frequently asked questions

Ketamine
Who uses ketamine?

Over the last decade or so, ketamine use has become more widespread and the range of people choosing to take it more diverse. The rise in ketamine use has also been matched by a rise in the problems associated with its use.

Why?

Good question, ketamine has a range of effects, some of which are unique. Maybe the spiritual side of ketamine fits in with the times we live in. Maybe the use of this drug has simply become ‘normalised’. Maybe people just like using ketamine to get off their trumpet.

So what is it?

Although pharmaceutical ketamine (under the brand name of Ketalar) is stocked in hospital pharmacies, the drug you come across on the street will have probably been imported from Eastern Europe, Mexico or the Indian subcontinent. It is very easy to turn this liquid into a crystallized powder. Although it is still around as a pill and in liquid form, it is the powder form that most commonly appears on the streets. The powder usually sells for about £20 to £25 a gram, under street names such as Techno Smack, Special K, K, Vitamin k and – when mixed with cocaine powder – as CK1.

Ketamine is a chemical relative of phencyclidine (PCP) or as it’s known in the USA: Angel Dust. Ketamine is a short acting hallucinogenic ‘dissociative’ anaesthetic with analgesic properties.
A fucking what?

Not an easy one to explain so let’s first look at its medical use. Ketamine is a drug that was developed in 1962 for use as an anaesthetic. It is used widely in countries like India, as it is cheap and easy to administer. Most anaesthetics slow breathing and heart rates but ketamine usually does the opposite: it speeds up your heart rate and can actually increase your blood pressure. That is why in Britain it is more commonly used with children as it is considered safer than other anaesthetics. A local anaesthetic works by numbing a specific area of the body, while a general anaesthetic brings about a state of unconsciousness. Street ketamine does not usually cause unconsciousness – it dramatically alters your state of mind.

Ketamine is a dissociative anaesthetic and it works not by switching your brain off but by blocking normal thinking, memory and all incoming data. Your brain is actually stimulated. It thinks it is ‘somewhere else’ away from your body. So your brain creates a ‘new reality’ This is seen as a side effect by anesthetists, so they administer drugs like diazepam to put you to sleep and prevent you hallucinating. Of course to the drug enthusiasts and ‘psychonaut’ this is the effect they are looking for. By a different means, ketamine also has ‘analgesic’ or pain-killing properties.

What is methoxetamine?

Methoxetamine (MXE, Mexxy) was a ‘legal high’ that became popular during a ketamine ‘drought’. It is chemically similar to ketamine (it’s an analogue), although its effects are reportedly more potent and longer lasting. In February 2013, methoxetamine along with similar drugs 2-meo-ketamine, 3-ho-pcp, 3-meo-pcp, 4-meo-pcp and n-ethyl-ketamine all became illegal class B drugs.
So go on then, tell us more about the effects of ketamine

The effects of all drugs depend on the quantity you take, plus what other drugs you’ve taken, where you are, your mood, who you’re with and what you expect. If ketamine is snorted up the nose it usually starts to work after 5 to 10 minutes. In small doses (and with ketamine there’s no such thing as too small a dose) you become disorientated and may start to lose coordination of your body.

“You’ll see people wobbling along like zombies – walking as if they’re in space. They find it difficult to coordinate themselves, which you can really get into. You get distorted visions, like looking through liquid glass. It’s more like big distortions rather than intricate things like with acid.”

Some people feel quite nauseous. As your balance goes it can be a bit like feeling seasick. At higher doses or with repeated doses the effects are more dramatic. This is when you open the door to the ‘new world’ or K-hole.

So do you hallucinate like on strong acid?

Not really. Acid works on your senses. You see, hear and even smell all the things around you differently. Rarely, you really hallucinate (see, hear or smell things that are not there at all). But even when you are hallucinating on acid, it’s like these imaginary things are invading your little world. That little man with a beard sitting on top of the TV smiling at you, may not be real but at least he is sitting on your telly, in your living room and you can turn round to your mates and describe him to them. Ketamine is different. With high doses of ketamine your brain (your conscious thought process) is in a vacuum. It is deprived of all senses. It can’t see or hear.
It is not even aware of being in your body let alone your living room. Your brain is (unsurprisingly) a bit pissed off about this so it fills the vacuum by creating its own world. A world made up from your memories, dreams and fantasies. Some of these can be quite mundanely bizarre:

“There was a big yellow wall next to me and it became the Arndale bus centre – I could see people walking past and I was in the bus centre.”

Others are just bizarre:

“The first K-hole I had was when I had been taking small lines throughout the evening. I was in a basement, dancing in front of some speakers. The speakers melted into an altar – with this floating purple layer that came off it. And then what was a little basement opened up into this vast room, full of people similarly on drugs as far as the eye could see. This was a complete hallucination and it was all purple. I was completely unaware of my body. At some point, people walked past me and down some steps into a light.”

Though no two experiences are the same, a common theme is leaving your body and going down a tunnel into a light. The similarities between descriptions from people who have nearly died has led to K-holing being described as a near death experience. The trouble is nobody really knows what a near death experience is. K-holing has also been described as a near birth experience, as none of us have actually died but we all may have a memory of birth deeply buried in our brain.
Is this new world real or just imaginary?

Dr John Lilly was an American psychiatrist famous for being the first person to attempt to talk to dolphins via computers and credited with inventing the floatation tank as a way of depriving the brain of outside stimulus. He also took some serious psychedelic drugs whilst in his tank. Lilly quickly saw the potential of ketamine, injecting himself hourly for weeks on end. He was attempting the exploration of other realities that he called ‘meta’ realities. Some people are convinced that what they experience is real. They come from a school of thought that suggests that ketamine opens a door and is a ‘quantum transporter’ to another universe, just as valid as this one.

There is of course another school of thought that suggests that this is just a load of bollocks. With all hallucinogenic experiences you take out what you bring with you. Some view their ketamine experience as just a bit of fun.

“It’s a full on psychedelic experience with no purpose. You aren’t suckered into thinking this is real, it’s just a mind toy. There ain’t gonna be a revolution started by ketamine users.”
So how long does this K-holing last for?

The effects last for a relative short time, between 20 minutes and an hour if snorted. The effect is shorter if injected and much longer if swallowed as a pill. If ketamine is swallowed, the effects take longer to come on with a longer period of ‘wobbling’ and can go on for up to four hours. This is one of the reasons the pills have had a bad reputation. One of the main attractions of the ketamine experience is the fact that it is so brief. Most people say it is a fairly gentle come down, a sort of slide down. You get back to a point where you can communicate again and start to tell people where you’ve been.

So do you just sit there not moving whilst this is happening?

During the K-hole experience it is unlikely that you can talk at all. It’s really not a drug for communication.

“**You can talk sometimes – sort of disjointed sentences, but most of the time if you can communicate it’s sort of pointing and going ‘whoa’.”**

In most cases people are sitting down and not talking, some may wobble around like zombies, eyes open but Mr Brain not at home. In this state attempting to dance (the K-side step) is not advisable. On a crowded dance floor ‘wobbling around’ bumping into people is likely to get you thrown out or battered or both. Some people have described experiences of travelling without realising it. Obviously in this state you are prone to accidents (if not disasters). So sitting down whilst you take it is advisable.
“I felt as though I was telecommunicating with my friend then I started to leave my body and float up through the ceiling. It was as though I was in a different dimension. I found that I had actually walked or crawled up the stairs without realising it and ended up in the attic. I had no memory of doing this.”

**How much do you take?**

As said before ‘there is no such thing as too small a dose of ketamine’. First time users have no way of knowing how they will react. Even a very small dose may lead to ‘you know where’. As people use more they quickly develop a tolerance (it takes more of the drug to get the same effect). Ketamine tolerance is strange, once you have it you don’t lose it, unlike with some drugs such as heroin. As tolerance develops the effects can become less psychedelic. The experience seems like a strange mixture of other drugs, feeling calm, stimulated, drunk and stoned.

“The first time you use you could take 1/16 of a gram and it’s the deepest psychedelic experience you’ll ever have. A couple of weeks later you could take a gram and talk all the way through the evening.”
What are the short-term risks from using ketamine?

When used as an anaesthetic, ketamine is a relatively safe drug as it does not suppress breathing or vital functions. Obviously its use as an anaesthetic is in carefully monitored conditions by medical staff. When used as a street drug, ketamine can be risky and the most common risks are to do with the environment in which ketamine is taken and the mental state of the person using.

Is ketamine toxic?

Any substance, including water, can be toxic (poisonous) to the body if too much is taken. Taking too much ketamine can lead to ‘acute ketamine toxicity’. People turn up at A&E displaying similar symptoms to the desired effects: impaired consciousness; agitation; hallucinations; delirium; confusion and dissociative effects, often with rapid heart rate and high blood pressure. These effects/symptoms can last 4 to 12 hours, but people don’t usually require any further treatment after that.

Is ketamine legal?

Ketamine was brought under the Misuse of Drugs Act in 2006 as a class C drug. In 2014, in light of concerns about bladder damage, it was made a class B drug. (Possession is an offence as is supply (giving away or selling) to anybody else. It is also illegal to import Ketamine into the UK.

At the time of writing ketamine is a class B drug under the Misuse of Drugs Act – search for R8 on the Exchange Supplies website for version information, and updates.
Is ketamine dangerous to mix?
Mixing drugs is never advisable, but in the real world this is common. Alcohol can add to the feeling of nausea and disorientation. Because ketamine is short acting, some will be using stimulants and alcohol and have a ‘ketamine break’ in the evening. Some people use ketamine and stimulant drugs like amphetamine, ecstasy or even cocaine (known as CK-1). Some user reports claim that this may stop you from K-holing and dampen down the experience (a bonus for some). However, the effect of ketamine at higher doses will be the dominant experience, out trumping all the others.

Can ketamine kill?
The number of people who have died where ketamine may have been involved peaked at 26 in the year 2009. Although the number of deaths have fallen since 2009, ketamine can and does kill people. Overdose is rare, but possible if injecting very large amounts.

Is injecting ketamine risky?
When swallowed, effects take longer to come on and can last for a long time (up to 4 hours). If it is injected it comes on more quickly and lasts for an intense short period.

A much smaller dose is required as there is a greater risk of overdose. All the usual risks associated with contracting blood borne viruses and damaging the body through injection apply.
Is using on your own more dangerous?

Nausea (feeling sick) is fairly common particularly when drugs are mixed. A combination of vomiting and unconsciousness can cause death with most drugs, including alcohol, unless unconscious people are put into the recovery position. This is why using on your own is always more dangerous than using with other people. See recovery position page 17.

How do you avoid accidents?

‘Wobbling’ under a bus or hurting yourself accidentally is a danger made worse by ketamine’s anaesthetic properties. You could be hurting yourself and not feel the pain. Plan to use somewhere where you are going to feel and actually be safe (i.e. not on the rooftop of a tower block). Don’t use alone and use a ‘ground controller’ (see page 16). Ketamine is a drug that can leave you completely vulnerable.

Where’s the harm in a nice hot bath?

A number of deaths have been caused by drowning in baths while on ketamine. Best advice is to avoid baths when on ketamine. If you must have a bath, have a shallow one. Although you can still drown in a shallow bath, it is less of a risk than an overflowing tub for someone on ketamine.

What are the risk of fits/seizures?

Ketamine has been reported both as a drug that can both prevent and cause fits or seizures. If you suffer from fits, it’s not worth finding out the hard way, so avoid ketamine.
**What are the long term risks?**

Ketamine is a relatively new drug to the street scene. There is quite a lot known about the short term risks of using ketamine, however there is a lot less known about the long term risks, partly as it can take years before problems for long term users, such as bladder damage, become known.

**Is it addictive?**

Ketamine is not physically ‘addictive’ in the true sense, but then neither is cocaine. Some people who use ketamine regularly start to binge, get out of control, use a gram or more a day and have difficulty stopping. In other words they become psychologically addicted, but addicted all the same.

**Does it cause mental health problems?**

‘Ketamine psychosis’ (paranoia, delusions, jumbled thoughts, hearing voices etc) can be brought on by using too much ketamine, too often. The paranoia and delusions usually fade and disappear if you stop using, although this can become more serious. John Lilly (page 7) was compulsorily detained three times with ketamine induced psychosis. Once ringing the U.S. President to warn him of a machine plot to take over the universe that only dolphins could save us from. Dr Lilly was still using ketamine in his 80s, a psychonaut of heroic proportions.

There is both evidence that long term ketamine users may be more likely to become depressed and increasing interest in the use of ketamine to treat depression.
What are these K-cramps?
Up to 1 in 3 long term ketamine users may experience cramps (severe pain) in the stomach. Nobody is really sure what causes these so called ‘K-cramps’.

What’s the risk of K-bladder?
We now know that repeated or heavy use of ketamine can harm the urinary tract and kidneys and cause serious, and in some cases irreversible, bladder damage. In the worst cases this can result in having the bladder removed. The bladder lining is damaged by coming into contact with ketamine in the urine. The severity of damage depends on how much you have been using, how often and for how long.

Regular ketamine users who find they are peeing more often, experience burning pain when peeing, have blood in the urine and or are incontinent should go and see a doctor. Stop using ketamine. The bladder in many cases will heal if you stop and symptoms become more manageable.

Some ketamine users have resorted to higher doses in an attempt to control bladder pain caused by ketamine use, but this just increases the risk of ketamine-related bladder damage.

Is ketamine harmful to the liver?
Research suggests that about 1 in 10 ‘chronic’ (regular/heavy) users of ketamine may experience injuries to the liver. Liver injury has reportedly included significant liver fibrosis (abnormally large amount of scar tissue).
What’s the risk of memory loss?

Short-term memory loss is almost certain with ketamine and recent evidence also suggests long-term users may experience long-term memory loss. Although a lot is known about ketamine, most of this knowledge concerns its use in medical settings.

Any top tips?

- **Use the loo before you use**
  As this can prove difficult while on ketamine.

- **Don’t use too much**
  Remember, with ketamine there is no such thing as too small a dose. It is short acting and comes on very quickly. Snorting a very small line and waiting for 20 minutes and then taking another small line if required is better than taking a big one and hoping it’s the right dose.

- **Don’t use too often**
  Damage to the bladder, kidneys and urinary tract, K-cramps and memory problems all seem to be much more likely if you are using a high dose, frequently over a long period of time.

- **Mark powders clearly on the wrap**
  With so many white powders around confusion is easy, especially after using K.
**Don’t inject**
Injecting is a dangerous practice to get involved with and is far more likely to lead to rapid tolerance, addiction and psychosis. If you do inject ketamine a much smaller dose should be used than if it is snorted.

**Be careful swallowing**
Swallowing ketamine will make the effects take longer to come on but be warned, they can come on much faster than with most drugs you swallow (10 to 15 minutes) and can seem to last for longer if they are unpleasant or frightening.

**Use in a safe place**
If you decide to use it, take it somewhere you feel safe and secure. Move obvious hazards/ sharp objects in the environment and be wary of hot radiators etc.

**Don’t use alone**
Get somebody to stay with you (who has not taken ketamine). These are often called ‘ground controllers’ and they can look after you and can reassure you in the phases when you can talk and listen and make sure you don’t hurt yourself. It is particularly important that they do not allow you to lose consciousness while lying on your back. If you both want to try ketamine: take turns to look after each other.
Don’t fall asleep on your back

Choking on your own vomit is a common cause of death. If somebody loses consciousness (they are not moving or making any noise when you try and rouse them) put them in the recovery position (see below). If they don’t come round call an ambulance and tell the ambulance crew what they have taken.

Learn the recovery position

1. Put the right hand by the head (as if they were waving)
2. Put the left arm across the chest, so that the back of the hand rests against the cheek
3. Hold the hand in place and lift up the left knee
4. Turn them on their side by pushing down on the knee
Stop using if you get problems
Frequent use of high doses of ketamine over long periods of time may well lead to serious problems. If you start to experience any negative effects from regular use, or if you notice this in a friend who is using, stop and have a period when you rest and recuperate.

Stop using if you start to experience paranoia, delusions or other mental health issues. If the symptoms don’t fade go and see your doctor. If you have a mental health problem or suffer from fits or are at all worried about any of the dangers mentioned don’t take ketamine. Ketamine is a very powerful psychedelic. Anybody with a history of mental illness should avoid it altogether. Many users state that the ketamine experience is not frightening or as prone to paranoia as acid. But even for those of ‘sound’ mind it is a drug experience that can be very disturbing.

Ask for help
If you start to experience problems, stop using. If the problems don’t go or you have trouble stopping, go and see your doctor or local drug service.
This booklet has been constantly updated since it was first published in the late 1990s. We gratefully acknowledge the help and work of Dr Karl Jansen on the origins of this booklet.
To provide information on the nature and effects of ketamine and to illustrate the associated dangers including psychological addictive properties; mental health problems; and responding to overdose

Adults and young people engaged in recreational drug use. Use with under 16s with support.

Some swearing.

Self-financed.

To re-order go to exchangesupplies.org

Product code: R8 | Second edition | October 2017
Published by: Exchange Supplies, 1 Great Western Industrial Centre, Dorchester, Dorset DT1 1RD

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