

# CRANSTOUN

Empowering People, Empowering Change

# The Ketamine Guide

A resource on  
harm reduction  
and recovery



## The UK ketamine market

Official statistics estimate that in the year ending April 2024, 269,000 people across England & Wales used illicit ketamine, although the true figure may well be higher. The National Crime Agency believe the UK consumed approximately 25 tons of ketamine in 2024, up from 10.6 tons in 2023. Ketamine has continued to rise in popularity in 2025.

At any one time there are a huge number of different batches in circulation from a wide variety of sources. Some of it is manufactured in illegal labs, and some is diverted from medical supply chains. Much of the world's illicit ketamine is made in Asia, from a wide variety of countries and producers. Ketamine crystals can come in short or long shards, sand or rocks. Different batches can have very different effects in terms of head high, body high, sedating or stimulating effects. Two different batches can both be pure ketamine but vary widely in strength. Some batches are labelled by dealers as 's-isomer' but the manufacturing process is much more expensive, meaning most of the ketamine available on the illicit market is likely to be racemic.



## Effects, pharmacology and neuroscience

Ketamine is used in hospitals, primarily on old people and babies and those who are allergic to morphine. Unlike other drugs used in anaesthesia, ketamine does not significantly depress your breathing or heart rate – in fact small doses can actually slightly raise the heart rate and blood pressure.

Ketamine is classified as a dissociative with psychedelic properties. Its action in the brain is very different to traditional psychedelics (LSD, mushrooms etc). Ketamine acts as a switch, turning off neurons and reducing their ability to send electrical signals, affecting the brain's ability to communicate with itself and the body – creating a dissociated state. Ketamine acts on the NMDA receptors in the brain, which affect the flow of glutamate in the brain, a messaging system that promotes wakefulness and thought processes.

Regular ketamine use can damage the white and grey matter in the hippocampus, the part of the brain that is responsible for memories, emotion and long-term decision-making. Regular use can also cause neuron death. The extent to which ketamine might cause long term cognitive decline remains unknown, but the brain can partially heal with periods of abstinence.

## Mental health and self-medication

Large amounts of ketamine can occasionally trigger short term psychosis-like symptoms, particularly in combination with psychedelics. This can depend on a variety of factors, including underlying mental health, the dose, the batch and the setting. People can also catastrophise (think everything is going wrong) or have cathartic realisations that don't make sense. Depressive moods after a heavy session are not uncommon.

Ketamine is currently being tested as a potential treatment for a range of conditions in the US and the UK, including depression and alcohol dependency. The potential effectiveness or mechanism of action remains largely unknown. The doses used in clinical settings are small and infrequent compared to typical recreational use.

Some people self-medicate subconsciously, without realising that mental health is at the root of their urges to use ketamine. Many find it difficult to access mental health services, particularly if they use drugs regularly. Illicitly bought ketamine will mostly be quite different to the products being used in medical trials. It is not advisable to self-medicate with ketamine for any purpose, as it can result in a worsening of your symptoms in the long term.

If you are struggling with your mental health, and you think it might be connected to your drug use, make sure to mention this to your drug worker or contact your local mental health agency.

## Polydrug use

Many people report pleasurable effects when combining ketamine with MDMA or psychedelics. It is best to leave the ketamine until the effects of MDMA or psychedelics have mostly worn off. Be careful not to disorientate yourself in public spaces, including dancefloors.

Combining alcohol and ketamine can cause nausea, vomiting and loss of consciousness, and is the most common reason for admissions to welfare at festivals. Combining cannabis and ketamine can also cause nausea and loss of consciousness. See the section on welfare and looking after others for more information on how to respond when this happens.

Some people combine cocaine and ketamine. The risks of this combination remain unclear, but the mixture is more harmful than either drug taken on their own. People who combine cocaine and ketamine should try and space out the two drugs as much as possible, and keep them on separate surfaces to prevent accidents occurring. It is much better to let people recover from a k-hole than give them cocaine to try and perk them up.

## Dose management and safety

Always start low and go slow, especially with a new batch. Wait until you have fully sobered up from the last dose before doing more. People often forget whether they recently did ketamine, redose too soon and turn themselves into a liability or k-hole. If you are unsure if you recently did some, play it safe and assume you did. You could set a dosing regime, for example doing ketamine once every hour and a half. Some people find it helpful to set a timer on their phone to keep track. If being offered ketamine by others, it is best not to automatically accept lines or bumps – stop and think whether you are already high enough. If you choose to accept a line that looks big, do half and return to it later.

The surface area of your nose is limited, meaning large lines do not absorb properly, passing down your throat and into your stomach, wasting your drugs. If you prefer big lines, split them up into 2 or 3 and space them a few minutes apart – you will need less to get the same high, and end up with less drip going down your throat. Splitting big lines up might also help prevent you from accidentally k-holing.

It is generally best to avoid taking large doses of ketamine in public places. You can avoid accidentally k-holing in public by not sniffing random amounts out of a baggie or a wrap – make sure you can always see exactly how much you are about to do.

The dissociating effects of ketamine can leave people prone to accidents. It is easy to think you are more in control than you really are, fall over and injure yourself. One of the most common causes of death on ketamine is accidental drowning – stay well away from showers, baths, rivers and other bodies of water.

**Never drive without sleeping first – your reaction times will be much slower, putting others at risk.**



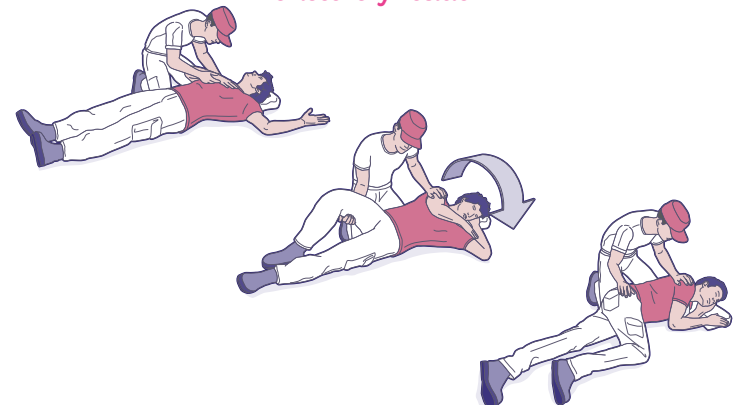
## Welfare and looking after others

Being in a dissociated state can also leave you vulnerable to being mugged or sexual assault. It can also end your night early if security notice you are wonky and ask you to leave a pub or club, especially if you got drunk before taking ketamine. If you have gone out with friends, watch out for them and let them know when they have had enough – people often think they are more sober than they really are. Make sure to leave together when the night ends, or if someone needs to be taken home early. Make sure to stay well away from rivers or canals on your way home.

If someone is unresponsive or only semi responsive after taking ketamine make sure to roll them into the recovery position, after first checking they are breathing normally. This is the best way to keep their airways stay open and stop them from choking on their own vomit. Although people in a k-hole are unlikely to be at risk of a fatal overdose, check their breathing regularly by putting the back of your hand near their nose, and observing their chest rising. Quiet, indoor environments make it easier to assess breathing. They should start to recover after about an hour. You will not get in trouble for calling an ambulance.

It is not unusual for people in a k-hole to make thrashing movements or strange vocal noises – do not be alarmed if this happens. Keep them away from hazardous objects. People experiencing psychosis-like symptoms will usually recover quickly and are generally best dealt with in informal settings by friends, but do not take on more than you can handle: call for help if you need it.

*The Recovery Position*



## Adulterants and testing

People often think their ketamine is fake because the effects were unexpected or unpleasant. Almost all lab tests report ketamine as the only psychoactive component. Only a small number of batches are tested, so there is not enough solid information to draw conclusions about inactive cuts or analogues. It is clear that different batches vary widely in strength and effect. There is not enough solid information to draw conclusions about inactive cuts or analogues, and batches across the country will vary.

Only a small number of batches are tested, meaning we cannot draw firm conclusions about whether ketamine analogues are in circulation in the UK. The Liebermann, Mandelin and Morris reagent test kits are very useful for testing ketamine, and it is worth learning how to use them. Sober up before using reagent test kits and use the right amount of the sample. If it is easy to do so, send any suspicious samples to WEDINOS via post (see wedinos.org).

Although there were two isolated incidents years ago, neither xylazine or nitazenes have been detected in any lab tests on ketamine for some time, and these are not presently a concern. To date (July 2025), there has never been a lab test that detected fentanyl in a batch of ketamine in the UK. The Marquis reagent test is an effective way to detect xylazine. Nitazene and fentanyl test strips are also effective, but you must dilute the correct amount of sample in the correct amount of water for it to work properly. Naloxone is a widely available drug that can reverse opioid overdoses.

If your ketamine has an unusually stimulating effect, feels unpleasant or takes an unusually long time after snorting before effects kick in, chuck it down the sink to avoid causing harm to yourself or others. We have received numerous reports of ketamine that smells unusual resulting in unpleasant effects.

At the end of the day, if you have unexpected or unpleasant effects from any drug, it is better to chuck it down the sink than risk harming yourself or others.



## Physical health & harm reduction

### Snorting and the nose

Sharing snorting equipment could make you ill, or potentially transmit blood-borne viruses like hepatitis. Make your own snortie (post-it notes work well) and avoid sharing it. Using plastic banknotes can cut the inside of your nose.

Snorting anything on a regular basis will damage the structural integrity of your nose and reduce your ability to smell. Much of the erosion is caused by bacteria sitting in your nose while you sleep. Wash your nose out with a saline spray before bed - this helps clear out any remnants. **Do not use tap water.**

Cooking your ketamine into a powder can also help prevent nasal damage: put it on a plate, dissolve it in a tiny amount of water and slowly evaporate the water off. Any crystals that do not dissolve easily in a small amount of water could be an adulterant.

If cooking it is not possible, crush it into a very fine flour-like consistency - smudging it with just a card is not enough. If you prefer ketamine in crystal form rather than cooked powder, a metal pestle and mortar is the best option to reduce damage to your nose.



### Abdomen pain

This is the more common type of k cramp, felt in the lower gut. This is likely because of too much stomach acidity (ketamine is acidic). To prevent this you should:

- Take less ketamine during a session
- Take breaks from regular use.
- Spit your drip as much as possible: avoid swallowing any excess ketamine that passes down your throat to reduce harm to your internal organs.
- Stay hydrated. Hot or warm drinks are particularly effective at easing k-cramps in your gut.
- Eat enough food. Although you may not feel hungry, this will help alleviate pain. Yoghurt, plain untoasted bread and shots of apple cider vinegar are also good options.
- Hot water bottles and hot baths work well to ease discomfort, although do not get in the bath if you are still intoxicated.



It is crucial that you stop using ketamine if you feel abdomen pain.

Using more ketamine as pain relief will only worsen the pain once the ketamine wears off.

Some extreme examples of gut pain could be stomach ulcers - if pain persists for a week or more after you have stopped using, consult your doctor.

### Sternum pain

This pain is felt higher up on the torso. It will be a more stabbing, sharp pain than k cramps in the abdomen. Pain in the sternum area is caused by a build-up of bile in your gall bladder expanding the duct that leads towards your stomach. Drinking water, eating food, hot baths and hot water bottles all help to alleviate sternum pain, but ultimately the only way to get rid of the pain is to stop using ketamine and wait it out. Symptoms will generally pass within one or two days. If pain persists for a week or more you should consult your doctor.

### Urinary health

Many people who use ketamine will never experience urinary problems. Others may experience them after a relatively brief period of regular use. One common issue is ketamine cystitis (different from regular cystitis), in other words pain when you urinate, when ketamine scrapes away the lining of your urethra as it passes through your urinary system. People sometimes experience 'jelly wee', where their urine feels very thick.

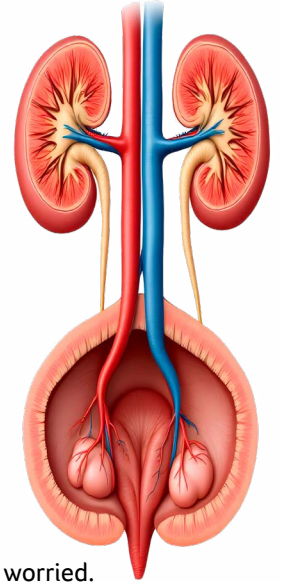
Taking less ketamine and taking regular breaks is the best way to prevent this. Ketamine cystitis will generally pass after a few days of abstinence. Taking EGCG (green tea) supplements can help reduce the severity of symptoms by strengthening your cell walls, but this is not a cure. Extreme cases of heavy ketamine use can also involve passing blood or lumps of flesh. If you experience this it is crucial to stop taking ketamine immediately and go to A&E.

Ketamine can stiffen or scar the lining of your bladder, limiting its ability to stretch and reducing its capacity over time. This occurs at very different rates depending on how much you are using, how often you take breaks, genetics, hydration and diet. Taking hyaluronic acid supplements can help reduce how often you need to urinate, but this is not a cure.

You can get your capacity measured by a bladder doctor if you are worried.

It is easy to confuse temporary bladder irritation for long term permanent issues, so try taking a break for two weeks before assuming you have damaged your bladder forever.

Drinking plenty of water is key to helping flush your system (two to three litres a day), even though it will make you urinate more often. Urinary issues should be taken seriously - in extreme cases they can result in surgery or bladder removal. If your bladder is removed, you will urinate through a catheter into a drainage bag for the rest of your life.



# Ketamine use severity quiz

*Below is a short test to help you think about your relationship to ketamine. If your answer falls in between two options, pick one that is closest to your situation. If you are a worker, use answers to specific questions to generate a conversation.*

1. During a typical session (one waking period), how much ketamine do you personally consume?

None	0.2g or less	0.5g	1g	2g or more
0	1	2	3	6

2. During the last month, on how many days have you used ketamine?

None	One to three	Four to six	Seven to eight	Nine to eleven	Twelve or more
0	1	3	4	5	6

3. During the last month, on how many days did you plan not to do any ketamine but then change your mind and end up doing some?

None	Once	Twice or three	Four or five	Six or more
0	1	2	4	6

4. During the last month, have you felt tired at work, or while taking care of other responsibilities because of your ketamine use?

No	Once or twice	Three or four	Five or more
0	2	4	6

5. During the last month, have you experienced significant memory loss after taking ketamine, or entered a k-hole without intending to?

No	Once or twice	Three or four	Five or more
0	2	4	6

6. During the last month, have you experienced physical pain as a result of using ketamine, for example while urinating or stomach cramps?

No	Once	Twice	Three or more
0	3	5	6

7. During the last three months, has your ketamine use created issues with housemates, friends, family or romantic partners?

No	Once	Twice or more
0	4	6

8. During the last three months, have you used ketamine before work, driving, childcare, operating machinery, or similar responsibilities?

No	Once	Twice	Three or more
0	4	5	6

9. During the last three months, have you tried to reduce your ketamine use but not managed to?

No	Once	Twice or more
0	4	6

The maximum possible score is **54**. The results below are designed to help you reflect on whether ketamine is affecting your quality of life. The score is not a diagnosis, and only you can judge the impact ketamine is having on your life.

**0 to 19:** Ketamine does not appear to be significantly affecting your quality of life. It is worth remaining vigilant about using too regularly.

**20 to 33:** You may sometimes overuse ketamine and depending on your situation it might be a good idea to try and cut down a bit, particularly if you are in the upper end of this bracket. Feeling cravings or using when it is not a good idea should serve as a red flag. If you do not manage to meet your targets, you may benefit from seeking some professional help.

**34 to 54:** It is likely that ketamine is significantly affecting your quality of life and that you have some level of dependence upon it. Depending on your situation, you may well benefit from seeking some professional help. If you want to stop using completely, try setting yourself realistic targets to use less often to make the process easier.

**Ask Drugbot about your results.**

**Our AI chatbot is here to provide you with more support and advice about your ketamine use**



## Supporters and saboteurs exercise

Below, list your supporters: people around you who help you not to use, or use less. Also list your saboteurs: people who you use with, particularly those who you end up using with when you otherwise wouldn't have.

Supporters	Supportive Saboteurs	Saboteurs

## Reasons and triggers

If you are going to attempt to cut down or stop, it is worth trying to reflect on why you use. Tick any that apply. **I use ketamine to:**

- |  |  |
|--|--|
| Provide a stimulatory effect / keep me going <input type="checkbox"/>  | Feel euphoria <input type="checkbox"/> |
| As a way of socialising <input type="checkbox"/>                       | Seek oblivion <input type="checkbox"/> |
| Help deal with difficult feelings or emotions <input type="checkbox"/> | Self-medicate <input type="checkbox"/> |
| Provide introspection / as a meditation tool <input type="checkbox"/>  |  |
| Ease the post sesh comedown <input type="checkbox"/>                   |  |

**What triggers you to want to pick up or use? Circle any that apply.**

- |                                |           |                                     |         |
|--------------------------------|-----------|-------------------------------------|---------|
| Celebration                    | Pay day   | Boredom                             | Routine |
| Sadness                        | Isolation | Stress                              | Anxiety |
| Anxiety                        | Anger     | Physical pain                       |         |
| Being around/offered by others |           | Difficulties with family or partner |         |

Other particular situations, please list:

## Dependence, reducing, stopping and getting help

Regular ketamine use can result in dependence. This is where you feel as though you need ketamine to feel comfortable or experience strong urges to use on a regular basis. This can mean you continue to use despite negative consequences on your relationships with others, and to your mental or physical health. It is important to keep these factors in check and ask whether ketamine is still benefitting you and your life.

The difficulty of overcoming a ketamine dependency should not be underestimated. If you experience sudden cravings when you had not previously planned to use, think about whether positive emotions (such as celebration) or negative emotions (such as boredom, stress, sadness or isolation) are driving your urges. Doing drugs as a response to difficult emotions, or as part of your daily routine, is unlikely to make you feel better.

Cravings are mostly short lasting. If you ride the urge for even 40 minutes without making the call it's likely the feeling will pass. Distract yourself with some food, call a friend or go for a walk. Keep your long term goals in mind. It can help to play the tape forwards and think carefully about how it will affect the rest of your day. Will it make you feel awful later? Will it stop you from sleeping properly? Will it mean that you are less able to connect with those around you?

If you want to cut down, make your goals realistic and achievable: failing your targets will only make you feel bad about yourself. Aiming for a few days or a week at first might be a less scary target than a whole month or trying to stop forever. You may experience some tension, anxiety rebound or other psychological difficulties during the first week of stopping regular use - this is normal and won't last long. Physical symptoms (such as urinary problems) mostly clear up within a week, but if you are still experiencing issues after a couple of weeks you should consult your doctor.

If you are struggling to stop using or meet your targets, talking therapy is the best available tool. You can access confidential help through your local drug treatment service, a private counsellor or group therapy. Ultimately, everyone's path to stopping ketamine looks different - what works for others may not work for you. Engaging with structured support can be scary at first, but you have nothing to lose by trying a few options.



## Benefits and disadvantages

You can do the following exercises on your own, but they will be more impactful if you do them with your drug worker. Below is a motivational balance exercise for those who want to make changes to your ketamine use. It will help you think about how ketamine affects you and your life. Fill in each square as best you can, and make a new one if you run out of space. What are the benefits and disadvantages of continuing as you are now or making changes? Then score each answer 1 to 4 according to how important they are to you.

	Benefits	Disadvantages
<b>Change</b>	<b>Box 1</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Total Box 1:</b> <input type="text"/>	<b>Box 2</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Total Box 2:</b> <input type="text"/>
	<b>Box 3</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Total Box 3:</b> <input type="text"/>	<b>Box 4</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Total Box 4:</b> <input type="text"/>
<b>No Change</b>		

Which boxes in this exercise scored the highest?

What action could you take to make a change?

## Benefits and disadvantages (cont.)

On a scale of 1 to 10, how important is it to you to cut down or stop using?

1	2	3	4	5	6	7	8	9	10
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On a scale of 1 to 10, how confident are you that you can make the changes you need to?

1	2	3	4	5	6	7	8	9	10
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Why did you choose those numbers?

### Make a weekly plan:

If you are looking to reduce your use over time, you can use this as a template to make a plan for the following week. You could even make a reduction plan for the next month or two, reducing steadily over time until you are at a level you are comfortable with, or are ready to take the leap and stop completely. Staying ketamine-free is like a muscle, and if you train it before taking the leap you improve your chances of success.

	Monday	Tuesday	Wednesday	Thursday	Friday
Amount					

	Saturday	Sunday	Weekly Total	Did you meet your target?
Amount				



# Drug diary

See below a drug diary. Fill it out over the next month to help you track your cravings, use and spending. This can be really helpful to look back on and reflect on what's been happening over the last few months. For example, you could add up the number of days you used, the amount you took or the money you spent. If this helps you, consider making a new one and using it in future. You can make your own or buy a physical calendar and modify it. **Repeat this activity four times to make a month.**

## Week One

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Did you experience cravings?							
Did you use?							
If so, how much?							
How much did you spend?							
Who did you take ket with?							

## Week Two

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Did you experience cravings?							
Did you use?							
If so, how much?							
How much did you spend?							
Who did you take ket with?							

These planner and diary exercises are designed for people who struggle with their ketamine use. The diary can help you track your past use, identify patterns and reflect on how it affects you. Meanwhile the planner can help bring structure to any plans you have to cut down over the next few weeks.

How did you get on with it? What did it make you realise?

If you are struggling to stick to your plan, Cranstoun is here to help. Get in touch at **cranstoun.org**

### Did you know?

You can ask Drugbot about the results of the exercises in this booklet if you don't have access to a Keyworker to discuss your ketamine use with. Drugbot can help with practical measures you can take. Scan the QR code to find try it out.



# Glossary

**Abdomen** – The lower belly area.

**Abstinence** – Staying sober from drugs.

**Anaesthesia** – When you are numbed or made unconscious in hospital, usually before surgery.

**Catastrophise** – To think everything is going wrong.

**Cathartic** – An experience that is significant and powerful.

**Dependence** – This word has several meanings but in this instance it refers to an addiction to a drug. Although some dependences are classified as physical and others as psychological, the two can overlap.

**Dissociated** – A sense of disconnection from reality.

**Glutamate** – A chemical messaging system in your brain, a bit like electricity, which wakes you up and helps you think.

**Grey and white matter** – Two types of cells that make up your brain.

**Hippocampus** – an area near the front of your brain responsible for memory, emotions and long term decision making.

**Illicit** – Another word for illegal.

**K cramps** – Pain experienced in your gut or sternum as a result of overusing ketamine, related to the production of stomach acid.

**K-hole** – A strong psychedelic experience from large doses of ketamine which resembles unconsciousness.

**Ket cystitis** – A pain felt in the urethra while urinating as a result of overusing of ketamine.

**Nasal douche** – A device with a bottle and tube that can be used to wash your nose out with saline.

**NMDA receptors** – A type of receptor in your brain, similar to serotonin and dopamine receptors.

# Glossary

**Nausea** – feeling of sickness, as if you are about to vomit.

**Neuron** – a cell in the brain that helps send signals to other parts of the brain.

**Nitazene** – a synthetic opioid drug, a bit like heroin but many times stronger.

**Polydrug use** – when someone uses several drugs at once.

**Psychoactive** – when a drug excites or depresses the central nervous system, in other words makes you feel high.

**Psychosis** – when someone has a loss of contact with reality, sometimes with delusional thinking or hallucinations.

**Reagent tests** – a way of testing drugs at home, with results that turn certain colours to indicate the presence of specific drugs in the sample.

**Septum** – the wall of cartilage and flesh in the middle of your nose, in between your nostrils.

**Self-medication** – when you take a nonprescribed drug to alleviate a mental health issue or physical pain, often on a regular basis.

**Snortie** – a tube that people use to snort drugs, for example a drinking straw or piece of paper

**Sternum** – a small area in the centre of your torso, directly underneath the bottom ribs.

**Urethra** – a tube that urine travels down to leave your body, just after the bladder.

**Urinary system** – a term used to describe the kidneys, bladder and urethra together.

**WEDINOS** – a project in Wales who take samples of drugs sent via post, and test them using lab equipment and post the results online.

**Xylazine** – a sedative drug with a high risk profile, associated with overdoses where people can stop breathing, as well as significant skin problems among people who inject it.

**Access more information  
about harm reduction**

