



# Take Ket?

## Let's Chat!

We asked people in the UK to chat to us about their ketamine use via a survey, and more than 300 did. Based on what they said, we've put together these practical harm reduction strategies.





## TEST YOUR DRUGS

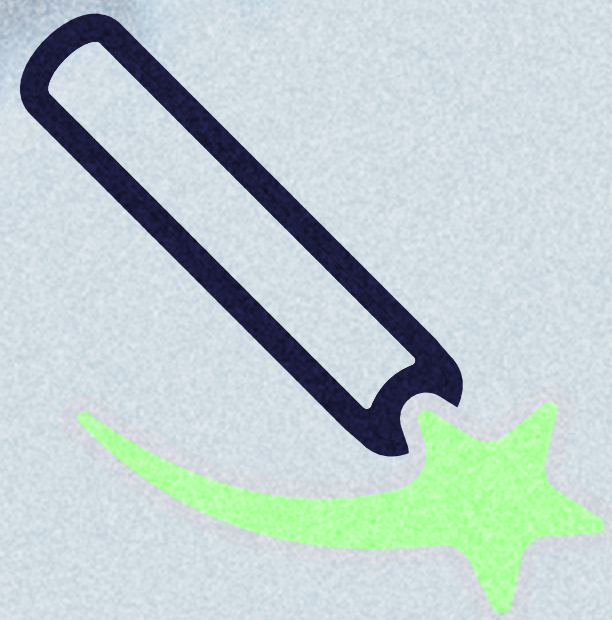
What is in your ket? Less than 20% of survey participants tested their ketamine before taking it. Changes in global illegal drug markets mean your drugs could be much more potent than people are used to. We've also seen increased risk of more dangerous drugs being sold as, or contained in, ketamine. It's always best to test drugs where possible. You can do this by using a UK drug testing service such as [The Loop](#) or [WEDINOS](#). You can also use reagent home test kits to help you rule out some (but not all) known risky/unwanted contaminants.



## #1key2key3key...FLOOR!

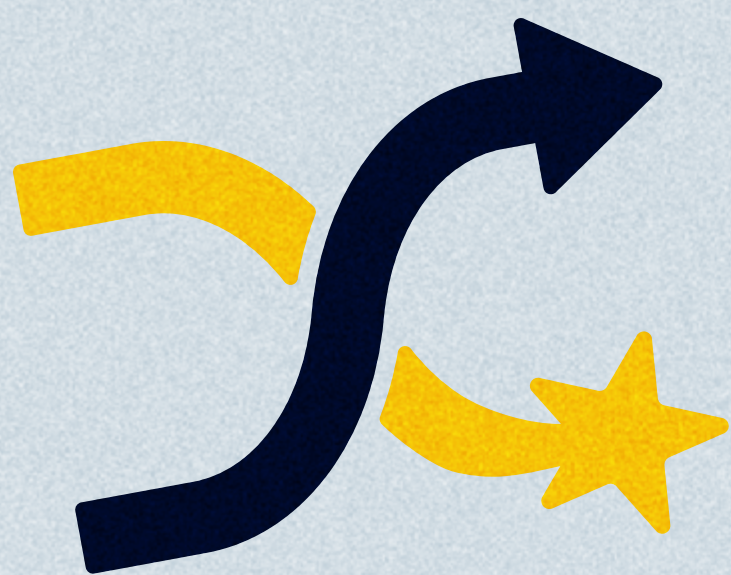
Most people said they don't measure doses in advance (77%). Only 8% weigh doses using scales every time, whilst the rest report using less accurate methods such as eyeballing, keying, or asking mates. This can lead to taking more than planned. It also becomes harder to judge doses once intoxicated. Take a note of the time of your last dose and only carry what you plan to use. This can help you pace yourself. Remember, all those 'small bumps' add up!





## SHARING NOT ALWAYS CARING

Try to avoid using rolled-up bank notes to snort ketamine as these can cause small cuts inside your nose, making a cosy home for viruses and germs. 79% of our survey participants share snorters. The easiest way to reduce harm from sniffing ketamine is to use your own clean sniffing tool (a ketamine spoon, rolled up post-it note). Using your own snorter can completely eliminate the risk of transmitting bloodborne viruses such as hepatitis or HIV, and helps avoid the rave-flu too.



## KET AND...?

Taking more than one drug at once always increases the risk. If you mix drugs, take less of each drug than you would if taking just one, and avoid mixing it all up in the same dose. 94% of our survey participants said they mix ketamine with alcohol or another drug. The most popular substance to mix with ketamine is cocaine (66% of people who mix), closely followed by alcohol (63%), then MDMA/ecstasy (58%). Ketamine and downers like alcohol, benzos (like Xanax) and opioids (like heroin) are the riskiest mix. Naloxone can help with opiate overdoses, so consider carrying it. Ketamine and cocaine can put a strain on your heart and negatively effect your mental wellbeing.





## WOBBLE OR K-HOLE?

Ketamine has very different effects depending on the dose that you take. Most of you stated that the dose you take depends on your location and activity (77%). You reported seeking multiple different effects from ketamine. For example, 65% of you seek individual psychedelic experiences, 44% seek shared psychedelic experiences, and 36% seek both at different times.

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**At home alone I do like to k hole. When I'm out and about I try and keep my dose low enough that I'm still alert and functional but this doesn't always go to plan.**

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**Enough to feel a mild wobble, get giggly, enhance music etc. but not enough to feel out of control.**





## **BENEFICIAL**

85% of survey participants said there are benefits to ketamine use, including enjoyment from its intoxicating effects. For some, ketamine's reputation from clinical trials make it attractive. However, it's important to remember clinical trials are not the same as taking ketamine bought from the unregulated illicit drug market.



**Potential therapeutic benefits in the right environment. And can enhance a good time.**



## **UNWANTED SIDE EFFECTS**

85% of UK survey participants agreed that ketamine is an issue in their social group; but what kind of issues have you been seeing? Generally speaking, people were aware of physical risks such as bladder and urinary tract infections, abdominal pain (K-cramps), and possible damage to your nose from snorting. If you experience any bladder issues such as cystitis, frequent or painful peeing, blood in urine, or anything else unusual, please get urgent medical care. The only way to stop further damage is to work towards stopping taking ketamine. The sooner you get help, the easier it will be to treat and prevent irreversible damage.





## INJURIES

Physical injuries whilst dissociating on ketamine were also reported in our UK survey: “[the] most detrimental effects I have seen are physical injuries[...] In fact I’ve known at least three people fall from windows”. It’s important to take five minutes to check your immediate environment is sesh-proof before racking lines. Avoid bodies of water (baths, pools, canals, rivers etc) and sources of heat including radiators, as your perception of pain may be dulled from ketamine.

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**If I’m in an unfamiliar place I’d rather not get too high or dissociated.**

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**I have seen a friend become dependent on K, and suffer due to it.**





## PROBLEMATIC?

Some people reported regular use has had serious consequences for their mental health. Others commented on negative effects that ketamine has had on social circles, such as “social withdrawal” and “neglecting work/friends”. Other people said that taking ketamine regularly can result in increasing tolerance, dependency, a loss of opportunities, and financial problems.



**It’s incredibly addictive and socially acceptable in a way that heroin is not. It also can appear a forgiving drug in your early years as there isn’t a withdrawal.**





## FIRST AID

The effects of one dose of ketamine normally lasts for around 30-40 mins depending on your dose and any other drugs you've taken. If someone has taken a high dose they may appear unresponsive but should still be breathing normally - always check on your mates. Put them in the recovery position on their side to help keep their airways clear. It's important to know what to do if something goes wrong and to avoid any delay in getting help in an emergency. Remember mental health can be an emergency too. Know how to spot the signs of an overdose and how to respond to them. Always call 999 in an emergency and be as honest as possible about what you think the person has taken, how much and when.

**Downer overdose:** Slow/shallow breathing, snoring/raspy breathing, irregular heartbeat, slow pulse, unconsciousness, blue lips (may appear differently on different skin tones), unresponsive.

**Upper overdose:** Increased heart-rate, panic, agitation, chest pain, seizures.





## NEED HELP?

Overall, 10% of our UK ketamine survey participants had sought help for either mental or physical health issues, or both. This figure is higher in people who take ketamine every day or every week (27%) compared to people who only take ketamine on special occasions (4%).

11% wanted support with ketamine use but felt unable to access it due to stigma (7%), negative legal consequences (5%) and potential impacts on work or education (11%). Others have not known where to seek support (6%) have not felt like there is service suitable for them (11%), or some combination of all these reasons. This shows that if we had easy-to-access drug services, the number of people getting help and support for ketamine and other drugs could be higher.

If you're thinking about accessing support but share these concerns, you should know there are free and anonymous services available to you. [With You](#), [Change Grow Live](#) and [Turning Point Crew](#) are based in Edinburgh, Scotland and offer both a physical and virtual drop in service. You might have a local drug service near you, or you can talk to your GP. Taking someone your trust with you for "moral support" might also help! Finally, [Release](#) is also a great resource on drugs, the law and your rights.

**Find out  
more [here](#).**