, Génévrier, Gamibetal, Mysoline, Sevenaleta), Chloroquine (Aralen), Diazepam (Alboral, Ortopsique, Valium), Metoclopramide (Digenor, Meclomid, Plasil, Primperan Retard).

NETHERLANDS

Amitriptyline (Sarotex, Tryptizol), Barbiturates (Vesperax), Chloral Hydrate (Chloraldurat), Chloroquine (Nivaquine, Resochin), Dextropropoxyphene (Depronal), Diazepam (Stesolid, Valium), Dothiepin (Prothiaden), Doxepin (Sinequan), Metoclopramide (Primperan), Nitrazepam (Mogadon), Promethazine (Phenergan), Temazepam (Normison).

NEW ZEALAND

Amitriptyline (Amitrip, Tryptanol), Barbiturate (Amytal, Gardenal, Tuinal), Chlordiazepoxide (Nova-Pam), Chlormethiazole (Hemineurin), Chloroquine (Avloclor, Nivaquine), Dextropropoxyphene (Doloxene), Diazepam (D-Pam, Pro-Pam, Valium), Dothiepin (Dopress, Prothiaden), Doxepin (Anten, Sinequan), Meprobamate (Equanil), Metoclopramide (Metamide), Nitrazepam (Insoma, Mogadon, Nitrados), Orphenadrine (Disipal, Norflex), Prochlorperazine (Antinaus, Buccastem), Promethazine (Avomine, Phenergan), Temazepam (Euhypnos, Normison, Somapam), Trimipramine (Surmontil, Tripress).

NIGERIA

Barbiturate (Butosed, Gardenale, Sevental, Soneryl), Chlordiazepoxide (Elenium, Imanoctin, Librium, Tensium), Chlormethiazole (Heminevrin), Chloroquine (Aralen, Arechin, Avloclor, Delagil, Malarex, Malatac, Melubrin, Naraquin, Norolan, Q-Marex, Resochin, Ronaquin, Scaniquine, Serviquine, Siragan), Diazepam (Assival, Calmpose, Dialag, Nivalen, Relanium, Seduxen, Stesolid, Tropium, Valinex, Valium), Dimenhydrinate (Dramamine), Meprobamate (Equanil), Metoclopramide (Primperan), Nitrazepam (Biodon, Mogadon, Somnapam), Orphenadrine (Norflex), Temazepam (Normison).

NORWAY

Amitriptyline (Sarotex), Barbiturate (Amycal, Citopan, Fenemal), Chloroquine (Resochin), Diazepam (Stesolid, Valium, Vival), Doxepin (Sinequan), Metoclopramide (Primperan), Nitrazepam (Apodorm, Mogadon, Paxisyn).

SOUTH AFRICA

Amitriptyline (Trepiline, Tryptanol), Barbiturate (Gardenal, Lethyl), Chlordiazepoxide (Karmoplex, Librium), Chloroquine (Nivaquine), Dextropropoxyphene (Doloxene), Diazepam (Benzopin, Betapam, Diaquel, Diatran, Dizam, Doval, Ethipam, Notense, Pax, Scriptopam, Valrelease, Valium), Dothiepin (Prothiaden), Doxepin (Quitaxon, Sinequan), Meprobamate (Equanil, Meprepose), Metoclopramide (Primperan), Nitrazepam (Arem, Lyladorm, Mogadon, Noctene, Ormodon, Paxadorm, Somnipar), Orphenadrine (Disipal), Promethazine (Lenazine, Prohist), Temazepam (Euhypnos, Levaxol, Normison), Trimipramine (Surmontil, Tydamine).

COUNTRY BY COUNTRY

SPAIN

Amitriptyline (Tryptizol), Barbiturate (Faes, Fanodormo Calcico, Gardenal, Isoamitil Sedante, Luminal, Medomona, Oasil-Relax, Placidel, Somatarax), Chlordiazepoxide (Huberplex, Librium), Chloroquine (Resochin), Diazepam (Sico-Relax, Valium), Dextropropoxyphene (Deprancol), Doxepin (Sinequan), Meprobamate (Ansiowas, Dapaz, Meprospan, Miltown, Oasil-Simes), Metoclopramide (Metagliz), Nitrazepam (Mogadon, Pelson), Promethazine (Fenergan, Sayomol), Temazepam (Levanxol, Tenso).

SWEDEN

Amitriptyline (Laroxyl), Barbiturate (Fenemal, Medapan, Phanadorm), Dextropropoxyphene (Dolotard), Diazepam (Apozepam, Stesolid), Nitrazepam (Apodorm, Dumolid), Promethazine (Lergigan).

SWITZERLAND

Amitriptyline (Laroxyl, Tryptizol), Barbiturate (Luminal), Chloral Hydrate (Chloraldurat, Medianox), Chloroquine (Chlorochin, Nivaquine, Resochine), Dimenhydrinate (Dramamine, Trawell), Diphenhydramine (Benocten), Metoclopramide (Primperan), Nitrazepam (Mogadon), Orphenadrine (Disipal, Norflex).

UNITED KINGDOM

Amitriptyline (Lentizol, Tryptizol), Barbiturate (Amytal, Seconal, Sodium Amytal, Soneryl, Tuinal), Chloral Hydrate (Noctec), Chlordiazepoxide (Librium), Chlormethiazole (Heminevrin), Chloroquine (Avloclor, Nivaquine), Diazepam (Stesolid, Valium), Dextropropoxyphene (Doloxene), Dimenhydrinate (Dramamine), Dothiepin (Prothiaden), Doxepin (Sinequan), Metoclopramide (Gastrobid Continus, Gastromax, Maxalon), Meprobamate (Equanil), Nitrazepam (Mogadon), Orphenadrine (Disipal, Norflex), Promethazine (Avomine, Phenergan, Sominex), Temazepam (Normison), Trimipramine (Surmontil).

UNITED STATES OF AMERICA

Amitriptyline (Elavil, Endep), Barbiturate (Butisol, Luminal, Mebaral, Nembutal Sodium, Seconal), Chloroquine (Aralen), Diazepam (Valium), Dimenhydrinate (Dramamine), Diphenhydramine (Benadryl), Doxepin (Sinequan), Meprobamate (Meprospan, Miltown), Metoclopramide (Reglan), Orphenadrine (Norflex), Promethazine (Phenergan), Propoxyphene (Darvon), Temazepam (Restoril), Trimipramine (Surmontil).

GLOSSARY

Note: *this glossary is for general guidance and reference only. Inclusion of a drug in the glossary does not constitute a recommendation in connection with euthanasia. While all attempts to avoid inaccuracies have been made, no responsibility is accepted for error, of any nature. In particular, readers should note that manufacturers sometimes change the strengths of drugs from year to year, and current information may be outdated in a few years' time. As an aid to identifying drugs, a description of appearance is sometimes included. Some drugs that are no longer available are included for members who may have old supplies. We have not been able to include every detail, but have concentrated on information judged likely to be useful. Medical descriptions sometimes have been included both as an aid to understanding and as a basis for ongoing discussion with researchers in other countries. The research team of this volume greatly appreciates and welcomes feedback.*

Many brand names are identified by country as follows:

AU - Australia **IT** = Italy
B = Belgium **M** - Mexico
C = Canada **NG** = Nigeria
DK = Denmark **NL** - Netherlands
F = France **NW** = Norway

G = Germany **NZ** = New Zealand
HK = Hong Kong **SA** = South Africa
IN = India **SP** = Spain
IR = Ireland **SD** = Sweden
IS = Israel **SZ** = Switzerland
UK = United Kingdom **US** = U.S.A.

Read the details on the brand name of the drug and then any information on its generic form.

ABALGIN = DEXTROPROPOXYPHENE (DK)

ACETAMINOPHEN See Paracetamol.

ADEPSIQUE = AMITRIPTYLIN + DIAZEPAM (M).

ALBORAL = DIAZEPAM (M).

ALCOHOL (Ethanol) Alcohol acts as a painkiller and mild sedative. It increases the effect of most euthanatic drugs. Combining alcohol with such drugs is helpful unless you have never used alcohol before. Remember that too much could cause vomiting. The amount of alcohol that will make an appreciable difference in the effect of the drugs is the quantity that would normally make you drunk. Take the alcohol before the drugs make you drowsy (a few minutes after taking the drugs).

ALEPSAL = BARBITURATE (M).

ALODORM = NITRAZEPAM (AU).

AMILINE = AMITRIPTYLIN (N).

GLOSSARY

AMINEURIN - AMITRIPTYLINE (G).

AMITRIP = AMITRIPTYLINE (NZ).

AMITRIPTYLINE The most commonly lethal of the tricyclic antidepressant drugs and with good sedative properties. It has a bitter taste, followed by a sensation of numbness.

AMYCAL = BARBITURATE (NW).

AMYLINE = AMITRIPTYLINE (IR).

AMYLOBARBITONE A potent intermediate-acting barbiturate sleeping drug. Dissolves in alcohol more easily than in water. 5000mgs or more is commonly lethal. Also known as amylobarbitol or amobarbitol.

AMYTAL A brand name sleeping drug containing 50mg amylobarbitone in a white tablet. Amytal is a controlled drug and rarely prescribed (AU, IR, NZ, UK).

ANAFRANIL Brand name for clomipramine, a tricyclic antidepressant of medium toxicity.

ANALGESIC General name for a pain-killing drug. The most useful analgesic for auto-euthanasia is propoxyphene.

ANANDA = METOCLOPRAMIDE (If).

ANSIOWAS = MEPROBAMATE (SP).

ANTACIDS Over-the-counter drugs that neutralize stomach acidity. Avoid taking with chloroquine as they may reduce its effect.

ANTALVIC » DEXTROPROPOXYPHENE (F).

ANTEN = DOXEPIN (NZ).

ANTENEX = DIAZEPAM (AU).

ANTHEMETICS Anti-nausea drugs. See Antihistamines.

ANTIDEPRESSANTS A group of drugs that includes tricyclics, monoamine oxidase inhibitors (MAOIs), and various other newer drugs.

ANTIHISTAMINES Group of drugs used to treat hay fever, travel sickness and a variety of other conditions. Some antihistamines produce drowsiness (note also that some, such as Terfenadine, sold as Triludan, do not cause drowsiness). Diphenhydramine, dimenhydrinate or promethazine can cause sufficient sedation for use with the plastic bag. Many are available without prescription. Avoid brands that contain combinations with caffeine or paracetamol (acetaminophen). See Dimenhydrinate, Diphenhydramine, Meclizine, Promethazine.

ANTIMET - METOCLOPRAMIDE (IR).

ANTINAUS = PROCHLORPERAZINE (NZ).

ANTIVERT U.S. brand anti-histamine containing meclizine - suitable for anti-nausea and as a mild sedative.

ANXICALM = DIAZEPAM (IR).

APO-AMITRIPTYLINE = AMITRIPTYLINE (C).

APO-DIAZEPAM = DIAZEPAM (C).

APO-METOCLOP = METOCLOPRAMIDE (C).

APODORM = NITRAZEPAM (DK, NW, SD).

APONAL = DOXEPIN (G).

APOZEPAM = DIAZEPAM (DK, SD).

APPLE SAUCE May be used to make ground-up tablets more palatable.

ARALEN A brand name for chloroquine. Pills in the USA contain 500mg of chloroquine phosphate; Canadian pills contain 250mg. (C, M, N6, US).

ARECHIN = CHLOROQUINE (NG).

AREM = NITRAZEPAM (SA).

ARSENIC Lethal substance capable of producing a very painful death, typified by severe gastric pain, vomiting, intense thirst and muscular cramps.

ASPIRIN Contrary to popular belief, aspirin is an analgesic and not a sedative. Although sometimes fatal, aspirin overdose causes a generalised disturbance of the body's chemistry which takes several hours to develop. One is usually fully conscious until this stage is reached and generally experiences a number of unpleasant side-effects such as nausea, dizziness, pain and disturbance of hearing. It is, therefore, unsuitable for suicide. Even when mixed with a sedative it may fail due to vomiting. It may also cause heavy bleeding from the stomach; permanent physical damage (in the event of an unsuccessful suicide attempt) is not uncommon.

ASSIVAL = DIAZEPAM (IS, NG).

ATARAX Brand name for hydroxyzine, prescribed for anxiety.

ATENSINE = DIAZEPAM (IR).

ATIVAN Benzodiazepine tranquillizer containing 1 mg lorazepam per blue oblong tablet or 2.5mg per yellow oblong tablet.

ATOSIL = PROMETHAZINE (G).

AVLOCLOR Brand name for chloroquine phosphate, an anti-malarial available in Britain without prescription. Each tablet contains 250mg chloroquine phosphate (equivalent to 155mg of chloroquine base). 50 tablets may be considered lethal. Only to be taken with a suitable sedative. (IR, NG, NZ, UK).

AVOMINE A brand name drug containing 25mg promethazine, sold without prescription as an anti-emetic. Avomine can also be used to induce drowsiness. 2 - 3 pills are sufficient as an anti-emetic; 2500g (100 x 25mg pills) are suggested as a euthanatic dose, but, for safety's sake, combination with the plastic bag and/or other drugs is better, in which case 40 pills should suffice. (IN, IR, NZ, UK).

BARBITURATES Group of strong sedative sleeping drugs. Their effect is greatly increased by alcohol. Due to the dangers of addiction or death through overdose they are only rarely prescribed today. While undoubtedly lethal in overdose, they are nevertheless better used in combination. Most people will die within three hours; but in about 20% of cases, death takes up to four days. Use of the plastic bag or addition of other drugs will avoid such a possibility. Alternatively, combine with a second lethal drug such as chloroquine, dextropropoxyphene, or orphenadrine. Rapid-action barbiturates, such as secobarbital (Seconal) act within 10-15 minutes and their effects last at least 3-4 hours. Intermediate acting ones, such as butobarbital (Soneryl) take up to 30 minutes

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to work, and the effects last some 7 hours. Some barbiturates, such as Vesperax and Tuinal, are in between these first two categories. Finally, prolonged action barbiturates, such as phenobarbital (Luminal), take up to 30 minutes to work and last for 6-10 hours. All are equally suitable. Fast-acting ones might be a first choice for use with the plastic bag perhaps, and the long-acting ones for use with chloroquine. Differences in recommended dosages stem from the fact that short-acting barbiturates are commonly more potent and produce a deeper coma; additionally, phenobarbitone takes longer to be absorbed into the brain than the others. Amylobarbitone and butobarbitone are currently the main UK barbiturates, but the various forms (brand names) are all in the Controlled Drugs category, eg Amytal, Seconal Sodium, Sodium Amytal, Soneryl, Tuinal. Similarly In America, mephobarbitone (Mebaral) and pentobarbitone (Nembutal Sodium) are carefully controlled. Barbiturates are usually too bitter-tasting to eat ground up, but many are in small tablets and easy to take.

BELLANOXA barbiturate sleeping tablet containing 50mg brallobarbitone, 50mg amylobarbitone, and 150mg secobarbitone. (B).

BENADRYL = DIPHENHYDRAMINE (A, C, US).

BENOCTEN = DIPHENHYDRAMINE (SZ).

BENZODIAZEPINES Group of sleeping / anti-anxiety / tranquilizing drugs. They are fairly commonly prescribed and not generally

lethal in themselves, although may be fatal if used in combination with other drugs. They are less toxic than tricyclics such as amitriptyline. Most are suitable for inducing sleep for the plastic bag method. Most of them have little or no taste. Benzodiazepines are classified as short- intermediate- or long-acting, depending on how long their effects normally last Unlike prolonged use of barbiturates, you will not develop a "tolerance" to benzodiazepines if they are used for the 2-3 weeks preceding auto-euthanasia. Longer periods of use may produce tolerance. See Chlordiazepoxide, Diazepam, Nitrazepam, Temazepam.

BENZOPIN = DIAZEPAM (SA).

BETADORM Brand name sedative containing 480mg carbromal (sedative) and 20mg diphenhydramine (sedative & anti-emetic). Useful for euthanasia if taken in combination with other drugs. Not to be confused with Betadorm-A or Betadorm-N (which should not be used). (G).

BETAPAM = DIAZEPAM (SA).

BIODON = NITRAZEPAM (NG).

BLACKLISTED DRUGS In the UK, these are drugs in Schedule 10 (2A in Scotland & N. Ireland) to the National Health Service (General Medical and Pharmaceutical) Regulations and which can be prescribed privately, but not on the National Health Service.

BONINE An over-the-counter anti-emetic containing 25mg medicine in chewable tablets. (US).

BOTANICAL POISONS The amounts of a drug in any particular specimen of a plant cannot easily be known with certainty. Such methods are not generally recommended, especially as they can be unreliable and/or extremely unpleasant. For further information see article on poisonous plants in VESS Newsletter, Sept 1993.

BRALLOBARBITONE Long-acting barbiturate sleeping drug.

BRAND NAMES The name by which a drug company markets a specific drug. There may be many brand names for the same drug. The active ingredient itself has a chemical (or "generic") name which describes the contents.

BUCCASTEM = PROCHLORPERAZINE (NZ).

BUTABARBITONE See Secbutobarbitone.

BUTISOL / BUTISOL SODIUM Brand name for butabarbitone, an intermediate acting barbiturate sleeping drug. (C, US).

BUTOBARBITONE A barbiturate sleeping drug. (Do not confuse with butabarbitone). 5000mg is commonly lethal. See Soneryl.

BUTOSED = BARBITURATE (NG).

CALMOD = DIAZEPAM (IN).

CALMPOSE = DIAZEPAM (IN, NG).

CAR EXHAUSTS Car exhausts (using a sealed garage or putting a hose from the exhaust into the window) are probably not the most reliable method of dying by carbon monoxide poisoning. Although people have

self delivered in this manner, there is the danger of discovery and/or the motor cutting out. Modern cars with catalytic converters filter out much of the carbon monoxide. Likelihood of brain damage following an unsuccessful attempt is high.

CARBON DIOXIDE The gas produced by the lungs. Exhaled carbon dioxide is responsible for displacing the oxygen when used with drugs in the "plastic bag" method. A medium-sized garbage bag may hold 45 litres of air, 20% of which is oxygen. At an average oxygen consumption of 600ml per minute, you would have 15 minutes worth of oxygen. You should, therefore, be well-sedated within 10 minutes of putting the bag on. Carbon dioxide is also poisonous in itself. It stimulates the breathing, and is likely to be uncomfortable used directly on its own. Use of carbon dioxide gas cylinders (such as some fire extinguishers) is not recommended.

CARBON MONOXIDE Odourless and lethal gas produced by automobiles. Carbon monoxide is responsible for car-exhaust deaths, especially in the absence of a catalytic converter. It is the substance recommended by Dr Jack Kevorkian (Michigan USA) who has supplied a canister of carbon monoxide together with a face mask to persons wanting to end their own lives. (A diving mask might be suitable). A canister of carbon monoxide costs around £65, usually sold to physics laboratories in universities etc; chemical supply companies may be unlikely to supply it to

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members of the public. If you can obtain the necessary equipment this is a pleasant and highly recommended method, but bear in mind that the gas is also highly inflammable. One man used a carbon monoxide cylinder with a valve to a tube that passed the gas into a plastic bag placed over his head. He strapped the cylinder carefully to his belt beforehand so as to avoid the danger of it falling from his lap when he started to lose consciousness.

CARBITAL = BARBITURATE (Pentobarbitone). (AU).

CARBROMAL Tasteless and soluble sedative. Its effect in overdose is similar to that of phenobarbitone. Useful in conjunction with the plastic bag and/or other drugs.

CHEMICAL NAME Roughly equivalent to the generic name of a drug.

CHLORAL BETAINE Bitter tasting sleeping drug, similar to chloral hydrate (174mg chloral betaine is equivalent to 100mg chloral hydrate). It possibly causes less stomach irritation than chloral hydrate.

CHLORAL HYDRATE A powerful sleeping drug. It has an unpleasant taste and an irritant effect on the stomach. The lethal dose varies unpredictably between individuals. Chloral hydrate mixed with alcohol is the origin of the well-known "Mickey Finn knock-out drops". See Chloraldurat, Noctec, Well-dorm.

CHLORALDURAT = CHLORAL HYDRATE (G, NL, SZ).

CHLORDIAZEPOXIDE Generic name of a benzodiazepine tranquilizer. More soluble in alcohol than in water. Available 5mg, 10mg and 25mg tablets. See also Librium.

CHLORMETHIAZOLE A sleeping drug particularly for elderly people. It may cause nasal stuffiness. It is intermediate in toxicity between barbiturates and benzodiazepines. Suitable for use with the plastic bag.

CHLOROCHIN = CHLOROQUINE (SZ).

CHLOROCHINA = CHLOROQUINE (IT).

CHLOROQUINE DIPHOSPHATE / CHLOROQUINE PHOSPHATE / CHLOROQUINE SULPHATE

Anti-malarial and antirheumatic drug. No prescription is needed in many countries if bought as an anti-malarial. Little difficulty should be experienced elsewhere in obtaining a prescription for it as an anti-malarial, except perhaps in America where the tendency may be to prescribe more modern and expensive anti-malarials. The number of pills received may be dependent on the length of journey to tropical areas for which they are readily given: normally 2 pills per week, plus about 12 pills; in the USA, double dose (500mg) pills are prescribed, so the number is halved. Chloroquine should be taken with a sedative (other than diazepam). Death usually occurs within two hours, but in a few cases may take up to 24 hours. For further details, see "The Chloroquine Controversy" and also individual brand names.

CHLORPROMAZINE Drug prescribed for a variety of conditions including anti-nausea

in terminal care, severe restlessness and psychotic disorders. Relatively "safe" and unsuitable as a euthanatic, except with other, stronger drugs and the plastic bag. Tablets should not be crushed. See Largactil, Thorazine.

CHLORQUIN = CHLOROQUINE (AU).

CIMETIDINE An anti-ulcer drug that reduces stomach acid (not to be confused with antacids), it may assist the action of chloroquine or diazepam and other drugs.

CITOPAN = BARBITURATE (NW).

CLODIL-ION = METOCLOPRAMIDE (IT).

CLOMIPRAMINE Tricyclic antidepressant drug of medium toxicity.

CLOPAN = METOCLOPRAMIDE (IT).

CODEINE An opioid analgesic, antidiarrhoeal, and cough suppressant. While 2400mg can be lethal, more will be required if the patient has been regularly using it (or other opioids such as morphine, heroin, pethidine) before and developed a tolerance.

COMIZIAL = BARBITURATE (IT).

COMPAZINE = PROCHLORPERAZINE (US).

CONTINUS SeeMST Continus.

CONTROLLED DRUGS Drugs in Schedule 2 and Schedule 3 of the UK Misuse of Drugs Regulations Act (Similar conditions apply in most countries). Strict regulations apply for their prescription, and they are rarely prescribed.

CO-PROXAMOL An opioid analgesic. One tablet contains dextropropoxyphene hydro-

chloride 32.5mg and paracetamol 325mg. Prescription only in the UK. While the dextropropoxyphene content is useful for euthanasia, a failed attempt could result in a painful and delayed death from paracetamol poisoning. See Dextropropoxyphene.

COSALGESIC A brand name for co-proxamol.

CURARE A muscle relaxant. A euthanasic injection of a curare compound is used in the Netherlands to induce death if necessary after a coma has been self-induced using barbiturates.

CYANIDE Cyanide is a chemical used in pest control and certain industrial applications. Lethal substance, but likely to produce a particularly painful death unless taken with most specific precautions. Death is rapid, usually within ten minutes. Survival is unlikely. Patients who have survived lethal doses of cyanide, often as the result of intense medical intervention, may develop serious side-effects including parkinsonian symptoms. The German society, DGHS, concluded that by placing a small gelatin capsule containing about 1 gram of cyanide inside a larger gelatin capsule, the inner capsule would reach the lower gut before being ingested, thereby avoiding the characteristic burning of the stomach and associated pain. DGHS does not however recommend cyanide. See also Potassium Cyanide.

CYCLIZINE Anti-histamine and anti-emetic.

CYCLOBARBITONE A short-acting barbiturate sleeping drug.

DPAM = DIAZEPAM (NZ).

DALMANE A brand name sleeping drug containing 15mg (grey-yellow capsule) or 30mg (black-grey capsule) of flurazepam. The drug is black-listed in the UK and only available on private prescription. It is available in the USA with a prescription. 3000mg (100 x 30mg capsules) may be lethal, but it is best used with the plastic bag and alcohol.

DAPAZ = MEPROBAMATE (SP).

DARVOCET-N U.S. brand name for propoxyphene napsylate in combination with acetaminophen. While the propoxyphene content is useful for euthanasia, a failed attempt could result in a painful and delayed death from acetaminophen poisoning. See Dextropropoxyphene, Paracetamol.

DARVON U.S. brand name analgesic containing 65mg propoxyphene and useful as a euthanatic. "Darvon Compound 65" contains caffeine and aspirin and is not suitable. See Dextropropoxyphene.

DARVON-N = PROPOXYPHENE (C).

DELAGIL = CHLOROQUINE (NG).

DEPRANCOL = DEXTROPROPOXYPHENE (SP).

DEPRONAL Brand name for dextropropoxyphene in a slow-release form available in 150mg tablets in Belgium and Netherlands. Depronal should be ground up.

DEPTRAN = DOXEPIN (AU).

DESIPRAMINE A tricyclic of high toxicity but with only moderate sedative action. It is

suitable for use with the plastic bag in combination with other sedatives.

DEVELIN = DEXTROPROPOXYPHENE (G).

DEXTROPROPOXYPHENE A opioid analgesic. Practically insoluble in water. The average lethal dose varies very considerably from one individual to another. Alcohol increases its effectiveness. Long term use may lead to tolerance, in which case the average lethal dose would not be effective. It is chemically unstable in an alkaline medium and should not be ground up with barbiturates. Many preparations are sustained release, making overdose more difficult. It is possibly available without prescription sometimes in Spain. Although the drug is sometimes used for self-deliverance, care must be taken, especially if the compound pill contains paracetamol - which might cause permanent damage, or aspirin, which might cause excessive stomach irritation and vomiting. The drug is either in the form of dextropropoxyphene hydrochloride or in the form of dextropropoxyphene napsylate (100mg napsylate = 65mg hydrochloride). The napsylate may be less toxic than the hydrochloride. Dextropropoxyphene is also known as propoxyphene.

DF118 A brand name for dihydrocodeine, an opioid analgesic.

DIALAG = DIAZEPAM (NG).

DIAQUEL = DIAZEPAM (SA).

DIATRAN = DIAZEPAM (SA).

DIAZ = DIAZEPAM (IS).

DIAZEPAM A long-acting benzodiazepine anti-anxiety drug, muscle-relaxant, and anti-convulsant. It induces drowsiness and is suitable for use with the plastic bag but only if a sufficiently large amount of alcohol is also used to ensure a swift and sound sleep. It possibly interferes with the lethal action of chloroquine. Diazepam is available on prescription for anxiety, insomnia, or alcohol withdrawal. Available in 2mg, 5mg or 10mg tablets, or as elixir with 2mg/5ml. See Valium.

DICHINALEX = CHLOROQUINE (IT).

DICONAL A brand name for dipipanone, an opioid analgesic, combined with cyclizine, an anti-emetic to help control the stomach upset it might otherwise cause. It is a controlled drug unlikely to be prescribed in Britain, except for terminal cancer. It could be used as a euthanatic in conjunction with other drugs and/or the plastic bag but is not the most favoured of drugs.

DIGENOR = METOCLOPRAMIDE (M).

DIGETRES = METOCLOPRAMIDE (IT).

DIGITALISDIGOXIN A heart drug. Unreliable as a euthanatic.

DIHYDROCODENE A opioid analgesic. Unreliable as an oral euthanatic except in conjunction with other drugs.

DILAUID Brand name for hydromorphone hydrochloride. 200mg is possibly lethal (unless one has been using the drug beforehand).

DIMENATE = DIMEN-HYDRINATE (HK).

DIMEN-HYDRINATE A powerful anti-emetic. See Antihistamines.

DIPHENHYDRAMINE Anti-histamine with a high potential for causing drowsiness. It is commonly available in tablet form without prescription in Australia, Canada, Germany and the USA. It has been used alone for suicide attempts but this is not recommended as it can be unreliable except in combination with other drugs, alcohol, and the plastic bag. Also used against nausea.

DIPPANONE A opioid analgesic with a bitter, burning taste. It could be used as a euthanatic in conjunction with other drugs and/or the plastic bag but is not the most favoured of drugs.

DISPAL Brand name for orphenadrine. Small pinkish-yellow tablets containing 50mg of orphenadrine. Prescription only. (AU, C, IS, IT, NZ, SA, SZ, UK).

DISTALGESIC A brand name for co-proxamol, an opioid analgesic. White oblong tablets contain 32.5mg dextropropoxyphene hydrochloride and 325mg of paracetamol. Blacklisted in the UK but may still be prescribed under its generic name (co-proxamol). While the dextropropoxyphene content is useful for euthanasia, a failed attempt could result in a painful and delayed death from paracetamol poisoning. See Dextropropoxyphene.

DIURETICS Drugs which increase the flow of urine. Many diuretics reduce the body's potassium levels. If you are taking diuretics with potassium supplements, stopping one or

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the other may eventually produce death (over a few days, possibly fairly painlessly) although this method is not especially recommended. Congestive cardiac failure could result, for instance, which would be most unpleasant.

DIZAM = DIAZEPAM (SA).

DOLOTARD = DEXTROPROPOXYPHENE (SD).

DOLOXENE A brand name for dextropropoxyphene napsylate, an opioid analgesic. Blacklisted in the UK though possibly available as a generic. (AU, IR, NZ, SA, UK).

DOLOXENE CO. Brand name for pills containing dextropropoxyphene but also caffeine (a stimulant) and aspirin - to be avoided.

DOMICAL = AMITRIPTYLINE (HK, IR).

DOPRESS = DOTHIEPIN (NZ).

DORMODOR Brand name for flurazepam in Spain.

DOTHEP = DOTHIEPIN (AU).

DOTHIEPIN Strong tricyclic antidepressant with good sedative properties and suitable for use with the plastic bag. See Prothiaden.

DOVAL = DIAZEPAM (SA).

DOXEPIN Strong tricyclic antidepressant with good sedative properties and useful in conjunction with the plastic bag. See also Sinequan.

DOXETAR = DOXEPIN (IN).

DRAMAMINE Anti-nausea antihistamine drug that will also cause some drowsiness. Available without prescription as a white tablet

containing 50mg dimenhydrinate. (A, HK, IN, NG, SZ, UK, US).

DUCENE = DIAZEPAM (AU).

DUMOLID = NITRAZEPAM (DK, SD).

DURAGESIC U.S. Brand name for fentanyl, supplied in patches, that can be useful to increase the effect of other drugs.

ELATROL = AMITRIPTYLINE (IS).

ELAVIL = AMITRIPTYLINE (C, F, US).

ELENUM = CHLORDIAZEPOXIDE (NG).

ELWEL = AMITRIPTYLINE (IN).

EMENIL = METOCLOPRAMIDE (IN).

EMPERAL = METOCLOPRAMIDE (DK).

EMQUIN = CHLOROQUINE (IN).

ENDEP - AMITRIPTYLINE (AU, US).

EQUANIL Tranquillizers containing 200mg or 400mg meprobamate per tablet. Controlled drug, unlikely to be prescribed in the UK, but available in the USA with prescription. (AU, C, NG, NZ, SA, UK).

EQUILIBRIA = CHLORDIAZEPOXIDE (IN).

ESTIMATING DOSAGES To estimate the amount of drug needed in combination with the plastic bag, experiment to see what dose you need to ensure 8 hours of daytime sleep and multiply this amount by 10.

ETHANOL Medical term for alcohol.

ETHCHLORVYNOL Strong sleeping drug, similar in action to barbiturates. Insoluble in water. Darkens on exposure to air and light. Not available in Europe, marketed in the USA as Placidyl.

ETHER Anaesthetic used in the early days of medicine. It has a strong sweet smell. Solvent ether is readily available in the UK without prescription ("for removing chewing gum from the carpet") and has a sedative effect when inhaled. One member has suggested placing an ether-soaked pad inside the plastic bag to cause drowsiness (You would need quite a lot of ether). There is a danger of irritation from the ether or a danger of coughing and it is not a highly recommended method. It is highly flammable - even explosive when mixed with air - and the fumes can make you drowsy while you make your preparations, so it must be handled with great care. Ether might be considered if you have a disease that prevents swallowing of pills (such as cancer of the oesophagus). See also Trichlorethylene (you may find this better, or the smell less objectionable, than ether).

ETHIPAM = DIAZEPAM (SA).

EUHYPNOS = TEMAZEPAM (AU, B, HK, IR, NZ, SA).

EUNOCTAL = BARBITURATE (F).

FAES = BARBITURATE (SP).

FANODORMO CALCICO = BARBITURATE (SP).

FARGAN = PROMETHAZINE (IT).

FENAZIL = PROMETHAZINE (IT).

FENEMAL = BARBITURATE (NW, SD).

FENERGAN = PROMETHAZINE (SP).

FENTANYL An opioid analgesic that can be of some use in assisting the action of other

euthanasic drugs, especially if absorbed from patches through the skin.

FLUNITRAZEPAM Long-acting benzodiazepine sleeping drug, suitable for use with the plastic bag. It is a black-listed drug, but available in Britain on private prescription.

FLURAZEPAM Long-acting benzodiazepine drug, suitable for inducing sleep if used with sufficient alcohol when using the plastic bag method.

GAMIBETAL = BARBITURATE (M).

GARDENAL Brand name of phenobarbitone, a long-acting barbiturate sleeping drug. (B,F, HK, IN, NZ, SA, SP).

GARDENALE - BARBITURATE (IT, NG).

GASTROBIDCONTINUS= METOCLOPRAMIDE (UK).

GASTROMAX = METOCLOPRAMIDE (UK).

GENERIC NAME The chemical name of a drug as opposed to the brand name formulation under which it may be sold (sometimes drugs are also sold and prescribed, however, under their generic name). The generic name tends to be more or less the same worldwide, whereas brand names may vary. The generic name is an official name referring to a single substance, whereas a brand name formulation may contain more than one active ingredient

GENEVRIER = BARBITURATE (M).

GILEX = DOXEPIN (IS).

GRAVOL - DIMENHYDRINATE (C, HK, IN).

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HALCION A brand name for triazolam, a benzodiazepine sleeping drug. No longer available in the UK

HEMINEURIN = CHLORMETHIAZOLE (NZ).

HEMINEURINM - CHLORMETHIAZOLE (AU).

HEMINEVRIN Strong sedative containing 250mg chlormethiazole edisylate in greyish-brown gelatin capsules or 5ml of syrup. Prescribed for sleeplessness & restlessness in the elderly. Suitable for use with the plastic bag.(HK, NG, UK).

HEROIN Diamorphine, a narcotic analgesic, and a street drug.

HISTANIL = PROMETHAZINE (C).

HUBERPLEX = CHLORDIAZEPOXIDE (SP).

HYDROGEN CYANIDE Not useful as a euthanatic.

HYDROXYZINE Anti-histamine with sedative and excellent anti-emetic and properties. Prescribed for anxiety and allergies.

HYPNOTEX = NITRAZEPAM (IN).

HYPOTHERMIA See "Other Possible Methods Section".

MANOCTIN - CHLORDIAZEPOXIDE (NG).

IMPRAMINE Tricyclic antidepressant. Doses of over 2,500mg are commonly lethal, but it does not have such strong sedative properties as many tricyclics and should be considered in conjunction with sedatives and/or the plastic bag.

IMMENOCTAL = BARBITURATE (F).

INJECTION See Syringes.

INSOM RAPIDO Brand name of pentobarbitone in Spain.

INSOMA = NITRAZEPAM (NZ).

INSULIN A drug for diabetics. Insulin is inadvisable as a euthanatic due to the nature of the coma induced.

ISOAMTIL SEDANTE Spanish brand name for white tablets containing 200mg amylobarbitone, a powerful barbiturate.

KARMOPLEX = CHLORDIAZEPOXIDE (SA).

LANOXIN Brand name for digoxin.

LARGACTIL Brand name for chlorpromazine - a relatively "safe" tranquillizer and anti-emetic, not suitable as a euthanatic except with other, stronger drugs and the plastic bag.

LARIAGO = CHLOROQUINE (IN).

LAROXYL = AMITRIPTYLINE (F, G, IR, IT, SD, SZ).

LENAZINE = PROMETHAZINE (SA).

LENTIZOL A brand name for amitriptyline, a tricyclic antidepressant. Red-pink capsules contain 50mg amitriptyline in white pellets, or pink capsules containing 25mg amitriptyline in white pellets. Sustained release, so the pellets should be emptied out and crushed. Prescription only.(IR, UK).

LERGIGAN = PROMETHAZINE (SD).

LETHYL = BARBITURATE (SA).

LEVANXOL =TEMAZEPAM (B, IT, SA, SP).

LEVATE = BARBITURATE (C).

LIBEREN = DEXTROPROPOXYPHENE (IT).

LIBRIUM A brand name for chlordiazepoxide, a long-acting benzodiazepine anti-anxiety drug. It is blacklisted in the UK (though it can be more freely prescribed under its generic name of Chlordiazepoxide) but available with prescription in many countries. Librium is not lethal in itself but could be used with a plastic bag and a large amount of alcohol. (AU, IN, NG, SA, SP, UK).

LIMBITROL Brand name antidepressant containing amitriptyline and chlordiazepoxide.

LOPRAZOLAM Intermediate-acting benzodiazepine sleeping drug, suitable for use with the plastic bag if taken with plenty of alcohol. In 1 mg tablets.

LORAZEPAM Intermediate-acting benzodiazepine anti-anxiety drug. Soluble in alcohol but not in water. Suitable for use with the plastic bag if taken with plenty of alcohol. See Ativan.

LORMETAZEPAM Intermediate-acting benzodiazepine sleeping drug, suitable for use with the plastic bag.

LUMINAL A brand name for phenobarbitone, a slow-acting barbiturate sleeping drug. (B,G, IN, SP,SZ, US).

LUMINALE = BARBITURATE (IT).

LYLADORM = NITRAZEPAM (SA).

MAEVA = TEMAZEPAM(IT).

MALAREX = CHLOROQUINE (NG).

MALATAC = CHLOROQUINE (NG).

MANDRAX Drug no longer available containing methaqualone (quaalude) and

diphenhydramine. Suitable for use with the plastic bag.

MAXALON = METOCLOPRAMIDE (AU, C, IN).

MAXOLAN = METOCLOPRAMIDE (HK).

MAXOLON = METOCLOPRAMIDE (IR, UK).

MEBARAL = BARBITURATE (US).

MECLIZINE Anti-histamine suitable for anti-nausea and as a mild sedative.

MECLOMID = METOCLOPRAMIDE (M).

MEDAPAN = BARBITURATE (SD).

MEDIANOX - CHLORAL HYDRATE (SZ).

MEDINOX MONO = BARBITURATE (G).

MEDOMINE = BARBITURATE (F).

MEDOMONA = BARBITURATE (SP).

MELUBRIN = CHLOROQUINE (NG).

MEPHOBARBITONE / METHYLPHENOBARBITONE See Phenobarbitone (which acts similarly).

MEPREPOSE = MEPROBAMATE (SA).

MEPRO = MEPROBAMATE (IS).

MEPROBAMATE A carbamate tranquilizer. More soluble in water than in alcohol. Sometimes fatal in itself, it is best used in conjunction with other drugs and/or the plastic bag.

MEPROSPAN = MEPROBAMATE (SP, US).

METAGLIZ = METOCLOPRAMIDE (SP).

METAMIDE = METOCLOPRAMIDE (NZ).

METHADONE A narcotic used as an analgesic and to ease heroin withdrawal. See Physeptone.

METOCLOPRAMIDE In the Netherlands, the anti-nausea drug of choice for use with

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lethal doses of barbiturates. Metoclopramide is also sometimes prescribed for stomach troubles. Pain-killing preparations in which it is combined with aspirin or other ingredients are rather less suitable. For brand names, see Country-by-Country appendix.

METOCOBIL = METOCLOPRAMIDE (IT).

METOCYL = METOCLOPRAMIDE (IR).

MIANSERIN A tetracyclic antidepressant possibly suitable for use with the plastic bag.

MILK PRODUCTS Generally to be avoided when taking drugs unless in very small quantities. The milk produces a lining on the stomach which slows absorption.

MILTOWN - MEPROBAMATE (SP, US).

MITIDIN = NITRAZEPAM (IT).

MOGADON A brand name for nitrazepam, a benzodiazepine sleeping drug. Medium-sized white tablets, or purple-black capsules, each containing 5mg nitrazepam. Not likely to be lethal in itself. Suitable for use with the plastic bag if sufficient alcohol is also taken. Blacklisted in the UK (AU, B, C, DK F, G, IR, IT, NG, NL, NW, NZ, SA, SP, SZ, UK).

MORPHINE An opioid analgesic, not always useful because of tolerance, except perhaps in combination with sedative drugs and/or plastic bag. See MST Continus.

MST CONTINUS / MST CONTIN / MS CONTIN Brand name for morphine sulphate. This is a controlled drug and rarely prescribed except for cancer pain. It is sustained release, so needs to be carefully ground up. MST Continus is best used in

combination with other drugs and/or the plastic bag.

MUTABON = AMITRIPTYLINE (M).

MUTABON D = AMITRIPTYLINE (AU).

MYSOLINE - BARBITURATE (M).

NARAQUIN - CHLOROQUINE (NG).

NARCOTIC A drug that induces numbness or stupor. The name used to be applied to drugs derived from the opium poppy such as morphine, but is now used in a general sense to include synthetic drugs that have a morphine-like effect

NAUSEA A sensation of sickness with an inclination to vomit. Some slight vomiting is common (possibly during unconsciousness) with most drug overdoses. Anti-nausea drugs (such as anti-histamines) should be taken to avoid unpleasant feelings of nausea while still conscious, and also to ensure sufficient absorption of the main drug.

NEMBUTAL Brand name of pentobarbitone, a potent fast-acting barbiturate sleeping drug. (C, DK, F, US).

NEUR-AMYL = BARBITURATE (AU).

NITRADOS = NITRAZEPAM (IR, NZ).

NITRAVET = NITRAZEPAM (IN).

NITRAZEPAM A long-acting benzodiazepine sleeping drug (the sleep induced lasts longer than with many benzodiazepines). Soluble in alcohol but not in water. Available in 5mg tablets or 2.5mg/5ml liquid form.

NITROSUN = NITRAZEPAM (IN).

NIVALEN = DIAZEPAM (NG).

NVAQUINE Brand name for chloroquine sulphate, an anti-malarial available in Britain without prescription. In the UK each tablet contains 200mg chloroquine sulphate (equivalent to 150mg chloroquine base) - 50 such tablets may be considered reliably lethal. In France, tablets contain either 100mg or 300mg chloroquine sulphate - 100 of the former or 35 of the latter may be considered lethal. As chloroquine works by stopping the heart, a sedative should be taken to produce unconsciousness. As there may be other unpleasant side-effects, it is not the most favoured of methods, but may be considered if other methods are unsuitable. UK Nivaquine is a small yellowish-white tablet Nivaquine bought in other countries may contain a different amount of chloroquine (tablets are often white). The bitter taste of the drug precludes grinding it up, but the tablets are quite small. (AU, B, F, IN, IR, NL, NZ, SA, SZ, UK).

NOAN = DIAZEPAM (IT).

NOCTEC A UK brand name for chloral hydrate, a sleeping drug. It comes in pinkish-red capsules containing 500mg chloral hydrate. Commonly lethal, but it is best to use a plastic bag as well. Chloral hydrate irritates the stomach, so anti-emetics are particularly important

NOCTENE = NITRAZEPAM (SA).

NOCTVANE = BARBITURATE (F).

NORFLEX A brand name for orphenadrine, a drug used to treat Parkinsonism or as a muscle relaxant. White tablets contain 100mg orphenadrine. To be taken with a sedative.(AU, C, HK, NG, NZ, SZ, UK, US).

NORFLEX-PLUS / NORFLEX-3M

Orphenadrine-type compounds not suitable for self deliverance.

NORGESIC / NORGESIC FORTE

Orphenadrine-type compounds not suitable for self deliverance.

NORMISON A brand name for temazepam, a benzodiazepine sleeping drug. Small, yellow egg-shaped capsules contain 10mg or 20mg temazepam. It is a blacklisted drug in the UK, though prescribable (at the time of going to print) under its generic name, Temazepam. (AU, HK, IR, NG, NL, NZ, SA, UK).

NOROLAN = CHLOROQUINE (NG).

NOTENSE = DIAZEPAM (SA).

NOVA-PAM = CHLORDIAZEPOXIDE (NZ).

NOVAZAM = DIAZEPAM (F).

NOVOXAPIN = DOXEPIN (SP).

NUMBON = NITRAZEPAM (IS).

OASIL-RELAX = BARBITURATE (SP).

OASIL-RELAX Spanish brand name barbiturate drug containing 50mg phenobarbitone and 300mg meprobamate.

OASIL-SIMES = MEPROBAMATE (SP).

OCTONOX= Barbiturate sleeping drug containing 67mg phenobarbitone, 67mg secobarbitone and 67mg amylobarbitone. (B).

OPIOID Description of drugs with opium-like action such as morphine or codeine.

ORMODON = NITRAZEPAM (SA).

ORPHENADRINE A drug used as a muscle relaxant and to treat Parkinson's disease. Death from overdose is commonly caused by

GLOSSARY

respiratory arrest. Side effects may include euphoria. Only certain orphenadrine compounds are useful as euthanatics. It is only recommended in conjunction with a sedative. See Disipal, Norflex.

ORTOPSIQUE « DIAZEPAM (M).

OXYCODONE Opioid analgesic, chemically related to codeine.

PACEMAKERS If you have a pacemaker this may help to keep your heart going in spite of the effect of drugs. The combination method with the plastic bag is therefore recommended.

PACIQUIL = DIAZEPAM (IN).

PACISYN = NITRAZEPAM (DK).

PARACETAMOL (Acetaminophen / Tylenol) A mild analgesic. It is not a sedative and often provokes a feeling of nausea. It can cause a dangerous and potentially fatal inflammation of the liver, although this can be prevented if appropriate treatment is started within a few hours. The overall likelihood of death is small and the mode of death very unpleasant; the potential for considerable distress is very great. Known in the USA as Acetaminophen or Tylenol.

PASPERTIN = METOCLOPRAMIDE (G).

PAX = DIAZEPAM (SA).

PAXADORM = NITRAZEPAM (SA).

PAXISYN = NITRAZEPAM (NM).

PAXUM = DIAZEPAM (IN).

PELSON = NITRAZEPAM (SP).

PENTOBARBITONE A potent fast-acting barbiturate sleeping drug. The EXIT Deut-

sche-Schweiz v.e. society recommends 2 anti-nausea pills followed by 10,000mgs of sodium pentobarbiturate dissolved in 100 ~ 150 ml of tap water, stressing that the drug should be dissolved in drinking water, not mineral water or fruit juice (the acidity is likely to cause a chemical reaction). This is the official oral dose also recommended in the Netherlands, although currently under review as unnecessarily high. 3500mg is commonly lethal. In the Netherlands, however, a doctor will, if necessary, administer another drug to ensure death occurs within a reasonably short time. See Nembutal.

PERINORM = METOCLOPRAMIDE (IN).

PERSOPIR = NITRAZEPAM (IT).

PHANADORM = BARBITURATE (DK, SD).

PHENERGANA brand name for promethazine, an antihistamine and anti-emetic with a sedative action. Available in Britain and most other countries (except USA) in two strengths and without prescription (for allergic conditions and travel sickness etc). Blue tablets (marked PN10) contain 10mg of promethazine, or (marked PN25) 25mg. 2 - 3 tablets are sufficient as an anti-emetic. (AU, B, C, IR, NL,NZ.UK US).

PHENOBARBITONE A barbiturate anti-convulsant whose effects last quite a long time. 10000mg is commonly lethal. See Gardenal, Luminal.

PHYSEPTONE A brand name for methadone, a drug used for pain control. Methadone is a controlled drug in the Britain and

the USA and generally only prescribed to ease withdrawal from Heroin. 300mg may be lethal, unless the patient has developed tolerance.

PLACIDEL = BARBITURATE (SP).

PLACIDYL American sleeping drug containing ethchlorvynol. Rarely lethal by itself, but suitable for use with the plastic bag.

PLACITRIL = METOCLOPRAMIDE (IT).

PLANTS See Botanical Poisons.

PLASIL = METOCLOPRAMIDE (IT, M).

PLASTIC BAG METHOD Combined with a suitable sedative, this is a favoured method of rational suicide. Coma, anoxia and death are fairly swift.

POTASSIUM CHLORIDE A salt used in the treatment of potassium deficiency. Can be bought at most chemists as a common salt substitute for those who are on a salt-free diet. Although it has sometimes been used by physicians to induce euthanasia almost instantaneously, we do not recommend attempts at self deliverance by intravenous self-injection of potassium chloride. See also: Diuretics.

POTASSIUM CYANIDE A chemical used in industry. Not generally recommended for euthanasia, as a slight deviation from the precise instructions can result in a very painful, violent death. The method is to stir 1500mg of potassium cyanide into cold tap water and allow five minutes for it to dissolve. Rinse the glass immediately after use (so no-one else uses it). Do not use hydrogen

cyanide. Do not use fruit juice or soda water. Potassium cyanide can be obtained legally by persons working in chemistry or industry but otherwise difficult to obtain. See also Cyanide.

PRAMIN = METOCLOPRAMIDE (AU, IS).

PRIMPERAN = METOCLOPRAMIDE (B, DK, F, HK, IR, NG, NL, NW, SA, SZ).

PRIMPERAN RETARD = METOCLOPRAMIDE (M).

PRO-PAM = DIAZEPAM (NZ).

PROCHLORPERAZINE An anti-emetic.

PRODORMEL = BARBITURATE (IS).

PROHIST = PROMETHAZINE (SA).

PROLONGED USE Many drugs, including most sleeping pills and tranquilizers, have less effect if you have been taking them for a long time. They should be discontinued for at least several days, preferably longer, if they are to be used for self deliverance; otherwise a much larger dose will be required.

PROMETHAZINE Anti-histamine that can be used to prevent nausea and as a mild sleeping drug. Often available over the counter.

PROPOXYPHENE See Dextropropoxyphene.

PROSONNO = NITRAZEPAM (IT).

PROTHIADEN Brand name for dothiepin, a tricyclic antidepressant, suitable for use with the plastic bag. (AU, F, HK, IN, IR, NL, NZ, SA, UK).

Q-MAREX = CHLOROQUINE (NG).

QUIETAL = AMITRIPTYLIN (IN).

QUILL = NITRAZEPAM (IT).

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QUINALBARBITONE See Secobarbitone, Seconal Sodium.

QUITAXON = DOXEPIN (B, DK, F, SA).

QUITAXON A Brand name of doxepin in France.

REDOMEX = AMITRIPTYLINE (B).

REGASTROL « METOCLOPRAMIDE (IT).

REGLAN = METOCLOPRAMIDE (C, IN, US).

RELANIUM = DIAZEPAM (NG).

RESOCHIN A brand name for chloroquine. Tablets contain 81 mg or 250mg chloroquine diphosphate, approximately equivalent to 150mg and 50mg chloroquine base respectively. 50 of the former, or 150 of the latter, may be considered lethal. (DK, G, IN, NG, NL, NW, SP).

RESOCHINE = CHLOROQUINE (B, SZ).

RESTORIL = TEMAZEPAM (C, US).

ROHYPNOL Sleeping drug containing 1 mg flunitrazepam in purple, diamond shaped tablets. It is a black listed drug but available in Britain on private prescription.

RONAQUIN = CHLOROQUINE (NG).

SAROTEN A brand name of amitriptyline in Germany and Hong Kong. Note that the capsules form is sustained release, and so must be ground up. (G, HK).

SAROTENA = AMITRIPTYLINE (IN).

SAROTEX = AMITRIPTYLINE (NL, NW).

SAYOMOL = PROMETHAZINE (SP).

SCANIQUINE = CHLOROQUINE (NG).

SCRIPTOPAM = DIAZEPAM (SA).

SECBUTOBARBITONE / BUTA-BARBITONE Barbiturate sleeping drug with an intermediate action. 5000mg is commonly lethal.

SECOBARBITONE Short acting barbiturate, and the most potent of the barbiturate sleeping drugs. Also known as quinalbarbitone. 3500mg is commonly lethal. See Seconal, Vesperax.

SECONAL /SECONAL SODIUM A brand name sleeping drug containing 50mg (orange capsule marked F42) or 100mg (orange capsule coded F40) of quinalbarbitone, a barbiturate sleeping drug. An added advantage is that Seconal is less likely to induce vomiting than many euthanatics. If dissolved in solution, diphenhydramine should not be mixed in the same solution. It is a controlled drug, and unlikely to be prescribed. (C, IR, UK, US).

SEDONAL NATRIUM = BARBITURATE (DK).

SEDUXEN = DIAZEPAM (NG).

SEDYN = DIAZEPAM (IN).

SERVIQUINE = CHLOROQUINE (NG).

SERVIVUM = CHLORDIAZEPOXIDE (IS).

SEVENALETA = BARBITURATE (M).

SEVENTAL = BARBITURATE (NG).

SHELF LIFE The number of years a drug can be kept without losing its efficacy. Manufacturers tend to give extremely conservative estimates of shelf life because the amount of work and expense necessary to research a drug's stability after five years is not consid-

ered cost-effective. Tablets, as opposed to capsules, can often be kept indefinitely if stored properly. Capsules and elixirs are more prone to deterioration.

SICO-RELAX = DIAZEPAM (SP).

SINEQUAN Brand name for doxepin, a tricyclic antidepressant useful in conjunction with the plastic bag. Red capsules contain 10mg, blue-red 25mg, blue 50mg, blue-yellow 75mg. It is available in the USA also in 100mg and 150mg capsules. (AU, B, C, F, HK, IR, IT, NL, NW, NZ, SA, SP, UK, US).

SINQUAN - DOXEPIN (DK, G).

SIRAGAN = CHLOROQUINE (NG).

SLEEP-EZE D / SLEEP-EZE D =
DIPHENHYDRAMINE (C).

SODIUM AMYTAL See *Amytal*.

SOMAPAM = TEMAZEPAM (NZ).

SOMATARAX Spanish brand name barbiturate sleeping drug containing 25mg brallobarbitone, 75mg secobarbital sodium, and 25mg hydroxyzine. See *Vesperax*.

SOMINEXA UK brand name mild antihistamine sleeping drug containing promethazine. **200 mg** (100 x 25mg tablets) have been suggested as a euthanatic dose, but for reliability the plastic bag and/or other drugs should be added, in which case 40 would probably suffice (see *Estimating Dosages*). It is available in the UK without prescription. In the USA, "Somnex" may instead contain diphenhydramine, a similar antihistamine with anti-emetic and sedative properties.

SOMNAPAM = NITRAZEPAM (NG).

SOMNIPAR = NITRAZEPAM (SA).

SOMN1TE = NITRAZEPAM (IR).

SOMNOX = CHLORAL HYDRATE (B).

SOMNOX Belgian brand name for chloral hydrate.

SONERYL Pink tablet containing 100mg butobarbitone, a barbiturate sleeping drug. Soneryl is a controlled drug and unlikely to be prescribed. (AU, C, DK, F, NG, UK)

SONNOLIN = NITRAZEPAM (IT).

SPECTRA = DOXEPIN (IN).

STADMED = CHLOROQUINE (IN).

STEMETIL = PROCHLORPERAZINE (IN).

STESOLID = DIAZEPAM (DK, IR, NG, NL, NW, SD, UK).

STREET DRUGS "Recreational" drugs or drugs of abuse, bought illegally. Remember that "street drugs" may be below strength or mixed with other substances and so of questionable effectiveness.

SURMONTIL = TRIMEPRAMINE (IN, HK, NZ, SA, UK, US).

SUSTAINED RELEASE DRUGS Drugs that are formulated so that they will be released into the body over a sustained period. They are also known as "delayed release" or "time release" or "retarded action". They are unsuitable for self-deliverance, unless the sustained release coatings are carefully crushed using a tablet-crusher, coffee-grinder or a pestle and mortar.

GLOSSARY

SYRINGES can be bought in most countries, without a prescription, for emergency travel use in third world countries. Some expertise is needed to inject a vein, and methods involving self-injection are not recommended. Injection of air into a vein, contrary to popular belief, is an extremely difficult and unreliable method of self-deliverance, and probably rather unpleasant.

TAGAMET A brand name for cimetidine, an anti-ulcer drug that may assist the action of chloroquine. Tablets are ivory coloured and oval.

TEMAZE = TEMAZEPAM (AU).

TEMAZEPAM An intermediate-acting benzodiazepine sleeping drug. As solution, 10mg/5ml; tablets: 10mg or 20mg; capsules: 10mg, 15mg, 20mg, 30mg. It is useful as a euthanatic if combined with the plastic bag method.

TENOX = TEMAZEPAM (IR).

TENSUM = CHLORDIAZEPOXIDE (NG).

TENSO = TEMAZEPAM (SP).

TETRACYCLICS Group of antidepressants developed more recently than the tricyclics. While less lethal, many are nevertheless useful in combination with other drugs or the plastic bag. See Mianserin.

THIORIDAZINE A tranquilizer. Not useful as a euthanatic. It does not always produce heavy sleep in itself, but may increase the effect of other sedatives. A good anti-emetic.

THORAZINE U.S. brand name of chlorpromazine, a relatively "safe" tranquilizer, not

suitable as a euthanatic except with other, stronger drugs and the plastic bag.

TOFRANIL Brand name for Imipramine, a tricyclic antidepressant

TOLERANCE The capacity for assimilating unusually large amounts of a drug without apparent harmful effects, brought about by prolonged use of certain drugs. If you are using the same or similar drugs for medicinal purposes that you intend to use for self deliverance, consider either discontinuing them for a few days minimum before self deliverance, or else greatly increasing the euthanatic dose.

TORUAN - DOXEPIN (SP).

TRAVAMIN = DIMENHYDRINATE (IS).

TRAVEL AID / TRAVEL TABS = DIMENHYDRINATE (Q).

TRAWELL = DIMENHYDRINATE (SZ).

TRAZODONE A new, relatively "safe" antidepressant / sleeping drug, not suitable for self deliverance, except perhaps as a sedative in conjunction with the plastic bag and other drugs.

TREPILINE = AMITRIPTYLINE (SA).

TRIADAPIN = DOXEPIN (C).

TRIAZOLAM A benzodiazepine sleeping drug (no longer available in the UK). More soluble in alcohol than in water. See Halcion.

TRICHLORETHYLENE A solvent sold as a cleaning fluid. See Ether, whose action and uses are similar. Alcohol increases the sedative effects of trichlorethylene.

TRICYCLICS Group of antidepressant drugs. While **3000 mg** or more may be fatal with some tricyclics, they may not be completely reliable unless used with the plastic bag. Combining them with other sedatives (especially benzodiazepines) or sleeping pills is recommended: alcohol or antihistamines also increase their sedative effect. Considerable variation has been reported in lethal doses, and variations among patients may be more important than any differences among the various drugs. Some people experience unpleasant side-effects with even normal doses of antidepressants, so make sure you have one that agrees with you. A brief period of excitement, restlessness and hallucination may follow tricyclic overdose when not combined with other drugs or alcohol. The more usual effect of severe overdose is sedation leading to coma. Amitriptyline, Doxepin and Dothiepin are among the more lethal tricyclics. The effect of these is also probably increased by taking benzodiazepines. Amitriptyline, dothiepin, doxepin and trimipramine have sedative properties. Desipramine and imipramine can be moderately sedative. Butriptyline, domipramine, iprindole, lofepramine, nortriptyline, protriptyline have stimulating properties or else only a weak sedative effect. Desipramine and imipramine however are nevertheless associated with a large number of fatalities. See also Elavil, Endep, Lentizol, Prothiaden, Tryptizol, Sinequan. Antidepressants vary: some are most commonly lethal, such as amitriptyline,

dothiepin and doxepin; some have a medium overdose factor, such as desipramine or imipramine; and some have a low toxicity and are unlikely to cause death, such as lofepramine, mianserin, fluvoxamine, fluoxetine and viloxazine.

TRIMEPRAZINE Antihistamine / anti-emetic with sedative properties.

TRIMPRAMINE Tricyclic antidepressant with sedative properties, useful in combination with alcohol plus the plastic bag.

TRIPRESS = TRIMIPRAMINE (NZ).

TROPIUM = DIAZEPAM (NG).

TRYPTAL = AMITRIPTYLINE (IS).

TRYPTANOL = AMITRIPTYLINE (AU, M, NZ, SA).

TRYPTIZOL A brand name for amitriptyline, a tricyclic antidepressant. Tryptizol comes in small yellow tablets containing 25mg amitriptyline, or 10mg (blue) or 50mg (brown) tablets. The capsules contain 75mg but are sustained release and so need to be ground up. (B, IR, NL, SP, SZ, UK).

TRYPTOMER = AMITRIPTYLINE (IN).

TUNAL A brand name for amylobarbitone with quinalbarbitone (barbiturate sleeping drugs). It is a controlled drug, not likely to be prescribed in the UK. Orange-blue capsules contain 100mg of drug. (C, IR, NZ, UK).

TYDAMINE = TRIMIPRAMINE (SA).

TYLENOL See Paracetamol.

UNKNOWN DRUGS Occasionally members ask us how they can get supplies of old

GLOSSARY

drugs, or drugs obtained abroad, analysed. We have investigated a number of laboratories but we have, to date, been unable to get drugs analysed (the labs generally become suspicious and uncooperative).

VALERIANA-COMP. Sedative antihistamine available over-the-counter in Germany. Purple tablets containing 20mg diphenhydramine, plus herbal extracts.

VALINEX = DIAZEPAM (NG).

VALIUM A brand name for diazepam, a long-acting benzodiazepine anti-anxiety drug, muscle-relaxant, and anticonvulsant. It comes in white (2mg), yellow (5mg) and blue (10mg) tablets. 500mg (100 tablets) or more may be taken with a large amount of alcohol and in combination with the plastic bag. Failures have been reported with people using Valium and the plastic bag but little or no alcohol. Avoid using in combination with chloroquine if possible. (AU, B, C, G, HK, IR, IT, M, NG, NL, NW, NZ, SA, SP, UK, US).

VALLERGAN A brand name for trimeprazine, an antihistamine and anti-emetic that causes drowsiness. The effects may last longer than with other antihistamines but Vallergran is only available with prescription, usually for allergies. It comes in blue tablets containing 10mg of trimeprazine.

VALRELEASE = DIAZEPAM (SA).

VESPERAX / VESPARAX Powerful barbiturate sleeping pill, once much sought after as a euthanatic. No longer available in most countries. It contains brallobarbitone, seco-

barbitone, and hydroxyzine. Faster acting than many barbiturates. 4000mg is commonly lethal. The equivalent combination drug is still marketed in Spain under the name of Somatarax. Very effective for euthanasia. (IN, NL).

VIVAL = DIAZEPAM (NW).

VIVOL = DIAZEPAM

VOMEX-A = DIMENHYDRINATE (G).

WEIMERQUIN = CHLOROQUINE (G).

WELLDORM A brand name sleeping drug containing chloral betaine 707mg, equivalent to 414mg of chloral hydrate, in an oval, purple tablet. 10,000mg chloral hydrate (approx 25 Welldorm tablets) is considered lethal. The elixir contains 143mg of chloral hydrate per 5ml. It might be difficult to ingest sufficient of the elixir to reliably induce death, especially when the lethal dose varies greatly. Prescription only. See also Chloral Hydrate, Noctec.

ZIMOVANE Brand name sleeping drug containing 7.5mg zopiclone. Use only in combination with the plastic bag.

ZOPICLONE A non-barbiturate, non-benzodiazepine sleeping drug. Use only in combination with the plastic bag.

If you attempt rational self deliverance and fail, please write and tell us the details of your experience. Case study information will help to remove errors and shortcomings of future editions. Similarly, for scientific reasons, we also appreciate case histories of successful suicide.

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