

KETAMINE: INJECTING INFORMATION AND HARM REDUCTION

Ketamine's effects vary greatly depending on how it's used. The three most common non-medical routes – **intravenous (IV)**, **intramuscular (IM)**, and **sniffing (intranasal)** – differ in onset, intensity, duration, bioavailability, and risk profile.

FEATURE	IV INJECTION	IM INJECTION	SNIFFING (INTRANASAL)
ONSET	10–30 sec (instant)	2–5 mins	5–15 mins
PEAK DURATION	15–30 mins	30–60 mins	20–45 mins
BIOAVAILABILITY*	100%	90–95%	25–50%
INTENSITY	Extremely intense	Very strong	Mild to moderate
USER CONTROL	Very low	Low	Higher
RISKS	Vein damage, OD, infection	Muscle damage, abscess	Nasal damage, lower absorption
PSYCHOLOGICAL IMPACT	Overwhelming, dissociative	Deep dissociation	Mild to moderate dissociation

***Bioavailability** refers to the percentage of a drug that enters the bloodstream in an active form after administration. It's a key factor in determining how strong, fast, and long-lasting a drug's effects will be – and with ketamine, bioavailability varies significantly depending on the route of administration.

A person who normally sniffs 100 mg of ketamine (absorbing ~30–40 mg) would only need 30–40 mg IM or less than 30 mg IV to get a similar or stronger effect.

Injecting their usual sniffing dose could result in overdose or immediate dissociation.

INTRAMUSCULAR (IM) KETAMINE – HARM REDUCTION ADVICE

IM ketamine use is common among people looking for a stronger effect than sniffing but avoiding IV use. While somewhat safer than IV, it still carries serious risks.

Strategy	Why It Matters
Use clean equipment every time	Prevents infections and abscesses. Use sterile needles and alcohol swabs. Never reuse or share.
Choose the right site	Best areas: upper outer thigh or upper outer buttock (glute). Avoid high-risk areas like arms, which are better for IV use.
Rotate injection sites	Reduces muscle trauma and risk of infection. Repeated use of the same spot leads to tissue damage.
Inject deep into the muscle	Use a long-enough needle (usually 1 to 1.5 inches) and insert at a 90° angle. Shallow injections increase the risk of lumps, pain, or abscesses.
Avoid injecting if the site is sore, red, or swollen	Indicates infection or damage. Using damaged sites increases the risk of cellulitis or systemic infection.
Label doses clearly and avoid mixing substances	Reduces confusion and accidental overdose, especially if injecting in a dissociative state.
Plan for safety post-injection	Ketamine may cause rapid dissociation. Sit or lie down before injecting to avoid falls or injuries. Let someone know you're using.

Watch Out For

- ❑ **Pain, lumps, or redness at the site**
- ❑ **Limping or restricted movement** (suggests deep tissue damage)
- ❑ **Difficulty walking post-use** (suggests dosage too high or unsafe setting)
- ❑ **Risk of injecting into a vein accidentally** (especially if technique is poor)

INTRAVENOUS (IV) KETAMINE – HARM REDUCTION ADVICE

IV use carries the highest risk due to rapid onset, overdose potential, and serious physical harms. Harm reduction here focuses on survival, infection control, and overdose prevention.

Strategy	Why It Matters
Use new sterile needles, filters, water, and spoons every time	Prevents infections (HIV, hepatitis B/C, sepsis). Never share any injecting equipment.
Always use a filter (<i>sterile cotton or proper filter</i>)	Removes particles and cutting agents that can cause vein damage or embolism.
Find a vein, not an artery or muscle	Look for blue, bouncy veins. Arteries are deeper, pulse, and are dangerous to inject into. Injecting into muscle is painful and wastes the dose.
Inject slowly	Reduces the risk of overdose or blacking out instantly. A slow push gives time to react to strong effects.
Always register (<i>pull back the plunger</i>)	Make sure you see blood (a flashback) to confirm you're in a vein. No blood = wrong place.
Rotate veins	Gives damaged veins time to heal and avoids collapse. Use arm veins if possible – avoid groin or neck due to higher complication risks.
Never inject alone	You may lose consciousness too quickly to call for help. Avoid using alone so someone is there to get help.
Have naloxone and first aid support on hand	Even though ketamine is not an opioid, other drugs may be mixed in (such as nitazenes), and unconsciousness can mimic opioid overdose. Always be prepared.

Watch Out For

- ❑ **Missed hits** (injecting into tissue instead of vein): causes pain, swelling, abscesses
- ❑ **Collapsed veins**: firm or cord-like veins that no longer register
- ❑ **“Slamming” (fast injection)**: can lead to seizures, unconsciousness, or accidental injury
- ❑ **Contaminated mixtures**: due to poor purity or unknown adulterants in street ketamine

General Harm Reduction Reminders for Both IM and IV

- ❑ **Start low, go slow** – especially with a new batch
- ❑ **Don’t mix with alcohol, benzos, or opioids** – risk of respiratory depression and overdose increases
- ❑ **Know your source if possible** – unpredictable purity or presence of synthetic opioids (e.g. nitazenes) increases fatality risk – have Naloxone and use it. It might not work but it wont make it worse.
- ❑ **Hydration and rest matter** – supports bladder, kidney, and liver health
- ❑ **Seek early care for infections** – delay can lead to hospitalisation or long-term damage

